Hull University Teaching Hospitals NHS Trust

Trust Board Meeting Held In Public

Tuesday 11 May 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 9 March 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 Action Tracker	attached	Rebecca Thompson – Corporate Affairs Manager
	4.2 Any other matters arising	verbal	Terry Moran – Chair
5	**Patient Story**	presentation	Vanessa Walker
6	**Standing Orders and Governance**		
	6.1 CEO Report and Covid Update	attached/verbal	Chris Long – Chief Executive
	6.2 Committees in Common	attached	Terry Moran - Chair
	6.3 Board Assurance Framework 2021/22	attached	Rebecca Thompson – Corporate Affairs Manager
	6.4 Self Certification and Statement	attached	Rebecca Thompson – Corporate Affairs Manager
	6.5 Fit and Proper Person	attached	Rebecca Thompson – Corporate Affairs Manager
	6.6 Audit Committee Summary Report 6.6.1 Audit Committee Terms of Reference	attached	Tracey Christmas – Chair of Committee

7	**Our Patient Impacts**		
	7.1 Performance Summary	attached	Ellen Ryabov - Chief Operating Officer
	7.1.1 Summary and minutes from the Performance and Finance Committee	attached	Mike Robson – Chair of Committee
	7.2 Quality Governance Report	attached	Beverley Geary – Chief Nurse
	7.2.1 Summary and minutes from the Quality Committee	attached	Stuart Hall – Chair of Quality Committee
	7.3 HUTH Report on the Trust's Response to the Covid Pandemic	attached	Michelle Kemp – Director of Strategy and Planning
8	**Our People Impacts**		
	8.1 Our People – progress report	attached	Simon Nearney – Director of Workforce and OD
	8.2 Workforce, Education and Culture Committee Summary	attached	Una Macleod – Chair of Committee
9	**Our Finance Impacts**		
	9.1 Finance Summary	attached	Lee Bond – Chief Financial Officer
	9.2 Capital Plan 2021/22	attached	Lee Bond – Chief Financial Officer
10	**Board Reports**		
	10.1 *Freedom to Speak Up Report	attached	Suzanne Rostron – Director of Quality Governance
	10.2 *Guardian of Safe Working Report	attached	Makani Purva – Chief Medical Officer
	10.3 *Quality Accounts	attached	Suzanne Rostron – Director of Quality Governance
	10.4 *Hull University Teaching Hospital results from GMC training survey	attached	Makani Purva – Chief Medical
	10.5 Maternity Reports		
	10.5.1 *Biannual Midwifery Workforce, Quality and Safety Report February 2021	attached	Beverley Geary – Chief Nurse
	10.5.2 *Maternity Perinatal Quality Surveillance Tool	attached	Beverley Geary – Chief Nurse
	10.5.3 *Perinatal Mortality Review Tool	attached	Beverley Geary – Chief Nurse
	10.5.4 *Clinical Negligence Schemes for Trust (CNST) Safety Action 2 - Maternity Systems Data Set (MSDS) - criteria 3	attached	Beverley Geary – Chief Nurse
	10.5.5 *Neonatal Workforce Action Plan	attached	Beverley Geary – Chief Nurse
	10.6 Minutes from the Charitable Funds Committee	attached	Tony Curry – Chair of Committee
11	Questions from the public relating to today's agenda	verbal	Terry Moran – Chair
12	Chairman's Summary of the Meeting	verbal	Terry Moran – Chair

13 Any Other Business verbal Terry Moran – Chair

14 Date and time of the next meeting:
Tuesday 13 July 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	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
S Hall	✓	✓	Apols	✓	✓	✓	✓	✓	✓	✓	9/10
T Christmas	✓	✓	✓	✓	✓	✓	✓	Apols	✓	✓	9/10
M Veysey	Apols	✓	✓	✓	✓	✓	-	-	-	-	5/6
T Curry	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
U MacLeod	Apols	Apols	✓	✓	Apols	✓	Apols	✓	✓	✓	6/10
M Robson	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
L Jackson	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
C Long	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
L Bond	✓	✓	✓	✓	✓	✓	Apols	✓	✓	✓	9/10
T Cope	✓	✓	✓	✓	✓	✓	-	-	-	-	6/6
M Purva	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
B Geary	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
J Myers	✓	✓	✓	✓	✓	✓	Apols	-	-	-	6/7
S Nearney	✓	✓	Apols	✓	✓	✓	✓	✓	✓	✓	9/10
C Ramsay	✓	✓	✓	✓	Apols	-	-	-	-	-	4/5
E Ryabov	-	-	-	-	-	-	✓	✓	✓	✓	4/4
J Bolus	-	-	-	-	-	-	✓	✓	✓	Apols	3/4
M Kemp	-	-	-	-	-	-	-	✓	✓	✓	3/3
S Rostron	-	-	-	-	-	-	-	-	-	✓	1/1

Hull University Teaching Hospitals NHS Trust
Minutes of the Trust Board
Held on 9 March 2021

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

No	Item	Action
1	**Apologies:** Apologies were received from Mrs E Ryabov, Chief Operating Officer and Mrs J Bolus, Non-Executive Director Mr Moran welcomed Mrs Suzanne Rostron to the Board. Mr Moran thanked colleagues across the Trust for their hard work and dedication and was glad to see some easing in the number of Covid patients. He added that the number of deaths was still high and gave his sincere condolences to all families. He was also aware that the higher number of deaths were having an emotional impact on staff too.	
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 9 February 2021** Item 6.1 paragraph 2 – sentence to be changed to "Mr Long advised that staff were very tired and some were traumatised at the number of deaths they were seeing". Item 9.1 paragraph 2 to read: 2Mr Bond reported that additional income from NHSIE had been assumed in month for outsourced work and insourced work (above last year's threshold). In addition, the month 09 results reflect the demolition of buildings in support of this year's capital programme. The increase in	

the forecast deficit is being driven by an increase in the annual leave accrual. This is deemed to be an allowable adjustment by NHSIE

Item 9.1 paragraph 5 to read:
"Mrs Ryabov asked about the money relating to the vaccine. Mr Bond advised that the Trust is the hub for the region and is therefore managing all of the related cash flows related to the vaccination programme. In month, one of the largest items was the cost associated with mobilising the mass vaccination hub at York".

With these corrections 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.

3.3 Board Development Framework
The Board development framework was received by the Board.

4 Matters Arising
4.1 Action Tracker
There were no matters outstanding on the action tracker.

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

5 Patient Story
Dr Purva introduced the item and advised that the key speciality highlighted was the Cardiology service and there were 2 patient stories relating to delays with outpatient appointments.

The first patient was very pleased with the service although the wait for his procedure (due to the pandemic) had been lengthy and commended the staff highly. The patient had since received his procedure and thanked the service for their wonderful care.

The second patient was waiting to have treatment for an irregular heartbeat. The patient was worried about the length of time he had waited given his age which might make his condition worse. He had suffered mental health problems because of waiting and was surprised to hear that other friends had received treatments before he had. He thanked the fantastic team for their care. Dr Purva added that the patient now had a date in March to receive his procedure.

Mr Long added that the Trust needed to be clear in its messaging to patients about procedures and their priority.

Dr Purva thanked the Cardiology team for their work to reduce their backlog by validating patients.

6 Standing Orders and Governance
6.1 CEO Report and Covid Update
Mr Long updated the Board and advised that at 8.30am this morning there were 109 Covid patients. The numbers seemed to be levelling out but Mr Long was cautious about the schools returning and the increase in

social mixing. He added that the good weather and vaccine roll out should help bring the numbers down.

There were 18 patients in ICU but again the numbers were decreasing. There had been 829 deaths since the pandemic began.

Staff absence was improving and this was important as the Trust was increasing its elective operations as part of the recovery planning. Mr Long added that it was the plan to have Castle Hill as a green site (no Covid patients) and increase the elective case work as a priority.

Resolved:
The Board received and accepted the report.

6.2 External Review of Trust's Pandemic Response – Terms of Reference

Prof Macleod declared her interest in this agenda item.

Mr Long advised that it was nearly a year since the start of the pandemic and had commissioned an external review with the University of Hull to carry out a look back at the Trust's response to Covid.

He reported that he was expecting some best practice and some areas where things could have been done differently. The results would inform the Winter planning and any other pandemics in the future.

Mrs Christmas asked what the review would cost and Mr Long advised that he was still in negotiation but the University was not looking to make a profit.

Mr Curry asked if there would be any patient experience captured as part of the review and Mr Long agreed to add this to the brief.

Resolved:
The Trust Board approved the proposal and Mr Long agreed to report the results of the review to the Board once available. **CL**

6.3 Governance Update
Mr Moran presented the report which highlighted the interim Governance arrangements that had been in place during the pandemic and the proposal to return to normal arrangements from 1st March 2021.

Resolved:
The Board received and approved the proposal to return to normal arrangements from 1st March 2021.

6.4 Board Assurance Framework
Mrs Thompson presented the item and advised that the BAF had been received at the Board Committees and the year-end risk ratings discussed. The report included the proposed year end risk ratings for approval by the Board.

Mrs Rostron added that the Board had accepted that the target ratings had not been met in most cases due to the pandemic and the workloads being diverted elsewhere.

Resolved:
The Board received the BAF and approved the proposed year end risk ratings.

6.5 Standing Orders
The Board received the report which highlighted the use of the Trust seal.

Resolved:
The Board approved the use of the Trust seal.

7 Our Patient Impacts

7.1 Performance Summary
Mr Bond presented the report and advised that the Emergency Department performance had improved along with ambulance turnaround times. Emergency readmissions had increased and he was concerned about Cancer 62 day and diagnostics performance.

The waiting list was at 60,000 patients with 11,000 waiting over 52 weeks. Referrals were increasing which was not helping the waiting list figures but out-patient performance was improving.

Mr Bond advised that the main focus was now on the recovery plan and restoring capacity now that teams were returning to their original jobs.

7.1.1 Summary from the Performance and Finance Committee
Mr Robson advised that the Committee had received a detailed presentation regarding the Covid 19 recovery plan and getting back to elective activity. Work was ongoing to reduce the waiting lists and waiting times in elective areas and teams were tackling clinical priorities.

Mrs Jackson added that every Trust was in the same position and awaiting the March planning guidance. She suggested once the guidance had been received that the Trust have a Board Development session to understand the future priorities during the recovery phase.

Mr Bond agreed but added that the Trust was not waiting for the guidance but carrying on with the recovery plan in place.

Mr Long stated that the Trust needed to be in a sustainable position and be ambitious with its trajectories as the guidance would also be ambitious. Dr Purva added that it was important to review the key specialities and referrals and be open to change.

Mr Hall spoke of patients on the waiting list who are discharged after their 1st consultation and the work ongoing to validate these patients. He added that the ENT services was utilising weekend work to reduce their backlogs.

Mrs Kemp advised that the Trust had restarted its operational planning process and the Recovery Group had been established, looking at productivity, efficiency and transformation.

Mr Hall congratulated the Trust as it had not declared any 12-hour trolley waits. Mr Long thanked Mr Hall but advised that 3 recent potential long waits were being investigated and the facts would be shared with the Board when known. **ER**

Resolved:
The Board received and accepted the report.

7.2 Quality Governance Report
Mrs Geary presented the report and advised that there had been a Never Event declared in January 2021 relating to a wrong site surgery. The patient was well and an investigation had started. There had been 5 serious incidents declared in month.

Patient incidents had increased and this was mainly due to pressure damage.

There had been no MRSA bacteraemia cases in the last year, with 3 MSSA and 3 C-Difficile cases reported.

There had been an increase in Nosocomial infections in January and NHSI had visited the Trust to review this issue. A number of actions had been put into place following the visit including moving a number of beds to reduce over-crowding.

Mrs Geary advised that there had been a significant amount of work carried out regarding falls and there had been a decrease in January. Detailed updates were being received at the Quality Committee.

A thematic review was being carried out regarding pressure damage and the Fundamental Standards audits had started reviewing skin integrity.

The Quality Committee had questioned the length of time complaints were taking to close, but Mrs Geary advised that guidance had been received during the pandemic allowing extra time due to pressures in the system. This would revert to the normal 40-day response time in April 2021. Mrs Geary added that a new Patient Experience Lead had been appointed to the team.

The vaccination hub at Castle Hill was receiving overwhelmingly positive feedback as the teams prepared for the second round of the vaccine programme. Mr Moran advised that NHS I/E had recently commended Mrs Geary in a meeting he was attending for her leadership regarding the vaccination programme.

Resolved:
The Board received and accepted the report.

7.2.1 Summary and minutes from the Quality Committee
Mr Hall presented the summary and minutes and advised that there had been 1 Never Event declared and 2 maternity incidents declared which the Committee had discussed. He added that there had also been discussions around the Ockenden Report and new photography procedures in the tissue viability area.

Resolved:
The Trust Board received the update for assurance purposes.

7.3 Covid-19 Preparedness and Planning
Mrs Kemp presented the update and advised that the number of Covid patients was reducing. She added that the command structure had also been reduced with Gold Command meeting once per week and Silver Command meeting twice.

Work was ongoing to review long term the care of Covid patients and the cost implications involved.

Mrs Kemp advised that the Recovery Group was well established and was focussing on a programme of productivity, efficiency and transformation. Key planning assumptions were focussing on clinical risk and the Trust was waiting for planning guidance so that financial assumptions could be made. The Trust was also taking a strategic view of the Integrated Care System and wider.

There was a discussion around the virtual Covid ward and how this could be utilised elsewhere. Mrs Kemp advised that the model could be used as a winter virtual ward.

Resolved:
The Committee received and accepted the report.

8.1 Staff Overview
Mr Nearney presented the report and advised that the Trust had a 3.6% vacancy rate overall. There was a 5.9% vacancy rate for consultants and 3% for nursing staff.

Mr Nearney advised that later on in the year the Trust would have a full establishment of registered nurses due to the international nurse recruitment.

The Trust had completed its Flu vaccination programme and 87% of all staff had been vaccinated. 90% of staff had received their first Covid vaccination and the second dose programme would begin later this month.

Staff support arrangements would continue but the free accommodation and food would be removed at the end of March.

The Board discussed the nurse establishment and Mr Bond was careful to point out that although the Trust would have a full establishment there would be extra workloads due to the recovery plan and new working arrangements. He added that there would be potential financial impacts and risks attached. Mr Bond advised that the finance reports for the year had highlighted issues in the Medical budget but these costs had been offset by the under establishment of Nurses. Dr Purva added that a review of Medical Staffing would need to take place.

Mr Hall asked about mandatory training and pressures on front line staff. Mr Nearney advised that mandatory training had been moved online and the Trust was still over 80% compliant.

Resolved:
The Board received and accepted the report.

9 Our Finance Impacts

9.1 Finance Summary

Mr Bond presented the update and advised that the Trust was forecasting a £6m deficit for the second half of the year and this included the accrual for annual leave, car parking and catering. He added that the underspend on elective work had been offset by Covid expenditure, independent outsourcing and the vaccination programme. Mr Bond reported that NHS I/E would be treating the annual leave accrual as an adjusted item and this will not impact the financial performance.

Mr Bond was waiting for guidance regarding the Flowers legal case and the impact on the Trust, but had taken professional judgement and accrued for it in the accounts.

The Capital programme was ongoing with 3 week left to spend the monies available.

In summary Mr Bond reported that year to date the Trust was behind plan but with the annual leave accrual the Trust would be reporting a break even position at year end.

Resolved:
The Board received and accepted the report.

10 Board Reports

10.1 Gender Pay Gap Report

Mr Nearney presented the report and highlighted that 29.2% of female salaries were lower than male salaries. He added that if the medical workforce was removed from this equation the gender pay gap reduces to 3%.

Mr Nearney reported that many of the male consultants were in the upper quartile pay bracket which was similar to the national position. He added that the position was improving but would take a long time.

Salary sacrifice also affected the figures. 1600 staff currently had salary sacrifice schemes ongoing and 80% were females. Mr Nearney advised that less females were accessing the Clinical Excellence Awards.

Mr Bond expressed his concern that salary sacrifice impacted on the numbers as it shouldn't affect gross salary.

Mr Moran asked if the direction of travel was positive and Mr Nearney said that it was but it would take a long time to get to where the Trust wanted to be, especially with the consultant body skewing the figures.

Prof Macleod stated that the Trust should be encouraging women to apply for the Clinical Excellence Award schemes and Dr Purva agreed

stating that workshops and mentoring was being increased. She added that the new leadership programmes promoted flexible family friendly working.

Resolved:
The Board received and approved the Gender Pay Gap report.

10.2 Research and Innovation Strategy
Mr Illingworth presented the report and advised that the strategy had been dictated by Covid and the Government last year but this had emphasised core clinical teams working on interventions for patients. Work was ongoing regarding severe and moderate Covid cases and there was a focus on post hospitalisation with City Health Care Partnership, Humber NHS Foundation Trust and other providers.

Mr Illingworth spoke of the research studies undertaken by the Trust including participating in the development of the Astra Zeneca vaccination were 1 in 45 patients where from Hull. He added that the Trust had been involved in research relating to effective treatments and also ineffective treatments. The research figures included the BAME community who had been represented in the studies.

Mr Illingworth highlighted the partnership work between Hull and York relating to infectious diseases and also the research collaboratives as part of the Integrated Care System.

He advised that there were challenges around non-Covid research and how financial investment was key for future growth.

Dr Purva advised that the Trust had recently appointed a new Director of Research and Innovation.

Prof Macleod commended the report and was keen to support the direction of travel and any investment required. Mr Bond added that financial underwriting would be a major challenge for the Board but welcomed valid challenge.

Prof Macleod highlighted a report that recommended Trusts had 20% of consultants spending 20% of their time on research. Mr Illingworth advised that there were 10 consultants at present with 1 day per week protected time in their job plans. It was agreed that the issues would be discussed further at the Workforce, Education and Culture Committee.

Mr Moran thanked Mr Illingworth for his commitment and remarkable achievement and progress during the pandemic.

Resolved:
The Board received and accepted the report.

10.3Trust Strategy Implementation
Mr Moran suggested that this item be taken as a Board Development session as the Board should consider the strategy in line with the recently published White Paper relating to integrated working.

Resolved:

The Board agreed to receive the item at the Board Development session in April 2021.

10.4 Energy and Decarbonisation Report
Mr Bond presented the report which highlighted the work ongoing in the Capital programme to improve the critical infrastructure of the estate.

The combined heat and power unit had been installed at HRI and Castle Hill and the old boilers were being replaced.

Other work such as a solar farm at Castle Hill and new LED lightbulbs was underway and a carbonisation grant was in the plan for 2021/22.

Mr Long advised that he was working on a green plan that would take into account the works being carried out as well as new opportunities to become a greener Trust. He added that this would provide a financial challenge due to the investment required. The plan would span a number of years and include buying food locally, electronic vehicles and other positive changes.

Mr Moran commended Mr Taylor and was amazed at the scale and complexity of the works being successfully carried out.

Resolved:
The Board received and accepted the report.

11 Questions from the public relating to today's agenda
Mr Umakanth Kempanna, Consultant anaesthetist shared his thoughts regarding the hand unit in Leeds which had resulted in good patient turnover as 4 patients could be blocked at any one time with 2 operating tables in use simultaneously. He added that considering a hand unit for HUTH would help to reduce long waiting lists. Dr Purva advised that the GIRFT programme was reviewing this area and also looking at more day case work.

12 Chairman's summary of the meeting
Mr Moran sincerely thanked all staff for their hard work.

13 Any other business
There was no other business discussed.

14 Date and time of the next meeting:
Tuesday 11 May 2021, 9am – 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	
	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	
	Preparation for EU Exit	As required			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 Action Tracking List (May 2021)

Actions arising from Board meetings

Action NO	PAPER	ACTION	LEAD	TARGET DATE	NEW DATE	STATUS/ COMMENT
March 2021						
01.03	External Review of Covid response	Results of the review to be shared with the Board	CL	TBC		
02.03	Performance Report	12 Hour Trolley Waits (March) to be confirmed	ER	11.05.21		
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

11 May 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:	Research and development, vaccine trials, rehab facility, sustainable lighting	

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 11 May 2021

1. Key messages from March/April 2021

Vaccine trials continue at HUTH

Following our Trust's involvement in the development of the Oxford AstraZeneca vaccine last year we are now participating in a new trial to understand what happens when people receive different vaccines to protect them against Covid-19.

The study is following volunteers over the next 10 months to see if there is any benefit to a person's immunity when they receive different forms of the vaccine.

Researchers at Hull Royal and Castle Hill Hospital are recruiting local people to the trial, particularly those from BAME communities, to take part in the mixed vaccine study. Adult volunteers of 50 years and older who have received one dose of either the Pfizer or AstraZeneca vaccine in the last eight to 12 weeks are being invited to take part in this latest trial, led by the Oxford Vaccine Group, part of the University of Oxford.

Those taking part in the randomised trial will either receive a booster dose which is the same as their initial injection or they will receive the Novavax or Moderna vaccine.

Trust contributes to major IBD study

The Trust's IBD service has made a major contribution to research indicating that patients with Inflammatory Bowel Disease on a commonly used medication may not mount adequate immunity and immune memory if they contract Covid-19 or following their first dose of the vaccine.

Professor Sebastian and his team co-led the CLARITY study of 7,200 patients with Crohn's disease and ulcerative colitis from 92 hospitals in the country.

The study discovered fewer than half who receive the drug Infliximab had detectable antibodies after catching the virus, suggesting the treatment had blunted the immune response to infection. In a second paper, currently in review, they describe the same effect following vaccination for Covid-19, particularly if patients were being treated with Infliximab as well as an immunosuppressant such as azathioprine.

Professor Sebastian, the lead consultant in Inflammatory Bowel Disease (IBD), reported that CLARITY was the first study involving these clinically vulnerable patients which has raised some concern about their immune response.

The Hull team recruited 330 patients with IBD, the most recruited by any of the hospitals taking part in the study led by the Royal Devon and Exeter NHS Foundation Trust and the University of Exeter Medical School. The study was also supported by Crohn's and Colitis UK and the UK National Institute for Health Research (NIHR).

Cutting edge rehabilitation ward taking shape on Castle Hill site

Our rehabilitation medicine team, which incorporates nurses, doctors, support staff and therapists, will shortly benefit from new purpose-built facilities to enable them to continue their life changing work.

More used to supporting patients after prolonged hospital stays, accidents and acquired brain injury, the team provides assessment and support to prepare people to return home, to restore independence and manage the tasks of daily living.

The new 12-bed ward will incorporate a gym, a therapy room and a garden area, and make use of virtual reality technology. It is the first purpose-built NHS specialist rehabilitation centre across the Humber, Coast and Vale area and into neighbouring Lincolnshire. It will be the first NHS inpatient rehabilitation unit to incorporate digital technology such as virtual and augmented reality into its rehabilitation programme, after Hull also hosted the UK's first successful clinical trial of the GEO robotic gait trainer in 2017.

The facility will also house an independent living area, featuring a kitchen, bathroom and bedroom, so that health professionals may assess how patients cope with day-to-day domestic tasks, such as making a cup of tea or getting into bed, before they can be safely discharged.

Construction is underway now near to Entrance 2 of Castle Hill Hospital, and work is expected to be complete by the end of April 2021.

Sustainable lighting to be installed
More than 20,000 light fittings are to be replaced in our hospitals as part of an environmental quest to reduce deaths caused by air pollution.

We are working towards a government target to become carbon neutral by 2040.

Now, every light fitting at Hull Royal Infirmary and Castle Hill Hospital as well as the trust's smaller hospital sites around the city is to be replaced with SMART LED lighting after the trust was awarded a £12.6m grant to support its major green agenda.

As the largest employer in our region, the trust is recognising its duty to look after this part of the world, not just the one million plus patients who come to hospital for treatment.

To limit the effects of climate change, the trust plans to reduce our carbon footprint by a significant amount, from 6.5 tonnes per person each year to under two tonnes by making fundamental changes to the way our hospitals and our staff work.

The trust will be switching to sustainable suppliers and only using suppliers who disclose their carbon emissions, helping not just the environment but the local economy. Staff will be encouraged to use more sustainable modes of transport, from electric vehicles to cycling and walking to work to improve the air quality around our hospitals. More efficient ways of heating and lighting are being used in all new buildings as part of the major construction work under way at both main hospitals.

Partners allowed to attend scans once again
A new "Pod" structure has been installed inside Hull Women and Children's Hospital to create additional safe space allowing partners to attend scans and appointments.

Our Trust has been working for months on potential solutions to allow partners to accompany women to scan and antenatal appointments in line with new national guidance.

Midwives have worked with our Estates teams and have created extra space to allow one named partner to be with women for future scan and antenatal appointments.

Well done to everyone involved in this positive piece of team-working.

Virtual tours for young patients
Young people are being offered a virtual tour of Hull Royal Infirmary and Hull Women and Children's Hospital to reduce any fears they may have about coming to hospital for treatment.

Our Trust is using Little Journey, a smartphone app featuring games, animation and virtual reality, to tackle anxiety among young people coming to hospital for surgery or procedures.

Wearing special headsets funded by WISHH, the independent charity supporting hospital staff, patients and their families, after a donation from Skirlaugh RLFC, children will be able to explore the area they will be coming to so they know what to expect and what they will see on their visit.

The app allows young people to explore both hospitals from the comfort and safety of their own homes, interacting with animated characters of hospital staff and learning about the different equipment they might see during their visit.

Parents are also offered tips on how to talk to their children about their forthcoming hospital visit on the app, with checklists on what you need to bring so families are prepared.

2. Media/social media activity
There were a total of 93 articles and broadcasts relating to HUTH in March and 30 in April.

- 73 positive (78.5%)
- 10 factual (10.75%)
- 10 negative (10.75%)

Facebook
Total "reach" for Facebook posts on all Trust pages in March – 295,819
- Hull Women and Children's Hospital – 73,319
- Castle Hill Hospital – 84,027
- HEY Jobs page – 15,066
- Hull Royal Infirmary – 69,276
- Hull University Teaching Hospitals NHS Trust – 54,131

Total "reach" for Facebook posts on all Trust pages in April 2021 – 297,707
- Hull Women and Children's Hospital – 86,428
- Castle Hill Hospital – 91,680
- HEY Jobs page – 13,610
- Hull Royal Infirmary – 57,426
- Hull University Teaching Hospitals NHS Trust – 48,563

Twitter @HullHospitals
- 277,000 impressions in March 2021
- 9081 followers
- Tweets with highest number of impressions related to International Women's Day

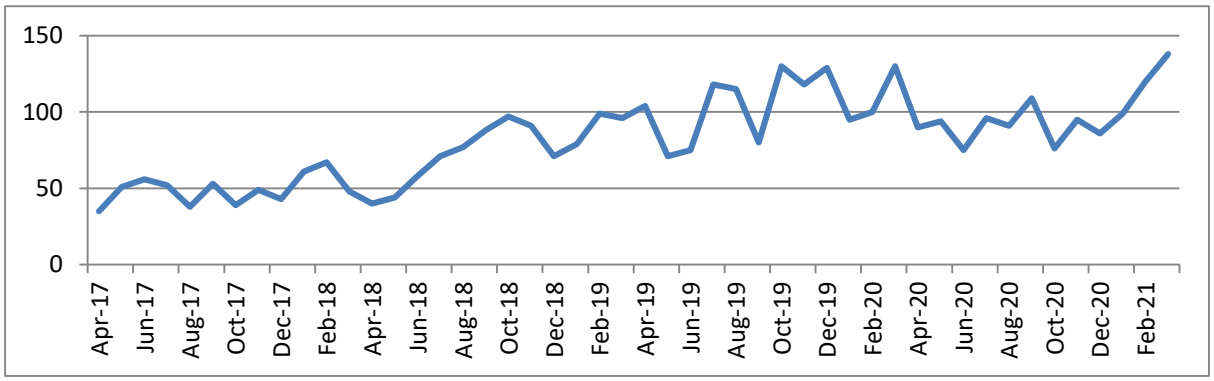
- 136,000 impressions in April 2021
- 9174 followers
- Tweets with highest number of impressions related to the return of A&E After Dark and the death of Prince Philip (pictures from the opening of the Queen's Centre were re-posted)

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 April 2017 – March 2021:



Hull University Teaching Hospitals NHS Trust

Trust Board

11 May 2021

Title:	Committees in Common - Humber Acute Strategic Development Committee
Responsible Director:	Terry Moran CB – Trust Chairman
Author:	Suzanne Rostron – Director of Quality Governance

Purpose:	The purpose of the report is to request that the Board appoints a new Committee, namely the Humber Strategic Development Committee.	
BAF Risk:	All	
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:	• HASR work progressing. • Requirement for a decision-making forum at Board level, for both HUTH and NLAG. • Committees in Common approach recommended to promote collaborative working. • Legal advice sought and used to inform the terms of reference presented for approval.	

Recommendation:	It is recommended that the Trust Board: • Appoints a new committee, 'Humber Acute Strategic Development Committee'. • Approves the Terms of Reference, attached at Appendix 1, and associated delegated authority.

Hull University Teaching Hospitals NHS Trust
Trust Board
Committees in Common - Humber Acute Strategic Development Committee

1. Purpose of the Report

The purpose of the report is to request that the Board appoints a new Board Committee to support collaborative working with NLAG.

2. Background

To support the ongoing work of the Humber Acute Services Review, HUTH and NLaG CEO's and Chair recommend implementing a governance structure that will ensure that they have single focussed discussions on major areas of service change.

Following legal advice, it was recommended that these discussions take place in Committees in Common (CiC). This would be two Committees meeting at the same time in the same room, or virtual meeting. The terms of reference are virtually the same, with the exception of Membership and Section 1.9 to reflect the different legal requirements for a Foundation Trust.

The ultimate decisions on any future action will be governed by the relevant guidance and legislation for each organisation. To facilitate this, as part of the agenda, each Committee would meet separately for a section of the meeting to agree decisions pertaining to that Trust.

3. Terms of Reference

The draft Terms of Reference are attached at Appendix 1.

The terms of reference were drafted initially by the Director of Corporate Governance at NLaG and Director of Strategy and Planning/Director of Humber Acute Services. This draft was then shared with the Chairman and CEOs of both organisation prior to being finalised by a working group of the Director of Corporate Governance (NLaG), Director of Strategy and Planning (NLaG), Director of Strategy and Planning (HUTH) and Director of Quality Governance (HUTH). These are based on a standard legal template for Committees in Common and adapted to meet the functions required of these committees.

The core responsibilities of the Committees in Common are detailed in Section 1.4 and below:

'The Committee HUTH and NLaG Committee acting through the CiC will provide assurance, advice and guidance and take decisions on behalf of the relevant Boards of both HUTH and NLaG on:

- The design and delivery of the HAS Programme
  - Programme 1 – Interim Clinical Plan
  - Programme 2 – Core Service Change – UEC / Maternity and Paediatrics and Planned Care/Diagnostics
  - Programme 3 – Strategic Capital.

- This will include ensuring:

    - There is effective oversight of work stream interdependencies and a balanced approach that maximises the potential of each Place while optimising overall delivery across the Humber geography.
    - Proposed out of hospital pathway changes are aligned with the programme outputs and contribute to the delivery of new ways of working
- Alignment of capital funding bids to programmes of change – seeking to maximise success
- Ensuring that the work undertaken in Programmes 1 and 2 underpins the development of our joint Strategic Outline Case for c£750m of capital investment within both HUTH and NLaG
- The work programmes lead to improved strategic workforce planning addressing system wide skills gaps, more integrated and inter operable ICT, more integrated diagnostics improving patient access and outcomes
- Where appropriate that resources are pooled for delivery of services.'

4. Recommendation

It is recommended that the Trust Board:

- Appoints a new committee, 'Humber Acute Strategic Development Committee'.
- Approves the Terms of Reference, attached at Appendix 1, and associated delegated authority.

Suzanne Rostron
Director of Quality Governance
May 2021

Hull University Teaching Hospitals NHS Trust

Chief Executive's Office

TERMS OF REFERENCE FOR A COMMITTEE OF THE BOARD TO MEET IN COMMON WITH COMMITTEES OF OTHER TRUSTS (HUTH COMMITTEE)

Reference:	DRAFT
Version:	0.5
This version issued:	
Result of last review:	N/A
Date approved by owner (if applicable):	N/A
Date approved:	
Approving body:	Trust Board
Date for review:	April, 2022
Owner:	Chris Long, Chief Executive
Document type:	Terms of Reference
Number of pages:	6 (including front sheet)
Author / Contact:	Suzanne Rostron, Director of Quality Governance

1.0 Introduction and Purpose

1.1 The following definitions will apply in this Terms of Reference:

HUTH:	Hull University Teaching Hospitals NHS Trust
HUTH Committee:	The Committee established by HUTH to meet in common with the committee established by NLaG
NLaG:	Northern Lincolnshire and Goole NHS Foundation Trust
NLaG Committee:	The Committee established by NLaG to meet in parallel with the committee established by HUTH

1.2 HUTH and NLaG are implementing a governance structure which will ensure that they have single focussed discussions on major areas of service change. These discussions would take place in the Committees in Common (CiC). The ultimate decisions on any future action would be governed by the relevant guidance and legislation for each organisation.

1.3 The principal focus of the CiC would be to discuss and agree actions in relation to major areas of potential service change. This relates in particular to the work that is being undertaken within a number of programmes of work including:

- Humber Acute Services (HAS)
- Collaborative of Acute Providers (CAPs)
- Integrated Care System (ICS) and Integrated Care Partnership (ICP) developments
- Strategic Capital applications via the ICS.

1.4 The Committee HUTH and NLaG Committee acting through the CiC will provide assurance, advice and guidance and take decisions on behalf of the relevant Boards of both HUTH and NLaG on:

- The design and delivery of the HAS Programme
  - Programme 1 – Interim Clinical Plan
  - Programme 2 – Core Service Change – UEC / Maternity and Paediatrics and Planned Care/Diagnostics
  - Programme 3 – Strategic Capital.
- This will include ensuring:
  - There is effective oversight of work stream interdependencies and a balanced approach that maximises the potential of each Place while optimising overall delivery across the Humber geography.
  - Proposed out of hospital pathway changes are aligned with the programme outputs and contribute to the delivery of new ways of working
- Alignment of capital funding bids to programmes of change – seeking to maximise success

- Ensuring that the work undertaken in Programmes 1 and 2 underpins the development of our joint Strategic Outline Case for c£750m of capital investment within both HUTH and NLaG
- The work programmes lead to improved strategic workforce planning addressing system wide skills gaps, more integrated and inter operable ICT, more integrated diagnostics improving patient access and outcomes
- Where appropriate that resources are pooled for delivery of services.

1.5 The two Trusts have each agreed to establish two committees which shall meet simultaneously but which will each take decisions separately on behalf of their own Trust. This will be called the Humber Acute Strategic Development Committee.

1.6 The two Trusts have each decided to adopt terms of reference, in the same form, with the exception that membership of the committees may be different.

1.7 The HUTH Committee shall work co-operatively with the NLaG Committee.

1.8 The Trusts have entered into a Joint Working Agreement on [x and x xxxx 2021] and agree to operate their committees in line with the Joint Working Agreement.

1.9 Subject to such directions as may be given by the Secretary of State for Health, the Trust Board may appoint committees of the Trust Board. The Trust shall determine the membership and terms of reference of committees and subcommittees and shall if it requires to, receive and consider reports of such committees. Standing order 4.8 will include this committee in the schedule of delegation.

2.0 Authority

2.1 HUTH's Trust Board has agreed to establish and constitute a Committee to be known as the Humber Acute Strategic Development Committees. (the HUTH Committee)

2.2 The HUTH Committee and NLAG Committee are authorised by the Boards of HUTH and NLAG to investigate or have investigated any activity within their terms of reference.

3.0 Accountability and Reporting Arrangements

3.1 The minutes of the HUTH Committee meetings shall be formally recorded by the Head of Corporate Affairs and presented to the HUTH Trust Board with update reports as required.

4.0 Responsibility of Members and Attendees

4.1 Members of the Committees have a responsibility to:

- be guided by and act consistently with the Seven Principles of Public Life;

- act as 'champions' and lead by example (reflecting the Trusts' values), disseminating information, agreements and good practice as appropriate
- adhere to the principles of collective decision making. [**Note:** Where concerns regarding decisions may exist, members have a responsibility to ensure these concerns are aired at the time of the decision so that they can be discussed and resolved and/or recorded.]
- ensure that when matters are discussed in confidence at the meeting, such confidences are maintained
- declare any conflicts of interest / potential conflicts of interest in any of the agenda items in accordance with Trust's policies and procedures.
- attend at least 80% of meetings, having read any papers in advance

5.0 Membership

5.1 Core Membership

5.1.1 The HUTH Committee will include the following members:

- Trust Chair[1]
- Chief Executive
- One Non-Executive Director
- Chief Operating Officer
- Director of Strategy and Planning (Non-Voting)
- Chief Financial Officer
- Chief Nurse
- Medical Director
- ICS Placeholder (Non-Voting)
- Director of Quality Governance (Non-Voting)

5.1.2 The Chair of the HUTH Committee is the Trust Chair. In the absence of the Trust Chair, the Non-Executive Director will be asked to chair the meeting.

- For relevant items (for example the agreement of common standards) the Chair of the HUTH Committee shall ensure there is appropriate expert advice (e.g. Director of Estates & Facilities, Director of People, Chief Information Officer) available to the Committee

5.1.3 Where members of the meeting are unable to attend, a suitable deputy can be nominated to attend, as appropriate, and at the discretion of the Chair.

5.2 Other Persons Attending Meetings

5.2.1 Other Executive and Non-Executive Directors may be requested to attend specific meetings of the Committee.

[1] Chair of NLAG

5.2.2 All Non-Executive Directors who are not members of the Committee will be free to attend all meetings of the Committee.

5.2.3 The Committee may, from time to time and as the agenda dictates, require attendance from other Senior Officers of the Trust not mentioned above.

5.3 For the avoidance of doubt, such attendees shall not have any voting rights, nor shall they be counted towards the quorum for the meetings of the HUTH Committee.

5.4 The Chair of the HUTH Committee may at their discretion permit other persons to attend its meetings, but for the avoidance of doubt, any persons in attendance at any meeting of the HUTH Committee shall not count towards the quorum or have the right to vote at such meetings.

6.0 Procedural Issues

6.1 Frequency of Meetings

6.1.1 Meetings will normally take place bi-monthly. However, the Chair of the Committees may increase this frequency or call extraordinary meetings where a delay in decision-making could impact on the HAS Programme.

6.1.2 The business of each meeting will be transacted within a maximum of two hours.

6.2 Secretary

6.2.1 An administrator will act as secretary to the meeting including making arrangements for the meeting and for the provision of formal minutes after the meeting. The draft minutes and action log shall be circulated two working days after the meeting.

6.2.2 Meetings of the HUTH Committee shall be set before the start of the financial year.

6.2.3 A rolling forward plan of proposed agenda items for the HUTH Committee shall be prepared and maintained by the Administrator. A draft agenda shall be developed by the Administrator and agreed by the HUTH Committee Chair at least 10 clear days before the next HUTH Committee meeting.

6.2.4 A risk register will be developed for the Committee, risks and mitigations will be captured and managed by each Trust's Board of Directors.

6.2.5 All final HUTH Committee reports must be submitted seven clear days before the meeting.

6.2.6 The agenda and supporting papers shall be forwarded to each member of the HUTH Committee and planned attendees not less than three clear days before the date of the meeting. In exceptional or urgent circumstances, a shorter period may be acceptable, at the discretion of the Committee Chair.

6.3 Quorum

6.3.1 A meeting of the HUTH Committee will be deemed to be quorate when there is attendance by at least one Non-Executive Director and also [two voting Executive Directors] ensuring appropriate input into the meeting.

6.3.2 When considering if the meeting is quorate, only those individuals who are members (or deputies) can be counted, attendees cannot be considered as contributing to the quorum.

6.4 Voting

6.4.1 Each member of the HUTH Committee shall have one vote.

6.4.2 The HUTH Committee shall reach decisions by a simple majority of members present, but with the Chair of the Committee having a second and deciding vote, if necessary.

6.4.3 If any member is disqualified from voting due to a conflict of interest, they shall not count towards the quorum.

6.5 Review

Terms of Reference will normally be reviewed annually.

7.0 Equality Act (2010)

7.1 Hull University Teaching Hospitals NHS Trust is committed to promoting a pro-active and inclusive approach to equality which supports and encourages an inclusive culture which values diversity and difference.

7.2 The Trust is committed to building a workforce which is valued and whose diversity reflects the community it serves, allowing the Trust to deliver the best possible healthcare service to the community. In doing so, the Trust will enable all staff to achieve their full potential in an environment characterised by dignity and mutual respect.

7.3 The Trust aims to design and provide services, implement policies and make decisions that meet the diverse needs of our patients and their carers the general population we serve and our workforce, ensuring that none are placed at a disadvantage.

7.4 We therefore strive to ensure that in both employment and service provision no individual is discriminated against or treated less favourably by reason of age, disability, gender, pregnancy or maternity, marital status or civil partnership, race, religion or belief, sexual orientation or transgender (Equality Act 2010).

Hull University Teaching Hospitals NHS Trust

Trust Board

11 May 2021

Title:	Draft Board Assurance Framework 2021/22
Responsible Director:	Suzanne Rostron – Director of Quality Governance
Author:	Rebecca Thompson – Corporate Affairs Manager

Purpose:	The purpose of the report is to update the Trust Board with the progress on the Board Assurance Framework 2021/22.	
BAF Risk:	All	
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:	• Positive Board Development session for strategy and BAF – 8 April 2021 – proposed risks for 21/22. • Risk ratings and risk appetite discussed with relevant Execs and/or Assurance Committees April 21 – submitted to the Trust Board for approval today. • Meeting with Internal Audit to assure alignment of sources of assurance – April 21 • Population of new template commenced, final versions to Assurance Committees – June 21.	

Recommendation:	The Trust Board is asked to: • Discuss the proposed risk ratings in Section 3.1, particularly the areas raised in 3.2; • Confirm approval of the risks, ratings and risk appetite following discussion; • Decide if any further risks are required.

Hull University Teaching Hospitals NHS Trust
Trust Board
Board Assurance Framework 2021/22

1. Purpose of the Report

The purpose of the report is to update the Trust Board with the progress on the draft Board Assurance Framework 2021/22. A copy of the refreshed template is at Appendix 1.

2. Background

The Board confirmed the year-end ratings of the 20/21 Board Assurance Framework at its March 2021 meeting. At this time, it was agreed that the mitigation and action plans associated with these risks would continue to progress and that the strategic objectives remained unchanged.

The Board held a development session on the 8 April 2021 to consider progress against the Trust Strategy and consider the risks to achieving the associated strategic objectives to inform the BAF for 21/22. A workshop approach was used to review the strategic risks from 2020/21, determine if they needed to be amended, removed or added to, and to propose risk ratings and risk appetite levels for 2021/22. The Board members were allocated into groups, which contained the Executives and Non-Executives, from the Board Assurance Committees. Each group was then given the corresponding area of the Board Assurance Framework to review. For example, Performance and Finance Committee Execs and NEDs reviewed the performance and finance risks.

Each group was asked to review the inherent risk (risk without any controls in place), the current risk and the year-end target risk. The groups also discussed risk appetite and how much risk they were prepared to hold throughout the year. It was confirmed that no risks from 20/21 were to be removed, that amendments were required to update risks and that a new risk was required under the Quality Section for any potential unintended or avoidable harm to patients.

At the development session it was agreed that for the 21/22 BAF the framework would transfer from ‘initial’ to ‘inherent’ risk ratings to enable to Board to have sight of the worst case scenario, adopt the Good Governance Institute’s risk appetite categorisation and Board Committees would provide further challenge around all risk ratings. The Board Committees would continue to focus on actions taken to manage the risk, discussing gaps in controls and reviewing sources of insurance to inform proposals to the Board to change any risk ratings.

The last internal audit of the Board Assurance Framework in March 2020 provided ‘substantial’ assurance, which supports that systems and processes are ‘good’ and that the plan is to stretch to ‘outstanding’ as opposed to there being a need to take remedial actions.

3. Risk Ratings

The following risks and ratings were discussed and proposed at the Board Development session in April 2021, then endorsed at the Board Assurance Committees. The Board is asked to review and approve the risk ratings in Section 3.1 below.

Likelihood Descriptions		Score
Rare	This will probably never happen / recur. Not expected to occur for years.	**1**
Unlikely	Do not expect it to happen / recur but it is possible it may do so. Expected to occur at least annually.	**2**
Possible	Might happen or recur occasionally. Expected to occur at least monthly.	**3**
Likely	Will probably happen / recur but it is not a persisting issue. Expected to occur at least weekly.	**4**
Almost Certain	Will undoubtedly happen / recur, possibly frequently. Expected to occur at least daily.	**5**

Severity Descriptions			Score
Negligible	No / negligible injury or adverse outcome	No / negligible injury or adverse outcome	1
Minor	Lost time up to 3 days	Minor cuts / sprain / strain requiring first aid, short-term distress or change in condition requiring medical review, but no follow up treatment	2
Moderate	Lost time up to 4 weeks	Fracture / injury likely to cause impairment, distress lasting for a number of days, change in condition requiring continuing treatment, or increased length of stay	3
Major	Long term sickness over 4 weeks	Injury likely to cause permanent incapacity involving one or more individuals e.g. major nerve lesion, or injury involving major internal organs	4
Catastrophic	Death of one or more individuals	Death of one or more individuals	5

Section 3.1 – Proposed risks, ratings and risk appetite 2021/22

Risk	Inherent Risk Rating (LxI)	Current Risk Rating (LxI)	Target Risk Rating (LxI)	Risk Appetite Score
Honest Caring Accountable Culture				
BAF 1 - The Trust does not make progress towards further improving a positive working culture this year.	4x4=16	4x3=12	3x3=9	Moderate
Well-Led, Skilled and Sufficient Workforce				
BAF 2 - The Trust does not effectively manage its risks around staffing levels, both quantitative and quality of staff, across the Trust Lack of affordable five-year plan for 'sufficient' and 'skilled' staff to meet demand	5x5=25	4x3=12	3x3=9	Moderate
High Quality Care				
BAF 3.1 - There Is a risk that the Trust is not able to make progress in continuously	4x4=16	3x4=12	2x4=8	Moderate

improving the quality of patient care and reach its long-term aim of an 'outstanding' rating				
*New BAF Risk 3.2 – There is a risk that patients suffer unintended or avoidable harm. Causes – access to services/waiting lists, patient flow, human error, clinical guidance not adhered to, poor compliance with fundamental standards.	5x5=25	4x4=16	3x3=9	Low
Great Clinical Services				
BAF 4 - There is a risk to access to Trust services due to the impact of Covid-19 1- There has been a deterioration in the Trust's performance on a number of key standards as a result of the organisation responding to Covid-19 2- There is a level of uncertainty regarding the scale and pace of recovery that is possible and the impact of national guidance 3- Planning guidance being released in stages across the year	5x5=25	4x5=20	4x5=20	Low
Partnership and Integrated Services				
BAF 5 - That the Trust will not be able to fully contribute to the development of the Integrated Care Service review due to recovery constraints	3x3=9	2x3=6	2x3=6	High
Research and Innovation				
BAF 6 - That the Trust does not make progress in developing its research capability, capacity and partnerships and that the Trust does not deliver the Non-Covid research during the recovery phase due to capacity issues.	4x4=16	3x4=12	3x4=12	High
Financial Sustainability				
BAF 7.1 - There is a risk that the Trust does not achieve its financial plan for 2021/22	4x4=16	4x3=12	4x2=8	Moderate
BAF 7.2 - There is a risk that the Trust does not plan or make progress against addressing its underlying financial position over the next 3 years, including this year	4x5=20	4x5=20	3x5=15	Low
BAF 7.3 - There is a risk of failure of critical infrastructure (buildings, IT, equipment) that threatens service resilience and/or viability	4x4=16	4x3=12	4x2=8	Moderate

3.2 Areas for discussion

The Board is asked to consider and discuss the following:

- Does the Board accept the proposal from Quality Committee to add a new risk at 3.2 to reflect the potential harm to patients from waiting lists and patient flow as a result of the pandemic?

- For risk 3.2 the Quality Committee agreed a target risk rating of possible x moderate = 9 on the basis that the prioritisation element of the recovery plan would reduce the impact on patients and that the clinical harm process would identify those most at risk.
- For risk 4, there is no proposed reduction in risk rating for this year. These 2 risks need to be aligned. The Board is asked to consider either reducing the target impact rating on BAF risk 4 or increasing the target impact rating on BAF risk 3.2.
- A number of risks propose no change in risk rating throughout this year. This does not mean that actions will not be taken, simply that the risk ratings will not be impacted enough by these actions to change. These risks are BAF 4, BAF 5 and BAF 6. The Board is asked to consider whether it accepts the current and target risk ratings for these risks.

4. Next Steps

The draft template for the BAF has been shared with Board members as an information pack. Feedback from the Board Committees and members will be incorporated into the draft Board Assurance Framework 2021/22. The Corporate Affairs Manager will meet with lead Executives to populate fully prior to the June Board Assurance Committee meetings. This will include risk ratings for Quarter 1. It is unlikely that the risk ratings approved today will change during Quarter 1 although Committees will continue to review evidence, assurance and metrics to determine this.

The complete Quarter 1 Board Assurance Framework for 21/22 will be presented at the next meeting of the Trust Board (July 21) for approval. Following Board approval, the relevant Board Assurance Framework risks will be presented to the Board Assurance Committees on a quarterly basis alongside updates on the action plan, changes in metrics and associated risks on the Corporate Risk Register. The Committee discussions will be used to inform any proposals of risk rating changes or matters for escalation ahead of being presented to the Board.

The Board Assurance Committees will continue to consider sources of assurance and outcomes related to these risks as every meeting with the work-plans aligned fully to the Board Assurance Framework.

The Board and Board development sessions will continue to have deep dives related to the Board Assurance Framework risks as part of its annual plan.

5. Recommendation

The Trust Board is asked to:

- Discuss the proposed risk ratings in Section 3.1, particularly the areas raised in 3.2;
- Confirm approval of the risks, ratings and risk appetite following discussion;
- Decide if any further risks are required.

Rebecca Thompson
Corporate Affairs Manager
May 2021

Hull University Teaching Hospitals NHS Trust

Trust Board

May 2021

Title:	NHS Improvement Self-Assessments 2020-21
Responsible Director:	Suzanne Rostron – Director of Quality Governance
Author:	Rebecca Thompson – Corporate Affairs Manager

Purpose:	The purpose of this report is to present two self-assessments required by NHS Improvement and supporting evidence to the Trust Board for review and approval	
BAF Risk:	N/A	
Strategic Goals:	Honest, caring and accountable culture	✓
	Valued, skilled and sufficient staff	
	High quality care	
	Great clinical services	
	Partnership and integrated services	
	Research and Innovation	
	Financial sustainability	
Summary of Key Issues:	Each year, The Trust Board is required to provide two self-assessment declarations covering 2019-20; this is a requirement from NHS Improvement and mirrors the self-assessment process and standards that applied previously to NHS Foundation Trusts. With the merger of NHS regulators, these self-assessments apply the same requirements across the acute provider sector. These require Trust Board review and approval. The Board is able to declare compliance against all requirements in these two self-assessments, which cover corporate governance and assurance processes within the organisation.	
Recommendation:	The Trust Board is asked to approve the two attached self-assessments covering 2020-21.	

Hull University Teaching Hospitals NHS Trust

NHS Improvement Self-Assessments 2020-21

1. Purpose of this report

The purpose of the report is to present two self-certification templates and an assessment of supporting evidence to enable the Trust to self-certify against NHS improvement requirements.

2. Background

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

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

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

3. Self-Assessments Requirements

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

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

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

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

3.1 Condition G6

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

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

The Trust meets all the requirements of the licence.

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

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

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

NHS Constitution

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

The NHS Constitution consists of two rights and a number of pledges around NHS care. The Trust has published its performance data with every set of Board papers during 2020/21 against these rights and pledges and the Board holds the Trust to account during the year on delivery.

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

As reported to the Board and Performance and Finance Committee, the Single Oversight Framework data 2020-21 show that Trust has not consistently met some of the waiting time standards that are included as rights to NHS patients in the NHS Constitution, specifically the 18-weeks Referral to Treatment standard, the ED four-hour standard, the diagnostic waiting times standard and the cancer 31- and 62 day standards.. The reasons for this have been detailed during Trust Board and Performance and Finance Committee meetings during the year.

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

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

Condition FT4

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

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

4. RECOMMENDATION

The Trust Board is recommended to review and approve the self-certification for GC6 and FT4 and to approve publication of the same by 30 June 2021

Rebecca Thompson
Corporate Affairs Manager
May 2021

Appendix 1 - Actions to ensure compliance with the Monitor licence

Condition	Action	Evidence	Completed	Party responsible
G1 provision of information	Monitor will request information from time to time which must be accurate, complete and not misleading.	All requests for documents and information submitted as required to regulators – e.g. evidence to CQC, information to support NHS Improvement discussions	Per request	Director of Quality Governance
G2 publication of information	As directed by Monitor the Trust must publish information	The Trust has published all required information on its website: • Trust Board papers • Annual Reports • Quality Accounts • Modern Slavery Statement • Eliminating Mixed Sex Accommodation Statement • Safer Staffing • Public Sector Equality Duty, Workforce Race Equality Standard and Workforce Disability Equality Standard • Gender Pay Gap data • Publication Scheme • CQC rating and link to report • Freedom of Information Request guidance	Per requirement	Director of Quality Governance
G3 payment of fees	Trust must pay Monitor fee as required within 28 days of it becoming payable	Trust not required to pay a Monitor fee as it is not an NHS Foundation Trust however the Trust has paid all relevant fees as an acute Trust: CQC fees, NHS Litigation Authority contributions, registration costs with external agencies	Per invoice	Director of Quality Governance

Condition	Action	Evidence	Completed	Party responsible
G4 Fit and proper person	All those with the title of Director or equivalent shall complete the fit and proper person test and a register will be kept. This includes the Governors. This will be updated on an annual basis as part of the year end process.	Fit and Proper Persons Test updated and presented to the Trust Board May 2021 – no issues raised As a non-FT, the Trust does not have any Governors	May 2021	Director of Quality Governance/ Trust Board
G4 Fit and proper person	Term to be added to all Directors' employment contracts to state that a Director will have their employment as a Director summary terminated in the event of not being able to satisfy the fit and proper person test. This should be extended to those considered to be equivalent to a director, but not using the title.	Clause included in the updated Very Senior Manager contracts, agreed by the Remuneration Committee in April 2016; contract applicable to the most senior tier of trust management (not just Executive Directors)	April 2016	Director of Workforce and Organisational Development
G5 Monitor guidance	When Monitor releases guidance, the Trust is required to comply with that guidance or explain why it cannot comply. On the release of guidance a review will be undertaken and if there are any areas where the Trust cannot comply they will be reported to the Board. Where necessary a statement will be sent from the Board to Monitor to explain why the Trust is not complying with the guidance.	The Trust has applied this to NHS Improvement guidance and, before this, to Trust Development Authority guidance No issues raised with compliance to date; most recent changes have been use of the Single Oversight Framework, which form the basis of the Trust's Integrated Performance Report, reviewed and published at each Trust Board meeting, and used on a monthly basis by Performance and Finance Committee	As per any new guidance	Director of Quality Governance/ Trust Board

Condition	Action	Evidence	Completed	Party responsible
G6 System for compliance	The Trust is required to take reasonable precautions against the risk of failure to complying with the licence and the conditions imposed under the NHS acts and required to have regard to the NHS Constitution No later than 2 months from the end of the financial year, the Trust must prepare and submit to Monitor a certificate to the effect that the Trust during the previous financial year has complied with the conditions in the licence. Trust must publish each certificate within 1 month of submission to Monitor in such a manner as would bring to the attention of anyone who may be interested.	The Trust's Annual Governance Statement identifies risks to compliance with the NHS Contracts it has in place and to NHS Constitution rights The Trust will complete and publish its annual report including annual financial statements by 10 June 2021	10 June 2021	Director of Quality Governance
G7 Registration with the CQC	Trust must at all times be registered with the CQC	The Trust has remained registered with the CQC at all times	In place	Director of Quality Governance
G7 Registration with the CQC	Trust to advise Monitor if the Trust does not maintain the CQC registration - the Trust must notify Monitor within 7 days	Not applicable – Trust has retained registration		
G8 Patient eligibility and selection criteria	Set transparent eligibility and section criteria and apply those criteria in a transparent way to persons who, having a choice of person from whom to receive health care services. Publish the criteria in such a manner as will make them accessible to those that are interested.	The Trust has the standard NHS Contract in place for all NHS services; patient choice arrangements are managed via local commissioners. The Trust provides a service to all patients referred under the NHS Contracts in place with commissioners. The Trust makes appointments available via Choose and Book at the point of choice and referral.	In place	Chief Operating Officer

Condition	Action	Evidence	Completed	Party responsible
G9 Application of Continuity of Services	Condition applies whenever the trust is subject to a contractual or other legally enforceable obligation to provide a service which is a Commissioner Requested Service	The Trust has Commissioner Requested Services included in contracts with local commissioners	In place	Chief Financial Officer
G9 Application of Continuity of Services	The Trust shall give Monitor not less than 28 days' notice of the expiry of any contractual obligation pursuant to which it is required to provide a Commissioner Requested Service to which no extension or renewal has been agreed.	The Trust would inform NHS Improvement if this were enacted – no such action taken for 20/21 contracts	If required	Chief Financial Officer
G9 Application of Continuity of Services	The Trust shall make available free of charge to any person a statement in writing setting out the description and quality of service which it is under a contractual or other legally enforceable obligation to provide as a Commissioner Requested Service (CRS).	The Trust publishes bi-monthly such statements through its Trust Board papers, and also through publications such as the Quality Accounts, all of which are available free of charge on line. The Trust has in place the NHS Standard Contract, including description of service and quality standards, in place for all NHS services provided	In place	Executive Directors
G9 Application of Continuity of Services	Within 28 days of a change to the description or quantity of services which the Trust is under a contractual obligation to provide as Commissioner Requested Services, the Trust shall provide to Monitor in writing a notice setting out the description and quantity of all services it is obliged to provide as CRS.	The Trust would inform NHS Improvement if this were enacted	In place	Chief Financial Officer

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

P2 Provision of information	As G1 The Trust will supply Monitor with information as required.	Will do as and when required	In place	Chief Financial Officer
Condition	**Action**	**Evidence**	**Completed**	**Party responsible**
P3 Assurance report on submissions to Monitor	If Monitor requires the Trust to provide an assurance report in relation to a submission of information under P2 or by a third party. An Assurance Report must be completed by a person approved by Monitor or qualified to act as an auditor.	Will do as and when required	In place	Chief Financial Officer
P4 Compliance with the National Tariff	The Trust shall only provide healthcare services for the purpose of the NHS at prices which comply with, or are determined in accordance with, the national tariff published by Monitor.	The Trust's contract management arrangements in place with local and specialised commissioners and the Trust's audited accounts confirm this is in place	In place	Chief Financial Officer
P5 Constructive engagement concerning local tariff modifications	The Trust is required to engage constructively with Commissioners, with a view to reaching agreement as provided in section 124 of 2012 Act (around price).	In place – local tariff agreed as part of NHS contracts in place	In place	Chief Financial Officer

C1 The right of patients to make choices	The Trust shall ensure that at every point where a patient has a choice under the NHS Constitution or a choice of provider conferred locally by commissioners, the patient is notified of that choice and told where they can find that information. The information provided must not be misleading. The information cannot prejudice any patient. Note: The Trust is strictly prevented from offering or giving gifts, benefits in kind or pecuniary or other advantage to clinicians, other health professionals, Commissioners or their administrative or other staff as inducement to refer patients to commissioned services.	Choice is primarily lead by commissioners and choice is offered at the point of referral – the Trust is in receipt of the referrals after choice has been made The Trust includes information on the NHS Constitution on its website and information on choice in information provided to patients following receipt of referral also. The Trust's Access Policy includes information of enactment of choice.	In place	Chief Operating Officer
Condition	**Action**	**Evidence**	**Completed**	**Party responsible**
C2 Competition oversight	The Trust shall not enter into any agreement or arrangement that prevents or distort competition in the provision of healthcare.	No such arrangements in place; NHS Standard Contract in place for all NHS services	N/A	Trust Board
IC1 Provision of Integrated Care	The Trust shall not do anything that would be regarded as against the interests of people who use healthcare services. The Trust shall aim to achieve the objectives as follows: - Improving the quality of health care services - Reduce inequalities between persons with respect to their ability to access services and the outcomes achieved for them.	The Trust has in place a Quality Improvement Plan to make specific improvements in services across the Trust The Trust complies with the Public Sector Equality Duty in respect of access to services	In place	Chief Medical Officer Chief Operating Officer

CoS1 Continuing provision of Commissioner Requested Services	The Trust is not allowed to materially alter the specification or means of provision of any CRS services except: • By agreement in writing from the Commissioner • If required to do so by, or in accordance with its terms of authorisation.	NHS Standard Contract in place, including clauses as to how amendments to the contract are made in agreement with commissioners	In place	Chief Financial Officer
CoS2 Restriction on the disposal of assets	Keep an asset register up to date which shall list every relevant assed used by the Trust. The Trust shall not dispose of or relinquish control over any relevant asset except with consent of Monitor. The Trust will supply Monitor with a copy of the register if requested.	[Assets taken as Estates in this context] The Trust would inform commissioners and NHS Improvement is any action on estates were being taken that would prevent the continuation of an NHS services	In place	Chief Financial Officer

Condition	Action	Evidence	Completed	Party responsible
CoS3 Standards of corporate governance and financial management	Trust is required at all times to maintain, adopt and apply systems and standards of corporate governance and of risk management which reasonably would be regarded as: Suitable for a provider of the CRS provided by the Trust Providing reasonable safeguards against the risk of the Trust being able to carry on as a going concern	Audit Committee and Trust Board have oversight of governance. Audit Committee and Trust Board signed off preparation of accounts on a going concern basis Trust Board has oversight and sign-off of Annual Governance Statement, confirming adequate governance arrangements are in place Head of Internal Audit Opinion gave a positive assurance opinion for 20-21 year-end position	April 2021	Chief Executive
CoS3 Standards of corporate governance and financial management	The Trust shall have regard to: Guidance from Monitor Trust rating using risk rating methodology Desirability of that rating being not less than the level regarded by Monitor as acceptable	The Trust has regard for NHS Improvement requirements and publishes its risk rating based on this methodology with each set of Trust Board papers, including explanatory notes	Bi-monthly	Chief Financial Officer
CoS4 Undertaking from the ultimate controller	The Trust shall procure from each company or other person which the trust knows or reasonably ought to know is at any time its ultimate controller	Not applicable	N/A	N/A

Condition	Action	Evidence	Completed	Party responsible
CoS5 Risk pool levy	The Trust shall pay to Monitor any sums required to be paid in consequence of any requirement imposed on providers, including sums payable by way of levy imposed and any interest payable. If no date given then within 28 days	Will be managed in line with the NHS standard contract, if applicable	N/A	Chief Financial Officer
CoS6 co-operation in the event of financial stress	If Monitor gives notice in writing to the Trust that it is concerned about the ability of the Trust to carry on as a going concern, The Trust shall: Provide information as Monitor my director to commissioners and to such other persons as Monitor may direct Allow such persons as Monitor may appoint to enter premises Cooperate with such persons	Such information exists and can be provided to NHS Improvement if such a concern was raised The Trust has a requirement under the NHS Standard contract to allow commissioners and regulators access to the Trust if significant concerns were formally raised	April 2021 In place	Chief Financial Officer Chief Executive
CoS7 Availability of resources	The Trust will at all times act in a manner calculated to secure the required resources Trust not later than 2 months after the year end shall submit to Monitor a certificate as to the availability of the required resources for the period of 12 months commencing on the date of the certificated using one of the following statements: After making enquires the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.	Going concern review submitted and accepted by the Audit Committee April 2021 Draft annual accounts shared with Audit Committee members in April 2021 and audited accounts shared June 2021 On track for review and acceptance by Trust Board members by 10 June 2021 deadline Annual report includes annual governance statement, including use of resources and anticipated risks to service delivery and resources	June 2021	Chief Executive / Trust Board

	or after making enquires the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) and distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in the certificate. However, they would like to draw attention to the following factors which may cast doubt ion the ability of the Licensee to provide CRS. **or** In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate. The Trust shall submit to Monitor with that certificate a statement of the main factors which the Director of the Trust have taken into account in issuing that certificate. The certificate must be approved by a resolution of the BoD and signed by a Director the Trust pursuant to that resolution. Trust must tell Monitor immediately the Directors become aware of circumstances that cause them to no longer have the reasonable expectation referred			

Condition	Action	Evidence	Completed	Party responsible
FT1 Information to update the register of NHSFT	Trust must supply to Monitor or make sure they are available to Monitor the following: Current version of the Constitution Most recent published accounts and auditor report on them Most recent annual report Amended Constitutions must be supplied within 28 days Comply with any Direction given by Monitor When submitting documents to Monitor Trust must provide a short written statement describing the document and specifying its electronic format and advising that the document is being sent for the purpose of updating the register.	No such equivalent exists for non-Foundation Trust The Trust publishes its annual report and accounts shortly after approval – this includes description of the Trust, its use of resources and audit opinion The Trust has published its key strategy documents The Trust publishes monthly performance, quality and financial information via Trust Board papers	In place	Trust Board
FT2 Payment to Monitor	Not applicable – equivalent requirements noted and evidenced above	N/A	N/A	N/A
FT3 provision of information to advisory panel	Trust must comply with any request from Monitor	The Trust complies with requests from regulators (NHS Improvement, CQC) as and when received	In place	Chief Executive

Condition	Action	Evidence	Completed	Party responsible
FT4 NHSFT governance arrangements	Trust will apply the principles, systems and standards of good corporate governance The Trust will have regard to such guidance as Monitor may issue. Comply with the following conditions - Trust will establish and implement: • An effective Board and committee structure • Clear responsibilities for its Boards and committees reporting to the Board and for staff reporting to the Board and those committees. • Have clear lines of accountabilities throughout the organisation The Trust shall establish and effectively implement systems and processes to: • Ensure compliance with the duty to operate efficiently, economically and effectively • For timely and effective scrutiny and oversight by the Board of the Trust's operations. • Ensure compliance with health care standards binding on the trust including but not restricted to standards specified by the SoS, the CQC and NHS Commissioning Board and statutory regulators of health care professionals • To identify and manage material risks to compliance.	The Trust's Annual Governance Statement and Annual Report set out the Trusts' governance structure, which includes a Board and committee structure that meets statutory and good governance requirements, clear reporting lines up to the Trust Board through Standing Orders, and a triumvirate system for Health Group management, with Executive oversight of Health Groups and corporate services The Trust has Standing Orders, Standing Financial Instructions and other relevant policies, such as the Business Interests policy and financial management policies The Trust meets regularly and has a supporting committee structure in place for the scrutiny and management of quality in services, performance and financial oversight and accountability The Trust has in place policies and processes for financial management, deployment and management of human resources, which are subject to scrutiny by the Trust's internal and external auditors	In place	Chief Executive/ Trust Board

	• To generate and monitor delivery of business plans. • To ensure compliance with all applicable legal requirements • To obtain and disseminate accurate, comprehensive, timely and up to date info for BoD and Committee decision making • For effective financial decision-making, management and control The Trust shall submit to Monitor within 3 months of the year end: • A corporate governance statement by and on behalf of its Board confirming compliance with this condition as at the date of the statement and anticipated compliance with this Condition for the next financial year, specifying any risks to compliance with this condition in the next financial year and any action it proposed to take to manage such risks. • If required by Monitor a statement from the External Auditors will be included.	The Trust updated its Risk Policy in April 2017 to include a more robust 'ward to board' process for the management or organisational risk The Trust has in place a process to generate and monitor business plans, whether these are the annual operational plan for the organisation, individual business cases for capital or revenue equipment, a rolling capital programme or Trust strategies. The Trust's monitoring of quality and finance includes compliance with legal and regulatory requirements The Board and Committee timings are set in advance to receive the most current data available The Trust will have completed and published its annual report, including its annual governance statement and assessment of risks for the coming financial year by the end of June 2021, and will publish this to be available to the public, stakeholders and regulators		

Worksheet "G6 & CoS7"

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

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

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

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

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

Signature		**Signature**	
Name	Terry Moran CB	**Name**	Chris Long
Capacity	Chairman	**Capacity**	Chief Executive
Date		**Date**	

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

A

Worksheet "FT4 declaration"

Corporate Governance Statement (FTs and NHS trusts)

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

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

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

Signature _____ **Name** Terry Moran CB, Chairman

Signature _____ **Name** Chris Long, Chief Executive

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

A

Please Respond

Hull University Teaching Hospitals NHS Trust

Trust Board

Tuesday 11 May 2020

Title:	Declarations of Interest and Fit and Proper Persons Declarations
Responsible Director:	Terry Moran CB – Chairman
Author:	Rebecca Thompson – Corporate Affairs Manager

Purpose:	To provide assurance that all Board members and Trust Directors have completed declarations of interest and meet the requirements of Care Quality Commission (CQC) Regulation 5:Fit and Proper Persons.	
BAF Risk:	N/A	
Strategic Goals:	Honest, caring and accountable culture	✓
	Valued, skilled and sufficient workforce	
	High quality care	
	Great clinical services	
	Partnership and integrated services	
	Research and Innovation	
	Financial sustainability	
Summary of Key Issues:	The Trust Board receives an annual report on any issues raised by the latest Declarations of Interests by Board members, as well as any issues relating to a Board member's suitability as a Fit and Proper Person, in respect of CQC requirements. A full review has been undertaken for all Trust Board members. There are no issues of concern or non-compliance to report to the Board.	

Recommendation:	The Trust Board to review and confirm there is assurance that: • that all Board members have completed declarations of interest and meet the requirements of CQC Regulation 5: Fit and Proper Persons • that annual checks are carried out to ensure that the Trust is up to date with any changes in circumstances

Hull University Teaching Hospitals NHS Trust

Trust Board

Declarations of Interest and Fit and Proper Persons Declarations

1. Purpose

To provide assurance that all Board members and Trust Directors have completed declarations of interest and meet the requirements of Care Quality Commission (CQC) Regulation 5:Fit and Proper Persons.

2. Background

In November 2014, the CQC introduced Regulation 5: Fit and Proper Persons Test. CQC Regulation 5 places a duty on the Trust not to appoint anyone to a post with Board level responsibilities who does not meet their Fit and Proper Persons Test. The Trust applies this test to all new Board appointments and to Trust Directors; the process is carried out by the Trust for Chief/Directors and is started by NHS Improvement (and documented by the Trust) for Non-Executive Directors.

The Trust Board confirm compliance annually for all Board members and Trust Directors. In addition, arrangements are in place through the Disclosure and Barring Service to ensure that the Trust is informed of any subsequent issues that may be a cause of concern in relation to Board members.

3. Procedure

At the end of every financial year all Board members and Trust Directors are asked to complete a declaration of interest form which includes the Fit and Proper Person declaration. Any material issues included on the declarations are reviewed by the Chairman and/or Director of Corporate Affairs to determine if it is relevant to the individual remaining a Fit and Proper Person.

Any changes in, or conflicts of, declared interests are entered onto the declaration register held by the Director of Corporate Affairs and reported in the Trust's Annual Report as well as to the Trust Board in-year. Board members' interests are also published on the Trust's website and kept up to date as interests change.

Appendix A details the most recent completed declarations by Board members and Trust Directors, for review by the Trust Board for assurance. Appendix B details declared interests of Trust Board members. Appendix C contains the Fit and Proper Person Assessment criteria, for reference.

4. Recommendation

The Trust Board to review and confirm there is assurance that:

- that all Board members have completed declarations of interest and meet the requirements of CQC Regulation 5: Fit and Proper Persons
- that annual checks are carried out to ensure that the Trust is up to date with any changes in circumstances

Rebecca Thompson
Corporate Affairs Manager
May 2021

Appendix A

Fit and Proper Person Declarations for Board Members and Trust Directors Completed May 2021

Name	Role	Return completed	FFP Assessment (Any issues)	On Individual Insolvency Register
Mr Terry Moran	Chair	✓	No	No
Mr Stuart Hall	Vice Chair/Non-Executive Director	✓	No	No
Mrs Tracey Christmas	Non-Executive Director	✓	No	No
Prof. Martin Veysey	Non-Executive Director	✓	No	No
Mr Tony Curry	Non-Executive Director	✓	No	No
Mr Mike Robson	Non-Executive Director	✓	No	No
Prof. Una Macleod	Non-Executive Director	✓	No	No
Ms Linda Jackson	Associate Non-Executive Director	✓	No	No
Mr Chris Long	Chief Executive Officer	✓	No	No
Mrs Beverley Geary	Chief Nurse	✓	No	No
Dr Makani Purva	Chief Medical Officer	✓	No	No
Mr Lee Bond	Chief Financial Officer	✓	No	No
Ms Teresa Cope	Chief Operating Officer	✓	No	No
Ms Jacqueline Myers	Director of Strategy and Planning	✓	No	No
Mr Simon Nearney	Director of Workforce and Organisational Development	✓	No	No
Ms Carla Ramsay	Director of Corporate Affairs	✓	No	No
Mrs E Ryabov	Chief Operating Officer	✓	No	No
Mrs M Kemp	Director of Strategy and Planning	✓	No	No
Mrs S Rostron	Director of Quality Governance	✓	No	No

Appendix B

Declarations of Board Members' Interests

Any declarations of interest made by Board members in 2020/21 and currently on the Trust's Register of Business Interests

Name	Role	Declared interest
Mr Terry Moran	Chair	Trustee of Cat Zero (charity) Chair of SLP College (charity) Chair of Northern Lincolnshire and Goole NHS Foundation Trust from February 2020
Mr Stuart Hall	Vice Chair/Non-Executive Director	Partner is member of Clinical assembly, Clinical Senate Yorkshire and Humber Associate Non-Executive Director at Northern Lincolnshire and Goole NHS Foundation Trust
Mrs Tracey Christmas	Non-Executive Director	None
Prof. Martin Veysey	Non-Executive Director	Locum Consultant Gastroenterologist at York Teaching Hospitals NHS Foundation Trust Professor of Gastroenterology and Programme Director MBBS, Hull York Medical School Wife works at York Teaching Hospital NHS Foundation Trust
Mr Tony Curry	Non-Executive Director	None
Mr Mike Robson	Non-Executive Director	Non-Executive Director at Hull Truck Theatre
Prof. Una Macleod	Non-Executive Director	Dean, Hull York Medical School Partner employed by University of Hull Research income to University of Hull from Yorkshire Cancer Research and National Institute of Health Research
Ms Linda Jackson	Associate Non-Executive Director	Vice Chair and Non-Executive Director at Northern Lincolnshire and Goole NHS Foundation Trust
Mr Chris Long	Chief Executive Officer	None
Mrs Beverley Geary	Chief Nurse	None
Dr Makani Purva	Chief Medical Officer	Success at Medical Interviews – training and interview practice consultancy Director of the Association of Simulated Practice in Healthcare (ASPIH) Husband works at North Lincolnshire & Goole Hospitals NHS Foundation Trust Husband secondary work Trentcliffe Healthcare 2020 Secondary Care
Mr Lee Bond	Chief Financial Officer	Trustee of WISHH Charity Trustee of the HFMA Partner - Deputy Chief Nurse at HUTH Step-daughter – Staff Nurse at HUTH
Ms Teresa Cope	Chief Operating Officer	Trustee with Cornerhouse Yorkshire Husband is employed by Nottinghamshire Healthcare NHS Foundation Trust
Ms Jacqueline Myers	Director of Strategy and Planning	Trustee of St Leonards Hospice, York

Mr Simon Nearney	Director of Workforce and Organisational Development	Directorship of Cleethorpes Town FC (CTFC LTD) Wife is a nurse auxiliary at HUTH Daughter is an apprentice nurse at HUTH Son employed at NLAG Son employed at LPFT
Ms Carla Ramsay	Director of Corporate Affairs	Trustee - The Warren Hull Civil Partner works for the Environment Agency
Mrs E Ryabov	Chief Operating Officer	None
Mrs M Kemp	Director of Strategy and Planning	Family member employee at HUTH
Mrs S Rostron	Director of Quality Governance	None

Appendix C

Fit and Proper Persons Declarations

Detail of what declarations must be made

Disclosure	Y/N
Have you been convicted of a criminal offence in the UK or elsewhere?	
Do you consent to the Trust obtaining an automatic annual notification under the DBS?	
Are you on the Safeguarding (children and adults) barred list?	
Have you been prohibited from holding office under the Companies Act or the Charities Act?	
Do you have undischarged creditors?	
Do you have a debt relief order?	
Are you an undischarged bankrupt?	
Do you have a bankruptcy restriction order?	
Are there any reasons related to health that mean that you are unable to fulfil your role?	
Have you ever been erased, removed or struck off a register of professionals maintained by a regulator of health care or social work professionals?	
Do you have an outstanding referral to your professional body for an issue relating to a CQC regulated activity?	
Are there any other factors that you consider your employer should be aware of that could impact on the Fit and proper persons Test?	

Hull University Teaching Hospitals NHS Trust

Committee Summary Report to the Board

Meeting: Audit Committee

Meeting Date:	29 April 2021	**Chair:**	Mrs T Christmas	**Quorate (Y/N)**	**Y**

Key items discussed where actions initiated:

- Internal Audit: Annual report, Counter Fraud Annual report, Head of Internal Audit Opinion. The opinion was a positive green/amber
- External Audit: Update on the Annual Accounts audit, received an on track for 10th June
- Progress updates regarding: Annual accounts, Annual report and Quality Accounts
- Going concern status. The Trust has presented their status to the Auditors as a Going Concern
- Half year review of Quality and Remuneration Committee – there were no process issues raised. The workplans had been presented and no gaps highlighted
- Audit Committee Terms of Reference review – very minor changes to job titles made and the addition of the private meeting with Auditors added.
- Freedom to speak up update – new processes in place to appoint a Head of Freedom to Speak up and champions of all levels
- Risk Management review included the updated Board Assurance process
- External visit annual report – a review of the process was underway

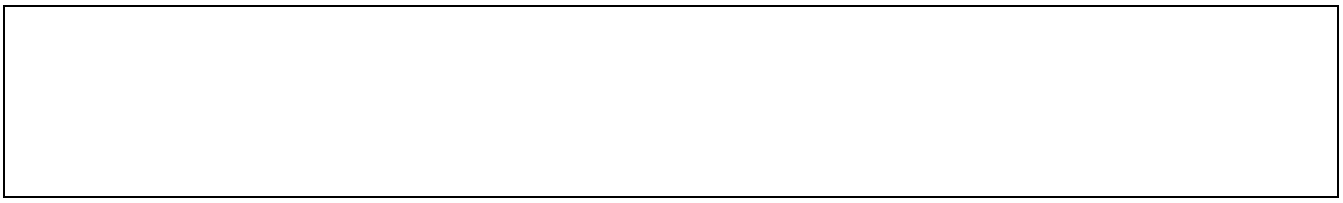
Key decisions made:

- Subject to minor changes the Terms of Reference were approved by the Committee

Risk and assurance matters to be received by the Board:

Matters to be escalated to the Board:

- Annual Accounts sign off
- Annual Report sign off
- Quality Accounts – the Board to delegate authority for the Quality Committee to sign off the Quality Accounts



Hull University Teaching Hospitals NHS Trust

Trust Board

11 May 2021

Title:	Audit Committee Terms of Reference
Responsible Director:	Suzanne Rostron – Director of Quality Governance
Author:	Rebecca Thompson – Corporate Affairs Manager

Purpose:	The purpose of the report is for the Trust Board to receive the Audit Committee Terms of Reference following ratification from the Audit Committee	
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:	Minor changes have been made to job roles and a meeting in private with the Internal and External Auditors added.	

Recommendation:	The Trust Board is asked to approve the Audit Terms of Reference.

Hull University Teaching Hospitals NHS Trust

AUDIT COMMITTEE Audit Committee

TERMS OF REFERENCE Terms of Reference

1 Constitution

1.1 Establishment

The Trust Board has established an Audit Committee (The Committee). The Committee is a non-executive Committee of the Board and has no executive powers, other than those specifically delegated in these terms of reference. This committee reports directly to the Board.

1.2 Membership

The Committee shall be appointed by the Board from amongst the Non Executive Directors of Hull University Teaching Hospitals NHS Trust ("the Trust") and shall consist of not less than three members. The Chairman of the Trust shall not be a member of the Audit Committee. Appointments to this Committee shall be made by the Board in consultation with the Audit Committee Chairman. Appointments to be for an initial period of up to 3 years, extendable by no more than one additional 3 year period.

1.3 Quoracy

A quorum shall be two members.

1.4 Attendance

(a) The Chief Financial Officer, Head of Corporate Affairs, Head of Internal Audit, the Trust's nominated Local Counter Fraud Specialist and representatives of the External Auditors shall normally attend meetings advising the Committee on pertinent issues / areas. The Committee will meet in private with External and Internal Auditors without any Executive Directors or members of the Trust staff present at least once a year.

(b) The Chief Executive, other Directors or lead officers may be invited to attend, but particularly when the Committee is discussing areas of risk or operation that are the responsibility of that individual.

(c) The Chief Executive will be invited to attend, at least annually, to discuss with the Audit Committee the process for assurance that supports the Annual Governance Statement.

(d) The Trust Secretary, or Head of Corporate Affairs, shall be Secretary to the Committee and shall attend to take minutes of the meeting and provide appropriate support to the Chair of Committee and its members.

1.5 Meetings

Meetings shall be held not less than five times a year. The Chair of the Committee can call additional meetings as required to discuss urgent business. Members are expected to attend at least 75% of meetings per year.

At least once per year the Committee should meet privately with the external and internal auditors.

2 Authority

2.1 Authority to investigate and seek information

(a) The Committee is authorised by the Trust Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

(b) The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant expertise if it considers this necessary.

3 Role and Purpose of the Audit Committee

The duties of the Committee are:

3.1 Governance, Risk Management and Internal Control

The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non clinical), that supports the achievement of the organisation's objectives.

In particular, the Committee will review the adequacy of:-

(a) All risk and control related disclosure statements (in particular the Annual Governance Statement), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to submission to the Board.

(b) The structures, processes and responsibilities for identifying and managing key risks facing the organisation in particular the Board Assurance Framework -including the link with the corporate risk register.

(c) The underlying control and assurance processes that indicate the degree of the achievement of strategic objectives, the effectiveness of the management of principal risks and the appropriateness of the disclosure statements.

(d) The policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the Counter Fraud and Security Management Service.

(e) Consider and review the Annual Information Governance Toolkit (or replacement requirements) and the Data Quality Reports.

(f) Trust arrangements to meet the requirements of the General Data Protection Regulations that apply from 25 May 2018

3.2 Power to seek reports and assurances

In carrying out this work the Committee will primarily utilise the work of Internal Audit, Counter fraud**,** External Audit and other assurance functions, but will not be limited to these audit functions. It may also seek reports and assurances from Directors and managers as appropriate, concentrating on the over arching

systems of integrated governance, risk management and internal control, together with indicators of their effectiveness. The Committee will receive the minutes of the Board's Performance and Finance Committee, Quality Committee and Charitable Funds Committee to inform its assurance work.

This will be evidenced through the Committee's use of an effective Assurance Framework to guide its work and that of the audit and assurance functions that report to it.

3.3 **Internal Audit**

The Committee shall ensure that there is an effective internal audit function established by management; that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Audit Committee.

It will:-

(a) Recommend the appointment of the Internal Auditors to the Board, approve the annual fee and consider any questions of resignation and dismissal.

(b) Review and approve the Internal Audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework and Strategic Plans.

(c) Consider the major findings of internal audit work (and management's response), and ensure co-ordination between the Internal and External Auditors to optimise audit resources.

(d) To review progress on implementing internal audit recommendations.

(e) Ensure that the Internal Audit function is adequately resourced and has appropriate standing within the organisation.

(f) Monitor the effectiveness of internal audit through their annual review

3.4 **External Audit**

The Committee shall review the work and findings of the External Auditor and consider the implications and management's responses to their work.

This will be achieved by:-

(a) Recommending to the Trust Board the appointment of the External Auditor.

(b) Discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan.

(c) Discussion with the External Auditors of their local evaluation of audit risks and assessment of the Trust and associated impact on the audit fee.

(d) Review all external audit reports, including the report to those charged with governance, agreement of the annual audit letter before submission to the Board and any work undertaken alongside the annual audit plan together with the appropriateness of management responses.

(e) Review and monitor the external auditor's independence and objectivity, taking into account relevant UK professional and regulatory requirements.

3.5 **Financial Reporting**

The Audit Committee shall review the Annual Report and Financial Statements before submission to the Board, focussing particularly on:-

(a) The wording in the Annual Governance Statement and other disclosures relevant to the terms of reference of the Committee.

(b) Changes in, and compliance with, accounting policies, practices and estimation techniques.

(c) Unadjusted mis-statements in the financial statements.

(d) Letter of Representation.

(e) Significant judgements in preparation of the financial statements.

(f) Significant adjustments resulting from the audit.

3.6 **Other Assurance Functions**

3.6.1 The Audit Committee shall review the findings of other significant assurance functions, both internal and external to the organisation and consider the implications to the governance of the organisation. These will include, but will not be limited to, any reviews by Department of Health Arms Length Bodies or Regulators/Inspectors (e.g. Care Quality Commission, NHS Improvement, NHS Litigation Authority etc.), professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc.).

3.6.2 In addition, the Committee will consider the work of other Committees within the organisation, whose work can provide relevant assurance to the Audit Committee's own scope of work. This Committee also needs to be review the assurances gained from clinical audit activities in the organisation.

3.6.3 The Committee shall satisfy itself that the organisation has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work.

3.6.4 The Committee will seek annual assurance that a current, clear and effective Whistleblowing or Protected Disclosures Policy is in place and that all Trust staff have access to this policy. One Non Executive Director under the current policy (reference CP169) will be one of a number of internal contacts available to consult and be the "Whistleblowing Champion" of the Trust.

3.7 **Reporting**

3.7.1 The minutes of the Audit Committee meetings shall be approved by the Chairman of the Audit Committee and submitted to the Board. The Chairman of

the Committee shall draw to the attention of the Board any issues that require disclosure to the full Board, or require executive action.

3.7.2 The Committee will report to the Board annually on its work in support of the Annual Governance Statement, specifically commenting on the fitness for purpose of the Board Assurance Framework, the completeness and effectiveness of risk management in the organisation, the integration of governance arrangements and produce an annual work plan.

3.8 **Other Matters**

The Committee shall undertake reviews of:

- Risk register
- Write offs and compensations
- Outstanding debtors over £50,000 and 90 days or more outstanding.
- Fraud register
- Decision to waive tender procedures
- Offers of hospitality/gifts and sponsorship
- Review of Standing Orders and Standing Financial Instructions and approval of proposed changes
- Waiver of Standing Orders
- Going Concern Reviews
- Corporate credit card expenditure
- Legal expenditure

3.9 **Administration**

The Committee shall be supported administratively by the Trust Secretary, or Head of Corporate Affairs and the Deputy Director of Finance. Their duties in this respect will include:

- Agreement of each agenda with the Chairman and collation of papers
- Taking the minutes
- Keeping a record of matters arising and issues to be carried forward
- Advising the Committee on pertinent issues
- Enabling the development and training of Committee members

4 Monitoring Compliance with these Terms of Reference

The Trust Secretary and the Chairman of the Committee have a joint responsibility for ensuring compliance with these Terms of Reference. Any member or person in attendance who considers compliance with these Terms of Reference is at risk should bring their concerns to the attention of the Head of Corporate Affairs.

Ratified by Audit Committee date:	April 2021
Approved by Trust Board date:	May 2021
Review date:	April 2022

Hull University Teaching Hospitals NHS Trust

Trust Board

11th May 2021

Title:	Our Patients - Performance Summary	
Responsible Director:	Ellen Ryabov - Chief Operating Officer	
Author:	Mags Barnaby – Deputy Chief Operating Officer Helen Thompson – Operational Performance Team	
Purpose:	The purpose of this paper to provide an Executive Summary of Performance against expected National Standards for the month of March 2021.	
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 March. There were a total of 61 Covid inpatients as at 30th March 2021. • Plans for Q1 and Q2 elective recovery and the longer term strategy to deliver improvements in operational recovery are now completed in DRAFT and final submission due on 3 June 2021. In March 2021 capacity was returned to specialties, with additional lists being undertaken at the weekend and additional clinics.	
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

March Performance 2021

1. Purpose

This paper provides an executive summary of actual delivery towards key performance standards for the month of March 2021 (February for cancer standards) 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 throughout March 2021 and has only recently begun to return to more normal levels of activity.

As a result of the ongoing impact of the third Covid surge, pressure impacting delivery of our key constitutional standards continued throughout March. Whilst there were some marginal improvements in a small number of areas, the overall operational performance within the Trust has not changed significantly this month, when compared to that seen in the previous month.

The continued focus for the operational teams during March was to ensure that we:

- safely accommodated 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
- work to develop the Trust elective recovery plan for final submission to the ICS

In terms of operational issues, a continuation of patient flow issues within the urgent and emergency care pathway continued throughout the month of March 2021 and our attendances via the Emergency Department have continued to rise to more normal levels placing stress on our acute admission flows

The Cancer 2-week wait performance further improved in February 84.8% to 91.8% (+6%) however; the 2 week wait breast symptomatic remained low at 18.1% (+12.3).

The continued shortfalls in capacity for breast cancer patients have not yet improved, although it should be noted that further investment into the Breast service is now agreed and work to recruit additional staff should see marked improvement in this area in the coming months

Elective Day Case theatre activity resumed in February 2021 and as part of the development of our Elective Recovery plan theatre activity will continue to expand with a plan to reach normal pre-covid levels mid-May.

Work to improve elective recovery will see the realignment of some theatre resource to fully support both inpatient and day case capacity for our more challenged specialties, as well as continued use of the Independent Sector to address the backlogs.

The Trust 52 week position remains of significant concern, and in Table 1 below (as at 15 March) the number of patients waiting in excess of 52 weeks reached 12,796. BY the end of March, the positon had dropped to 11,991. However, it is of note that the end of March position was a marked improvement on the Trust planned Phase 3 submission of 13792 which constitutes a reduction on plan of circa 13%.

The position on 52 week waits by Health Group as at 15 March 21, 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 @ 15 Mar 21						Position @ 31/01/2021	Variance
Health Group	First Activity	Subsequent	Day Case	Elective	Total	% Split		
Clinical Support Services	26	15	64	7	112	0.88%	122	-10
Family & Women's Health	4800	930	2017	344	8091	63.23%	7174	917
Medicine	154	465	155	17	791	6.18%	756	35
Surgery	376	310	2226	890	3802	29.71%	2992	810
	5356	**1720**	**4462**	**1258**	**12796**	**100.00%**	11044	1752

	52 week waits - by Point of Delivery @ 15 Mar 21						Position @ 31/01/2021	Variance
Specialty Top 10	First Activity	Subsequent	Day Case	Elective	Total	% Split		
ENT	2639	309	519	16	3483	33.55%	3095	388
Plastic Surgery	793	57	713	5	1568	15.10%	1433	135
Ophthalmology	941	226	271	2	1440	13.87%	1245	195
Gynaecology (including oncology)	79	82	331	222	714	6.88%	681	33
Dermatology	195	237	4	0	436	4.20%	360	76
Breast Surgery	85	2	137	78	302	2.91%	244	58
Cardiology	118	379	134	10	641	6.17%	586	55
Oral Surgery	21	22	581	1	625	6.02%	639	-14
Trauma & Orthopaedics	12	48	225	307	592	5.70%	453	139
Urology	19	36	413	113	581	5.60%	481	100
	4902	**1398**	**3328**	**754**	**10382**	**100.00%**	**9217**	1165

Summary Total % Top 10	**91.52%**	**81.28%**	**74.59%**	**59.94%**	**81.13%**

As can be seen from the above, Family & Women's Health Group specialties account for 63% 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 29% of those patients waiting in excess of 52 weeks, the majority of whom are awaiting either day case or inpatient treatments.

The Trust's Recovery Plan and the Q4 activity focus was directed to the top 10 specialties, which account for over 81% of the total numbers waiting, with first outpatients being the single greatest pressure on service delivery at this time and work to address the backlogs will continue as part of the H1 (Q1 & Q2) plans.

3. H1 (Q1 & Q2) Recovery Planning

The Trust plans for elective recovery have gather pace during late March and into April and the Health Group teams are fully engaged in the process of transition back to more normal levels of activity.

Meetings with each of the challenged specialities will take place during April and will look to find additional means of support to address the significant backlogs within our top 10, now expanded to top 12 with the inclusion of Gastro and Interventional Radiology. A further update on progress will be provided at PAF and the next Trust Board.

4. Conclusion.

The Trust continued to admit a number of Covid positive patients throughout March 2021.

The result of the ongoing pandemic during the month of March has continued to impact our ability to efficiently manage 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 transition to the pre-Covid levels of activity in line with our projected elective recovery plan, and in particular to focus on the potential benefits of maximising outpatient, day case capacity and Independent Sector activity, 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

Mags Barnaby
DCOO

5th May 2021

Performance and Activity Report

March 2021 Performance

Produced April 2021

The Board Assurance Framework is structured around the Trust's three Strategic Goals:

To deliver safe and high quality patient care as part of an integrated system
To support an engaged, healthy and resilient workforce
To ensure financial stability

1. Operational Performance – Emergency Department

PaF Key Performance Indicators | Emergency Department

Period 01/04/20 - 31/03/21

Last 12 Months (Calendar)

Emergency Department	Target	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
ED: Attendances Type 1		6,476	8,289	9,133	9,788	10,213	9,880	9,779	8,646	8,604	8,362	7,782	9,611
ED: Breaches - Type 1		870	754	1,147	1,433	1,486	2,221	2,748	2,905	2,758	2,584	1,931	2,810
ED: Standard Performance Type 1	95%	86.6%	90.9%	87.4%	85.4%	85.4%	77.5%	71.9%	66.4%	67.9%	69.1%	75.2%	70.8%
ED: Attendances Type 1 & 3		9,150	11,822	13,583	15,412	16,748	16,253	15,515	13,033	13,269	12,508	12,059	15,878
ED: Breaches - Type 1&3		870	754	1,148	1,434	1,507	2,238	2,763	2,908	2,766	2,596	1,953	2,841
ED: Standard Performance Type 1 & 3	95%	90.5%	93.6%	91.5%	90.7%	91.0%	86.2%	82.2%	77.7%	76.9%	79.2%	83.8%	82.1%
ED: % of attendees assessed within 30 minutes of arrival		95.6%	97.3%	96.1%	97.0%	96.0%	93.7%	91.0%	86.8%	91.4%	90.3%	93.5%	91.4%
ED: % of attendees seen by doctor within 60 minutes		81.2%	70.6%	59.6%	52.1%	51.5%	49.0%	48.1%	46.4%	54.4%	56.6%	57.1%	46.8%
ED % patients waiting over 6 hours in the departments		5.8%	3.4%	54.0%	6.0%	5.7%	11.3%	17.3%	21.7%	19.8%	19.1%	13.2%	16.5%
ED: Median time between arrival and treatment (minutes)		25	36	47	57	59	62	64	68	54	51	50	65
ED: % of patients who Left Without Being Seen		2.7%	3.4%	4.4%	5.2%	4.1%	4.4%	4.3%	4.4%	4.1%	3.8%	3.4%	4.4%
ED 12 hour trolley waits	0	0	0	0	0	0	0	0	0	0	0	1	2
ED: % of ED attendances subsequently admitted		28.7%	26.6%	26.6%	26.3%	25.9%	24.9%	25.8%	28.0%	26.3%	27.0%	26.1%	23.8%

2. Operational Performance – Unplanned Care

PaF Key Performance Indicators | Unplanned Care

Period 01/04/20 - 31/03/21

Last 12 Months (Calendar)

Unplanned Care	Target	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Ambulance handovers waiting 15-30 minutes		917	1,062	1,084	978	1,019	968	1,049	837	847	827	863	936
Ambulance handovers waiting 30-60 minutes	0	210	156	196	158	227	279	493	601	396	426	322	454
Ambulance handovers waiting >60 minutes	0	19	9	10	1	11	33	171	304	199	211	68	185
Non Elective Admissions		3,726	4,302	4,741	5,062	5,087	4,986	4,829	4,496	4,407	4,287	4,128	4,515
Patients with LOS 0 Days (Elective & Non-Elective)		807	1,029	1,138	1,235	1,355	1,282	1,292	1,072	1,129	1,057	1,024	1,070
Patients with a LoS >= 7 Midnights (Elective & Non-Elective)		188	241	323	297	301	330	321	311	348	319	301	300
Stranded Patients at End of Month 14 days		115	103	133	146	137	155	163	172	180	176	146	138
Average Bed Days Occupied by Stranded Patients		58	52	47	54	53	51	52	50	47	46	49	46
Stranded Patients at End of Month 21 days		72	57	74	82	78	91	100	93	89	101	81	89
Average Bed Days Occupied by Super Stranded Patients		86	74	63	76	75	66	69	69	66	63	66	59
Emergency readmissions within 30 days	8.1%	9.6%	9.5%	8.8%	9.3%	10.0%	7.5%	6.7%	7.3%	8.4%	7.5%	8.5%	

3. Operational Performance – Cancer

PaF Key Performance Indicators | Cancer Performance

Period 01/04/20 - 31/03/21

Last 12 Months (Calendar)

Cancer	Target	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Cancer 2 week (all cancers)	93%	93.1%	95.4%	92.3%	87.6%	85.0%	73.8%	81.3%	76.2%	79.4%	84.8%	91.8%
Cancer 2 week (breast symptoms)	93%	80.6%	51.2%	43.9%	59.7%	16.0%	9.7%	5.4%	6.6%	5.6%	5.8%	18.1%
Cancer 31 day wait from diagnosis to first treatment	96%	97.3%	94.0%	90.9%	88.8%	92.4%	93.4%	91.7%	92.5%	88.6%	86.8%	91.3%
Cancer 31 day wait for second or subsequent treatment - surgery	94%	86.5%	91.9%	81.1%	81.4%	88.2%	85.1%	80.0%	95.6%	65.6%	75.0%	73.7%
Cancer 31 day wait for second or subsequent treatment - drug treatments	98%	100.0%	100.0%	100.0%	100.0%	100.0%	98.4%	100.0%	100.0%	100.0%	98.4%	100.0%
Cancer 31 day wait for second or subsequent treatment - Radiotherapy	94%	95.5%	97.8%	98.1%	98.6%	100.0%	99.1%	99.3%	99.2%	97.4%	98.2%	97.8%
Cancer 62 Day Waits for first treatment (from urgent GP referral)	85%	70.8%	56.4%	70.6%	68.9%	71.3%	61.2%	62.2%	69.9%	55.6%	58.4%	56.5%
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)	90%	59.4%	40.0%	0.0%	16.7%	0.0%	66.7%	88.9%	71.8%	51.4%	45.5%	54.0%
Cancer 28 Day Wait - Faster Diagnosis Standard	75%	72.8%	84.5%	84.6%	83.3%	80.3%	77.9%	81.3%	79.1%	76.5%	71.5%	70.5%

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

4. Operational Performance – 18 weeks RTT

PaF Key Performance Indicators | 18 Weeks Referral to Treatment

Period: 01/04/20 - 31/03/21 (Last 12 Months (Calendar))

18 Weeks Referral To Treatment	Target	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Diagnostics: Patients waiting <6 weeks from referral to test	1%	71.3%	72.5%	55.4%	43.6%	36.8%	39.7%	34.2%	34.8%	40.8%	43.8%	39.6%	37.0%
RTT Incomplete Pathways % performance	92%	57.7%	49.9%	40.5%	35.2%	40.6%	46.0%	49.9%	51.8%	50.4%	50.0%	50.2%	52.1%
RTT Total Waiting List	58,515	52,216	52,746	52,794	55,545	56,560	58,032	58,176	58,697	59,443	59,705	59,495	59,291
RTT 36+ Week Waiters		5,962	7,969	10,202	12,925	15,233	16,519	18,242	19,803	19,094	18,078	16,933	15,832
RTT 52+ Week Waiters	0	364	909	1,886	3,307	4,399	5,800	6,820	8,022	9,356	10,873	12,085	11,991
Number of patients on Admitted Pathway		11,213	10,808	11,101	11,892	12,191	12,477	12,241	12,674	13,393	13,860	14,334	14,721
Number of patients on Non Admitted Pathway		41,003	41,938	41,693	43,653	44,369	45,555	45,935	46,023	46,050	45,845	45,161	44,570
Mean Week Waiting Time - Incomplete Pathways		14.69	18.03	20.69	22.92	24.99	23.13	18.04	16.00	17.00	17.00	17.00	16.00
e-Referrals Service Rejected Requests and Referrals Returned by RAS		25.0%	14.8%	15.9%	13.4%	13.0%	13.5%	14.7%	15.7%	14.7%			
Advice & Guidance Volume		1,334	1,440	1,934	2,208	1,987	2,214	2,313	2,336	2,164	2,431	2,530	3,101

5. Operational Performance – Planned Care

PaF Key Performance Indicators | Planned Care

Period: Last 12 Months (Calendar) 01/04/20 - 31/03/21

Planned Care	Target	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Outpatients: All Referral Types		6,240	8,008	10,561	13,249	12,716	13,908	14,405	12,848	12,859	13,156	14,004	17,366
Outpatients: Consultant to Consultant Referrals		1,899	1,850	2,235	2,784	2,705	3,319	3,439	3,126	3,192	3,128	3,225	3,966
Outpatients: GP Referrals		2,463	3,561	5,537	6,747	6,396	6,603	7,270	6,652	6,528	6,893	7,433	9,301
Outpatients: Other Referrals		808	972	1,085	1,681	1,637	1,913	1,750	1,602	1,678	1,656	1,814	2,175
Outpatients: 1st Attendances		7,432	8,943	12,511	15,434	14,835	17,882	18,122	17,840	17,143	17,284	18,044	21,592
Outpatients: Follow Up Attendances		23,822	27,284	33,456	36,713	33,024	40,266	44,510	39,327	37,037	40,038	41,749	49,131
Outpatients: 1st to FU Ratio		3.20	301.00	2.60	2.40	2.20	2.30	2.50	2.20	2.20	2.20	2.30	2.30
Outpatients: DNA rates		6.2%	5.4%	6.1%	7.1%	8.2%	8.4%	8.4%	9.1%	8.5%	9.1%	7.7%	7.6%
Outpatients: Hospital Cancelled Outpatient Appointments %		41.8%	21.7%	13.0%	10.3%	9.8%	9.6%	9.6%	14.0%	11.4%	9.6%	9.2%	7.7%
Outpatients: Patient Cancelled Outpatient Appointments %		5.7%	3.5%	3.4%	4.6%	6.1%	7.1%	7.5%	8.2%	7.1%	7.7%	7.0%	6.7%
Outpatients: Cancelled Clinics < 6 weeks notice		5,709	3,022	2,638	3,153	2,268	2,248	2,687	3,080	3,002	2,720	2,715	2,941
Elective Admissions		304	384	571	754	790	950	1,027	637	582	506	554	780
Day Case Admissions		2,406	2,406	2,919	3,448	3,347	4,370	5,018	4,221	4,032	3,964	4,551	5,662
Theatres: Utilisation of planned sessions	85%	81.5%	91.6%	84.8%	87.5%	88.5%	91.4%	86.8%	81.5%	56.5%	46.0%	75.5%	78.7%
Theatres: number of sessions held		355	491	520	627	747	978	1,182	797	619	592	638	962
Theatres: Cancelled Sessions (due to leave, staffing etc)		22	0	0	0	0	10	4	0	0	0	0	0
Cancelled op 28 day breaches number		0	2	6	5	2	6	2	1	6	8	5	
Cancelled Operations number		9	14	20	27	35	52	74	46	34	60	23	63
Cancelled Operations % of FFCEs (quarterly)	0.8%			18.6%			13.1%			6.6%			
Cancelled op 28 day breaches % (quarterly)	5%			0.5%			0.7%			8.7%			

Emergency Dept

Unplanned Care

Cancer

18 weeks RTT

Hull University Teaching Hospitals NHS Trust

Committee Summary Report to the Board

Meeting: Performance and Finance

Meeting Date:	26 April 2021	**Chair:**	Mr M Robson	**Quorate (Y/N)**	**Y**

Key items discussed where actions initiated:

- The 2021/22 BAF was discussed and the risk ratings for the performance and finance risks reviewed.
- Performance Report – Including Top 10 Specialities Recovery Performance
  Recovery work was ongoing and assurance was received regarding performance improvements
- The 2021/22 Operational and Financial Plan was presented and approved by the Committee
- The year-end finance position highlighted that the Trust was reporting a surplus of £145,000
- An updated Capital Plan was received and approved by the Committee - ICS notification confirmed a capital allocation for the Humber Coast & Vale (HCV) ICS of circa £72.5m
- Rachel Joyce presented an update relating to the Hospital Improvement Team and how they would be integrated into the Health Groups in the future to assist with project planning

Key decisions made:

- The 1 year extension to the Boots contract was approved by the Committee

Risk and assurance matters to be received by the Board:

- The Operational, finance and capital plans will be presented to the Board for assurance and risks will be highlighted

Matters to be escalated to the Board:

Hull University Teaching Hospitals NHS Trust
Minutes of the Performance and Finance Committee
Held on 29 March 2021

Present:	Mr M Robson	Chair
	Mrs T Christmas	Non-Executive Director
	Mr T Curry	Non-Executive Director
	Mr S Hall	Non-Executive Director
	Mr L Bond	Chief Financial Officer
	Mr S Evans	Deputy Director of Finance
	Mrs S Rostron	Director of Quality Governance
In Attendance:	Mrs J Ledger	Deputy Chief Nurse (Item 9.5 only)
	Mr G Haire	Interim Deputy Director of Operations Surgery Health Group
	Mrs R Thompson	Corporate Affairs Manager (Minutes)

No	Item	Action
1	**Apologies** Mrs E Ryabov, Chief Operating Officer and Mrs A Drury, Deputy Director of Finance	
2	**Declarations of Interest** There were no declarations made.	
3	**Minutes of the meeting held on 22 February 2021** Mr Hall to be added to the attendance list. Following the above change the minutes were approved as an accurate record of the meeting.	
4	**Matters Arising from the minutes** There were no matters arising.	

The agenda was taken out of order at this point

9.5 Nursing and Midwifery Nursing Workforce Model

Mrs Ledger presented the item and advised that the new model meant that the Trust was investing in Trainee Nurse Associates, Registered Degree Nurse Apprentices, Healthcare Support Workers, International Nurses and Traditional Student Nurses. In the past financial support has been provided by the Trust for each of the above work streams, however recently the Trust had been successful in achieving additional funding from NHS I.

Mrs Ledger advised that the nursing budget was usually underspent by £1m which usually offset the medical spend.

Mrs Ledger advised that any vacancies would be reviewed by her or the Chief Nurse as there was a risk that the Trust could be over established. She added that the establishment still had to cover winter pressures, the medicine bed base and the cancer unit, so the Executive Team were happy to carry this risk.

Mr Evans added that the elective recovery plan would require more nurse support and it would only mean a temporary period of over establishment.

Mrs Christmas asked if action could be taken if the pressure is increased and Mr Bond advised that the Trust could just stop recruiting for a few months or suspend overseas nurses and was a flexible position.

Resolved:
The Committee received and accepted the report.

5 Action Tracker

Mr Hall asked that even if items were on the agenda, could they be recorded on the Action Tracker for Audit purposes.

6 Workplan

Mrs Thompson advised that the Workplan for 2021/22 followed the same date pattern as the 2020/21 Workplan. The Variable Pay item had been removed as this item was now received at the Workforce, Education and Culture Committee.

7 Board Assurance Framework

Mrs Rostron presented the 2020/2021 year end BAF that had been approved by the Board in March 2021.

The 2021/22 BAF would be developed at the Board Development session in April 2021.

Resolved:
The Committee received and accepted the report.

9.1 Finance Report Month 11

Mr Evans presented the report and advised that NHS E/I had made up the shortfall due to the lost income relating to car parking and catering.

The Trust was reporting a surplus of £1.7m which was better than plan. The Trust had spent £1.3m on Covid costs in month and £2.5m on the vaccination programme.

The year end position was expected to be a break even position and NHS E/I had agreed to adjust the figures to provide for the annual leave provision added to the accounts. NHS E/I had also agreed to support the legal case Flowers relating to overtime based on annual leave.

Mr Hall asked about efficiency savings and what was expected of the Trust. Mr Evans advised that there had been savings in the last year due to energy savings and contract adjustments but there was no expectations this year for major cost improvements.

Mrs Christmas asked if the £30m Capital budget would be spent and Mr Bond assured the Committee that it would be spent and there would be invoices in place to back up the creditor accruals.

Mr Evans advised that NLAG had paid £3.2m of their historical debt which left a small amount left to pay.

Mr Robson thanked the Finance Teams for their hard work and good management of the finances during the year.

Resolved:
The Committee received and accepted the report.

9.2 Underlying Run Rate
Prior to the outbreak of Covid19 the Trust had been working on a financial plan for 2020/21 that achieved its control total of a £1.7m surplus. The starting point for the plan was an underlying deficit brought forward from 2019/20 of £9.4m.

The Financial system has changed since April 2020 with the operation of block arrangements and top ups in 2020/21 with the aim being to enable Trusts to report close to financial balance in 2020/21. This arrangement is expected to continue for the first 6 months of 2021/22. Guidance on this approach is expected to be confirmed in the week ending 26th March 2021.

Beyond that period, the financial system is expected to move back towards funding based on agreed allocations and negotiations with Commissioners with ICS level overview. Thus, it is imperative that the Trust has a grip on how its underlying financial position has moved during 2020/21.

The risks included the increase in depreciation bills, an increase in CNST, an assumed inflation funding, funding for pass through drugs and waiting list initiatives.

Mr Bond advised that the Trust would enter 2021/22 with a £21m underlying pressure. Additional growth and Covid money would reduce this pressure.

Mr Curry asked about the gaps in some services and how capacity would be reflected. Mr Bond advised that there would be additional income from the Specialist Commissioners and the Trust was also recruiting to 3 consultant posts in challenged areas.

Mr Curry asked about the CRES underlying position and Mr Bond advised that the spotlight would come back next year and could be up to 2% efficiency savings.

Mrs Christmas asked about the developments not yet agreed and Mr Bond advised that these costs related to Cedar ward opening at weekends, Covid and re-deployed staff and same day emergency care costs.

Mr Hall asked how the Board should react to the £21m underlying position and how it would be viewed externally. Mr Bond advised that a regional exercise was ongoing which was reviewing the financial landscape at regional levels.

Resolved:
The Committee received and accepted the report.

Budget Setting 2021/2022
Mr Bond presented the report and advised that the first 6 months of the year the Trust would be expected to achieve a control total of £1m, but was yet to understand the levels of income and Covid payments which would be worked through. There was currently a gap of £7m.

The risks to achieving the break-even position included paying for the Lorenzo system (which had previously been funded) and Boots pharmacy putting their prices up.

Mr Bond advised that the Centre had £1bn for the recovery phase and that Trust's could not lose money but could gain it through the elective incentive scheme. Mr Bond added that the money would be based on system performance. Ophthalmology, Plastics and ENT were the major risk areas.

Mr Bond advised that the Budget 2021/22 would be finalised next month.

Resolved:
The Committee received and accepted the report.

9.3 NHS Finance and Planning Framework Update
Mr Bond advised that the plan was set for the first 6 months and was similar to the previous 12 months during the pandemic.

9.4 Draft Capital Plan 2021/22
Mr Bond presented the report and advised that the new Capital programme for 2021/22 was £21.8m, but excluded the emergency care scheme. Mr Bond added that discussions were ongoing at ICS level to develop patch wide plans.

Projects included Salix, Pathology, digital infrastructure, critical infrastructure and theatre refurbishment at HRI.

The Trust had a further £2.3m funded developments from the Assam family.

Mr Bond expressed his concern regarding infection control, bed spacing and not having floor to ceiling partitions. On a positive note it was hoped that the wifi programme would be completed in the next 3 months.

Mr Bond asked the Committee to note the ongoing development of the capital programme for 2021/22 and note the requirement to agree an overall ICS CDEL limit before the full £5m theatre maintenance programme can commence. Mr Bond agreed to bring the plan back to the next meeting for approval. **LB**

Resolved:
The Committee approved the programme development and noted the requirement to agree the overall ICS capital plan.

8.1 Performance Report
Mr Bond presented the report and advised that ED performance was still problematic but had crept above 80% in the last week. ED attendances were increasing.

There had been a 12 hour Trolley wait declared in February.

Cancer performance continued to be poor with the vast majority of the issues in Surgery and Family and Women's Health Groups. Mr Haire advised that diagnostics across the board was impacting on the pathways and he highlighted endoscopy as only running 6 rooms when there should be 8. He also highlighted colonoscopy and the 11 week waiting time for CT scans. Theatre and bed capacity were also issues and compounding the problem. Mr Haire advised that from April 2021 redeployed staff would be coming back to theatres which would help with demand and capacity.

Mr Bond advised that Incomplete RTT Performance in February remained static on the January position at 50.2% (January 50.0%) percentage of patients waiting for treatment less than 18 weeks. Total waiting list volume improved slightly to 59,495 from 59,705 and is below the revised WLV trajectory of 61,303.
52 week waiters continue to be a significant challenge with a total of 12,085 waiting at the end of February against a revised trajectory of 12,052 (+33 on trajectory). The trajectory for end of March is 11,993 x 52 week breaches and total WLV of 57,304.

The Committee discussed the Top 10 specialities highlighted in the report and Mr Curry expressed his concern around the level of referrals and loss of clinical staff and how this would be addressed in the recovery phase. Mr Bond advised that the teams would be reviewing productivity to ensure that the right areas of the organisation were invested in. He added that the financial system during Covid had been very different and would not get back to normal until Month 7 at the earliest.

Mr Hall highlighted the positive reduction in Ambulance handover times in February and thanked the teams for this achievement.

The Committee discussed patients who required mental health input and their longer stays in ED and Mr Bond advised that the Chief Executive was raising this with the Humber Mental Health Trust as it was impacting on resources.

Resolved:
The Committee received and accepted the report.

10.1 Capital Resource Allocation Committee Minutes
Mr Bond presented the minutes which highlighted the management of the Capital Programme.

There was a discussion around the cancer development unit and the timings and Mr Bond advised that the issues were around the PFI

Provider Partners as the Queen's Centre was not owned by the Trust. He hoped the plans would be signed off in the next few months.

Resolved:
The Committee received and accepted the minutes.

11 Any Other Business

11.1 Tender – Ground Floor Tower Block Re-configuration
The Committee approved the tender.

11.2 Tender – Photovolatic Power Station – Castle Hill Hospital
The Committee approved the tender.

11.3 Lease Finance – Linear Accelerator
The Committee approved the tender.

12 Date and time of the next meeting:
Monday 26 April 2021, 1.30pm – 4pm, via Webex

HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST
QUALITY REPORT

PREPARED FOR THE TRUST BOARD
April 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: • IPC performance • Patient Safety Indicators have been reviewed as per year end and a summary is provided within the report. • The Trust continues to see pressure ulcers and skin related injuries being well reported. • The Trust has received 44 complaints in March 2021. • In March 2021, the CQC published the latest Trust insight report, an overview is included in the report	
Recommendation:	The Board 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 March 2021, zero Never Events were declared. 11 serious incidents were declared. The Duty of Candour process has been initiated in all cases.

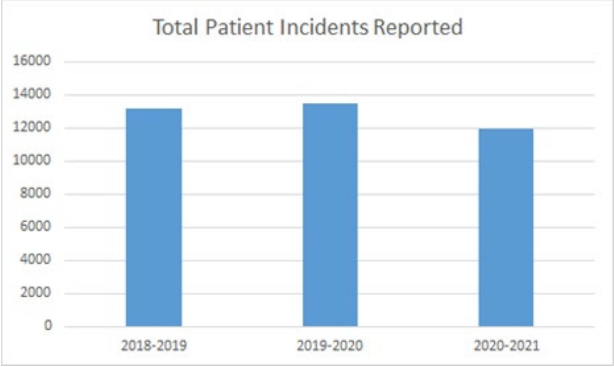
They were:

- Maternity/Obstetric Incident (details provided in separate report as per Ockenden processes)
- Sub-optimal Care – *hypoglycaemic event*
- Pressure Ulcer-
- 2 x 12 hour *ED trolley breach*
- Treatment Delay
- Delayed Diagnosis- *Diabetic ketoacidosis*
- 3 x Treatment Delay- *Ophthalmology*
- *Healthcare associated Covid 19 cases (thematic review)*

Themes and trends from Serious Incident and Near misses are routinely reviewed at the SI Committee. Where trends are identified in depth thematic reviews are requested, the reports are then reviewed and escalated to the relevant committee if applicable.

2.2 Incident Reporting

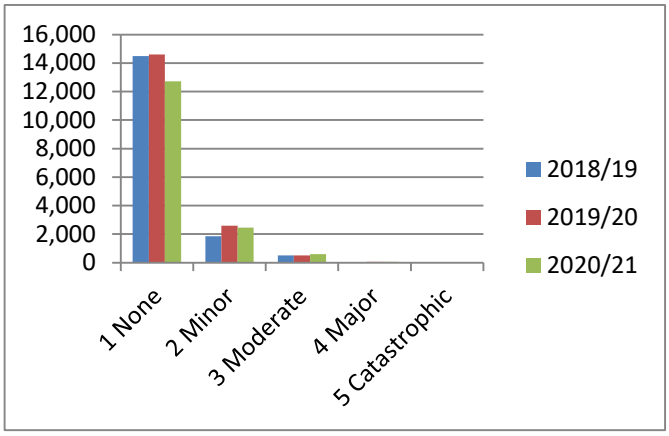
The Trust encourages incident reporting and believes that a strong incident reporting culture is a sign of a good patient safety culture.
A total number of 11980 patient safety incidents were reported in 2020/21, a slight decrease on previous years, however, this was as expected as during 2020 due to the Covid-19 pandemic and a reduction in elective activities. Incident reporting rates during 2020/21 are shown below, with comparison against previous years.



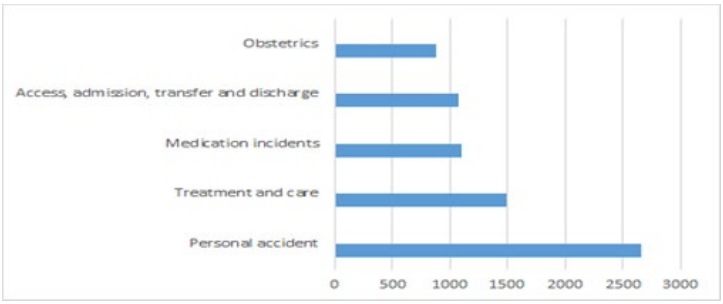
The patient safety incidents when reviewed against bed occupancy is shown below.

Number of incidents reported	Bed occupancy	Incidents per 1000 bed days	Injury	Near Miss	No Injury
11980	285630	41.94	2434	1275	8271
%			20%	11%	69%

Levels of harm are monitored within the Health Groups, the Quality Governance and Assurance Directorate, and levels of harm may be adjusted, either increased or decreased, according to information known or learned about the event.



During 2020/21 the most reported types of incident were



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 March 2021. Of note is the number of MRSA bacteraemia cases reported for 2020/21 compared to the same period for 2019/20 which stands at zero compared to 4.

MSSA

There have been 9 Trust apportioned MSSA bacteraemia cases reported during March 2021 (62 total for 2020-2021). The 62 cases 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 which remain the focus of the Infection Prevention & Control team's attention for 2020/21 along with the respective Health Groups where the cases are reported

Clostridium difficille
During March 2021, 7 Hospital onset healthcare associated (HOHA) *Clostridium difficile* cases and 1 community onset healthcare associated cases (COHA) were reported. All 7 HOHA cases are being investigated by the Trust using a root cause analysis (RCA) process. By the end of March 2021, there have been 47 HOHA cases reported and 18 COHA cases against a combined threshold of 80. Outcomes of RCA up to end of March 2021 suggest the majority have identified no lapses in practice. The increase in cases seen during the first wave of COVID-19 was not experienced during the second or third wave to date with relatively low numbers.
The number of Clostridium Difficile cases reported for 2020/21 compared to the same period for 2019/20 demonstrating a slight increase with 44 cases reported in 2019/20 versus 47 in 2020/21. There has been one period of increased incidence of infection reported during March 2021 with an incident meeting held to capture causation and lessons learnt. It is indicated that both cases may identify lapses in practice due to suboptimal antimicrobial prescribing; with ribotyping results awaited.

E.coli Bacterimia
During March 2021, 8 Trust apportioned E.coli bacteraemia were reported, demonstrating a slight reduction in reported cases. The same trends and sources of infection continue to be identified, being biliary, urinary and respiratory. By the end of March 2021, a review of cases identified 95 Trust apportioned cases, with the majority occurring within the Surgical Health Group. This represents a significant reduction in Trust reported hospital onset cases, due in part to elective activity being significantly reduced as a result of COVID-19 with 95 hospital onset cases last reported in 2015/16.

Klebsiella Bacteraemia
No Trust apportioned Klebsiella bacteraemia cases were reported during March 2021. Trends and sources of infection identified being biliary, urinary, respiratory and intra-abdominal. By the end of March 2021, there have been 30 Trust apportioned cases. A review of Klebsiella bacteraemia cases is underway to monitor any learning from Trust apportioned cases and especially those with resistant strains which is of interest to NHSI given an increase in resistant strains; especially in ICU settings across England and Wales.

Pseudomonas aeruginosa Bacteraemia - No Pseudomonas aeruginosa bacteraemia cases were reported during March 2021. By the end of March 2021, there have been eighteen Trust apportioned cases.

Additional information
During March 2021, 426 patients were screened positive for COVID-19; half of these were patients screened with a decision to admit. This demonstrated a marked reduction in reported cases but still resulted in pressure on the Trust and the challenge of managing patients on 'green', 'amber' and 'red' pathways. During March 2021, there were 32 patients reported with COVID-19 following admission at 8 days or more (probable HOHA) and of those 12 at 15 days or more (definite HOHA), Of these 32 cases there have been 3 reported as previously positive.

3.2 Pressure Damage

The Trust continues to report pressure ulcers and skin related injuries. The details are as follows:

	October 2020	November 2020	December 2020	January 2021	February 2021	March 2021
Pressure Ulcer	18	33	46	48	46	30
Device Related Pressure Ulcers	8	11	9	12	5	7
Moisture Associated Skin Damage	27	26	14	39	14	28
Total:	54	70	69	99	65	65

3.3 Safeguarding

In March 2021, 69 safeguarding adults concerns were made, with 53 concerns sent to the local authority. The table below shows the types of abuse submitted by HUTH staff:

Discriminatory	Neglect	Psychological	Domestic Abuse	Self-Neglect	Financial	Organisational	Sexual	Modern Slavery	Physical	Not stated
0	27	5	4	24	5	3	5	0	7	10

The Safeguarding annual reports were presented at the April Quality committee.

4. PATIENT EXPERIENCE

44 complaints were made in March 2021. Treatment continues to be the subject receiving the highest number of complaints, with 25 in total. 137 PALS were made in month, with 38 relating to delays, waiting times and cancellations, 29 for treatment and 30 for communication issues.

The patient experience team has a new manager, an areas of focus is to reduce the numbers of second responses and also to increase the response time target of 60days.

5. WELL-LED

5.1 CQC Insight report 2021

The CQC published the Trust's latest insight report on 15 March 2021, the overview is as follows:

- The Trust was last inspected in March 2020 and remains rated as 'Requires Improvement'
- There are currently no active outlier alerts for maternity or mortality
- The report includes 79 Trust-wide indicators. The Trust has remained the same or demonstrated an improvement in most indicators; however, there has also been a decline in 6 indicators:
  - The Trust performs much better compared nationally for % of sick days for medical and dental staff
  - The Trust performs better compared nationally for staff equality, diversity and inclusion
  - The Trust performs much worse compared nationally for CAS alerts not closed by the Trust in the preceding 12 months
  - The Trust has improved in 8 indicators; digital maturity capabilities score, digital maturity infrastructure score, digital readiness score, health and wellbeing, morale, Never Events (total events with rule-based risk assessment), Never Events (total events per bed days) and quality of care
  - The Trust has declined in 6 indictors; data quality maturity index percentage score-monthly, emotional support from hospital staff, overall inpatient experience, pain controlled by staff, speaking to staff about worries or fears and the % turnover rate for other clinical staff

- Urgent and Emergency Care performs much worse in 2 indictors; patients spending less than 4 hours in the department and for patients spending less than 4 hours in majors. All other indictors remain the same.
- Medical care performs worse for 3 indicators; case mix adjusted % of fit patients with advanced Non-Small Cell Lung Cancer (NSCLC) receiving Systemic Anti-Cancer Treatment, emergency remissions acute cerebrovascular disease and in-hospital mortality; septicaemia (except in Labour). All other indicators remain the same.
- Surgery performs better in 1 indictor; crude overall hospital length of stay (National Hip Fracture Database). It performs worse in 6 indicators; crude proportion of cases with pre-operative documentation of risk of death (National Laparotomy audit), crude proportion of high risk cases (>=5% predicted mortality) with consultant surgeon and anaesthetist present in theatre for HRI and CHH and in-hospital mortality; septicaemia (except in Labour), crude proportion of cases with access to theatres within clinically appropriate timeframes, crude proportion of patients having surgery on the day or day after admission and risk adjusted 5 year revision ratio for hips (excluding tumours and fracture neck or femur). It performs much worse in two indicators; crude proportion of cases with pre-operative documentation of risk of death and risk adjusted 30-day mortality rate.
- Critical Care performs better in one indicator; participation in ICCQIP – Adult Critical Care services. All other indicators remain the same.
- Maternity performs worse in two indicators; ratio of births to midwifery staff and stabilised and risk adjusted extended perinatal mortality rate (per 1000 births). All other indicators remain the same.
- Children and Young People performs better in 4 indicators; being well looked after, information about next steps, understanding what staff say and pain management. It performs much worse in 2 indicators; case mix adjusted mean HbA1c; blood glucose control and participation in the ICCQIP – Neonatal critical care services (no units registered). All other indicators remain the same.
- Outpatients performs worse in two indicators; cancer – first treatment in 62 days of urgent national screening referral and referral to treatment on complete pathways within 18 weeks. It performs much worse in one indicator; cancer – first treatment in 62 days of urgent GP/dentist referral.
- The Trust remains in the middle 50% of reports for incident reporting
- The Trust's SHMI and HSMR was as expected between July 2019 and June 2020

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

Committee Summary Report to the Board

Meeting: Quality Committee

Meeting Date:	26 April 2021	**Chair:**	Mr S Hall	**Quorate (Y/N)**	**Y**

Key items discussed where actions initiated:

- The Safeguarding Adults and Safeguarding Children Annual Reports were received for assurance.
- An update was received from the Operational Quality Committee and the Psychology Team had given a presentation regarding their service
- A review of deaths due to hospital acquired Covid infections was received. The key issues were admission pathways, patient flow and movement, physical factors and PPE.
- The perinatal surveillance tool report was received and good assurance received.
- Assurance was received around CNST – Safety Action 1 linked to maternity services.
- The Quality report included infection rates, pressure ulcer performance, CQC and a patient experience update
- The Committee discussed BAF risks 3.1, 3.2 and 6 which had been developed at the Board Development session in April. BAF 3.2 was a new risk and related to patient harm due to long waits.

Key decisions made:

- An update from the Ophthalmology Team to be presented in the next quarter.

Risk and assurance matters to be received by the Board:

Matters to be escalated to the Board:

- The Committee agreed that further assurance required regarding deaths due to hospital acquired infections. An update reviewing the recommendations and actions in place to be received at the Quality Committee. This to be aligned with the outcome from the University Covid Review.

Hull University Teaching Hospitals NHS Trust
Minutes of the Quality Committee
Held on 29 March 2021

Present:	Mr S Hall	Chair – Vice Chair
	Prof U Macleod	Non-Executive Director
	Mrs L Jackson	Associate Non-Executive Director
	Dr M Purva	Chief Medical Officer
	Mrs B Geary	Chief Nurse
	Mr D Corral	Chief Pharmacist
	Mrs L Cooper	Head of Midwifery
	Mrs S Rostron	Director of Corporate Govenance
	Ms C Hughes	Head of Speak and Language Therapies
In Attendance:	Mr B Davidson	Interventional Cardiologist (Item 5.3 only)
	Mrs J Ledger	Deputy Chief Nurse (Item 4.2 only)
	Mrs R Thompson	Corporate Affairs Manager (Minutes)

No	Item	Action
1	**Apologies** Apologies were received from Mrs J Bolus, Non-Executive Director, Mrs A Green, Lead Clinical Research Therapist, Mrs M Stern, Patient Representative and Mrs K Southgate, Deputy Director of Quality Governance.	
2	**Declarations of Interest** There were no declarations made.	
3	**3.1 Minutes of the last meeting held on 22 February 2021** The minutes were approved as an accurate record of the meeting.	
	3.2 Matters Arising There were no matters arising.	
	3.3 Action Tracker list There was one action on the Action Tracking list that would be discussed at the Board Development Session in April 2021.	
	3.4 Any Other Matters Arising There were no other matters discussed.	
	3.5 Workplan The Committee discussed the Covid and Non-Covid Harm reports that had been received during the pandemic. It was agreed that these reports would removed from the workplan for 2021/22 and absorbed into regular reports.	
	It was agreed that Dr F Thomson would be invited to present the quarterly Learning from Deaths paper when it was next due.	**RT**
	3.6 Board Assurance Framework Mrs Thompson reported that the BAF year end risk ratings had been agreed by the Board at it's March meeting, so the Committee was asked to receive the report.	

Mrs Thompson added that the new, refreshed 2021/22 BAF would be developed and discussed at the Board Development session in April 2021. It was also agreed that the Research and Innovation action would be covered at the April Board Development session.

Resolved:
The Committee received and accepted the report.

The agenda was taken out of order at this point

5.3 Cardiology Report (Covid and Non-Covid harm)
Mr Davidson reported that the position in Cardiology had been challenging before the pandemic but had got worse as demand had grown and there was more risk to patients suffering harm due to the long waiting lists. He added that essential services had been maintained and interventions such as patients receiving replacement pacemaker batteries were being reviewed.

Mr Davidson advised that all referrals were being reviewed and clinics had been operating on a telephone basis. The TAVI services were maintained as well as some urgent sessions. Covid protocol was safe and the department had re-started diagnostic, elective and non-evasive procedures. The Trust was able to utilise the Independent Sector to reduce the waiting list size.

The service was also using the independent sector for Heart Failure patients to help with the increased demand as well as utilising weekend sessions. A new consultant post had been advertised to give extra capacity to cope with the demand.

One of the cardiology wards had been changed to a Covid ward during the pandemic but this was now re-opening as non-covid activity was increasing. Mr Davidson also advised that the Day Ward, once re-opened would also help with demand.

Mr Davidson spoke of the refurbishment of the Cath Labs and how the Trust was currently running on 3 labs instead of 4. Staff were working longer days to meet demand.

Prof Macleod asked if the services was using Primary Care to manage cardiology patients and Mr Davidson advised that work had started but the GPs were also under pressure and any innovations would require investment and upskilling. Work was ongoing to develop diagnostic hubs as part of the Integrated Care System.

Mrs Jackson commended the service in reducing their waits from 40 to 6 weeks and asked if there would be any different practices due to the outcomes of the pandemic. Mr Davidson advised that a service review was taking place and there were plans to increase Allied Health Professionals and Pharmacy led follow ups as new ways of working. Dr Purva suggested linking with Mr Thackary at NLAG who was reviewing the model of clinicians working with Primary Care in relation to referrals and follow ups.

Resolved:
The Committee received and accepted the report.

4.1 Quality Report
Mrs Geary presented the report and advised that the Hospital acquired infections were continuing to fall although the Trust percentages were still quite high. An action plan had been put into place and would be monitored at the Infection Reduction Committee. The Committee would have members of the Executive Team in attendance.

There had been 13 Serious Incidents declared and the high numbers of Pressure Ulcer damage was consistent with last month's figures. A review of the incidents was being carried out and a detailed report would be presented to the Committee. **BG**

Patient incidents continued to decrease and there had also been a reduction in Falls. There had, however been a Serious Incident declared as a result of a fall.

Mrs Geary advised that the Patient Experience Team had a new Lead and would be reviewing the complaints process and compliance.

Mrs Geary reported that the CQC engagement meetings were ongoing and infection control practices were being reviewed.

Mrs Jackson expressed her concern regarding the hospital acquired Covid infections and whether the Trust was still and outlier. Mrs Geary advised that there was a significant amount of work ongoing to reduce the numbers.

Dr Purva advised that excess deaths were being reviewed in the Mortality Committee and a detailed look at these deaths would be brought to the Committee for assurance. **MP**

Prof Macleod asked what kept Mrs Geary awake at night. Mrs Geary advised that it was pressure damage and the nosocomial infection rates. Mrs Geary added that the Trust was working with NHS Improvement and an action plan was in place.

Dr Purva added that Mr Long had commissioned a report reviewing Covid and how the Trust had handled the pandemic by the University and the work would start 1st week of April 2021.

Resolved:
The Committee received and accepted the report.

4.3 and 4.4 – Perinatal Quality Surveillance Tool/CNST Safety Action 2 – Maternity Systems Data Set
Mrs Cooper presented the reports and advised that the new perinatal tool had been developed due to the Ockenden Report and any maternity Serious Incidents would be reported to the Trust Board monthly.

There had been 3 cases concluded in January and 3 Serious Incidents had been reported in January 2021. Immediate actions had been taken due to the Serious Incidents such as new machines ordered and further training given to staff.

Training was on track and had a target of 95% by July 2021.

Staffing levels in each area was safe with the Trust operating a 1:28 midwife ratio. Staff support was in place.

The Trust had responded to patient feedback and early scans would welcome partners soon.

There had been no Coroners enquiries, but numerous Freedom of Information Requests relating to visiting times.

Mrs Cooper advised that there was still work to do regarding the Saving Babies Lives bundle and a business case was being prepared.

Mrs Jackson asked if there was any benchmarking information regarding the Serious Incident numbers and Mrs Cooper advised that they were reported nationally and had robust processes in place. Dr Purva added that the Trust was a high reporter which was showed openness and transparency.

Mr Hall asked how the Trust compared nationally in relation to training compliance. Mrs Cooper advised that the CNST standard was 95%.

Resolved:
The Committee received and accepted the report.

4.2 – Falls Update
Mrs Ledger presented the update and advised that an analysis had been undertaken in 11 areas were 50% of the falls per 1000 bed days had happened.

The initial falls assessment and multifactorial assessment tool were being reviewed to ensure that they were fit for purpose. There had been improvements around call bells and appropriate footwear and further education around roles and responsibilities carried out with clinical teams.

The Falls team were working with Pharmacy and a pilot relating to mobility aids was being carried out in the elderly assessment unit and the DME wards were trialling safety huddles.

Mr Hall asked if best practice was being shared and Mrs Ledger advised that the DME wards had seen positive outcomes and their practices were being identified to roll out across the organisation. This was being monitored through the Falls Committee.

Resolved:
The Committee received and accepted the report.

5.1 Research & Innovation Update
The report had been received by the Board at its March 2021 meeting.

The Committee agreed that the BAF risk relating to this would be discussed at the Board Development session in April 2021.

5.2 Learning from Deaths Report
Dr Purva presented the report and advised that it showed the impact of Covid and the list of common conditions. Structured Judgement Reviews had been completed.

Dr Purva highlighted patients with learning difficulties and the complex area of Respect forms. Dr Purva had worked closely with the Resuscitation manager in relation to this and a review of co-morbidities had been undertaken. There was an issue about how the Respect form was being completed and a new version had been introduced to address the issues and reduce confusion.

Mr Hall advised that the issues around the Respect forms and patients with learning difficulties had been in the national media and Dr Purva advised that it was being discussed wider with Primary Care groups to ensure clinicians were clear on what was required when completing the forms.

Resolved:
The Committee received and accepted the update.

6.1 Operational Quality Committee Summary
Dr Purva presented the summary and advised that the OQC had discussed how the Committee would be run so that assurance could be escalated appropriately.

There had been presentations from the Psychology Service, Dietetic Service and a review of the WHO checklist compliance.

Resolved:
The Committee received and accepted the update.

6.2 Ethics Committee Minutes
Mr Hall presented the minutes and advised that they had already been received by the Board. He added that the recommendations within the minutes were not operating practices but recommended ways forward only.

Resolved:
The Committee received and accepted the minutes.

7 Chairman's Summary to the Board
Mr Hall summarised the meeting:

- Assurance was gained from the Cardiology Service report and the different approaches they were taking to reduce their backlog and patient harm.
- Community diagnostic hubs and Primary Care networks were highlighted

- Further detail relating to the WHO checklist compliance would be received by the Committee
- An Effectiveness Review of the Quality Committee to be planned for Quarter 1
- Concern raised relating to the level/number of hospital acquired Covid infections

Any Other Business
There was no other business discussed.

8 Date and time of the next meeting:
Monday 26 April 2021, 10am – 12pm, via Webex

Hull University Teaching Hospitals NHS Trust

Report to Trust Board

May 2021

Title:	Review of HUTH Response to Second Wave of Covid-19	
Responsible Director:	Michelle Kemp, Director of Strategy and Planning	
Author:	David Roney, Head of Emergency Planning Louise Topliss, Assistant Director of Operations (Operational Performance)	
Purpose:	The purpose of this document is to provide the Trust Board with an overview of the Trust response to the second wave of the Covid 19 pandemic (October 2020 to March 2021).	
BAF Risk:		
Strategic Goals:	Honest, caring and accountable culture	X
	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 report provides an overview of the HUTH response to the second wave of the Covid-19 pandemic and, where possible, makes comparisons with the response to the first wave.	
Recommendation	That the Trust Board notes the content of this paper and indicates whether any further assurance or action is required.	

Hull University Teaching Hospitals NHS Trust
Trust Board Report
Response to Second Wave of Covid-19

1. Introduction

This report outlines the impact of the second wave of the Covid -19 pandemic on services provided by Hull University Teaching Hospitals NHS Trust (HUTH) and provides an outline of the HUTH response to the second wave of the pandemic.

The first UK patients with Coronavirus Disease 2019 (Covid-19) were admitted to Castle Hill Hospital on 30th January 2020. The first Covid-19 related death at HUTH occurred on 19th March 2020. The first wave of the pandemic continued until June 2020 with a peak of 112 Covid positive patients on 1st April 2020.

The number of Covid-19 positive patients reduced throughout the summer, both nationally and locally. National infection rates began to increase in September and a second wave started to have a major impact from October 2020, with a peak of 183 positive patients on 16th November.

Following a slight drop in positive patients from mid December (possibly as a result of the national lockdown in November) positive patient numbers peaked at 264 on 25th January 2021. Therafter numbers gradually decreased to current levels (also as a result of the third national lockdown).

HUTH has experienced 874 deaths as a result of Covid-19 (to 30th April). The highest daily death toll was 16 patients on 7th January 2021. The excess death surge plan was implemented between January and early March 2021 using a temporary mortuary erected at Castle Hill Hospital.

2. Command Structure

HUTH introduced a Gold command structure on 29th January 2020, following the first UK cases of Covid-19. This initially met three times a week until 16th March 2020 when daily Gold command meetings were adopted. This was in line with NHSE guidance as the pandemic was being managed nationally as a Level 4 major incident.

On 16th March the Covid-19 Silver Tactical Response Group was established with membership on a full-time basis to plan and manage the tactical response of the trust to the pandemic. This developed from 6th April 2020 into a Silver Tactical Command group.

This command structure was in place until 13th July 2020 when it was replaced by a Covid Steering Group to oversee the continuing HUTH response to the pandemic, the impact of which had reduced across the country, which had seen a significant fall in those hospitalised because of the pandemic.

Collaboration and engagement with System partners was through usual channels and an 1100 daily meeting. Engagement with other partners was, and remains, through the Local resilience Forum Strategic and Tactical Coordinating Groups.

With an increase in both community infection rates and hospital admissions because of Covid-19 both nationally and locally, Silver Command was re-established from 14th September, initially meeting three times a week until adopting daily meetings from 26th October as the second wave started to have a greater impact on HUTH.

The Covid Steering Group became a Gold Group from 24th September (meeting three times a week until 26th October when it became a daily meeting).

The Gold and Silver meetings were able to flex depending on demand with Gold meetings moving to 2 days a week from 8th February and then to once weekly from 3rd March as the impact of the virus reduced. Silver moved to four days a week from 4th January, three days from 8th February and twice weekly from 8th March. Gold/Silver meetings were held at weekends from December until the end of January 2021.

An outline of the command structure as adopted from October 2021 and membership of the Gold and Silver command teams is included in the report 'COVID 19/WINTER COMMAND STRUCTURE AND OPERATIONAL RESPONSE ARRANGEMENTS'. From October 2020 the command structure also oversaw the Trust response to winter pressures and the impact of the United Kingdom exit from the European Union on 31st December 2020.

The command structure was supported by an Incident Command Centre (ICC) throughout both waves of the pandemic, operating from 0800 to 2000 Monday to Friday and 0800 to 1800 at weekends until 11th April 2021 when the required hours reduced to weekdays 0800 to 1700 only.

During the second wave the Trust held 76 Gold Meetings and 96 Silver Meetings. Additionally there has been a management structure around the vaccination programme since January 2021, an Elective Recovery Group since 9th December 2020 and a Covid Virtual Ward Task and Finish Group.

Since the start of the pandemic Silver Command effectively managed 691 Silver Actions and over 1200 items of guidance received by the Trust were actioned.

With the reduction in Covid positive patients and a generally reducing impact of the pandemic the command structure was de-escalated and a Covid Steering Group re-established from 17th March 2021.

Following a further reduction in admissions and a lessening of the impact of the pandemic it is envisaged that the Covid Steering Group will close down from 12th May 2021.

The Covid incident is now being managed regionally as a Level 3 incident, having been managed as a Level 4 (nationally managed) incident since the start of the second wave until mid March.

First Wave

The first Covid-19 positive patient was confirmed on 30th January 2020 having been admitted the previous day. This was the first confirmed case of Covid-19 in the UK. The patient was subsequently transferred to the Infectious Diseases unit in Newcastle to receive ongoing treatment.

The next confirmed admissions were on 20th February 2020 when 2 cases were reported as being positive. Cases then started to steadily rise and on 25th March 2020 the Trust, on instruction from NHS England, cancelled all routine elective appointments.

The first death occurred on 19th March 2020 at Castle Hill Hospital followed by a death at Hull Royal Infirmary on 26th March 2020.

At the peak of the first wave there were 112 confirmed Covid positive patients in the Trust. The first wave showed a gradual decline towards the end of June 2020.

Figure 1 - Confirmed Covid-19 Patients (Daily Sit Rep)

3. Post First Wave Period

Between the first and second waves of the pandemic there was a period of approximately three months where, as an organisation and as system, the process for recovery commenced. September showed the first month of restoration of most elective activity and a return to the pre-Covid theatre timetable as staff that were deployed were released back to their substantive roles.

As with all organisations in the NHS, Covid-19 triggered incredible transformation. The Trust accelerated innovative ways of working and expanded its horizons to imagine a radically different way of providing patient care.

The Trust re-established the Optimise2 programme to focus on the outpatient transformation work and to take forward the new ways of working and embed the transformation delivered in the first Wave. This was to manage the very significant patient backlogs that had built up. The digital technology that had been made available through virtual patient consultations, for example, afforded the maintenance of outpatient clinic productivity without the requirements of Infection Prevention and Control (IPC) measures.

The Humber, Coast and Vale Health and Care Partnership was established to work with neighbouring acute Trusts with the goal of working together to provide equity of care and transformation across our area. The focus of the Elective Care Programme has been on improving the provision of services with planned appointments or interventions in hospital or community settings; including planned surgery, outpatient appointments, day cases and appointments in a GP surgery, health centre or other health facility.

The Trust carried out a review of the first wave and identified what had worked well, what the Trust needed to do better in future, and what had not been addressed but needed to be in subsequent waves. This was report was compiled following a structured debriefing process across all levels of the Covid-19 command structure and all operational areas.

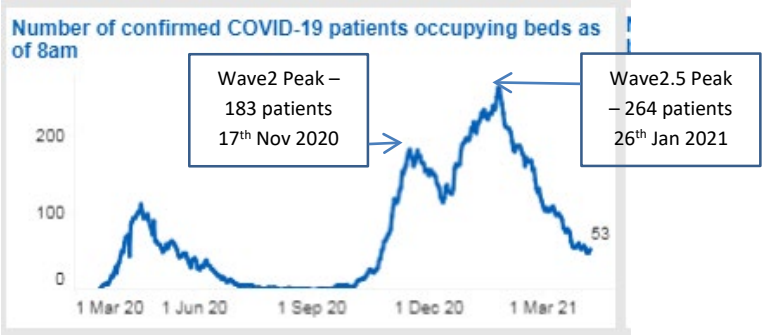
Between the first and second waves extensive planning was undertaken, overseen by both the Covid Steering Group and the Winter Planning Delivery Group. Planning included; extensive review and redrafting of the Covid surge plan, two winter planning exercises (Internal and with System Partners), two Covid Surge Plan exercises, a staff absence exercise and five Health Group based outbreak management exercises.

4. Second Wave

The second wave of the COVID-19 Pandemic arrived at the beginning of October and steadily rose from 5 confirmed Covid-19 positive patients on 5th October to 68 by 30th October. By the 17th November this peaked at 183 patients. The Wave 2 peak then declined by 13th December to 114

patients but by the 27th December this rose back to 182 patients and then further increased over a 4 week period to 264 patients on 26th January 2021.

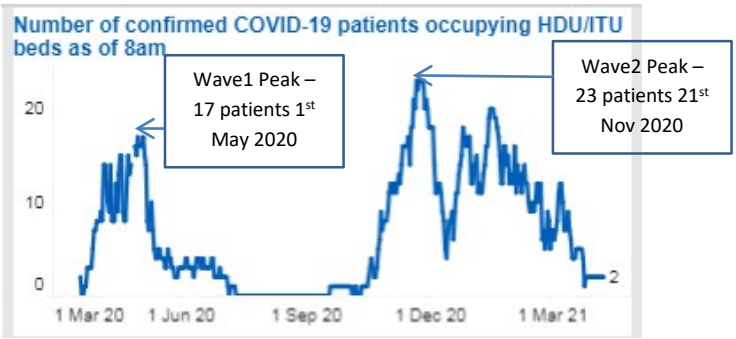
Figure 2 - Wave 2 Peak



Covid-19 patient activity was incredibly challenging for staff, and furthermore at a time of the usual winter pressures, alongside significant staff sickness and exhaustion.

The number of Covid-19 patients receiving critical care in the Trust peaked at 23 on 21st November (compared to first wave peak of 17).

Figure 3 - Confirmed Covid-19 in Critical Care (daily sit rep)



In the second wave, the Trust admitted 1,471 patients compared to 383 in the first wave period. This was an increase of 67%.

The Trust averaged 3 G&A admissions per day in the first wave and 8 during the second wave. There was a 284% increase in Covid admissions during the second wave.

5. Notable Differences between First and Second Waves

In many ways, from an operational perspective, the first two Waves of the pandemic were similar. The Trust established a continuous cycle of converting wards to accommodate COVID-19 patients – and in the peak this took place on a daily basis. This has represented an immense amount of work for the operational teams and displayed excellent fast-time decision making and understanding of the wider implications on the Trust.

However, there have been some significant differences between the two Waves of the pandemic that have continued to challenge us as a Trust. In considering the impact on the Trust of the second wave (and where relevant to highlight differences between the two waves) the following areas require special focus:

6.1 Workforce, Staff Health and Wellbeing
6.2 Patient Demographics
6.3 Patient Mortality
6.4 Changes to Clinical Treatment
6.5 Outbreak Management/Infection Control
6.6 The Vaccination Programme
6.7 Staff Sickness
6.8 Staff Redeployment
6.9 Recovery of Elective Care
6.10 Communications and Engagement
6.11 Risk Register
6.12 Second Wave Debrief
6.13 Finance

6.1 Workforce, Staff Health and Well-being

We have continued our focus on employee wellbeing and have been determined that the care and support shown to our staff during the first wave continued. Our focus through the second wave has been to listen to our teams to understand what has worked well, and what else we need to focus on. In the main, we have continued the systems we adopted during the first wave, as the feedback regarding staff support during the spring 2020 was very positive.

The key areas that we focussed on in both waves, amongst a wider programme of work, were:

- Extended opening hours of the Employee Support Centre (ESC) helpline and link to the Nurse Staff Testing Team for staff with Covid-19 symptoms to arrange PCR test via HUTH testing facilities which assisted with maintaining live rostering reducing the sickness impact
- HR Advisory Team's work in relation to keeping in touch with those staff required to be absent from work due to Shielding status. Staff welcomed the contact particularly as line managers were focusing on the delivery of operational services to respond to the surge in patient numbers.
- The Recruitment team worked closely with the national Bring Back Staff campaign, put in place to encourage clinical staff to return to the NHS to support the pandemic and also developed a bespoke recruitment process to support appropriate student nurses and medical students into employment in a timely manner.
- The Employee Service Centre introduced a seven day socially distanced on-boarding scheme rather than requiring new starters to start on a Monday. This enabled new starters to obtain ID Badges, systems access, uniforms etc. on any day of the week allowing key staff to be available for work within a significantly reduced timescale.
- Investment in infrastructure (Laptops, Pulse, Webex etc.) to support staff to work from home
- Effective and continuous programme of communication to support staff psychological welfare and to reinforce NHSE and Trust messaging to staff across all levels and staff group such as "it's ok not to be ok" and "it's the situation that's strange not you".
- 1:1s and in-reach by the Staff Support Team to wards and departments where staff were identified to be experiencing significant levels of distress and onward referral to specialist teams when required
- Funding was secured to employ a full time staff support psychologist who will continue to provide a range of interventions based on feedback from staff
- The Seasonal Flu Vaccination programme commenced in September 2020 with increased emphasis from NHSE/I on increasing uptake rates amongst staff with the aim at reducing sickness absence rates and the potential impact of Covid-19 and Flu. Covid restrictions meant the plans had to be amended to ensure infection control guidelines were followed. The Occupational Health Team trained over 200 Volunteer Vaccinators which enabled staff to have the vaccine in their clinical areas or in one of the hubs at Castle Hill or Hull Royal

Infirmary. The uptake rate for staff involved in providing direct patient contact was 87% which was the highest rate achieved by the Trust.

- Referral processes put in place by Occupational Health in conjunction with the Tissue Viability Nurses to manage the increased number of staff experiencing PPE associated skin damage/problems
- OH and HR developed and managed the Covid Risk Assessment process and have ensured it is reviewed and revised in line with changing national guidance and the changes are communicated to staff
- Pregnant staff and those planning a pregnancy or with fertility concerns with queries about the Covid vaccine were referred to OH for advice by the Covid vaccine team

6.2 Patient Demographics

As in the first wave, the Trust was able to obtain good data regarding the patients who were admitted with COVID-19 by data collected in Lorenzo and built into Business Intelligence reports. This allowed 7-day reporting of the national Sit Reps and consistent information given in internal reports.

Analysis of the second wave remains provisional as there are a number of patients who remain inpatients and so we do not have completed outcomes. The data described is based on an analysis of patients cared for in Hull during the second wave up to 31st March 2021.

Inpatient Numbers	
First Wave	Second Wave
383	1471

Patient Average Age	
First Wave	Second Wave
75	72

Gender			
First Wave		Second Wave	
Male	Female	Male	Female
215	168	791	680

BAME			
First Wave		Second Wave	
Not BAME	339	Not BAME	1237
Not known/disclosed	44	Not known/disclosed	194
BAME	7	BAME	40

6.3 Patient Mortality

Mortality in a pandemic is measured using Case Fatality Rate (CFR) which is the total number of deaths observed divided by the sum of deaths and patients discharged alive. Although overall Inpatient deaths increased between the first wave and second wave with 23.1% (218) deaths occurring in the first wave (period March to September 2020) compared with 21.9%% (638) deaths occurring in the second wave (October 2020 to 31 March 2021), the CFR fell slightly.

Count of Gender	Wave	Disch Died						
	First Wave				Second Wave			
CritCareStay	Survived	Died	Total	CFR	Survived	Died	Total	CFR
No	670	190	860	22.1%	2142	539	2681	20.1%
Yes	57	28	85	32.9%	132	99	231	42.9%
Grand Total	727	218	945	23.1%	2274	638	2912	21.9%
% with Crit	7.8%	12.8%	9.0%		5.8%	15.5%	7.9%	

Figure 4 details the Covid positive deaths by week against Crude Mortality rate, showing a comparison from the Wave 1 to Wave 2 periods.

Figure 4 - Covid+ Deaths and Crude Mortality

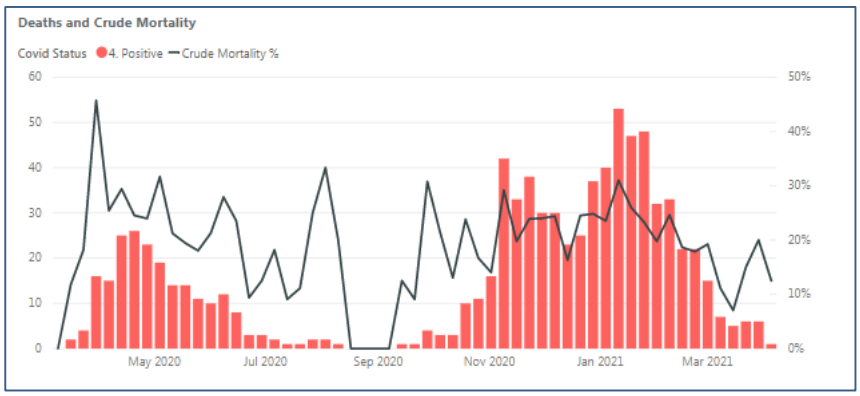
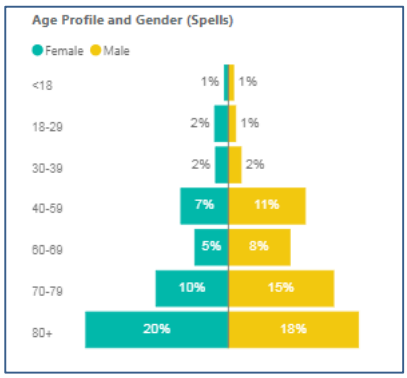


Figure 5 shows that 31.6% of Covid deaths were in the age group of 80+ with 20% female and 18% male.

Figure 5 - Covid+ Deaths by Age Profile and Gender



Age Group	Spells	Deaths	Crude Mortality %
<18	47	0	0.0%
18-29	111	2	1.8%
30-39	135	0	0.0%
40-59	665	51	7.7%
60-69	508	93	18.3%
70-79	950	251	26.4%
80+	1,459	461	31.6%
Total	**3,875**	**858**	**22.1%**

Figure 6 shows deaths and crude mortality (as a proportion of all Covid Spells). For Black, Asian and Minority Ethnic group this equated to 19% and White ethnic background 22% of deaths.

Figure 6 - Covid+ Deaths by Ethnicity

Ethnic Group	Spells	Deaths	Crude Mortality %
Asian or Asian British	18	2	11.1%
Black or Black British	14	1	7.1%
Mixed	27	6	22.2%
Other Ethnic Groups	589	116	19.7%
White	3,227	733	22.7%
Total	**3,875**	**858**	**22.1%**

To manage the anticipated increase in deaths within the Trust and across Hull and East Yorkshire the Local Resilience Forum Excess Death plan was instigated and a temporary mortuary established at Sutton Fields with a capacity of 750 fridges. This has never been used but is being maintained until May 2021. Additionally, the Cabinet Office provided a temporary mortuary which is situated at Castle Hill hospital with a capacity of 275 fridges. This surge capability was implemented throughout January and February 2021. We are awaiting confirmation that this temporary facility will remain in place until the end of the year in case of a third wave. 52 permanent additional fridges are due to be installed at Hull Royal Infirmary by July 2021.

6.4 Changes to Clinical Treatment

The knowledge from the first wave was applied with Remdesivir given much more frequently as part of treatment during the second wave, whereas this was only administered as part of clinical trials during the first wave.
Dexamethasone was also administered more frequently during the second wave.

It is possible that the administration of these medications contributed to the reduction in critical care admission and length of stay, but as they formed part of a package of care it is not possible to be certain of their overall contribution. However, mortality in the standard care arm of the RECOVERY trial has decreased quite markedly over time (from around 24% to 18-19%). Some of that has been driven by wider use of Dexamethasone and possibly Remdesivir (although there is less evidence that it has an effect).

The percentage of patients requiring admission to critical care was lower during the second wave. This is because of general improvement in care (anticoagulation, fluid use for example) and because more “critical care” took place outside of critical care in the second wave with significant amounts of CPAP/HiFlo on ward H37 and HiFlo on C7.
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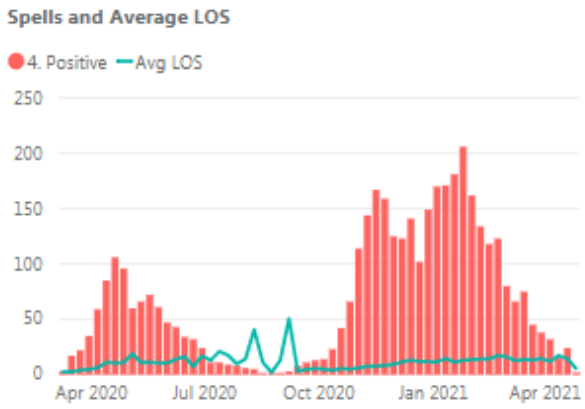
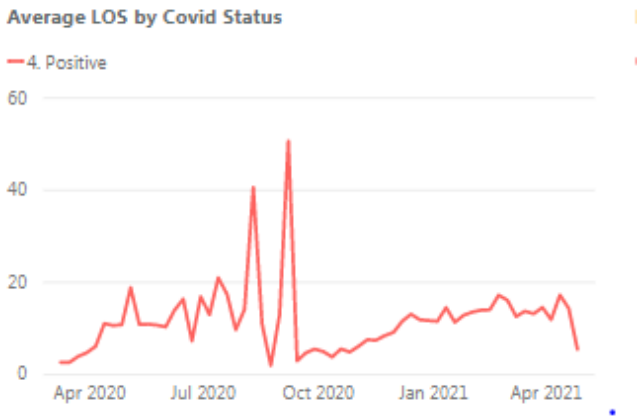
Average Length of Stay across the 2 waves was 11.5 days.





6.5 Outbreak Management and Infection Prevention and Control
Between November 2020 and February 2021, 512 patients tested positive for SARS CoV-2 infection 8 or more days into their inpatient stay. 358 probably, and 154 definitely, acquired this infection in the hospital environment. Unfortunately, a quarter of these patients (132) died within 30 days of testing positive. During this period, the Trust was noted to have a higher rate of Health Care Associated Infections (HCAIs) when compared to other Trusts.

Owing to the age and other restrictions of the estate and other impacting factors, some of the suggested actions or solutions to reduce transmission could not be enacted straight away, despite the Trust's good adherence with infection prevention and control guidance.

The findings of reviews showed that there were a large number of potential factors implicated in the development of hospital acquired infection. The distribution data points to issues around the quality of the clinical environment and the management of the different Covid patient pathways having the greatest impact. The lack of ventilation, the inability to socially distance patients on the wards, early movement of patients into supposed green areas (national guidance was that patients are amber until 2 negative screens taken) and multiple patient ward moves were the major risk factors for outbreaks and COVID acquisition.

There are now plans to ensure actions are taken to mitigate as many of the factors contributing to the HCAI risk, however, this will involve investment by the Trust in staff and environmental improvements along with a Trust wide cultural change in the recognition of the importance of IPC as a fundamental keystone of patient safety.

The following table shows the number of cases of HCAI COVID and deaths through pandemic

Admission Month	HCAI number of cases		Number of deaths within 28 days of positive result	
	8-14days	>15days	8-14 days	>15 days
March 2020	22	7	11	7
April 2020	12	2	35	12
May 2020	8	1	19	1
June 2020	0	0	5	1
July 2020	0	0	0	0

August 2020	0	0	1	0
September 2020	7	2	0	0
October 2020	19	6	23	5
November 2020	22	5	52	16
December 2020	46	10	113	30
January 2021	13	5	124	30
February 2021	8	4	28	4
March 2021	0	0	8	5
Grand Total	157	42	419	111

Following a series of inspections by the Health and Safety Executive, which looked at the management of risk during the pandemic in seventeen other acute NHS Trusts during December 2020 and January 2021; HUTH responded by undertaking a detailed self-assessment based on the seven specific areas highlighted for review by the HSE;

Management Arrangements
Risk Assessment
Personal Protective Equipment
Social Distancing
Hygiene and Cleaning Regimes
Ventilation
Dealing with Suspected Cases.

A report of the findings was submitted to the Trust's Health and Safety Committee at the end of March 2021, and to the Executive Management Committee on 15th April.

6.6 The Vaccination Programme

The HUTH Hospital Hub became operational on Wednesday 9th December 2020, offering the covid-19 vaccination in line with JVCI guidance in priority cohort order. The overall mission is to vaccinate the eligible population of Humber, Coast and Vale against Covid-19 in order to minimise the health and economic impact of the disease.

The programme has been operational offering vaccination 7 days per week for patients, staff and Health & Social Care workers. The clinic will have completed in excess of 50,000 vaccinations when it completes on the 7th May 2021. This has resulted in over 25,000 people receiving both 1st and 2nd vaccinations.

Following the completion of the main Hospital Hub covid-19 vaccination programme there will be a residual of around 500 patients / staff members that will require completion of 2nd vaccination over the next few months. Furthermore, the Hospital Hub is receiving a small number of referrals for hospital-based vaccination due to:

- Severe allergic reactions
- Opt out Staff now wanting vaccination
- Pregnant Staff
- Priority patients undergoing specialist cancer treatments
- In-patient covid-19 vaccination

The HUTH hospital hub has trained 125 Registered Nurse Vaccinators throughout the covid-19 vaccination programme. Each vaccinator has been assessed competent in using all available PGD's. The workforce consists of a number of seconded staff and bank vaccinator staff. All seconded staff will return to their original posts upon completion of the programme on Friday 7th May 2021. There is a number of staff that have offered to work in the vaccine clinic as part of the vaccinator bank

6.7 Staff Sickness

Covid related sickness and absence peaked at a higher rate during the first wave as the position was greatly improved in the second wave due to extensive staff testing and, later, the vaccination programme.

First Wave Absence Peak
During the first wave the peak was reached on 19th April 2020 as the table below illustrates;

Workforce Absence as at 19/04/20	Covid absence	Maternity	Other Absence	Total Absence	Absence Rate
	1070 (11.6%)	192 (2%)	287 (3.11%)	1549	16.8% **

Second Wave Peaks
There were two distinctive peaks during the second wave as the following tables indicate, but neither were as high as that experienced during the first wave.

Workforce Absence as at 18/11/20	Covid absence	Maternity	Other Absence	Total Absence	Absence Rate
	684 (6.8%)	185 (1.84%)	355 (3.53%)	1224	12.17% **

Workforce Absence as at 11/01/21	Covid absence	Maternity	Other Absence	Total Absence	Absence Rate
	568 (5.63%)	178 (1.76%)	411 (4.07%)	1,157	11.46%

6.8 Staff Redeployment

As with the first wave, a significant number of staff were redeployed away from their usual role to enhance the Trust response to the pandemic away from their usual roles to enhance the Trust response to the pandemic during the second wave

The below table is indicative of the redeployment of some staff groupings. For the same staff groupings during the first wave 300 staff were redeployed, so a significantly larger proportion of staff were redeployed during the second wave.

Staff Group	Total
Admin and Clerical	1

HCA	116
ODP	23
Registered Midwife	3
Registered Nurse	324
Support Staff	15
Grand Total	**482**

In comparison to the first wave; fewer medical staff were deployed during the second wave because we only redeployed trainees for minimal periods (sometimes as short as one shift). Prospective approval was required from Health Education England to redeploy junior doctors in training and these redeployments were therefore managed by Medical Education.

The number of medical staff redeployments were as follows;

- 106 doctors in training redeployed in total
- 29 of those were on long term redeployment for 4 weeks-2 months (most of these were from medical specialties to COVID medicine e.g. DME to COVID DME)
- 6 of the 106 were redeployed for 2 to 3 weeks
- 71 were redeployed for 1-5 shifts
- 281.5 total number of shifts covered

The above numbers do not include Trust doctors, some of whom were redeployed flexibly for up to two months but remained under the care of Medical Education.

6.9 Recovery of Elective Care

Overall, the second wave saw more COVID-19 admissions than the first wave. The increased magnitude of admissions placed significant pressure on general, acute and critical care bed stock across the Trust, with an associated impact on delivery of elective care.

From December 9th 2020 the Trust put in place an Elective Recovery Group chaired by the then Deputy Chief Operating Officer to manage recovery. This group has continued with the Director of Strategy and Planning as Chair.

The focus of our Elective recovery plan is to treat the most clinically urgent (Priority 2) and Cancer patients as a priority and then the longest waits. The Trust has a challenging 52 week backlog although this has been showing improvement recently as our theatre and outpatient timetables are being restored.

For patients on cancer pathways, our objective is to achieve a 62 day position in line with a pre-pandemic baseline position set at February 2020, by the end of month 6 of 2021/22.

The peak of 52 week waits was seen the week of 22nd March 2021 at 12,804. By the end of March our validated month end position was delivered both below the original trajectory and the

revised internal trajectory at 11,991. The current recovery forecast for our 52 week position is that we will achieve a 30% reduction in the total number of patients waiting more than 52 weeks by the end of month 6 of 2021/22.

For Priority 2 patients (those that need surgical treatment within 4 weeks), the current performance shows that 47% of those waiting are less than 4 weeks. Our current recovery forecast is that by month 6 of 2021/22, 70% of patients classified with a clinical urgency status of P2 will be treated within 28 days. This is an improvement of 23%.

Our recovery forecast shows that our total waiting list volume is likely to increase during the first half of 2021/22, but we have a clear aspiration of achieving a maximum total waiting list volume of 36k and a sustainable RTT average clearance time of 11 weeks in the future, subject to sufficient elective service capacity being commissioned by our CCGs/ICS.

6.10 Communications and Engagement

Key feedback from the first wave was the positive response to the communications strategy, in particular in keeping staff abreast of the constant changes to NHSE and PHE guidance but also guidance around wellbeing and support for staff across all work groups.

It is evident that staff are keen to understand what is going on so they can understand the bigger picture and how this affects them and their patients. However, with teams being incredibly busy, we had to ensure that the communications were easily accessible and available to all. Clearly signposted and easily accessible Covid specific pages on Pattie ensured this was achieved. This was supported by up to date and informative daily bulletins from the Director of Workforce.

The inclusion of a Communications Silver within the command structure with attendance at Gold meetings during the first wave aided the communication and engagement with staff. This was continued initially during the second wave but the later reduction of the size of the Gold command with Communications Silver not in attendance may have been partially the cause for a perceived reduction in effective communication with staff identified in the second wave and winter debriefs.

6.11 Risk Register

The Trust has a corporate risk regarding the impact and response to the pandemic. The corporate risk has been graded high since its inception in April 2020 and remains so, primarily due to the impact of Covid-19 on elective an acute activity. This risk is managed at Trust executive level and will remain as part of the Trust Risk Register.

Since April 2020 there have been twelve operational Covid risks managed by the Covid command structure. The following table lists these risks and their initial and current overall risk grading. Upon the cessation of the Covid Steering Group the risks will be transferred to Health Groups, Directorates or other oversight groups.

Risk Reference	Risk Description	Initial Risk Rating	Date Closed/Current Rating	Transferred to
Covid 1	Availability of PPE	High	Medium	Supplies
Covid 2	Availability of ventilators and other	High	Medium	SHG

	critical care equipment			
Covid 3	Testing of Staff	High	Closed June 2020	N/A
Covid 4	Availability of staff	high	Medium	Workforce Planning Group
Covid 5	Oxygen supplies	High	Medium	Medical Gas Committee
Covid 6	Staff Training	High	Closed April 2020	N/A
Covid 7	Mortuary Capacity	High	Closed April 2021	N/A
Covid 8	RTT, Cancer & Diagnostic Performance	High	High	Elective Recovery Group
Covid 9	Hospital Acquired Covid-19 Infections and Covid-19 Outbreaks	High	High	IPC Team
Covid 10	Bed Capacity	High	High	Operations
Covid 11	ED Overcrowding	High	High	EMHG
Covid 12	Pathology Capacity	High	Medium	CSHG

6.12 Covid Second Wave/Winter Pressures Debrief

Three separate debriefs have been undertaken regarding the HUTH response to the second wave of Covid-19. A debrief of key workers involved in operational delivery of the surge plan was undertaken after some major changes and urgent implementation of the plan in January 2020. In March 2021 a System partners debrief of winter pressures response was undertaken and, most recently, a structured debrief of the Trust response to the second wave has been undertaken.

The overwhelming feedback from across the trust was that the response was effective and that staff across all areas had performed well. There were clear examples of innovation, dedication and leadership recognised throughout the debrief process, as well as some areas of learning.

The leadership of the senior nursing team receives particular praise. As does leadership of the vaccination programme and of the vaccination programme in general. The continuing effective performance of various departments who were under extreme pressure is also recognised as is the contribution of staff who were redeployed to aid the response to Covid-19.

The experience from the first wave clearly ensured the Trust was confident as an organisation in dealing with the pandemic, which improved flexibility and responsiveness to pressures, although few examples learning from the first wave being implemented are highlighted by staff in the debrief process. Most recognised among improvements from the first wave are the improved process for supply of PPE and the HUTH response to guidance and new technology.

The issues appertaining to nosocomial transmission and were recognised, have been highlighted as being of concern to staff and will be the focus of ongoing work.

The wave 2 debrief report was presented to Covid Steering Group on 5th May and the learning and feedback will be considered in planning for a possible third wave and in winter planning for 2021/22.

6.13 Finance

The Trust spent £6.7m in the final 6 months of 2020/21 dealing with the impact of Covid19, Including £1.4m on testing. This was within the allocation received from NHSEI via the ICS to support this work. The Command group structure picked up known cost pressures to ensure that these could be dealt with as part of the funding envelope and discussed on a regular basis with senior finance staff to ensure were included in year-end forecasts.

The Trust also spent £3.6m on the vaccination programme in the final quarter of 2020/21 which was fully funded by NHSEI.

7.0 Conclusion

As this report indicates, the last fifteen months has been incredibly challenging for the Trust, and across the NHS and country as a whole. The period from October 2020 until March 2021 was particularly challenging for HUTH in response to the highest local community infection rate levels in England in January.

The impact was across the Trust and staff from every health Group and Directorate and at all levels were affected and played a part in the response and their efforts are recognised in the response the pandemic highlighted above.

The Trust has established an Elective Recovery Group and has begun the work of restoring elective capacity in order to recover to pre-pandemic activity levels and waiting times in line with the national planning requirements for the first half of 2021/22.

Submitted for information and consideration.

David Roney
Head of Emergency Planning

Louise Topliss
Assistant Director Operations
(Operational Performance)

Hull University Teaching Hospitals NHS Trust

Trust Board

11th May 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 2.5% overall. Staff absence for the financial year 20/21 was 7.2% which included Covid-19 related and all other absences. Current sickness absence, including Covid-19 is 3.3%. Staff wellbeing and support arrangements have been adjusted coming out of the pandemic, but are robust and continue to work well. The staff Covid-19 vaccine has been rolled out at pace and 8,455 staff have received their 2nd 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

11th May 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

At the previous Board meeting in March the Trust had 104 Covid-19 inpatients. As at 4th May, 2021 the Trust has 10 Covid-19 inpatients. There has been a significant reduction in Covid-19 inpatients. Staff redeployed have returned to their substantive post which has enabled the Trust to focus more resource on recovering elective activity. Service recovery is clearly the Trusts priority which is being underpinned by our 'People Recovery' principles to ensure our transition is effective and our people are supported and looked after during this phase. During May and June the Executive team will be leading a series of briefings for all Trust managers to discuss recovery goals, reinforce the Trust's longer term strategic objectives, values and ensure managers engage their teams in those immediate recovery plans and longer term priorities. The Trust also continues to promote its disciplined approach to infection control and 'hands, face, space'.

3. Key Issues

Staff Absence

The total staff sickness absence for the financial year 2020-21 was 3.51%. The total absence including sickness and Covid-19 for 2020-21 was 7.20%. The Trust attendance target for attendance is 96.1% (sickness not to be greater than 3.9%).

The Trust currently has 54 staff absent due to Covid-19 which is 0.53% of the workforce. Total sickness and Covid-19 absence is currently 3.30%. This is a reduction from 7.18% as at the last Board meeting in March

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 2020-April 2021, the Trust has tested 13,267 HUTH staff or family members, 1,915(14.4%) of which were positive.

During April, 406 HUTH staff or family members were tested. Only 9 HUTH staff or family members tested positive. The positivity rate for April 2021 was 2.2% (This includes staff referred to the drive through as a result of a positive lateral flow test). The staff positivity rate has significantly decreased. In December 2020 it was 26.6%, January 2021: 22.4%, February 2021:15.3%, March 2021: 10.9%.

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 enables the Trust to identify staff who have no symptoms, but who might be positive and should be self-isolating. Staff have received test kits and can order more via their manager. Staff test themselves the night before their shift, allowing 30 minutes for the result. Approximately 7,000 test kits have been distributed to staff in the first wave and second kits are being distributed to those that had recorded their results on Pattie. Since implementation,

the Trust has received 66,184 test results back with 341 positive results. All these staff had a subsequent PCR test and 315 were confirmed as positive cases (0.48%).

Test and Trace
The NHS Test and Trace programme launched on Friday 5th June 2020. To date the Trust has requested 925 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, 121 in January, 2021, 25 in February, 34 in March and 10 in April.

5. Staff Vacancies
The Trusts overall vacancy position as at 31st March 2021 is as follows:

Staff Group	Establishment WTE	Staff in Post WTE	Temp Workforce WTE	Vacancies WTE	Vacancy Rate %
Additional Clinical Services	1451.8	1437.0	72.5	0.0	0.0%
Add Prof Scientific and Technical	301.3	297.2	4.0	0.1	0.0%
Administrative and Clerical Staff	1600.0	1560.3	9.5	30.2	1.9%
Allied Health Professionals	532.9	466.3	6.1	60.5	11.4%
Estates and Ancillary	578.1	537.1	6.6	34.3	5.9%
Healthcare Scientists	319.0	308.9	0.0	10.1	3.2%
Medical & Dental - Consultant	493.5	448.5	7.0	38.0	7.7%
Medical & Dental - SAS	65.8	50.9	1.2	13.7	20.8%
Medical & Dental – Trainee Grades	647.5	643.7	22.1	0.0	0.0%
Nursing and Midwifery Registered	2409.8	2262.9	45.2	101.7	4.2%
Trust Total	8399.8	8012.8	174.2	212.7	2.5%

Overall the Trust vacancy position is 2.5%. The Consultant vacancy rate is 7.7%. 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 4.2% across the organisation.

There are currently 34 Registered Nurse Associates (RNA) and 43 Trainee Nurse Associates (TNA) employed by the Trust with a plan to recruit a further 25 (TNA's) in September 2021.

In addition the Trust has 33 Registered Nurse Degree Apprenticeships in training, with 13 that commenced in 2018 qualifying as registered nurses in September, 2021. The Trust will be recruiting a further 15 RNDA's to commence in September, 2021.

The Trust has 27 Health Care Support Worker Apprenticeships in training, 13 of whom will complete their apprenticeship in September, 2021. It is envisaged that 6 of these apprentices will transfer onto the RNDA programme with the remaining 7 transferring onto the TNA programme. The Trust also plans to recruit, in partnership with Hull College a further 15 HCSW's to commence the programme in September, 2021.

From an international nurse perspective there are 141 international nurses employed by HUTH with a further 24 in training and 16 due to join the Trust in May. A further 75 international nurses will be recruited between June and December, 2021 funded by NHSI/E.

8. Covid-19 Vaccination programme.
HUTH is the Lead Agency to deliver the ICS Covid-19 vaccination programme. Led by Beverley Geary Chief Nurse, a population and health and care staff vaccination programme has been rolled out and as at 30th April 2021 a total of 8,765 HUTH staff have had their 1st dose and 8,455 have had their 2nd dose. The Castle Hill Hospital hub has administered a total of 52,377 vaccines in total to local residents, patients and health and social care staff (including HUTH staff) (26,883 1st dose and 25,494 2nd dose). The hub will be open 1 day per week to complete the 2nd dose vaccinations commencing 14th May, 2021.

9. National Staff Survey
The 2020 NHS National Staff Survey ran during from 21 September to 27 November 2020. This was a full census survey in which 3,387 staff returned a survey, equating to 38% of the workforce. The response rate nationally for acute trusts was 45%.

The Trust has received a full survey report, which is available online at www.nhsstaffsurveys.com . We also received a benchmarking report which benchmarks demographics, occupational groups and services against the Trust average for scores in the survey.

Overall the Trust is better than or equal to the national average for eight of the ten key themes in the National Staff Survey. Five themes showed an improvement and three a deterioration since 2019. This is an improving picture and has been so for five consecutive years. Appendix 1 details the Trusts overall staff survey results.

Work is well underway with Health Groups/Directorates to develop their people plans and address areas for improvement as well as build on areas of success in the 2020 National Staff Survey.

From Quarter 2 (July-September) all NHS organisations will be required to run a quarterly staff engagement survey based on the nine engagement questions in the national survey – Q3 will be the national survey itself. A quarterly staff engagement score for the trust will be submitted to NHSE/I. The Trust is in a strong position with this new mandate, as HUTH has run quarterly staff surveys including those nine engagement questions since 2015 to measure and improve staff engagement. We have a substantial trend dataset and process in place as a consequence.

10. Staff Support Arrangements
The staff support service continues to work alongside our Occupational Health Service and offers an email and telephone hotline service. We are signposting Covid-19 related 1:1 mental wellbeing requests to the Humber Coast and Vale Resilience Hub. The Trust is promoting and advertising the Resilience Hub widely for staff to access support. The Trust continues to support staff via Focus Counselling, Occupational Health Team and the Pastoral and Spiritual Care Team for general mental wellbeing support. An internal clinical Psychology service for staff is now available via Occupational Health. Coaching services are now being accessed via the coaching referral form available on Pattie.

The 24/7 staff support hotline will continue 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.

The Quick Guide to Staff Support during Covid-19 will continue to be available and updated to reflect the current changes in services available.

The Schwartz round initiative “Team Time” held its first virtual session on 29th April 2021 and has 6 team requests ready for our 9 newly trained facilitators. These sessions allow our staff to hear stories from colleagues focused on emotions and feelings rather than process and problem solving. This allows staff to normalise how they’re feeling and have a chance to explore how they feel, in a psychologically safe space. These sessions really humanise healthcare and allow

connections to happen. Session topics going forward will focus on “Working in the Pandemic” “2021 and me” and “Covid Guilt”. As well as working with specific teams the Trust will also be inviting particular staff groups e.g. those who have been redeployed, to either tell their story or be a participant in a session.

11. Learning and Organisational Development
The continuation and development of online provision of services across all Learning and OD programmes continues with our existing e-learning programmes. The deployment of the Big Blue Button is supporting all educators within the Trust to provide both clinical and non-clinical development for our staff.

HEY247 our learning management system will be upgraded in June 2021 that will enable us to use and manage training data better between ESR and HEY247. This will allow the Trust to share information with other trusts ‘portable data between trusts’. The Trust has also signed up to the Core Skills Training Framework (CSTF) from Skills for Health and anyone transferring with training accredited to these standards will not have repeat the training already completed. This has many benefits for the Trust and staff and in particular our Junior Doctor rotations. The first real test will come in August 2021 and feedback will be sought and improvements to process made as necessary.

From June 2021 the Learning team will be creating additional capacity for our mediation service by offering 12 new training places. The opportunity will be advertised widely. We will be seeking and encouraging a diverse representation of staff in these roles. The additional capacity will enable the organisation and staff to continue our informal approach to work through tensions and disagreements in a supportive, compassionate and solution focussed manner.

12. National review of HR and OD
As the Board is aware the Chief People Officer at NHSI/E has commissioned a national review of HR and OD at Trust, ICS, regional and national level. The next phase of the programme is developing recommended changes for people services and the people profession which focusses on strategic themes of equality, diversity and inclusion; health and wellbeing; talent and leadership, and employee experience and recruitment - and the enabling themes of digital and technology, target operating model and professional development for the people profession.

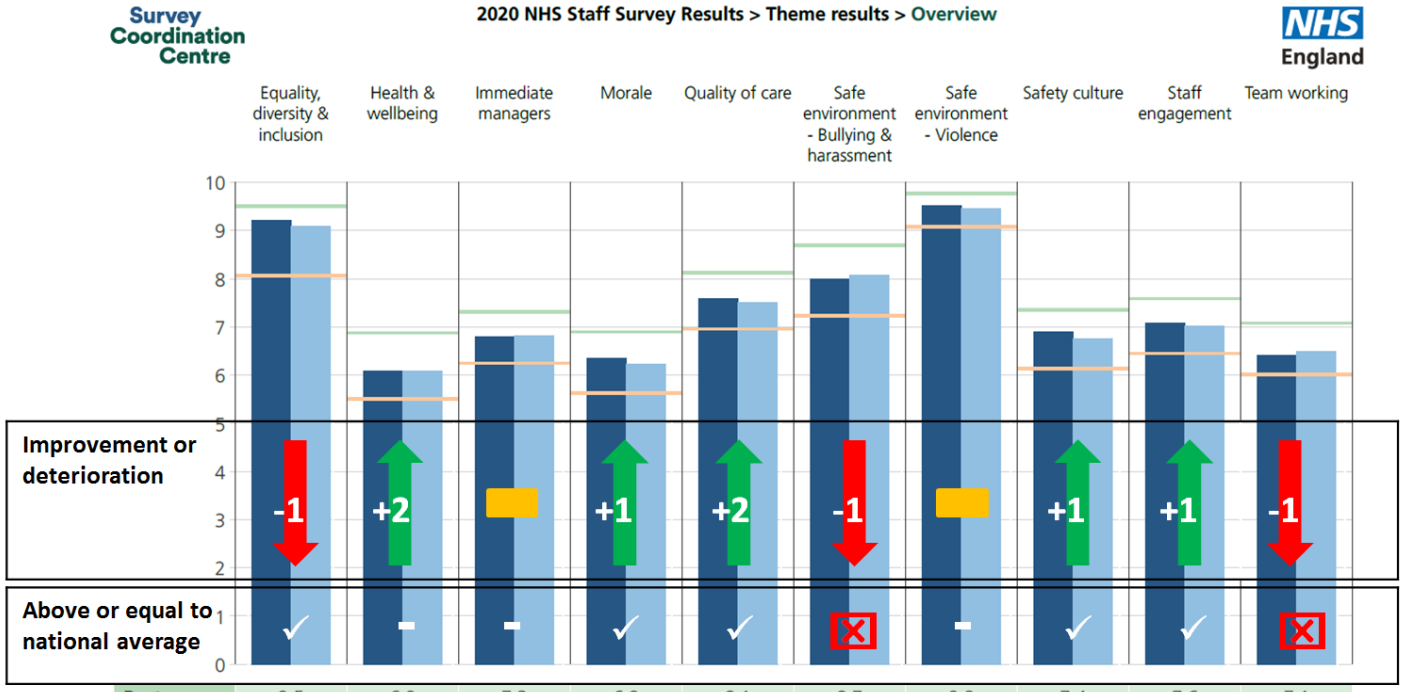
There will be a second Big Conversation with HR and OD staff and stakeholders that will run from 24 May to 6 June. Draft recommendations will be shared to steer the future of our People Services and the role of our people profession.

13. Conclusion
With the significant reduction in Covid-19 inpatients, the Trust has resumed normal services with the emphasis firmly on reducing patient wait times as required by the recently published NHSI/E national planning guidance. Whilst this is the priority staff wellbeing will continue to play a major part of the Trusts recovery programme. The Workforce and OD is also switching its focus more to the Trusts People Strategy 2019/22 to review and progress our 7 key workforce themes – recruitment and retention, leadership, inclusion, learning and skills, employee engagement and recognition, health and wellbeing, and new ways of working.

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

Appendix 1.



	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Best	9.5	6.9	7.3	6.9	8.1	8.7	9.8	7.4	7.6	7.1
Your org	9.2	6.1	6.8	6.3	7.6	8.0	9.5	6.9	7.1	6.4
Average	9.1	6.1	6.8	6.2	7.5	8.1	9.5	6.8	7.0	6.5
Worst	8.1	5.5	6.2	5.6	7.0	7.2	9.1	6.1	6.4	6.0
Responses	3,314	3,385	3,382	3,383	2,962	3,371	3,373	3,384	3,387	3,351

Hull University Teaching Hospitals NHS Trust

Committee Summary Report to the Board

Meeting: Workforce Education and Culture Committee

Meeting Date:	12 April 2021	**Chair:**	Prof Una Macleod	**Quorate (Y/N)**	**N**

Key items discussed where actions initiated:

- People Report – information was received about the workforce measures and current performance - appraisal, job planning, statutory training, Covid sickness, other sickness and self-isolation. Sickness absence had improved significantly.
- The year-end BAF was received.
- Variable Pay Report – variable pay had reduced. Most of the Health Groups had improved apart from Clinical Support which needed further agency spend in radiology and cancer.
- Nursing and Midwifery Report – updates on nursing establishments and vacancies. Potential for zero vacancies by September 2021.
- Midwifery staffing report – Ockenden, birth rates to midwife ratios and a review of BAME and deprived women were discussed.
- Health and wellbeing for staff was discussed and confirmed that wellbeing support for staff would remain in place. Occupational Health and Counselling under pressure.
- Staff Survey - There were two areas that the Trust had scored below the national average and they were bullying and harassment and team working. Execs had discussed with HG's and action was being taken.
- Guardian of Safe Working – more assurance required around E-Rostering. E-rostering and medical staffing resource to support is a risk.
- Employee Relations Report - the number of cases was down and length of time to close cases had been reduced.

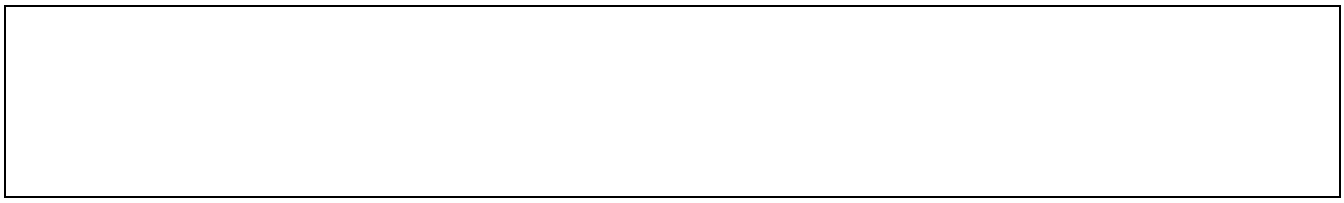
Key decisions made:

There were no decisions made

Risk and assurance matters to be received by the Board:

Matters to be escalated to the Board:

There were no matters to escalate



HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST

TRUST BOARD: TUESDAY 11th MAY 21

FINANCIAL UPDATE - 2020/21 MONTH 12

1. Purpose of Paper

To inform the Trust Board on the month 12 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 deficit of £6.0m based on shortfalls on other income, £3.3m (eg Car parking, catering, private patients) and the need to provide for unused annual leave at year end due to Covid19, totalling £2.7m.

3. Month 12 Reported Position

The Trust has reported that it has delivered a surplus of £147k as its performance for the 2nd period of 2020/21. On top of the break-even position for the first period, this means that it has delivered a £147k surplus for the full financial year, 2020/21.

This is the position that NHSEI will use as the Trusts performance position.

The actual final accounts position shows a £10.973m deficit. This is adjusted for performance purposes for technical accounting changes on receipt of capital donations/grants, impact of consumables donated from other DHSC bodies (PPE equipment procured centrally) and impact of impairments.

	£m
SOCI Deficit for 2020/21	(10.973)
Remove Impairments of Assets	14.016
Remove Capital Grants/Donations	(2.162)
Remove net impact of consumables donated by DHSC	(0.635)
Remove gain on disposal of assets	(0.099)
Reported Surplus Performance Position	0.147

The delivery of a small surplus compared to a planned deficit is due to NHSEI providing additional funding to support the provision for annual leave carry forward and the shortfall on other income.

4. Income

As noted above the Trust has reported a surplus of £0.147m, which is £6.2m better than plan driven by two income sources, offsetting the expected shortfalls in other income and annual leave accrual.

NHSEI have confirmed that they will provide funding to offset the shortfall in other income and the Trust has received £3.1m for the 6 months to month 12. Alongside this, additional income from Health Education England, reversing previous shortfalls, means that the Trust will now receive income in line with previous years.

NHSEI have also provided income to offset the value of the annual leave accrual of £6.7m. £5.6m of this has been given in cash and the remaining £1.1m will be received following final sign-off and accounts submission.

The position includes £2.1m of income from NHSEI to support the level of independent sector activity done in months 7 to 12.

The Trust has also received £7.4m income from NHSEI to offset the cost of additional cancer drugs, Hep C drugs, pass-through drugs and specialised device costs.

5. Expenditure

In month 12 the Trust spent £1.3m in responding to Covid19, bringing the total spend for the 6 months (months 7-12) to £6.7m. This includes £1.4m on testing. The biggest areas of expenditure in month were aspirant nurses (£0.3m), Backfill for higher sickness absence (£0.2m), ICU Capacity (£0.2m), Decontamination (£0.1m), Remote Management of patients (£0.1m) and support for stay at home models (£0.1m). Other areas of expenditure included the cost of segregating pathways and existing workforce doing additional shifts. The table below summarises the spend for the 6 months by NHSEI category. It also includes the spend for the first 6 months and a total for the year of £21.3m.

							Oct - Mar	Apr - Sep	Full
	M7	M8	M9	M10	M11	M12	6 Months	6 Months	Year
NHSEI Cost Category	£000	£000	£000	£000	£000	£000	£000	£000	£000
Expanding NHS Workforce	48	71	70	76	285	8	558	1,020	1,578
Aspirant Nurses	5	-	-	-	-	277	282	1,770	2,052
Aspirant Junior Doctors	-	-	-	-	-	-	-	744	744
Junior Doctor Annual Leave	-	-	-	-	-	-	-	200	200
Additional Maternity Shielding								50	50
Testing not included in Outside Envelope categories	-	34	64	26	0	19	144	1,455	1,599
Testing included in Outside Envelope categories	185	144	319	123	458	28	1,257	-	1,257
Decontamination	66	78	165	100	107	149	666	1,435	2,101
Increased ITU capacity	75	282	203	174	200	158	1,091	842	1,933
Segregation of patient pathways	115	403	65	27	21	83	715	393	1,107
Existing workforce - additional shifts	33	34	124	65	34	94	384	912	1,296
Backfill for higher sickness absence	-	16	21	53	7	214	310	908	1,218
Remote working for non-clinical staff	30	0	-	-	-	-	31	521	551
Support for stay at home models	-	46	7	8	0	- 116	- 55	458	403
University Staff	-	-	-	-	-	-	-	301	301
PPE locally procured	-	-	-	-	57	-	57	423	479
Remote Management of Patients	0	70	42	52	123	55	341	121	462
Plans to Release Bed capacity	2	-	-	4	1	1	9	66	75
Remote Management of Patients	0	70	42	52	23	55	241	121	362
Other categories	105	- 25	64	212	1	267	624	2,879	3,503
Total Additional Covid Costs	665	1,222	1,186	973	1,317	1,291	6,654	14,617	21,272

The Trust has spent £3.6m to month 12 on the vaccination programme with £1.1m spent in month. The costs of this have been fully funded through NHSEI.
The Trust has made an accrual for outstanding annual leave at 31st March 21 to the value of £6.7m.

A national agreement has been reached relating to the Flowers case for agenda for change staff (a legal case revolving around the payment of additional annual leave based on overtime worked). The expected cost for these staff is £2.1m covering 2 years of back pay. This has been funded by NHSEI.

£2.1m has been spent above plan on purchase of healthcare from independent sector. As per NHSEI guidance, the Trust has received income to cover this.

6. Capital

The reported capital position at month 12 shows gross capital expenditure of £64.97m. This includes £1.8m relating to equipment donated from DHSC/NHSE for Covid19 response that has been notified at M12.

The Trust received a total £30.17m Capital PDC funding. This related to schemes including Critical Infrastructure £5.9m; Emergency £4.9m; Digital & HSLI £3m and Covid19 £3.2m.

The Trust has also had approval of the Urgent & Emergency care Business Case, however due to delays in approval the Trust has slipped £8m into 21/22. It is expected the PDC funding will be moved to match this.

As part of managing the ICS CDEL total, the Trust has agreed to additional CDEL coverage from within the ICS of £1.8m. Internal cash balances will cover this.

7. 2021/22 Planning

In line with NHSEI guidance, financial plans for 2021/22 are being worked up for the first six months of the year for submission on 6th May 2021 at system level.

The Humber Coast & Vale ICS is planning to submit a balanced financial plan for the first 6 months. Within this HUTH has a target to deliver a £1.7m deficit. Achievement of this will require HUTH to deliver an efficiency programme of 0.7% for the period.

The Trust plan includes additional funding being received as part of the Elective Recovery Fund as it is assumed that the core level of activity the Trust will deliver will be above the thresholds. Initial estimates suggest as much as £7m could be earned and the Trust hopes to make a margin on this to help deliver the financial plan. Costs of outsourcing will be close to tariff and in some cases higher (Pioneer). The Trust will also need to fund additional diagnostic capacity (MRI & CT) which does not attract additional payment so it needs to maximise what is done in core activity to contribute towards the plan.

Detailed budgets and efficiency plans are being developed and will be in place for month 2 in line with national requirements. There is no national requirement to report month 1 but the Trust will still report a high level month 1 position at the May 21 Performance and Finance Committee.

8. Recommendations

Trust Board is asked to note the following:

a) The year-end SOCI deficit of £10.97m.

b) The achievement of a £0.147m surplus for performance purposes after technical adjustments for impairments and capital grants. This is £6.2m better than plan.

c) The capital spend of £64.97m in line with the Trust CRL.

d) The planned deficit of £1.7m for the first 6 months of the 2021/22 Financial year.

Stephen Evans
Deputy Director of Finance
May 2021

HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST

TRUST BOARD

CAPITAL PROGRAMME UPDATE 2021/22

1. PURPOSE AND BACKGROUND

The purpose of the paper is to outline the Trust's proposed capital programme for 2021/22 and seek approval by the Trust Board.

The Trust has developed a draft Capital Programme for 2021/22 based on proposals and assessments received and reviewed at the Trust's Capital Resource & Allocation Committee (CRAC). The latest draft capital programme was considered at CRAC on 7th April 2021 and presented to the Performance and Finance Committee in both March and April to update on the progress with the ICS wide approach.

The Trust has been working with ICS colleagues to agree an overall ICS capital programme for 2021/22r. It should be noted, however, that partner organisations within the ICS remain legally responsible for maintaining their estate and for setting and implementing capital investment plans at organisational level.

2. CAPITAL FUNDING 2021/22

Publication of the ICS envelopes was made during March and this notification confirmed a capital allocation for the Humber Coast & Vale (HCV) ICS of circa £72.5m. The financial planning guidance for 2021/22 makes it clear that there will be no additional national emergency capital allocation outside of ICS CDEL envelopes. As a consequence, all essential/emergency capital investments will need to be incorporated into organisational capital plans and contained within the ICS CDEL envelope. ICS partners therefore need to achieve system-wide agreement regarding the prioritisation of capital expenditure to ensure that all emergency/essential investments can be progressed.

The notified envelope for the HCV ICS is summarised below, with the corresponding allocations at organisation level, using the national formula.

Capital Expenditure	Humber FT £'000	HUTH £'000	NLaG £'000	York £'000	Harrogate £'000	Total £'000
Funding Formula Allocation (indicative at provider level)	5,722	20,006	13,881	24,116	8,749	**72,475**

Following successful negotiation, the Trust has been able to receive an increased share of the allocation at £21.7m which results in an additional £6.5m over and above our own internal resources, expected as PDC in year. This allocation now allows for a replacement Gamma Camera at £1.5m, in addition to the replacement theatres of £5m.

In addition, the Trust is holding a contingency of £2.1m on behalf of the ICS and therefore our reported ICS capital allocation is shown as £23.8m.

Capital Expenditure Final allocation	Humber £'000	HUTH £'000	NLaG £'000	York £'000	Harrogate £'000	Total £'000
Final allocations	7,874	23,771	12,710	16,120	12,000	72,475

HUTH UPDATED CAPITAL PROGRAMME

The Trust's full capital programme is higher than the ICS limit due to the fact that the ICS levels exclude donations, grants, and specific capital allocations associated with the Wave 4 Capital Development and the Digital Aspirant funding, as well as some technical PFI adjustments. `

The reconciliation from the above to our full programme is shown below:

	£'000s
ICS CDEL (as per table above)	23,771
Additional National CDEL adjustments:	
UEC Business Case	16,354
Digital Aspirant	1,500
PFI Residual Interest	1,344
Total HUTH CDEL	**42,969**
Internal adjustments	
Donations	300
Grants	13,713
PFI Capital	1,119
Gross Capital Programme	**58,101**
Less PFI/IFRIC impact	-2,463
Capital Programme Excl PFI adj	**55,638**

The draft of the full programme, highlighting the sources of funding, is summarised below and the full detail is attached as Appendix 1.

Resources:	**£m Internal**	**£m External**	**£m Total**
Depreciation	18.2		18.2
Donated Assets		0.3	0.3
Grants – Salix		12.2	12.2
Grants – NPIC		1.5	1.5
PDC STP Wave 4 – UEC		16.4	16.4
PDC Digital Aspirant		1.5	1.5

PDC CIR Requested ICS Support		6.5	6.5
ICS Contingency held by HUTH		2.1	2.1
Internal Cash (Matched Funding 18/19 balance)	2.3		2.3
	20.5	**40.5**	**61.0**
Less Required Financing Commitments:			
Loan Repayments	(1.3)		(1.3)
PFI/Finance Lease Liabilities	(4.1)		(4.1)
Subtotal Capital Resources Available	**15.1**	**40.5**	**55.6**

Capital Programme:	**£m Internal**	**£m External**	**£m Total**
Grants – Salix		12.2	12.2
Grants – NPIC		1.5	1.5
PDC STP Wave 4 – UEC		16.4	16.4
PDC Digital Aspirant		1.5	1.5
PDC CIR (Theatres/3rd Floor redevelopment)		5.0	5.0
PDC Gamma Camera replacement		1.5	1.5
Backlog Maintenance & Compliance	2.0		2.0
IM&T	2.0		2.0
Medical & Scientific Equipment	3.3		3.3
Matched Funding schemes (Brocklehurst/Digestive)	2.3		2.3
CIR - HRI Boilers & ICU (pre-commitments)	2.2		2.2
CHP at CHH (pre-commitments)	0.6		0.6
Other incl ICS reserve of £2.1m	4.8	0.3	5.1
Total Capital Programme (exc PFI/IFRIC 12)	**17.2**	**38.4**	**55.6**

3. RISKS

As reported at both CRAC and PAF, the programme, as laid out, continues to be extremely ambitious. Each area of the plan will require detailed management and there is a real challenge in terms of overall coordination to ensure that we are able to deliver this without unduly impacting on our ability to deliver clinical services – especially with the increased waiting lists and priority of elective recovery.

Since the last Capital Resource Allocation Committee (CRAC) in April a number of risks are emerging in terms of schemes that are not currently accommodated within the capital programme. These include the need for accommodation for the OPAT service, equipment requests associated with elective recovery and risks that there will be additional IT hardware requirements associated with some of the planned capital developments.

These risks will need to be managed from within the existing programme - with the support from the relevant individuals (the Chair of the medical equipment group, the Chief information officer, and the Director of estates & facilities).

4. RECOMMENDATION

The Trust Board is asked to approve the Capital Programme for 2021/22, recognising the risks to be managed during the year.

Alison Drury

Deputy Director of Finance

4th May 2021

Hull University Teaching Hospitals NHS Trust Draft Capital Programme 2021/22

Updated April 2021

CATEGORY	2021/22 Total £000	Adjustments for UEC	Adjustments for ICS	2021/22 Total £000	Comments
Sources of Funding					
Depreciation	18,200			18,200	subject to estate revaluation
Charitable Funds (General)	100			100	
Charitable Funds (Cancer Day Unit)	200			200	
Salix Grant	12,229			12,229	£12,641 k grant (£412k used in 20/21)
NPIC Grant	1,484			1,484	£1,324k equipment & £160k staffing
STP - Urgent & Emergency Care PDC	16,354			16,354	Business Case Approved - £8m slipped to 21/22
Digital Aspirant PDC	1,500			1,500	Subject to External PDC Funding
HUTH ICS Support	6,500			6,500	Subject to External PDC Funding - part of ICS envelope;
ICS envelope - reserve held for ICS	2,100			2,100	
Matched Funding from 18/19 (balance remaining)	2,295			2,295	Internal
Less Capital Loan Repayments	-1,260			-1,260	
Less Capital Element of Finance Lease	-56			-56	subject to IFRS 16 changes from 22/23
Less Capital Element of IFRIC/PFI	-4,046			-4,046	
TOTAL	**55,600**	**0**		**55,600**	
Corporate Developments:					
Salix Grant	12,229			12,229	
NPIC Grant	1,484			1,484	
Cancer Day Unit (Charitable Contribution)	200			200	
Cancer Day Unit c/f from 20/21	350			350	
STP - Urgent & Emergency Care	9,500	6,854		16,354	Business Case Approved
Day Surgery Feasibility - Requested ICS Support				0	
CIR - Theatres/3rd floor Redevelopemnt - Requested ICS Support	5,000			5,000	Subject to External Funding; Need bid completing and ICS support
ICS Funding - Gamma Camera	1,500			1,500	Subject to External Funding; Need bid completing and ICS support
Critical Infrastructure Risk - HRI Boilers	430			430	pre commitments from 20/21
Critical Infrastructure Risk - HRI ICU	1,770			1,770	pre commitments from 20/21
CHP at CHH	594			594	pre commitments from 20/21
Ward 36 & AMU/ EAU	766			766	pre commitments from 20/21
Matched Funding: Bone Scanner	150			150	slipped from 20/21
Matched Funding: Brocklehurst Building	3,000		-2,000	1,000	
Matched Funding: Digestive Suite	6,000	-2,000	-2,854	1,146	
Potential New Schemes - TBC					Subject to funding confirmation - see reserves comment
Post Mortem CT	700			700	
Cardiology Investment (RCP)	176			176	£ - TBC
FWH - NICU	251			251	
	44,100	**4,854**	**-4,854**	**44,100**	
Buildings Maintenance and Compliance:					
Buildings Maintenance and Compliance	2,000			2,000	
	2,000	**0**	**0**	**2,000**	
IM&T:					
Digital Aspirant	1,500			1,500	Subject to External Funding
IT Network Servers/System Replacement	2,000			2,000	
	3,500	**0**		**3,500**	
Medical and Scientific Equipment:					
Cath Labs	1,300			1,300	
Planned Equipment Replacements	2,000			2,000	
	3,300	**0**		**3,300**	
Other Allocations:					
Feasibility Work	50			50	
Other/Spend to Save	300			300	
Reserves	-1,000	-4,854	4,854	-1,000	Slippage/savings required to fund the new schemes above
ICS - Reserve held by HUTH	2,100			2,100	ICS reserve held by HUTH
Non Medical Equipment	300			300	
Depreciation Funded RICS (Leave for Rev to Cap)	850			850	
Charitable Funds (General)	100			100	
PFI Lifecycle	2,463			2,463	
	5,163	**-4,854**	**4,854**	**5,163**	
TOTAL	**58,063**	**0**		**58,063**	
Less IFRS Impact of PFI/IFRIC 12 Schemes	**-2,463**	**0**		**-2,463**	
REVISED TOTAL	**55,600**	**0**		**55,600**	
UNDER (-) OR OVER (+) COMMITMENT	**0**	**0**		**0**	

Hull University Teaching Hospitals NHS Trust

Audit Committee

Thursday 29 April 2021

Title:	Freedom to Speak Up Guardian update
Responsible Director:	Suzanne Rostron – Director of Quality Governance
Author:	Carla Ramsay – Director of Operations Surgery Health Group and outgoing Freedom to Speak Up Guardian

Purpose:	To provide an annual overview of Freedom to Speak Up Guardian activity and an update on the Trust's Freedom to Speak Up Guardian arrangements	
BAF Risk:	BAF 1	
Strategic Goals:	Honest, caring and accountable culture	✓
	Valued, skilled and sufficient staff	
	High quality care	
	Great local services	
	Great specialist services	
	Partnership and integrated services	
	Financial sustainability	
Summary of Key Issues:	The Trust Board receives a regular report from the Freedom to Speak Up Guardian on the issues being raised by staff and a 'read-across' of issues raised through other routes. The Audit Committee is being updated to provide assurance that the Trust is maintaining its Freedom to Speak Up Guardian arrangements and the hand-over process currently in progress.	

Recommendation:	The Audit Committee is asked to receive and accept this update, and to confirm whether there is sufficient assurance on the Trust's Freedom to Speak Up Guardian arrangements.

Hull University Teaching Hospitals NHS Trust

Freedom to Speak Up Guardian report

1. Purpose of the paper

To provide an annual overview of Freedom to Speak Up Guardian activity and an update on the Trust's Freedom to Speak Up Guardian arrangements.

2. Introduction

The National Guardian's Office requires Freedom to Speak Up Guardians to be able to report directly to the Trust's Board. This report provides an update on concerns raised by staff through the Trust's Freedom to Speak Up Guardian (FTSUG) and review of other concerns raised by staff.

There are a number of processes in place that allow staff to raise concerns. These include:

- Formal Whistleblowing Policy
- Staff Advice and Liaison Service (SALS)
- Anti-fraud service
- Through their line manager
- Freedom to Speak Up Guardian
- Through the Bullying and Harassment Policy or through a formal grievance

There are other routes as well as ways in which staff can receive support if they are experiencing difficulties at work. These are captured in Appendix 1.

In addition, professional organisations such as the Nursing and Midwifery Council and the General Medical Council (GMC) also issue guidance such as the GMC's *Raising and acting on concerns about Patient Safety* (2012), which sets out the GMC's expectations that all doctors will, whatever their role, take appropriate action to raise can act on concerns about patient care, dignity and safety.

All Trusts from 1 April 2017 were required to have a Freedom to Speak Up Guardian in place. The Trust Board agreed an outline position as to how the Guardian role would be used within the Trust; the main purpose of the Guardian role is to be part of creating or furthering a positive culture that supports staff to raise concerns and to make continuous improvement to a culture that supports the highest standards of care and openness.

Until October 2020, the Freedom to Speak Up Guardian (FTSUG) role was part of the Director of Corporate Affairs role. Following the move of this post-holder (Carla Ramsay) to another role, the FTSUG role was included in the portfolio for the new Director of Quality Governance post, which was successfully recruited to, and the post-holder, Suzanne Rostron, started with the Trust on 1 March 2021. The Chief Executive asked for the FTSUG role to stay with Carla Ramsay for the interim period. The post-holders are now in a position to hand over the role. This report provides some more detail about this position.

3. Freedom to Speak Up Guardian

The Freedom to Speak Up Guardian has reported on contacts received from members of staff to the Trust Board regularly at public board meetings.

3.1 Freedom to Speak Up Guardian – Trust Contacts

The National Guardian's Office also sets out a requirement to report to the Trust Board the number of contacts that the Freedom to Speak Up Guardian has received.

From 1 April 2020 – 31 March 2021 the FTSUG has been contacted as follows:

Route of contact	**Number of contacts**
Contacted via anti-bullying Tsar	0
Contacted directly by the member of staff	21
Requesting advice for a colleague	0
Contacted via SALS	1
Signposted by manager	0
Signposted by Occupational Health	0
Signposted by a FTSUG in another Trust	0
Signpost by Trust's Guardian of Safe Working Hours	2
Signposted by Trade Union contact	0
Total	**24**

The following types of concern were raised 1 April 2020 – 31 March 2021

Type of concern	**Number of contacts**
Concerns about bullying behaviour	8
Concerns about HR process involving the member of staff – concerns about fair treatment	0
Concern about patient safety	1
Concerns about workload	0
Concerns about inappropriate behaviour	0
Concerned about role within the Trust	0
Concerned about issues directly relating to Covid-19	3
Concerns about service delivery	5
Concerned about poor working relationships within team	5
Unspecified – contacted for general support	2
Total	**24**

For comparison purposes, from 1 April 2019 – 31 March 2020, the FTSUG was contacted as follows:

Route of contact	**Number of contacts**
Contacted via anti-bullying Tsar	0
Contacted directly by the member of staff	24
Requesting advice for a colleague	2
Contacted via SALS	1
Signposted by manager	0
Signposted by Occupational Health	0
Signposted by a FTSUG in another Trust	0
Signpost by Trust's Guardian of Safe Working Hours	1
Signposted by Trade Union contact	1
Total	**29**

The following types of concern were raised 1 April 2019 – 31 March 2020:

Type of concern	**Number of contacts**
Concerns about bullying behaviour	8
Concerns about HR process involving the member of staff – concerns about fair treatment	2
Concerns about patient safety	4
Concerns about workload	0
Concerns about inappropriate behaviour	0
Concerned about role within the Trust	0
Concerned about issues directly relating to Covid-19	3
Concerns about service delivery	3
Concerned about poor working relationships within team	7
Unspecified – contacted for general support	2
Totals	29

3.2 Making a difference

There are some specific examples as to where issues have been raised via the FTSUG and action has been taken as a result.

Board members will note a similar number of concerns about poor working relationships within a team. For 2020-21, four of the five contacts came from within the same team, one of whom had also made contact in Q1. This was escalated to the Executive team, who took specific actions in respect of this situation. Whilst not being able to give further information, I wish to record my thanks for the supportive and decisive actions from the Executive team as a result of staff speaking up, and

being supported to do so, particularly in light of the difficulties these colleagues were having to describe within their team.

There were some Covid-specific issues raised in 2020-21, which are detailed further below.

Whist the number of contacts remained similar in 2020-21 compared with the previous year, these were no repeated or unresolved issues raised. The contacts have been dealt with and concluded with the individual concerned. Two individuals have provided unprompted positive feedback after the event to say they felt supported and listened to through the FTSUG process, and passed on their thanks that the Trust provides this supportive route.

3.2 National Guardian's Office
The National Guardian's Office (NGO) has published an annual update on the speaking up culture within the NHS. The key headlines are that the majority of concerns raised through Freedom to Speak Up Guardians are around professional behaviours and bullying, and around one-third concern patient safety issues. A similar picture is seen in this Trust; very rarely are the concerns specifically around patient safety, but some individuals raise concerns that the impact of poor behaviours could ultimately impact on patients' experience.

4. 'Read across'
The Trust has several data sources that already capture where staff are speaking up about issues of concern.

When presenting the first Freedom to Speak Up Guardian's report to the Trust Board, the Board agreed the following principles:
- That the Guardian's role can help 'sense-check' organisational culture, to see if staff feel increasingly enabled to raise concerns about patient safety and staff welfare, and also report if staff are being treated detrimentally as a result of raising concerns
- That the Trust Board did not want the Guardian to start producing lengthy reports to try to cross-refer numerous data sources
- That the Guardian should not work on rumour or conjecture, or read correlation or causation into issues falsely

On this basis, the Guardian has reviewed the following:
- Each Quality report to the Trust Board from January 2017
- The detail of all whistleblowing cases – role and grade of staff member and department working in
- The headline National Staff Survey data and the quarterly cultural/staff friends and family test

The Trust's *Raising Concerns at Work (Whistleblowing)* Policy is intended to assist staff who believe they have discovered malpractice or impropriety. The Trust's policy was reviewed in 2016 to take account of new NHS national guidance on whistleblowing, to reference the role of the Freedom to Speak Up Guardian and to reference junior doctors' rights to whistleblow to a third party. The Trust's policy is up to date against national NHS requirements as well as employment law requirements.

Previous Board reports have contained a summary of whistleblowing cases received at the Trust since 2015. There have been no new cases forwarded for the Trust's central file since November 2019.

4.3 Analysis
There is a consistency between the staff survey results and the individual Guardian cases – they largely concern staff behaviours, communication between teams and individuals and the way in which staff and managers are supported to improve team relations or work through difficult issues, such as performance management.

Broadly, the issues being raised are similar to those already known in the organisation. Each specific contact is acted upon relevant to the issues relevant to the member of staff. There are

some new, specific cases that the FTSUG is working on that pre-date Covid-19 but are only just starting to be raised in the organisation; there is likely to be an element of 'catch-up' if staff have prioritised dealing with the pandemic situation first. This may happen again at the Trust moves in to second wave with Covid-19.

4.3.1 Staff Behaviours

In the last 18 months, the issues being raised about staff behaviours with the FTSUG and also through other routes reflect perhaps a changing dynamic. Many of the issues are about poor working relationships and how these are affecting service delivery and/or the health and wellbeing of staff involved. This appears to be a changing dynamic away from bullying behaviours, which have been the predominant issue raised with the FTSUG and through the staff survey; it reflects perhaps more of the frustration expressed in the staff survey about the culture of the organisation about having 'permission' to make positive changes within a team for service improvement as well as the culture of the organisation needing to reduce feelings of bureaucracy and focus more on positive relationships and accountability.

4.3.2 Covid-19 specific issues

From mid-March 2020, the FTSUG has been contacted on a range of issues directly relating to Covid-19. These can be summarised as:

- Concerns about staff social distancing when in public areas
- Staff adherence to changes in the uniform policy and wearing face coverings
- Fair treatment in respect of the Covid-19 risk management process

This feedback from staff has been included in the Director of Workforce and OD daily/regular briefings to staff and thanking staff who are taking the correct steps for our patients, their colleagues and families. A number of the contacts have not been about specific individuals, but a situation, such as not observing social distancing, which has caused distress but also pro-actively seeking to inform the senior management team in order that key messages can be repeated and reinforced. Staff are sincerely thanked for contacting the FTSUG in this way, as it has helped promote messages that reflect what is happening within the Trust.

The Trust's Organisational Development team ran a series of virtual management drop-in sessions over Summer 2020, and the FTSUG presented at a couple of these sessions, and also attended others on related topics. This provided assurance and information to Trust managers about how to approach speaking up issues raised in their teams, as well as to gain feedback as to what staff concerns were during the pandemic situation. This support was helpful to managers as well as the FTSUG, and received positive feedback.

5. Handover of role

The new Director of Quality Governance has taken the executive portfolio lead for the FTSUG guardian role. The role will be handed over to a temporary post-holder week commencing 12 April 2021 whilst a substantive post is put together and advertised. The aim is that the Head of FTSU will be appointed by May 2021 with dedicated time allocated to the FTSUG role. This post will be part of the Quality Team and have responsibility for leading improvement work in the 'Experience' domain. Part of the plans for this role is to recruit FTSU Champions and Ambassadors across the organisation to further improve staff engagement and influence the improvements required. The aim of this approach is to encompass a greater level of contacts as well as have capacity to promote the role, which the current FTSUG has been unable to do while carrying the role additionally for 6 months. I believe this is a positive move for the organisation.

I would recommend that the individual, once recruited, refreshes the FTSUG Development Plan received by the Trust Board in July 2018, to further develop the role in line with best practice that has been published by the National Guardian's Office, as well as making the role 'local' and fit the needs of Hull University Teaching Hospitals NHS Trust.

6. Conclusion

The Trust encourages staff to speak up about concerns at work and has put in place a number of mechanisms to help staff to do so. The Guardian is not aware of any reported issues in respect of a member of staff who has suffered a detriment as a result of blowing the whistle; one case has been reviewed by the FTSUG at the request of the Chairman to this end. Some staff have raised concerns about the way in which their line manager has responded to their concerns, which needs further work by the Trust. There are also staff who are concerned about raising concerns as they do not think their manager or the Trust will support their position.

In relation to the 'read across' as Freedom to Speak Up Guardian, the Guardian offers the following observations:

- Most members of staff making direct contact with the Freedom to Speak Up Guardian have been isolated cases – in terms of each coming from a different part of the Trust and being individual cases, with the below exception
- One issue from within the same team has been raised during 2020-21 and managed at senior level as a team issue
- There are some cases where staff have contacted more than one area for advice and support, such as the Guardian of Safe Working and FTSUG – this is encouraged so that staff know there is support available
- The link between speaking up and organisational/team culture is one that the outgoing FTSUG would recommend for further work by the next FTSUG, linking with staff support programmes; the recent staff management clinics have shown that managers are keen to learn best practice as well as share their own management experiences to encourage others

7. Recommendation

The Audit Committee is asked to receive and accept this update, and to confirm whether there is sufficient assurance on the Trust's Freedom to Speak Up Guardian arrangements.

Carla Ramsay
Director of Operations Surgery Health Group and Outgoing Freedom to Speak Up Guardian
April 2021

Hull University Teaching Hospitals NHS Trust

Workforce, Education and Culture Committee

8 February 2021

Title:	Quarterly Report on Safe Working Hours: Junior Doctors in Training - for quarter: 1 October – 31 December
Responsible Director:	Professor Mahmoud Loubani – Guardian of Safe Working Hours
Author:	Professor Mahmoud Loubani – Guardian of Safe Working Hours

Purpose:	The purpose of this report is to inform the Workforce, Education and Culture Committee of the current position in relation to: • Guardian of Safe Working Hours appointment • Junior doctor working hours • Exception reports, where appropriate • Rota gaps • Locum usage • System-wide junior doctor issues, where appropriate	
BAF Risk:	BAF Risk 2 - Staffing	
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:	There were 6 fines that have been issued within this quarter. To be able to ensure safe working hours are maintained, it is important that all departments are using E-rostering system. Self-development Time needs to be embedded in all trainees rotas. Phlebotomy provision within the Trust continues to be a an issue for trainees.	

Recommendation:	The Workforce, Education and Culture Committee meeting is requested to receive this report and: • Decide if this report provides sufficient information and assurance • Decide if any further information and/or actions are required

Quarterly Report on Safe Working Hours
Doctors and Dentists in Training
1 October – 31 December 2020

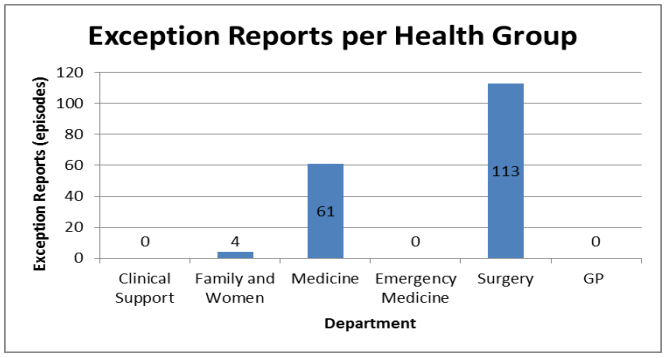
Executive Summary

The Guardian Report for this Workforce, Education and Culture Committee meeting covers the quarter from 1 October to 31 December 2020.

Exception Reporting patterns and responses

There were a total of 178 exception reports (178 episodes) reported by trainees. The most common reason for submitting an exception report still appears to be related to volume of work which leads to trainees staying beyond the contracted hours. Other reasons include missed educational and training opportunities as well as staying beyond contracted hours in the interest of patient care and staff shortage. We have also seen a rise in the number of reports relating to a lack of support from Phlebotomy services, increasing the workload for the junior doctors.

In this quarter the following number of episodes of exceptions reported per Health Group



Exception Report trends:

Gastroenterology: This was the area with the most exception reports (52 episodes) in this quarter. The main reasons for exception reporting include staff shortages and high workload.

Issues:

In order to ensure the Trust is complying with the Junior Doctors terms and conditions, it is important that all departments are using the eroster system fully. This allows the Guardian of Safe Working to monitor the working hours. When an exception report has been submitted for the difference in hours of work; eroster is updated to reflect the actual hours worked. Eroster then automatically flags up any rules that have been broken. At the moment we are unable to ensure departments not using the system fully are following the T&Cs.

The lack of support from Phlebotomy services continue to be highlighted as an issue via exception reporting and from trainee feedback raised at the Junior Doctors Forum. This may result in overtime payments for doctors working late to cover the extra workload. The time spent taking bloods also takes the junior doctors away from educational / training opportunities.

There were 24 reports that were submitted within this quarter for missed self-development time. This issue has also been raised at the Junior Doctors Forum. Trainees are expected to receive this time within their working week to complete the requirements of their ARCP. SDT has been in place for GP and the majority of higher trainees for some time and was

implemented for Foundation Doctors in August 2020. There has been some confusion regarding SDT and consistency across all departments is important.

Questions for consideration
The Workforce, Education and Culture and committee meeting is requested to receive this report and:

- Decide if this report provides sufficient information and assurance
- Decide if any further information and/or actions are required

Professor Mahmoud Loubani
Consultant Cardiothoracic Surgeon
Guardian of Safe Working Hours
Encl:
Appendix 1: Board Report GSW 1 October – 31 December 2020

Appendix 1

Hull University Teaching Hospitals NHS Trust

Quarterly Report on Safe Working Hours
Doctors and Dentists in Training
1 October – 31 December 2020

1. Purpose of this Report

Under the 2016 Terms and Conditions of Service, the Guardian of Safe Working Hours must report to the Board at least once per quarter. This report sets out data from October to December 2020.

- Exception reports and monitoring
- Locum usage, both bank and agency
- Vacancy levels amongst trainees
- Work schedule reviews and fines

2. High Level Data

Number of doctors / dentists in training (total): (establishment)	562
Number of doctors / dentists in training on 2016 TCS (total FTE's):	559.52
Amount of time available in job plan for guardian to do the role:	1 PA / 4 hours per week
Admin support provided to the guardian (if any):	1 WTE
Amount of job-planned time for educational supervisors:	0.25 PAs per trainee (max; varies between HGs)

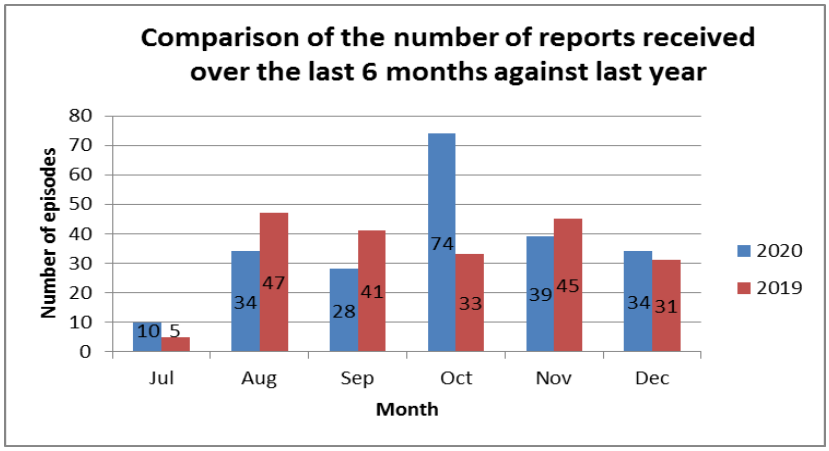
Information on exception reporting is detailed within the junior doctor's contract (pages 37-39)

3. Junior Doctor Working Hours

The data in this section are presented according to a standard template which was produced by NHS Employers. At the request of HEE Yorkshire & the Humber, data will continue to be presented in this way to allow comparison to be made between Trusts across the region. In all cases the data below is presented in relation to exception report episodes, since a single exception report may contain a number of episodes of concern.

There were 145 exception report episodes submitted between 1 October and 31 December 2020 with 33 carried forwards from the previous quarter.

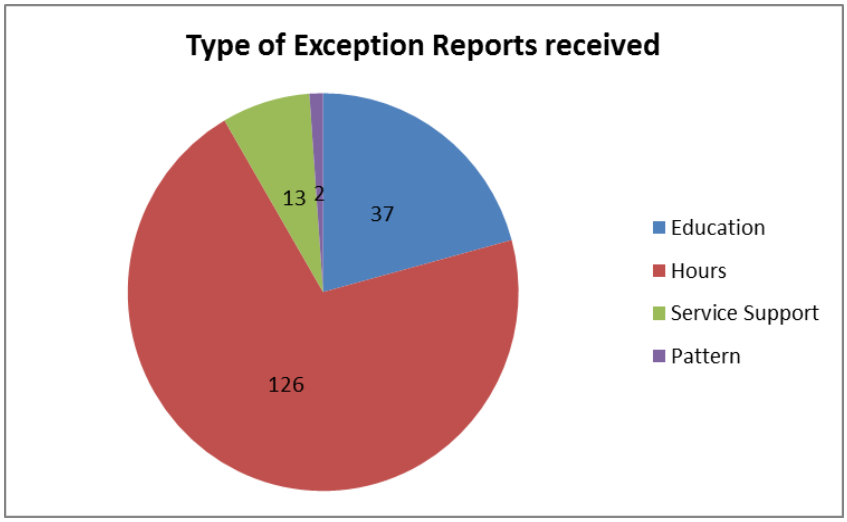
Exception reports over time



There are on average approximately 45 exception reports received per month (pre-covid). The graph above shows that exception reports increased to 74 in October. This is the highest number of reports we have seen in one month and the majority relate to increased workload and extra hours worked. Staff sickness has also been higher than average which has also contributed to the significant increase in the number of reports.

This data can also be compared to the number of reports received in 2019 prior to COVID.

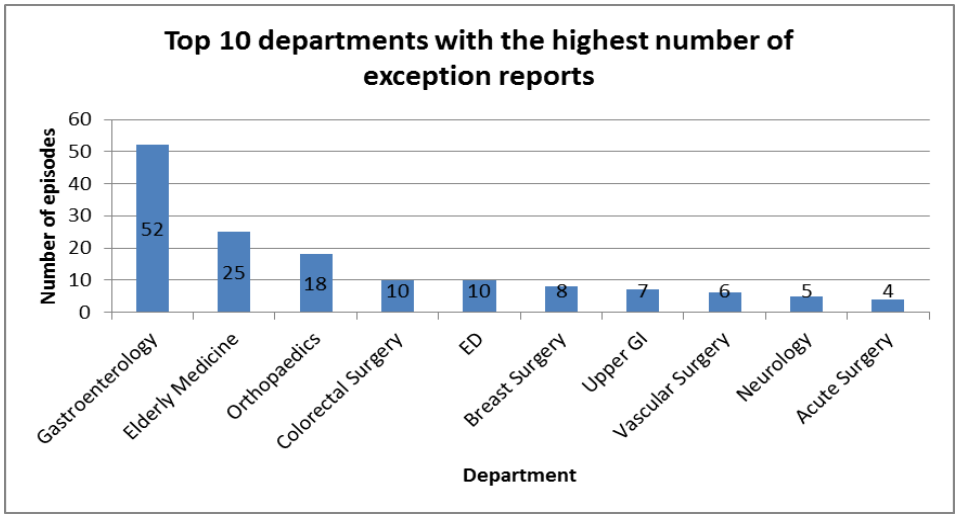
Types of exception reports received 1 October – 31 December 2021



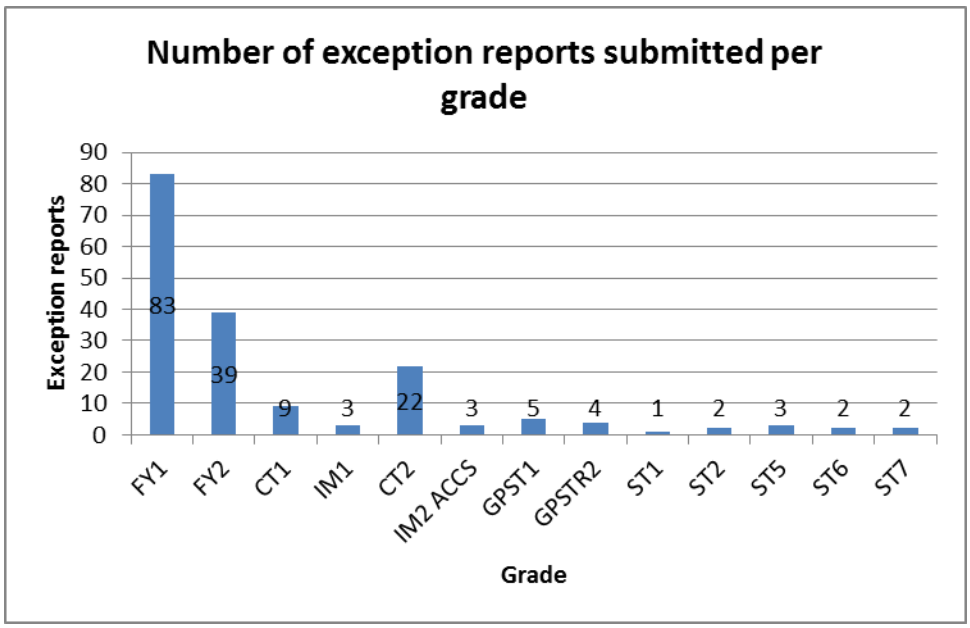
The main type of exceptions reports continue to relate to the difference in hours. The main reasons for working over include increased workload, staff shortages and patient care. Time back and payment can be paid for the difference in hours if this outcome is agreed with the supervisor.

Exception reports (episodes) by specialty 1 October – 31 December 2020

The following graph shows the top 10 departments with the highest number of reports.

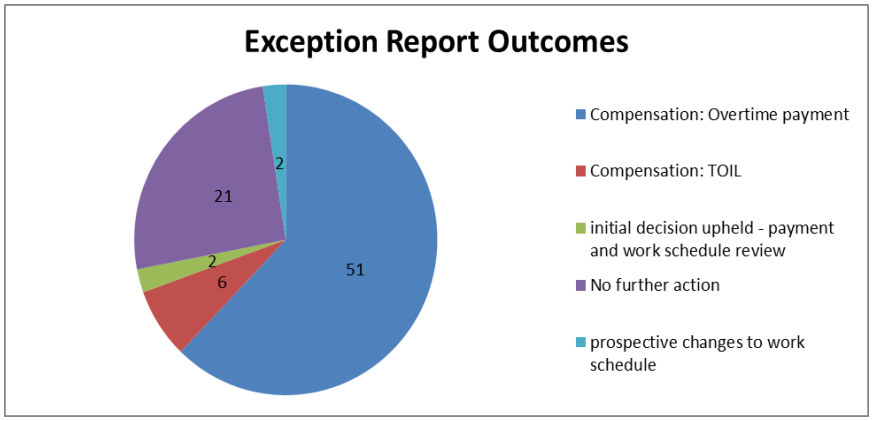


Gastroenterology received the highest number of reports within the quarter and the majority relate to additional hours worked due to staff shortages, high workload and lack of support from Phlebotomy.



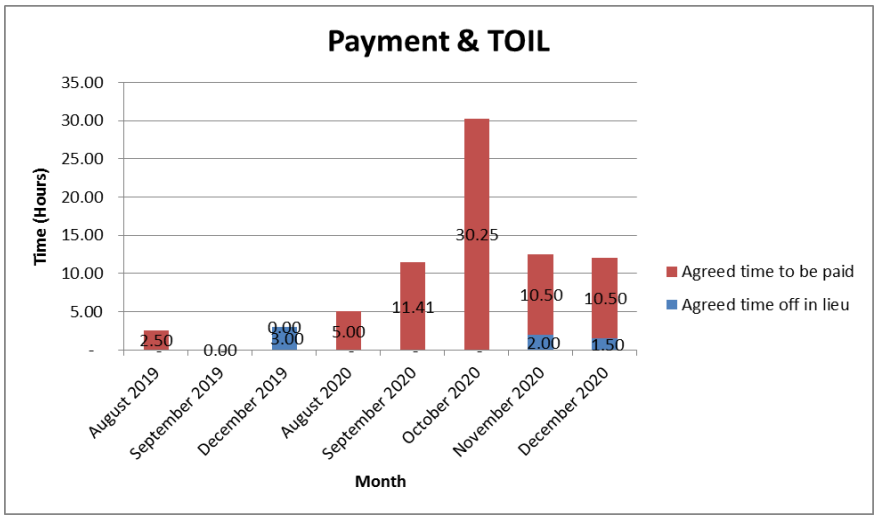
Foundation doctors continue to be the most likely group of trainees to report problems; however, we are seeing a gradual increase in exception reports from other grades.

Outcomes of completed exception reports 1 October – 31 December 2020



The above chart shows the outcomes of completed exception reports within this quarter. Compensation: overtime payment has been the agreed outcome for 62% of all completed exception reports. The decision whether to pay or give time back (or to take no action) is a joint decision between the trainee and the educational supervisor.

Payment and TOIL trends by month



For extra hours worked, overtime payment continues to be the preferred outcome over TOIL and the current climate makes it even more challenging to be able to offer time back.

Fines

A process was set up in December 2019 to investigate any exceptions that lead to fines. The JD contract states, fines should be issued for the following breaches:

- A breach of the 48-hour average working week (across the reference period agreed for that placement in the work schedule);
- A breach of the maximum 13 hour shift
- A breach of the maximum of 72 hours worked across any consecutive 168 hour period.
- Where 11 hours rest within a 24 hour period has not been achieved (excluding on-call shifts);
- Where five hours of continuous rest between 22:00 and 07:00 during a non-resident on-call shift has not been achieved;

- Where 8 hours of total rest per 24 hour non-resident on-call shift has not been achieved

When an exception report has been submitted for the difference in hours of work, eroster is updated to reflect the actual hours worked. Eroster then highlights any breaches.

Fines will be issued at four times the basic / enhanced rate of pay applicable at the time of the breach. The doctors will be paid 1.5 times the rate and the remaining amount will be paid to the Guardian of Safe Working who uses the fines to support Junior Doctor Initiatives through the Junior Doctors Forum.

Where a concern is raised that breaks have been missed on at least 25% of occasions across a four week reference period, and the concern is validated and shown to be correct, the Guardian of Safe Working hours will levy a fine at the rate of twice the relevant hourly rate for the time in which the break was not taken.

Summary of fines this quarter.

The following 6 fines have been issued within this quarter:

- Vascular Surgery received 3 fines due to not being able to cover the 10am -10pm shift which resulted in a FY1 staying to cover the gap on all 3 occasions. This led to a breach to the 13 hours shift rule. The 10am – 10pm shift is difficult to cover with locums so if a doctor stays late to cover the gap it will result in a breach and fine. The vacancy for December has now been filled, but the department have been contacted regarding whether changing the rota pattern will help prevent this issue in future.
- Renal Medicine received a fine due to a CT trainee working over their rostered hours due to an increase in workload, exceeding the 13 hours shift rule.
- A fine was issued to the Medicine HG due to a FY2 staying late to cover a gap on the COVID mega rota. This also exceeded the 13 hour shift rule.
- A CT2 trainee worked 4.75 hours over to assist with a case. This breached the 13 hours shift and minimum 11 hours rest rule.

Multiple fines are issued for multiple breaches.

Further information can be found on the following:

Appendix A: Exception reports per specialty
Appendix B: Exception reports by grade
Appendix C: Exception reports by Rota
Appendix D: Response time of exception reports

Work schedule reviews
There are currently no ongoing work schedule reviews as a result of exception reports by trainees. Medical Staffing are working with the following departments to make improvements to their rota's:

- General Paediatrics – SHO – This rota change has been requested by the doctor to improve work life balance.
- Ophthalmology – The rota pattern change has been requested to incorporate new specialty doctors and spread out the oncall shifts, reducing the intensity of the rota to 1 in 10.
- Surgery Registrar rota – The department have requested to change the pattern from a 1 in 19 to 1 in 8 as they are currently running with a vacant slot. There have been concerns raised regarding the impact on training. It has been agreed that the rota will run for 2 cycles and then the training will be reviewed before this can be continued.

a) Locum bookings 1 October – 31 December 2020

i) Bank 1 October – 31 December 2020

The Trust currently had an informal medical bank in place which strives to fill as many shifts internally as it can. This data does not include additional shift worked by rotational doctors. From 21st October 2019, the Trust has launched its 'Remarkable Bank' in a view to expanding it's use of internal Locums. We currently have 107 Medical Staff signed up to the 'Remarkable Bank' and we have also published an advert on the Trust's Website, NHS Jobs and the BMJ to attract external candidates onto the Bank. With the 'Remarkable Bank' going live, we are hoping to see an increase in Bank Locum Bookings and a decrease in the reliance of Locum Agency Staff.
The information in this table only covers shifts that have been booked by the Medical Staffing Team. There are a number of departments in the Trust that manage their own rotas and book their own bank cover for staffing gaps.

Locum Bookings (bank) by Grade				
Grade	**Number of shifts requested**	**Number of shifts worked**	**Number of hours requested**	**Number of hours worked**
F1	172	-	1,118.49	0.00
F2	604	210	4,090.74	1,312.02
F3	1	-	9.25	0.00
CT/GPSTR /ST1-2	682	93	4,002.75	793.50
ST3+	625	109	5,404.66	961.84
Total	**2,084**	**412**	**14,625.89**	**3,067.36**

**due to F1 doctors only possessing Provisional Registration with the GMC we cannot employ F1 doctors on bank contract*

Locum Bookings (Bank) by department				
Specialty	**Number of shifts requested**	**Number of shifts worked**	**Number of hours requested**	**Number of hours worked**
Acute Medicine	371	41	2,712.07	379.92
Acute Surgery	219	7	1,675.02	51.50
Cardiology	46	23	478.74	220.50
Chest Medicine	35	3	273.15	21.00
Clinical Haematology	5	5	47.00	47.00
Clinical Oncology	41	-	0.00	0.00
Colorectal	112	-	957.50	0.00
CT Surgery	1	-	12.50	0.00
Elderly Medicine	27	2	225.05	23.50
Endocrinology	5	1	49.00	8.00
ENT	137	87	825.42	716.92
Gastroenterology	25	7	191.50	88.00
General Medicine	21	-	198.40	0.00
Gynaecology	5	2	23.00	23.00
Haematology	3	-	0.00	0.00
Infectious Diseases	213	-	763.71	0.00
Intensive Care	1	-	2.50	0.00
Neonatology	33	-	180.50	0.00
Neurology	52	5	427.75	48.00
Neurosurgery	113	4	973.00	27.00
Obstetrics	1	-	0.00	0.00
OMFS	4	-	96.00	0.00
Ophthalmology	4	4	17.00	17.00

Oral Surgery	3	3	35.00	35.00
Paediatric Surgery	50	1	357.50	12.50
Paediatrics	42	-	187.00	0.00
Plastic Surgery	10	-	0.00	0.00
Renal	14	6	133.42	43.67
Rheumatology	121	98	1,014.95	797.10
Stroke	40	-	313.75	0.00
Trauma & Orthopaedics	140	70	858.84	308.50
Upper GI	32	-	393.00	0.00
Urology	85	43	613.54	199.25
Vascular Surgery	73	-	590.08	0.00
Total	**2,084**	**412**	**14,625.89**	**3,067.36**

Locum Bookings (Bank) by Reason				
Reason	**Number of shifts requested**	**Number of shifts worked**	**Number of hours requested**	**Number of hours worked**
Additional Resource	2	2	26.00	26.00
Additional Session	1	1	5.00	5.00
Annual Leave	3	-	27.25	0.00
Compassionate Leave	10	-	86.50	0.00
Coronavirus (Covid-19)	11	8	120.59	92.00
Covid-19 (isolation full pay)	2	2	17.00	17.00
Covid-19 (Positive)	4	4	39.50	39.50
Covid-19 (Pregnancy)	1	1	12.50	12.50
Covid-19 (pressures)	12	12	128.00	128.00
Covid-19 (Self isolation)	4	2	37.00	26.00

Covid-19 (sickness cover)	4	4	17.67	17.67
Covid-19 pressures	85	-	509.36	0.00
Extra Activity / Escalation	2	2	18.00	18.00
Extra Cover	36	-	236.90	0.00
Sickness	112	2	969.45	26.00
Sickness - Short Term	14	8	134.83	85.50
Study Leave	6	1	28.17	5.67
Vacancy	1,743	363	11,979.67	2,568.52
VACCINE TRIALS	1	-	0.00	0.00
Winter Pressures	31	-	232.50	0.00
Total	**2,084**	**412**	**14,625.89**	**3,067.36**

ii) Agency 1 October – 31 December 2020

Locum Bookings (agency) by Grade				
Grade	**Number of shifts requested**	**Number of shifts worked**	**Number of hours requested**	**Number of hours worked**
F1	172	48	1,118.49	373.59
F2	604	305	4,090.74	2,226.47
F3	1	-	9.25	0.00
CT/GPSTR /ST1-2	682	119	4,002.75	765.86
ST3+	625	159	5,404.66	1,201.57
Total	**2,084**	**631**	**14,625.89**	**4,567.49**

Locum Bookings (Agency) by department				
Specialty	**Number of shifts requested**	**Number of shifts worked**	**Number of hours requested**	**Number of hours worked**
Acute Medicine	371	138	2,712.07	878.50
Acute Surgery	219	212	1,675.02	1,623.52
Cardiology	46	6	478.74	52.59
Chest Medicine	35	-	273.15	0.00
Clinical Haematology	5	-	47.00	0.00
Clinical Oncology	41	-	0.00	0.00
Colorectal	112	-	957.50	0.00
CT Surgery	1	-	12.50	0.00
Elderly Medicine	27	-	225.05	0.00
Endocrinology	5	1	49.00	11.50
ENT	137	15	825.42	108.50
Gastroenterology	25	-	191.50	0.00
General Medicine	21	-	198.40	0.00
Gynaecology	5	-	23.00	0.00
Haematology	3	-	0.00	0.00
Infectious Diseases	213	116	763.71	763.71
Intensive Care	1	-	2.50	0.00
Neonatology	33	23	180.50	180.50
Neurology	52	-	427.75	0.00
Neurosurgery	113	44	973.00	354.00
Obstetrics	1	-	0.00	0.00
OMFS	4	-	96.00	0.00
Ophthalmology	4	-	17.00	0.00

Oral Surgery	3	-	35.00	0.00
Paediatric Surgery	50	45	357.50	345.00
Paediatrics	42	25	187.00	187.00
Plastic Surgery	10	-	0.00	0.00
Renal	14	-	133.42	0.00
Rheumatology	121	-	1,014.95	0.00
Stroke	40	-	313.75	0.00
Trauma & Orthopaedics	140	4	858.84	40.34
Upper GI	32	-	393.00	0.00
Urology	85	-	613.54	0.00
Vascular Surgery	73	2	590.08	22.33
Total	**2,084**	**631**	**14,625.89**	**4,567.49**

Locum Bookings (Agency) by Reason				
Reason	**Number of shifts requested**	**Number of shifts worked**	**Number of hours requested**	**Number of hours worked**
Additional Resource	2	-	26.00	0.00
Additional Session	1	-	5.00	0.00
Annual Leave	3	-	27.25	0.00
Compassionate Leave	10	-	86.50	0.00
Coronavirus (Covid-19)	11	3	120.59	28.59
Covid-19 (isolation full pay)	2	-	17.00	0.00
Covid-19 (Positive)	4	-	39.50	0.00
Covid-19 (Pregnancy)	1	-	12.50	0.00
Covid-19 (pressures)	12	-	128.00	0.00
Covid-19 (Self isolation)	4	2	37.00	11.00
Covid-19			17.67	0.00

(sickness cover)	4	-		
Covid-19 pressures	85	85	509.36	509.36
Extra Activity / Escalation	2	-	18.00	0.00
Extra Cover	36	-	236.90	0.00
Sickness	112	-	969.45	0.00
Sickness - Short Term	14	6	134.83	49.33
Study Leave	6	-	28.17	0.00
Vacancy	1,743	504	11,979.67	3,736.71
VACCINE TRIALS	1	-	0.00	0.00
Winter Pressures	31	31	232.50	232.50
Total	**2,084**	**631**	**14,625.89**	**4,567.49**

Please be aware that the above figures for Agency use show a high number of shifts booked due to a number of departments booking long term Agency staff to ensure that rota gaps are covered consistently. The Trust's difficulty in recruiting to certain departments within the Trust has required that they have to rely heavily on the use of long term bookings to ensure that rota gaps are covered.

As the Trust's systems for data capture improve, both the available bank and agency information raise more questions, such as: What is the effect on departments if identified gaps are not able to be filled by bank or agency locums? It is also clear that more detailed information is required to identify the reasons behind the need for locum cover; for example sickness is not mentioned as a reason for seeking cover. This has probably been included in the catch-all term 'vacancy' but will need to be teased out in future.

iii) Emergency Department
The Emergency Department books its own doctors directly; these figures are currently reported slightly differently.

Locum Bookings by 01.10.20-31.12.20 AGENCY					
Specialty	Number of shifts requested	Number of shifts Worked	Number of shifts given to agency	Number of hours requested	Number of hours worked
Emergency Medicine	284	188	284	2304.1	1606.1

Locum Bookings by 1.10.20-31.12.20 INTERNAL					
Specialty	Number of shifts requested	Number of shifts Worked	Number of shifts given to internals	Number of hours requested	Number of hours worked
Emergency Medicine	739	426	739	5911.33	3352.16

b) Locum work carried out by trainees 1 October – 31 December 2020
This data is collected to help assess whether individual trainees are in breach of the WTR and the 2016 TCS, or at significant risk of breaching. HEE are particularly interested in the results in this section, but, as yet, the information is not fully available using the current systems. Further information is required about the trainee's rostered hours and the actual hours worked.

At present the data is collected in an aggregated form by department, rather than on a trainee by trainee basis. The table below represents the top 10 doctors that have worked the most extra hours and whether they have opted out of the EWTD.

Base Specialty	Grade	Number of hours worked	Number of hours rostered per week	Opted out of EWTD
Covid Rota	CT1	166.2	41:00:00	Yes
Urology	CT1	143	40:00:00	No
Oncology / Haematology	GPST2	89.5	46:30:00	Yes
Acute Medicine	F1	88.5	45:45:00	NA
Radiology	ST1	88	40:00:00	NA
General Surgery	ST3+	87.5	40:00:00	NA
General Practice	GPST2	85.45	40:00:00	Yes
Covid Rota	GPVTS	63.25	41:00:00	Yes
Endocrinology	F1	61.5	44:45:00	NA
ENT	GPST2	58	44:30:00	Yes

Please be aware that the above extra hours may not necessarily have been worked in the base speciality mentioned. Especially at F2 level, doctors are able to pick up shifts at their level across Health Groups due to the rotational nature of their posts with the Trust.

The rostered hours on all rotas are known to be within safe limits, but live, real-time information is required on, for example, late working, swapped shifts, and extra shifts worked for locum pay. E-roster is capable of recording this information, but this requires working patterns to be updated live and rotas to be locked down for analysis. The appointment of rota co-ordinators is in progress across the Trust as part of the roll-out of e-roster for medical staff, and entry of this data will be a key part of their role.

Trainee opt-out from the Working Time Regulations is collected systematically from new starters is recorded on ESR so that this information can be used live when trainees book shifts.

Historically, trainees at risk of breaching the Working Time Regulations by doing lots of extra shifts, even with an individual opt-out, have not been easy to police. The Medical Staffing team utilise e-Roster for the rotas covered by their team. The system has EWTD and 2016 T&Cs rota rules built in and it is clear to the team when a doctor offering extra hours will be at risk of breaking any of these rules. A doctor will not be allowed to book themselves in for extra hours if this risks breaking any of these rules however Medical Staffing are not responsible for overseeing booking extra hours for all rotas. In order for all departments to ensure that they are not booking doctors for extra hours against these rota rules, the full utilisation of e-Rostering for junior doctors' rotas is required

Hull University Teaching Hospitals NHS Trust - Junior Doctor Rota Establishment Effective 23.12.20

	Trainee Establishment						Rota Establishment						In Post							
Department	F1	F2	CT/ST1-2	GPSTR	ST	Total	F1	F2	CT/ST1-2	GPSTR	ST	Total	F1	F2	CT/ST1-2	GPSTR	ST	Total	% Posts filled 30/9/20	% Posts Filled 23.12.20
Academic, GP, Psych, Community	5	31	0	50	0	86	5	29	0	77	0	111	5	32.4	5.29	62.4	1	106.09	97.56%	95.58%
Acute Medicine	3	6	9	0	6	24	3	6	9	0	7	25	3	5	14.8	0	9.47	32.27	91.20%	129.08%
Anaesthetics	4	4	15	0	28	51	4	4	16	0	40	64	0	4	19.85	0	36.73	60.58	97.80%	94.66%
Breast Surgery	2	0	1	0	2	5	2	0	1	0	4	7	0	0	1	0	3	4	85.71%	57.14%
Cardiology	2	1	4	1	9	17	2	1	4	1	12	20	2	1	4	0	14	21	95.00%	105.00%
Cardiothroacic Surgery	0	3	0	0	3	6	0	3	0	0	9	12	0	3	0	0	9	12	91.67%	100.00%
Chemical Pathology	0	0	0	0	2	2	0	0	0	0	2	2	0	0	0	0	0	0	0.00%	0.00%
Dermatology	1	0	0	1	0	2	1	0	0	1	0	2	1	0	1	0	0	2	100.00%	100.00%
Elderly Medicine	5	3	6	7	6	27	5	3	6	7	7	28	4	2	12.68		6.9	25.58	100.00%	91.36%
Emergency Medicine	0	12	6	6	8	32	0	12	6	6	8	32	0	14	8.2	0	24.26	46.46	162.84%	145.19%
Endocrinology	3	0	2	0	4	9	3	0	2	0	4	9	2.6	0	2	0	4	8.6	95.56%	95.56%
ENT	1	1	2	1	4	9	1	1	4	1	6	13	1.675	1	4	0	6	12.675	89.77%	97.50%
Gastroenterology	3	0	2	0	5	10	3	0	2	0	5	10	4	0	2	0	7	13	100.00%	130.00%
General Surgery	14	1	5	0	7	27	14	1	6	0	18	39	16	2	2	0	10.74	30.74	53.10%	78.82%
Haematology	1	0	2	0	4	7	1	0	2	0	7	10	0	0	1	0	3.68	4.68	76.80%	46.80%
Histopathology	0	0	0	0	4	4	0	0	0	0	4	4	0	0	0	0	4	4	100.00%	100.00%
Infectious Diseases	2	0	2	0	5	9	2	2	4	0	6	14	3	0	4	0	4	11	78.57%	78.57%
Neurology	2	2	4	0	5	13	2	2	4	0	6	14	3	2	3	0	4.8	12.8	84.29%	91.43%
Neurosurgery	1	1	2	0	4	8	1	1	6	0	11	19	0	1	2	0	15	18	87.37%	94.74%
Obstetrics & Gynaecology	0	2	6	4	12	24	0	2	6	4	12	24	0	3	9	0	13.46	25.46	110.42%	106.08%
Oncology	3	1	3	4	5	16	3	1	6	4	12	26	4	2	6	0	14	26	92.31%	100.00%
Ophthalmology	1	1	0	0	6	8	1	1	0	0	7	9	1	1	2	0	4	8	100.00%	88.89%
Oral & Maxillofacial Surgery	0	4	10	0	2	16	0	4	10	0	6	20	0	0	10	0	3	13	100.00%	65.00%
Paediatric Neonatal Medicine	0	0	7	0	7	14	0	0	0	0	14	14	0	0	1	0	12.12	13.12	97.07%	93.71%
Paediatric Surgery	0	0	2	0	0	2	0	0	2	0	4	6	0	0	1	0	5	6	83.33%	100.00%
Palliative Care	0	0	0	2	0	2	0	0	0	2	0	2	0	0	2	0	0	2	100.00%	100.00%
Plastic Surgery	0	0	3	0	5	8	0	0	4	0	7	11	0	0	3	0	8	11	118.18%	100.00%
Paediatrics	3	4	9	2	9	27	4	4	9	2	9	28	3	3	4	0	9.63	19.63	69.86%	70.11%
Radiology	0	1	0	0	24	25	0	1	0	0	24	25	0	1	9.8	0	14.71	25.51	103.64%	102.04%
Renal Medicine	2	1	2	0	5	10	2	1	2	0	5	10	2	1	2	0	8	13	110.00%	130.00%
Respiratory Medicine	6	2	2	2	8	20	6	2	2	2	8	20	6	2	5	0	8	21	100.00%	105.00%
Rheumatology	0	0	1	2	3	6	0	0	1	2	6	9	0	0	2	0	7	9	100.00%	100.00%
Stroke Medicine	0	0	0	0	1	1	0	0	0	0	1	1	0	0	0	0	0	0	0.00%	0.00%
Trauma & Orthopaedics	0	4	3	1	9	17	0	11	4	1	14	30	7	4	4	0	17	32	100.00%	106.67%
Urology	1	3	2	0	3	9	1	3	3	0	5	12	1	3	3	0	5	12	113.33%	100.00%
Vascular Surgery	5	0	1	0	3	9	5	0	2	0	6	13	5.6	0	2	0	3	10.6	103.08%	81.54%
TOTAL	70	88	113	83	208	562	**71**	**95**	**123**	**110**	**296**	**695**	**74.875**	**87.4**	**152.62**	**62.4**	**295.5**	672.795	**96.32%**	**96.81%**

Increased vacancies since last report	
Decreased vacancies since last report	
No change in vacancies since last report	

Hull University Teaching Hospitals NHS Trust - Junior Doctor Trainee Establishment effective 23.12.20

	Trainee Establishment						Trainee In Post						
Department	F1	F2	CT/ST1-2	GPSTR	ST	**Total**	F1	F2	CT/ST1-2	GPSTR	ST	**Total**	**% Filled**
Academic, GP, Psych & Community	5	31	0	50	0	86	5	32.4	5.29	62.4	0	**105.09**	**122.2%**
Acute Medicine	3	6	9	0	6	24	3	4	6	0	5	**18**	**75.0%**
Anaesthetics	4	4	15	0	28	51	0	4	16.95	0	32.73	**53.68**	**105.3%**
Breast Surgery	2	0	1	0	2	5	0	0	1	0	2	**3**	**60.0%**
Cardiology	2	1	4	1	9	17	2	1	4	0	9	**16**	**94.1%**
Cardiothroacic Surgery	0	3	0	0	3	6	0	3	0	0	3	**6**	**100.0%**
Chemical Pathology	0	0	0	0	2	2	0	0	0	0	0	**0**	**0.0%**
Dermatology	1	0	0	1	0	2	1	0	1	0	0	**2**	**100.0%**
Elderly Medicine	5	3	6	7	6	27	4	2	12.68	0	3.9	**22.58**	**83.6%**
Emergency Medicine	0	12	6	6	8	32	0	14	8.2	0	23.36	**45.56**	**142.4%**
Endocrinology	3	0	2	0	4	9	2.6	0	2	0	4	**8.6**	**95.6%**
ENT	1	1	2	1	4	9	1.67	1	4	0	5	**11.67**	**129.7%**
Gastroenterology	3	0	2	0	5	10	3	0	2	0	5	**10**	**100.0%**
General Surgery	14	1	5	0	7	27	16	1	1	0	2.74	**20.74**	**76.8%**
Haematology	1	0	2	0	4	7	1	0	0	0	3.68	**4.68**	**66.9%**
Histopathology	0	0	0	0	4	4	0	0	4	0	0	**4**	**100.0%**
Infectious Diseases	2	0	2	0	5	9	3	0	4	0	4	**11**	**122.2%**
Neurology	2	2	4	0	5	13	2	2	3	0	4	**11**	**84.6%**
Neurosurgery	1	1	2	0	4	8	1.6	1	2	0	4	**8.6**	**107.5%**
Obstetrics & Gynaecology	0	2	6	4	12	24	0	3	9	0	12.46	**24.46**	**101.9%**
Oncology	3	1	3	4	5	16	4	2	6	0	3	**15**	**93.8%**
Ophthalmology	1	1	0	0	6	8	1	1	2	0	3	**7**	**87.5%**
Oral & Maxillofacial Surgery	0	4	10	0	2	16	0	0	10	0	2	**12**	**75.0%**
Paediatric Neonatal Medicine	0	0	7	0	7	14	0	0	1	0	10.12	**11.12**	**79.4%**
Paediatric Surgery	0	0	2	0	0	2	0	0	1	0	0	**1**	**50.0%**
Palliative Care	0	0	0	2	0	2	0	0	2	0	0	**2**	**100.0%**
Plastic Surgery	0	0	3	0	5	8	0	0	3	0	5	**8**	**100.0%**
Paediatrics	3	4	9	2	9	27	3	3	4	0	9.63	**19.63**	**72.7%**
Radiology	0	1	0	0	24	25	0	1	9.8	0	13.71	**24.51**	**98.0%**
Renal Medicine	2	1	2	0	5	10	2	1	2	0	6	**11**	**110.0%**
Respiratory Medicine	6	2	2	2	8	20	6	2	5	0	7	**20**	**100.0%**
Rheumatology	0	0	1	2	3	6	0	0	2	0	4	**6**	**100.0%**
Stroke Medicine	0	0	0	0	1	1	0	0	0	0	0	**0**	**0.0%**
Trauma & Orthopaedics	0	4	3	1	9	17	0	3	4	0	8	**15**	**88.2%**
Urology	1	3	2	0	3	9	1	3	3	0	3	**10**	**111.1%**
Vascular Surgery	5	0	1	0	3	9	5.6	0	2	0	3	**10.6**	**117.8%**
TOTAL	**70**	**88**	**113**	**83**	**208**	**562**	**68.47**	**84.4**	**142.92**	**62.4**	**201.33**	**559.52**	**99.6%**

As far as we are aware the above information provided in the trainee and rota establishment reports are correct, however, the health groups may be able to provide a more accurate and up to date record for their departments.

There are some specialties such as Infectious Diseases, ENT, Academic, GP and Community that have seen an increase in the number of doctors. The reason for this includes redeployment to support the COVID pandemic, LTFT, supernumerary and trainees that have been given an extension to complete their training.

Appendix A: Exception reports episodes per specialty

Specialty (Where exception occurred)	No. exceptions carried over from last report	No. exceptions raised (episodes)	No. exceptions closed (episodes)	No.exceptions outstanding (episodes)
AAU	-	3	1	2
Acute Medicine	-	2	1	1
Acute Surgery	-	4	4	-
Anaesthetics	1	-	1	-
Breast	2	6	8	-
Colorectal	1	9	3	7
Mega Rota	-	1	-	1
Critical Care	-	4	-	4
Dermatology	-	1	-	1
ED	-	10	-	10
Elderly	11	14	21	4
Endo	3	1	4	-
ENT	-	1	1	-
Gastro	5	48	27	26
Major Trauma Centre	1	-	-	1
Neurology	4	1	1	4
Obs & Gynae	-	3	-	3
Paediatric Surgery	-	2	2	-
Renal	-	3	1	2
Respiratory	-	3	-	3
Trauma & Orthopaedics	3	15	4	14
Upper GI	1	7	1	7
Vascular Surgery	1	6	2	5
Winter Ward 5	-	1	-	1

Appendix B: Exception reports (episodes) by grade 1 October – 31 December 2020

Grade	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
CT1	2	7	7	2
CT2	2	20	5	17
FY1	7	76	43	40
FY2	8	31	8	31
GPST1	5	-	5	-
GPSTR2	4	-	4	-
IM1	-	3	-	3
IM2	3	-	3	-
ST1	-	1	1	-
ST2	-	1	-	1
ST5	-	3	3	-
ST6	-	2	1	1
ST7	2	-	2	-
STR2	-	1	-	1

Appendix C: Exception reports (episodes) by rota 1 October – 31 December 2020

Rota	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
(2016) 1:6 Rota 7 - Neurology SpR	-	2	2	-
1:9 (2016) Rota 27 - HRI Surgery SpR	-	1	1	-
2019 23 - Vascular Surgery F1 (inc. ENT/Uro)	-	1	1	-
2019 Rota 1 - A&E F2	-	10	10	-
2019 Rota 124a - General Surgery (acute)	-	1	1	-
2019 Rota 134 - Orthopaedic/Orthogeriatric F2	1	13	14	-
2019 Rota 18 - Medicine F1	-	15	14	1
2019 Rota 18B - Crit Care F1	-	4	4	-
2019 Rota 18B - Medicine F1	-	2	2	-
2019 Rota 19 - AAU SHO	-	1	1	-
2019 Rota 25 - Acute/Elective F1	3	22	25	-
2019 Rota 25 - CHH Wd 14	-	3	3	-
2019 Rota 30 - Orthopaedics SpR	-	2	2	-
2019 Rota 4 - Medicine F1	-	9	9	-
2019 Rota 51 - O&G ST1-2	-	3	3	-
2019 Rota 76 - Critical Care F2 (Full Rota)	3	-	3	-
2020 Rota 14 - Medicine SHO blp 431	11	5	16	-
2020 Rota 15 - Medicine SHO (blp 450)	5	19	24	-
2020 Rota 5 - Medcine SHO (blp 215)	4	2	6	-
2020 Rota 9 - Medicine SHO blp 575	-	1	1	-
Covid Mega Rota Nov 2020	-	6	6	-
RMO Rota 6	-	1	1	-
Rota 124a - General Surgery (acute)	1	-	1	-
Rota 135 - Orthopaedic & Plastic Surgery CT	1	1	2	-
Rota 25 - Acute/Elective F1	1	-	1	-
Rota 29 - Vascular Surgery	-	5	5	-
Rota 31 - AAU/EAU 2020				

	-	1	1	-
Rota 4 (Wards 80, 9 and 90) - 16 dr	-	1	1	-
Rota 5 (Wards 100, 11, 110) - 16 dr	-	14	14	-
Rota 6 - RMO 1, 3 & 4	2	-	2	-
Rota 135 - Orthopaedic & Plastic Surgery CT	1	-	1	-

Appendix D: Exception reports (episodes) - response time 1 October – 31 December 2020

The 2016 TCS require that the trainer meets with the trainees to discuss an exception report within SEVEN days. This is a very difficult timescale to achieve, because of trainers and trainees often working on different shift patterns, but the timescale is there to ensure that safety concerns, including excessive working time, are addressed quickly.

Looking at response time by grade is not a particularly useful measure, but it is one that is requested by NHS employers. Of more use is response time by department, as this shows the areas either where trainers are not engaging in the exception reporting process, or where trainers and trainees are too busy to sit down and discuss or record the incidents.

This is shown in the table below:

Grade	Addressed within 48hrs	Addressed within 7 days	Addressed in longer than 7 days	Still open
CT1	-	2	5	2
CT2	2	-	1	19
FY1	11	6	19	47
FY2	2	-	4	33
GPST1	1	1	1	2
GPSTR2	-	-	4	-
IM1	-	-	-	3
IM2 ACCS	-	-	3	-
ST1	1	-	-	-
ST2	-	-	-	1
ST5	1	-	-	2
ST6	1	-	-	1
ST7	-	-	1	1
STR2	-	-	-	1

HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST

TRUST BOARD

TUESDAY 11 MAY 2021

Title:	Quality Accounts 2020/21
Responsible Director:	Director of Quality Governance
Author:	Leah Coneyworth, Compliance Team Manager

Purpose:	The purpose of this paper is to inform the Trust Board of the process for approving the final Quality Account for 2020/21 and to seek approval for responsibility to be delegated to the Quality Committee for final ratification of the Quality Accounts before publication in June 2021.	
BAF Risk:	BAF Risk 3: There Is a risk that the Trust is not able to make progress in continuously improving the quality of patient care.	
Strategic Goals:	Honest, caring and accountable culture	✓
	Valued, skilled and sufficient staff	✓
	High quality care	✓
	Great clinical services	
	Partnership and integrated services	✓
	Research and Innovation	
	Financial sustainability	
Summary of Key Issues:	The first draft of the Quality Account is attached for information. The first draft will be shared with key stakeholders in May 2021 for their scrutiny and statement. The Trust Board doesn't meet in June 2021; therefore, the Trust Board is asked to approve for responsibility to be delegated to the Quality Committee for final ratification of the Quality Accounts before publication in June 2021.	

Recommendation:	The Trust Board is recommended to: • Confirm delegated responsibility to the Quality Committee for final ratification of the Quality Accounts before publication. • Note the key dates detailed in section 4 of this report

HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST
QUALITY ACCOUNTS 2020/21

1. PURPOSE OF THE PAPER

The purpose of this paper is to inform the Trust Board of the process for approving the final Quality Account for 2020/21 and to seek approval for responsibility to be delegated to the Quality Committee for final ratification of the Quality Accounts before publication in June 2021.

2. QUALITY AND SAFETY PRIORITIES

The quality and safety priorities for 2021/22 were approved following consultation in March 2021 with patients, staff, Trust members and stakeholders. The agreed quality and safety priorities for 2020/21 are:

Safer Care (Patient Safety)

1. Increase "stop the line" reporting and improve staff knowledge regarding 'Near miss' incidents and reporting
2. Reduction of inpatient falls of patients who have a diagnosis of Dementia and have an inpatient fall within the Department of Elderly Medicine

Better Outcomes (Clinical Effectiveness)

3. Implementation of the Trust COVID-19 Recovery Plan
4. Improve mental health triage in the Emergency Department

Improved Experience (Patient and Staff Experience)

5. Improved learning from complaints and patient experience

3. QUALITY ACCOUNTS

3.1 Draft

The first draft of the 2020/21 Quality Accounts is attached at Appendix A. The draft will continue to be updated with up to date information, data and any amendments made to content e.g. errors, additional content and any suggested changes.

3.2 Stakeholder Statements

The Operational Quality Committee approved the first draft of the Quality Accounts for distribution to key stakeholders on 07 May 2021. The key stakeholders are the main commissioners (NHS Hull Clinical Commissioning Group and NHS East Riding of Yorkshire Clinical Commissioning Group), Healthwatch Hull, Healthwatch East Riding of Yorkshire, Hull Overview and Scrutiny Committee (OSC) and East Riding OSC.

The stakeholders have 28 days to provide a 500 word statement each on the content of the Quality Accounts. The deadline for the stakeholders to return their statements is 04 June 2021. Once all statements have been received the Trust will respond with its statement, all of which will be included in the Quality Accounts before publication.

4. NEXT STEPS

- May 2021 – The Compliance Team will continue to complete the draft Quality Account, ensuring all information is included as required
- May 2021 – Trust Board to provide delegated responsibility to the Quality Committee for final ratification and approval before publication
- June 2021 - deadline for the stakeholder statements to be returned
- June 2021 – the Compliance Team will review the statements, consider any suggested amendments and respond with the Trust statement

- June 2021 – submit the final version to the Quality Committee for final sign off before for publication
- June 2021 – publication of the 2020/21 Quality Accounts on NHS Choices in adherence to the legal requirements

5. RECOMMENDATIONS

The Trust Board is recommended to:

- Confirm delegated responsibility to the Quality Committee for final ratification of the Quality Accounts before publication.
- Note the key dates detailed in section 4 of this report

Leah Coneyworth
Compliance Team Manager
May 2021

Hull University Teaching Hospitals NHS Trust Trust Board February 2021

Title:	Hull University Teaching Hospital results from GMC training survey
Responsible Director:	Beverley Geary - Executive Chief Nurse
Author:	Dr Hiran Muddada Consultant Obstetrician/Lorraine Cooper Head of Midwifery

Purpose	The purpose of this report is to provide information in relation to: "A record of the proportion of obstetrics and gynaecology trainees in the trust who 'disagreed/strongly disagreed' with the 2019 General Medical Council National Training Survey question".	
BAF Risk	BAF Risk 3: There Is a risk that the Trust is not able to make progress in continuously improving the quality of patient care	
Strategic Goals	Honest, caring and accountable culture	Y
	Valued, skilled and sufficient staff	Y
	High quality care	Y
	Great local services	Y
	Great specialist services	Y
	Partnership and integrated services	Y
	Financial sustainability	Y
Key Summary of Issues	This report provides a review of to what extent do obstetrics and gynaecology trainees agree or disagree that in their current post, educational/training opportunities are RARELY lost due to gaps in the rota. The results demonstrated that 45.45% trainees disagreed or strongly disagreed which is an improvement on the 2018 result of 61%. There is ongoing work within the health group to ensure learning opportunities are available.	
Recommendation	The Trust Board is requested to: • Review the survey feedback • Decide if any further information and/or assurance are required.	

CNST 2019 – Standard 4

Can you demonstrate an effective system of medical workforce planning to the required standard?

a) Formal record of the proportion of obstetrics and gynaecology trainees in the trust who 'disagreed/strongly disagreed' with the 2019 General Medical Council National Training Survey question: *'In my current post, educational/training opportunities are rarely lost due to gaps in the rota.'* In addition a plan produced by the trust to address lost educational gaps due to rota gaps.

Results of GMC National Training Survey:

Hull University Teaching Hospital results from GMC training survey 2019;

Question*: To what extent do you agree or disagree with the following statement? In my current post, educational/training opportunities are RARELY lost due to gaps in the rota.*

Strongly agree	0.00
Agree	27.73
Neither agree nor disagree	31.82
Disagree	18.82
Strongly disagree	27.27
Not applicable	0.00
Grand Total	100.00

Therefore 45.45% trainees disagreed or strongly disagreed which is an improvement on the 2018 survey of (61%).

Rota Gaps

HUTH currently has no registrar gap following the successful appointment of a trainee from LTFT they are contracted until Feb2021.

Due to maternity leave there is a predicted on-call rota gap form March 2021. The rota until August 2021 is 1:11 for second on-call and 1:10 for first on-call trainees.

Due to unforeseen circumstances in relation to the global pandemic two first on-call trainees started late. Both trainees are supernumerary to the rota and do not cover on-calls out of hours.

Action plan

The deanery has been informed of the rota gaps in 2nd on-call rota from March 2021. There is a possibility that a trainee is moved to Hull for 6/12 period following CCT. The trainee from LTFT has agreed to continue till August 2021.

Actions taken by HUTH:

1. A survey was undertaken of current trainees (these are a new cohort of trainees to the department different to the cohort questioned on the above GMC survey) asking same question as above.

Results

Trainees reported that they had been moved from specialist clinics or theatre on a couple of occasions due to short term sickness. This is a significant improvement compared to the GMC survey which is reassuring that current trainees are having access to educational and training opportunities.

The service is continuing to support trainees by arranging fit testing and risk assessments on a regular basis and supporting with permanent FFP3 masks for all trainees.

2. Improvements in provision or ensuring access for educational opportunities have been implemented for all trainees as below.

Departmental improvements:

Every 3rd & 4th Friday there is dedicated afternoon teaching for all medical staff, which has continued through the current pandemic. With current COVID-19 the teachings have mostly been changed to a virtual platform or a hybrid way from May 2020 onwards. This move has been appreciated by the trainees and we are seeing an increased attendance rates.

Every 1st and 2nd Friday there is afternoon teaching which has been initiated for ST1/2, FY2 and GPVTS trainees which is led by the departmental senior registrars.

There is monthly CTG teaching initiated this has been added to Perinatal meeting on 3rd Friday of every month. An attendance record is maintained for each teaching session.

We have been ensuring the trainees are aware of how they can maximise educational opportunities for themselves whilst working in the department.

Examples of good practice:

- All trainees new and pre-existing have been fit tested and given permanent FFP3 masks for clinical use-HUTH is one of the few trusts in Yorkshire which has achieved this.
- Trainees are being regularly allocated to theatres and clinics but sue to restriction in numbers there has been some issues with them attending procedure clinics.
- Maximising teaching on ward rounds by asking questions, or doing ward rounds with consultant observing

Speciality Training:

Obstetrics & Gynaecology trainees are required to attend the regional speciality teaching programme (YMTP) and are expected to achieve an 80% attendance rate as a requirement of their annual assessment of training.

There is an ongoing issue with YMTP currently in that courses are not being advertised in time for trainees to book leave due to administration problems at YMTP. There have been further problems due to COVID-19 that few courses have been cancelled and MRCOG exams being cancelled.

Knowing this issue we still try to accommodate trainees' requests and release them with short notice of study leave (often <6-8 weeks) if the rota permits. The TPD and Head of School are aware of the Regional teaching issues and are trying to rectify the problem and some courses are being recommenced virtually.

GPVTS trainees are always released for their mandatory teaching on all Tuesday afternoons unless on leave.

The FY2 trainees are also always released for their mandatory generic skills teaching sessions.

Future Actions

1. Protect training opportunities as much and wherever possible to trainees taking into consideration of Covid-19 pandemic restrictions

2. The aim is to repeat the survey in 12 months to ensure training opportunities are not being lost due to rota gaps and amend action plan if needed.

3. To monitor any rota gaps to ensure minimal disruption to training.

Hull University Teaching Hospitals NHS Trust Trust Board

Title:	**Biannual Midwifery Workforce, Quality and Safety Report February 2021**
Responsible Director:	Beverley Geary - Executive Chief Nurse
Author:	Lorraine Cooper, Head of Midwifery

Purpose	The purpose of this report is to provide information in relation to safe midwifery staffing.	
BAF Risk	BAF Risk 3: There Is a risk that the Trust is not able to make progress in continuously improving the quality of patient care	
Strategic Goals	Honest, caring and accountable culture	Y
	Valued, skilled and sufficient staff	Y
	High quality care	Y
	Great local services	Y
	Great specialist services	Y
	Partnership and integrated services	Y
	Financial sustainability	Y
Key Summary of Issues	This report provides a review of the maternity workforce in relation to the quality and safety of care provided. It will incorporate an overview of national maternity transformation, monitoring of maternity workforce, safe staffing reviews, Midwife: Birth ratio, ward review, escalation and reporting.	
Recommendation	The Trust Board is requested to: • Review the current position of compliance with safe maternity staffing • Decide if any further information and/or assurance are required.	

Background

This report provides a review of the maternity workforce in relation to the quality and safety of care provided. It will incorporate an overview of national maternity transformation, monitoring of maternity workforce, safe staffing reviews, Midwife: Birth ratio, ward review, escalation and reporting. The report will encompass data extracted from August 2020 – January 2021.

1. National Drivers

National Maternity Transformation

Hull University Teaching Hospitals continue to respond to national strategy articulated in 'Better Births' (2016) which sets out clear recommendations for the rollout of Continuity of Carer encompassing all three elements of the maternity pathway. This recommendation is based on a body of evidence that Continuity of Carer is what women want, improves safety and provides significantly better outcomes. This is particularly relevant for outcomes of women at risk of health inequalities and women from a BAME background. In response to

the Covid 19 Pandemic trajectories have been revised and local rollout of further teams has been paused. However implementation strategies have now been revised and plans are in place for further rollout in the coming months.

The execution of this model has been dependant on a reorganisation of the way maternity services are staffed. This is an evolving approach and requires fluidity within the workforce challenging historic working practices as midwives work within integrated teams based in both hospital and community settings. Training and education has been reviewed concurrently with the training needs analysis. All midwives working either in a case loading team or an integrated team have been provided with training to facilitate up skilling in areas of actual or perceived knowledge and skill deficit. This integrated approach to care delivery has been adopted with the recent recruitment of graduates from the onset of their employment. It is hoped that this approach will ultimately positively affect culture and understanding of the benefits of transforming working practices to enhance quality and safety of service provision.

Continuity of carer is defined as women being cared for by a team of 4-8 midwives, having consistency in the midwifery team that cares for her at least 70% of appointments in the antenatal and postnatal periods, has a midwife she knows at the birth and has a named midwife with whom she can develop an on-going relationship of trust.

There are nine continuity of carer teams that have been implemented to date:

Team Name	Model	Criteria	Annual Caseload (approx)
Ivy	Caseloading	Geographical HU17	280
Primrose	Caseloading	Geographical HU9 (part)	270
Poppy	Caseloading	Geographical YO25 YO42 YO43	250
Bluebell	Caseloading	Geographical HU15 DN14	250
Linnaea	High risk	Multiple pregnancy	60
Fern	High risk	Gestational diabetes	500
Fetal Medicine	High risk	Fetal medicine obstetric care	100
Lavender	High risk	Vulnerable women	100
Forget Me Not	High risk	Previous pregnancy or neonatal bereavement	100

In combination these teams care for approximately 1910 women annually, which represents approximately 38% of the annual birth rate for Hull University Teaching Hospitals NHS Trust.

In December 2020 HUTH achieved 34.8% of women from a BAME background booked onto a continuity of carer pathway. In addition, 21.5% of women from the most deprived geographical areas were booked onto a continuity of carer pathway.

Trajectory
In order to achieve the national ambition and also the CNST maternity incentive scheme standard nine, HUTH should aim to introduce continuity of carer pathways for approximately 640 more women, focusing particularly on women from a BAME background and in areas of high deprivation. In addition, as the ambition shifts from 'booked on' to 'in receipt of' continuity the high risk models needs to be adjusted to ensure women are in receipt of continuity of carer as per the criteria described above.

A further continuity team is planned for later in 2021; the Snowdrop Team. This team will provide continuity for women at risk of pre-term birth, which follows the recommendations advised by the Saving Babies Lives version two documentation which has a financial link to the CNST maternity incentive scheme. However this team is dependent upon the success of a business plan to implement a new obstetric pre-term birth clinic. The addition of this team will enable the projection of an addition 260 women (approximately 2170 women in total, 43%) of women booked onto a continuity of carer pathway.

In addition two further continuity of carer teams would need to be implemented in the HU3 postcode area as this has been identified as the geographical area best served to deliver continuity of carer to women from a BAME background and also high levels of deprivation. The introduction of these teams would allow approximately an additional 600 women to be booked onto a continuity of carer pathway which would take the total number of women to approximately 2770 which is 55% of the birth rate.

In addition, adjustments need to be made to the high risk teams (in terms of allocating a dedicated community midwife to each team and also intrapartum cover on an integrated basis) in order to achieve the 'in receipt of' national ambition. The figures suggest that this would then allow HUTH to be compliant with this aspect of Better Births and also the CNST maternity incentive scheme.

2. Maternity Incentive Scheme
The NHS Maternity Incentive Scheme supports the delivery of safer maternity care. It applies to all acute trusts that deliver maternity services and are members of the Clinical Negligence Scheme for Trusts (CNST). The scheme incentivises ten maternity safety actions; specifically, safety action five relates to evidencing an effective system of midwifery workforce planning. The reporting requirements have been revised in light of the current pandemic and the revised date for submission is 12 noon on the 15 July 2021. HUTH has continued to apply the principles of the 10 safety actions to support the delivery of safer maternity care despite the pandemic.

3. Monitoring of Maternity Workforce
HUTH maternity service continues to work in partnership with Hull University to support workforce planning. In the current climate there is an annual intake of students in September.

In February 2019 the National Framework for Maternity Support Workers (MSW) was published by the Royal College of Midwives and Health Education England (HEE). Essentially this framework defines three levels of competence of the MSW from a maternity housekeeper role to a more advanced supportive role. This framework is being reviewed across the Humber Coast and Vale Local Maternity System (LMS) with a specific focus on benchmarking the current position, defining a training needs analysis and developing a universal job description. This is in line with the 2018 Birth rate plus recommendation for HUTH.

The Covid 19 Pandemic has created challenges to maintaining safe staffing levels across the service. The available workforce has been reviewed and strategies employed to redeploy staff across the service as required. This has predominantly involved non clinical staff moving to clinical areas to provide direct care. This has been enacted following individual review of training needs and ensuring that individuals were moved to an area concomitant with their skill set. Adaptations have also been made to patient pathways and where appropriate virtual means of consultations instigated. This has enabled staff working in non-direct patient facing roles to continue to contribute to the provision of safe care.

4. Safe Staffing Reviews

In January 2021 all midwifery establishments within the service were reviewed collaboratively between the senior management team, Assistant Chief Nurse and Nurse Director to understand the workforce requirements needed to effectively manage all clinical areas safely.

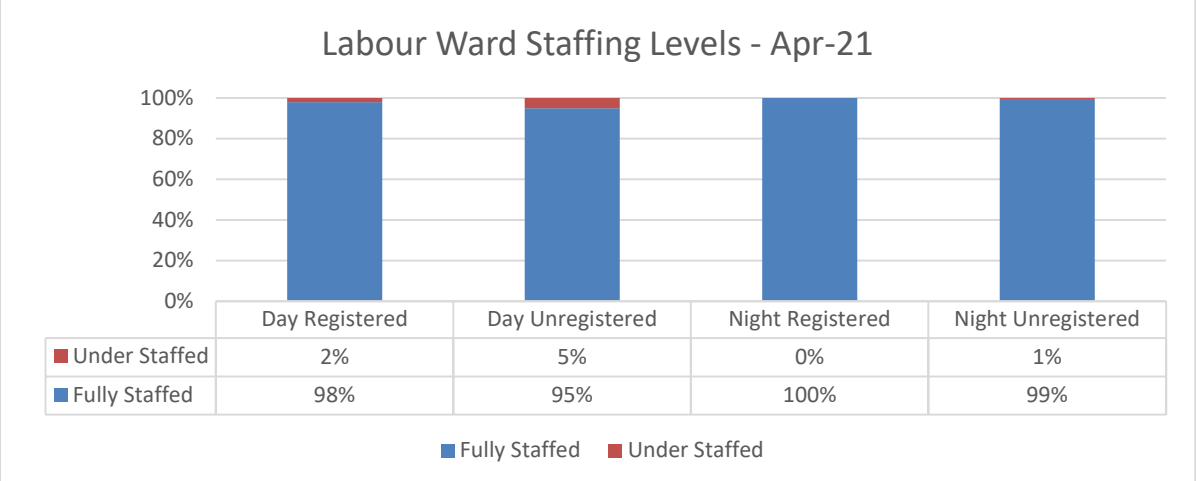
Maternity staffing and acuity continue to be reported three times a day in line with HUTH Safe Care reporting mechanisms. The labour ward complete a 4hrly Birth Rate Plus acuity tool and any 'red flags' are reported via the monthly Perinatal Quality Surveillance Tool. Senior leaders escalate any staffing concerns to the Head of Midwifery or deputy.

5. Midwife: Birth Ratio and planned versus actual midwifery staffing

The Birthrate Plus workforce acuity tool monitors staff versus acuity and is embedded within the maternity services at HUTH. Throughout the audited period to date, 1:1 care has been maintained at 100% across both delivery suites and the coordinator has remained supernumerary at all times. Maternity staffing and red flag incidents continue to be monitored on a daily basis through Birthrate Plus and escalated via monthly Perinatal Quality Surveillance Tool and internal governance structures.

The midwife: Birth ratio for HUTH has been maintained 1:28 which is in line with national guidance. This calculation is derived from the Birthrate Plus tool and is based upon an understanding of the total midwifery time required to care for women based on a minimum standard of providing one-to-one midwifery care throughout established labour. The principles underpinning the Birthrate Plus methodologies are consistent with the recommendations in the NICE safe staffing guideline for midwives in maternity settings and have been endorsed by the Royal College of Midwives and Royal College of Obstetricians and Gynaecologists.

Planned versus Actual



	Day Registered	Day Unregistered	Night Registered	Night Unregistered
Under Staffed	2%	5%	0%	1%
Fully Staffed	98%	95%	100%	99%

6. Clinical Area Review

Quality indicators and staffing continue to be reviewed as part of the weekly managers meeting. This meeting is chaired by the Head of Midwifery or Deputy Matron and facilitates senior oversight of safe staffing levels. Sickness levels are monitored via the senior managers with support from Human Resource department.

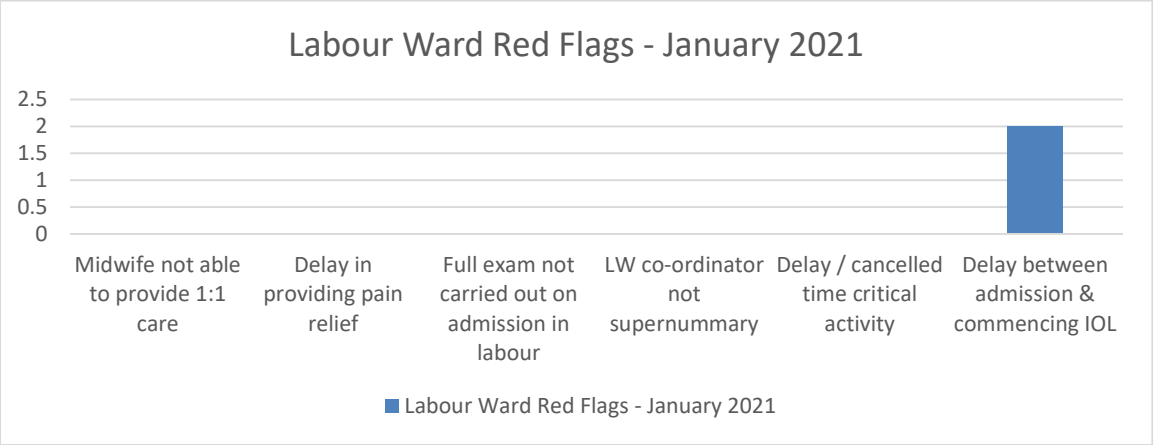
	January 2021	Headcount	FTE	Attendance	Sickness
Obstetrics	Community Midwifery	61	48.79	94.94	5.06
	H31 Maple & H33 Rowan Wards	70	52.44	95.10	4.90
	Midwifery Education	1	1.00	98.91	1.09
	Midwifery Led Unit	49	40.41	95.81	4.19
	Obstetric Spec Nurses	9	10.00	97.19	2.81
	Parental Education	4	1.81	63.73	36.27
	W&CH Labour and Delivery (HRI)	60	49.77	97.25	2.75
	Women and Childrens ANC/ADU HRI	47	36.50	95.05	4.95

7. Escalation and Reporting of Safety and Quality Concerns Via Red Flag Process

In the maternity services red flag events are monitored through the Birthrate Plus workforce tool. The use of this tool within the intrapartum areas allows for periodic data collection at 4 hourly intervals and has additional functionality to enable ad hoc data collection during periods of increased acuity, staffing shortages or in response to a clinical incident. The definitions of some of the red flags within Birthrate plus are broad and although there is capability to insert narrative at the time of submission this isn't extracted when a report is run.

Birthrate plus Red Flags

Maple Ward – no reported red flags in January
Rowan Ward – no reported red flags in January
Fatima Allen Birth Centre – no red flags in January
Labour ward – 2



Summary

Midwifery staffing levels at HUTH are safe and monitored via internal mechanisms as outlined in this document. Following the publication of the Ockenden Review (2020) the service will await any national directive in relation to midwifery staffing.

Hull University Teaching Hospitals NHS Trust Trust Board

Title:	Maternity Perinatal Quality Surveillance Tool
Responsible Director:	Beverley Geary - Executive Chief Nurse
Author:	Lorraine Cooper, Head of Midwifery

Purpose	The purpose of this report is to provide information in relation to the new national maternity Perinatal Quality Surveillance Tool.	
BAF Risk	BAF Risk 3: There Is a risk that the Trust is not able to make progress in continuously improving the quality of patient care	
Strategic Goals	Honest, caring and accountable culture	Y
	Valued, skilled and sufficient staff	Y
	High quality care	Y
	Great local services	Y
	Great specialist services	Y
	Partnership and integrated services	Y
	Financial sustainability	Y
Key Summary of Issues	The report provides a monthly overview of the quality, governance and accountability of maternity services at HUTH.	
Recommendation	The Trust Board is requested to: • Review the current position of maternity services at HUTH. • Decide if any further information and/or assurance are required.	

PERINATAL QUALITY SURVEILLANCE TOOL

January 2021

1.0 INTRODUCTION

The following document provides a monthly update on key measurements, as detailed in the NHSI/E report on the revised requirements for perinatal quality surveillance tool.

2.0 CQC MATERNITY RATINGS

	Safe	Effective	Caring	Responsive	Well Led	Overall
Maternity	Good	Good	Good	Good	Good	Good

In June 2018, the CQC undertook a full inspection of both the Castle Hill Hospital & Hull Royal Infirmary sites and achieved an overall rating of 'Requires Improvement'. Within this inspection, Maternity Services received an award of 'Good' against the five domains – safe, effective, caring, responsive and well led.

In March 2020, the CQC returned to repeat their inspection however due to the COVID-19 pandemic this inspection was suspended to relieve pressure on the healthcare systems. Maternity Services had not been inspected by this point, and therefore the rating of 'Good' remains in place with an overall trust rating of 'Requires Improvement'.

3.0 REVIEW OF PERINATAL DEATHS

The following provides numbers of perinatal deaths using the real time data-monitoring tool.

Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021
2											

Two deaths were reported to MBRRACE UK in January detailed below:

22 + 2 weeks Neonatal Death -Pre term SROM at 22+1 weeks, developed chorioamnionitis. Treated with steroids, antibiotics and magnesium sulphate. Plan with neonatal team for resuscitation if possible. Brief heart rate at birth. Resuscitation not attempted

Stillbirth at 37 weeks - Admitted with reduced fetal movements and an antepartum haemorrhage (APH). Intrauterine Death (IUD) identified on admission. Induced with artificial rupture of membranes (ARM) & Oxytocin infusion. Normal birth, abruption suspected. Awaiting results of PM

In January 2021, 3 cases were concluded in the Perinatal Mortality Review Tool (PMRT) number of perinatal deaths were reviewed. The findings of which were:

- 23 week neonatal death, twin pregnancy, spontaneous labour and birth.
  Outcome grading for care from PMRT report = **B B A** which identifies care issues which would have made no difference to the outcome for baby

- 22 weeks 6 days neonatal death, identified high risk pregnancy due to fibroid, went in to spontaneous labour and delivered her baby on the antenatal ward, resuscitation of the baby was unfortunately unsuccessful. Outcome grading of the PMRT tool = **C A B,** Care issues which may have made a difference to the outcome for baby. This case was escalated as a serious incident, an investigation is ongoing.
- 24 weeks Stillbirth, previous preterm birth, spontaneous birth of stillborn baby. Placental histology identified cause of death due to extreme prematurity and placental abruption. Outcome grading from the PMRT tool = **C B,** Care issues which may have made a difference to the outcome for baby.

4.0 HSIB REFERRALS

The following provides numbers of HSIB referrals made:

Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021
0											

In January 2021 one report was sent to HUTH for factual accuracy and will be published in February 2021.

5.0 INCIDENTS

The following provides the number of incidents reported:

Severity	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021
Moderate	4											
Major	0											
Catastrophic	0											

The four moderate incidents reported are:

- PPH 6000mls, hysterectomy
- Shoulder Dystocia
- Placental Abruption, unexpected admission to NICU
- CTG monitors recording at 2cm/min

Themes & Actions

There are no overriding themes from the minor or major incidents reported.

The highest number of reported incidents was related to unexpected admissions to NICU majority of which are attributed to respiratory distress of the newborn and suspected sepsis. It is noted from the data that 54% of the unexpected admissions were following emergency caesarean section; however, no themes within this have been identified.

The moderate incident regarding the CTG monitors recording at 2cm/min has been escalated as a Serious Incident Investigation (SI 2021-2048). At point of reporting a number of immediate safety issues were identified and have been addressed as detailed below.

In addition, three Serious Incidents have been declared in January:

Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021
3											

2021-674

Summary:

On the 23rd December 2020, a 33 year old woman attended labour ward with vaginal bleeding at 39+6 weeks. On examination, staff were unable to auscultate the fetal heartbeat. Following an ultrasound scan, an intrauterine death was confirmed.

The woman proceeded to labour spontaneously, and after a prolonged second stage of labour required a lower segment caesarean section (LSCS) for failure to progress and possible uterine rupture. Uterine rupture was confirmed at LSCS with an estimated blood loss of 1400mls.

2021-1772

Summary:

On 27th September 2020, a 30-year-old woman was admitted in preterm labour at 24 weeks. The woman was administered steroids and magnesium sulphate. The woman had a previous preterm delivery at 26 weeks.

On ultrasound, it was found that the baby was in transverse lie. An LSCS was discussed with the woman but declined. It is unclear, from the documentation, if the risks were fully discussed with the woman.

At 04:30 hrs a fetal heart was present at 138 bpm.

The woman had a spontaneous rupture of membranes at 04:57 hrs, and the midwife requested assistance. At 05:07hrs the neonatal team were called, and arrived at 05:10hrs. Attempts were made to auscultate the fetal heart but they were unable to hear. At 05:16hrs it was noted the cord was presenting and at 05:18 hrs the fetal heart was no longer present.

The woman progressed to a vaginal birth of a baby showing no signs of life. The placenta showed evidence of complete abruption.

2021-2048

Summary:

On 4th January 2020, a 20-year-old woman was admitted to the induction of labour clinic at 38 weeks for persistent episodes of reduced fetal movements. A cardiotocograph (CTG) was commenced at 09:07 hrs, at 09:23 hrs, the woman was turned into left lateral position and at 9:25 hrs, the Obstetric Registrar was bleeped to review the CTG and the Labour ward Co-ordinator informed. On review of the CTG it was classified as ‘pre-terminal’ and the woman was found to have a 1cm dilated cervix on vaginal examination. A decision was made for a Grade 1 Emergency Caesarean Section at 09:35 hrs

On the 5th January, a midwife undertaking the induction of labour clinic noted that one of the CTG monitors was recording at 2cm/min instead of 1cm/min. The midwife rectified this immediately but was also made aware of the events of the previous day. The midwife reviewed the notes of the 4th January and identified that the CTG had been recording at 2cm/min.

Following the Datix report of the above incident a number of immediate actions were put into place:

- CTG machine identified and taken out of use
- All CTG machines checked to ascertain how paper speed and identified that there are four monitors (BD 4000) where the paper speed can be altered without a passcode. All other machines require a passcode held by Medical Physics
- Email sent to all staff regarding the use of the commencement sticker for all CTG recordings and acknowledgement of paper speed set to 1cm/min
- CTG commencement stickers unified across the unit.
- Commencement stickers put on to all CTG machines on the antenatal ward
- Learning added to mandatory CTG training
- Four new CTG machines have been purchased through the capital funding process

6.0 TRAINING COMPLIANCE

Area	No of Staff	In date	% Perf	Shortfall	No.Staff Req'd to achieve 90%
Obstetric Cons, Ass Spec	12				
	12	5	42%	6	11
Obstetric Registrar	15				
Obstetric SHO	11				
	26	11	42%	12	23
Anaesthetic Consultant	7				
	7	1	14%	5	6
Anaesthetists*	14				
	14	11	79%	2	13
Labour & Del. MW	55	49			
Community	59	46			
Specialist Senior Midwives	16	11			
Maple & Rowan Ward Core Midwives	54	41			
MLU Midwives	18	9			
Bank Midwives	13	7			
ANC - W&C Midwives	22	16			
	237	179	76%	34	213
Labour & Del. MW Assist	15	11			
Community MW Assistants	8	4			
Maple & Rowan Ward Midwifery Assistant	28	19			
MLU MW Assistant	2	2			
Bank Midwife Assistant	3	0			
ANC - W&C Midwives Assistant	11	9			
	67	45	67%	15	60
ODA-Ps	28	15			
Gynae Theatre Nurses	14	11			
	42	26	62%	12	38
					354
Total No. Staff	405	278	67%		

CTG Training

- Following the cancellation of face-to-face teaching in March 2020 CTG training was changed to a complete online package for the remainder of 2020. Staff had to complete K2 competency assessments in Fetal Physiology, Intrapartum CTG & Intrapartum Intermittent Auscultation with a pass mark of >85%. Compliance is as below for completion of the competency assessment.
- Moving forward into 2021, there is now 1 hour CTG training as part of the PROMPT ½ day face to face and competency assessment and online requirements are being set.

Area	No of Staff	In date	% Perf	No.Staff Req'd to achieve 90%
Obstetric Cons, Ass Spec	13			
	12	11	92%	11
Obstetric Registrar	22	15		
Obstetric SHO	11	9		
	33	24	73%	30
Labour & Del. MW	50	50	100%	
MLU Midwives	24	22	92%	
Community	47	42	89%	
Specialist Snr Midwives	21	20	95%	
Maple & Rowan Midwives	42	38	90%	
Bank Midwives	13	10	77%	
ANC Midwives	24	22	92%	
	221	204	92%	199

Neonatal Resuscitation

It is a mandatory requirement for all Midwifery staff to complete the Newborn Life Support (NLS) Course at least once and to undertake a neonatal resuscitation update annually (delivered by an NLS trained instructor).

ACTUAL PERFORMANCE TO DATE

Area	No of Staff	In date	% Perf	No.Staff Req'd to achieve 90%
Labour & Del. MW	51	42	82%	
MLU Midwives	24	17	71%	
Community	49	35	71%	
Specialist Snr Midwives	22	16	73%	
Maple & Rowan Midwives	50	39	78%	
Bank Midwives	13	5	38%	
ANC Midwives	22	15	68%	
	231	169	73%	208

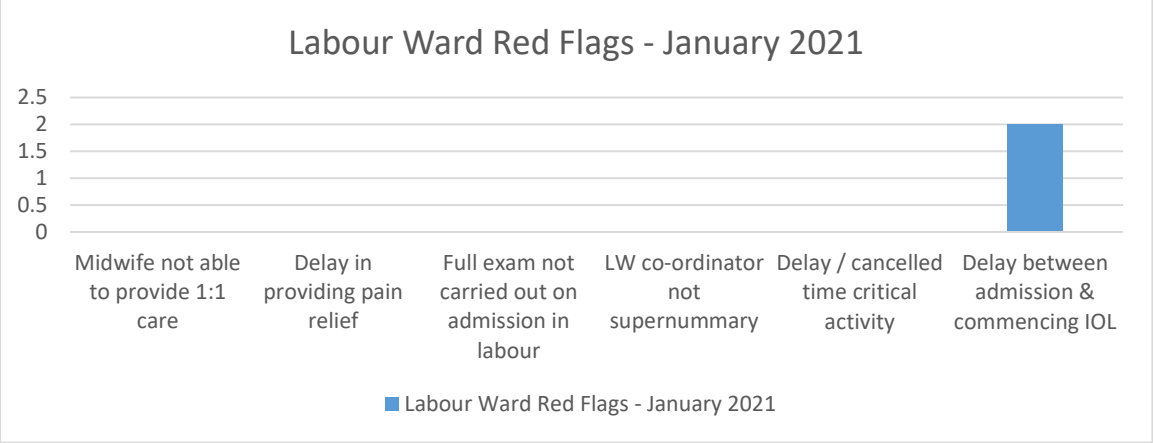
7.0 MINIMUM SAFE STAFFING LEVELS

The service is currently running at a Birth Rate Plus ratio of 1:28

A service review of all rota tools has recently taken place with the Assistant Chief Nurse that has demonstrated that all clinical areas in Maternity Services are covered and safe.

A 6-month staffing report is currently being written to be presented to the Chief Nurse. This will be shared in this report in February 2021.

Birth Rate Plus Red Flags
Maple Ward – no reported red flags in January
Rowan Ward – no reported red flags in January
Fatima Allen Birth Centre – no red flags in January
Labour ward –



8.0 SERVICE USER VOICE FEEDBACK

In September 2020 the Maternity Voices Partnership (MVP) reported on the results of two surveys which were carried out in the Humber, Coast & Vale via social media from the 9th – 13th July 2020.

Survey One was an extension to the ongoing Continuity of Carer survey, completed postnatally, and adapted to include questions related to the pandemic. Survey Two was for completion at any point during pregnancy. They were designed to seek the experiences of women's maternity journeys in 2020, before and during the pandemic.

Both surveys identified similar key themes:

- Midwives and other healthcare providers continue to provide excellent care for most people on their maternity journey, despite restrictions in place due to the pandemic.
- Regular proactive communication of information about general maternity care services. Changes related to the pandemic and each person's maternity care are needed.
- The restrictions and changes to maternity care pathways have caused anxiety and stress; many expectant and new parents feel uniformed, unprepared and unsupported.

- Restrictions on partners attending were understood (although not welcome) initially but it is now unclear why these need to be in place. Women have raised concerns about the impacts now and in the short and long term.
- Lack of flexibility and discretion for midwives/healthcare professionals is having a negative impact on the care they can provide – feedback suggests in most cases, it is the pathway, not the care providers that are letting pregnant people, and new parents, down.
- The lack of face-to-face appointments is generally not welcomed and feedback suggests that the number of contacts by phone/video calls or the time spent on each call needs to be increased to improve support by virtual contact.
- "Ask the Midwife" services are popular and people want these to remain after the pandemic.
- Many factors influence an overall preference for face-to-face appointments with parking and transport less of an issue for respondents than phone / internet access.
- Feedback about virtual antenatal education is limited and no clear themes identified.

This report was discussed with the Head of Midwifery and other service leads and some changes are already being implemented:

- Partners can now attend the 20-week anomaly scan at Hull and work is ongoing to enable them to access the 12-week scan too. Funding has been agreed for a 'POD' system to alleviate the issues around safe social distancing for partners attending these appointments.
- Visiting for a fixed length of time is available on both the antenatal and postnatal wards.
- A second birth partner can attend in labour and birth in Hull, subject to the space available and individual birth plan
- Staff can make discretionary changes to the care offered based on individual needs.
- There are regular reviews regarding restrictions for partner and visitors, and when safety can be assured in line with current guidance, changes will be made.
- All community midwife appointments are face to face except the 16-week appointment, which is a telephone call. The community teams are trialling virtual appointments in Wyke, Holderness and Kingswood areas to offer choice to women.

MVP meetings are held quarterly via Microsoft Teams and the Trust will continue to provide representation and active participation at these meetings.

9.0 STAFF FEEDBACK

A Senior Midwife's Assurance Handbook will be commencing in February 2021. The Lead Midwife will undertake this on a monthly basis. Part of this assurance handbook will explore staff experience in relation to culture, communication, support, incidents and learning lessons.

The first completion of this handbook will take place on 15th February so results will be included in February's report.

10.0 EXTERNAL CONCERNS OR QUERIES

A freedom of information (FOI) request was made to the Head of Midwifery:

“Please can I see the risk assessment for COVID restrictions for maternity services at Hull Women and Children’s hospital? As of yet there has been no updates issued online regarding the NHS England guidance issued on 14th December 2020”

The risk assessment for maternity services has been updated and is awaiting final approval at Gold Command.

11.0 CORONERS

The Trust was issued with zero Coroners Regulation 28 in relation to maternity:

Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021
0											

12.0 **CNST** Safety Standards

Safety Action	Compliance	Board Request
1	**COMPLIANT**	The PMRT group has been able to sustain reporting during the Covid-19 restrictions. The Trust Board will receive quarterly reports between September 2020 and September 2021. The report will evidence compliance with the required standards.
2	**PARTIAL COMPLIANCE**	Item 14 on the Maternity Record Standard has been removed from action two and will be progressed separately by NHSX. NHS Digital announced on 1 April 2020 that the Digital Maternity Record Standard (DMRS) compliance date had been delayed from Monday 30 November 2020 to Sunday 28 February 2021. The majority of the requirements for safety action two will be assessed on the trusts' MSDS submission for December 2020 made by 28 February 2021.
3	**PARTIAL COMPLIANCE**	Monthly audit of transitional care pathways has recommenced as these ceased in March, and further audit of avoidable admissions of term babies to Neonatal Unit to be undertaken for 20/21.
4	**PARTIAL COMPLIANCE**	**Obstetric medical workforce** The review of the GMC national trainee survey to be completed and presented to the Trust Board in February 2021. **Anaesthetic medical workforce** Review of the action plan agreed by the trust Board in 2019, to meet Anaesthesia Clinical Services Accreditation (ACSA) standards 1.7.2.5, 1.7.2.1 and 1.7.2.6 **Neonatal medical workforce** Formal recording in trust Board minutes that the neonatal unit meets the British Association of Perinatal Medicine BAPM national standards of junior medical staffing **Neonatal nursing workforce** Action plan in place agreed at trust Board level to meet the recommendations of the service specifications for neonatal nursing standards.
5	**PARTIAL COMPLIANCE**	Bi Annual Chief Nurse staffing report to Trust Board outlining: • Birth-rate Plus® outcomes • Planned versus actual staffing levels • Midwife : Birth ratio • Compliance with supernumerary status and 1:1 care in labour • Actions to demonstrate progress with Birthrate Plus® recommendations
6	**NOT COMPLIANT**	During the covid-19 pandemic it has been difficult to implement some element of Saving Babies Lives Care Bundle V2, and in particular element one as carbon monoxide testing of women was suspended which has recommenced in November. Restrictions on the provision of the Growth Assessment Protocol for scanning will also impact on the ability to report accurately. The service is not currently compliant with Uterine Artery Doppler scanning as recommended in the Saving Babies Lives Care Bundle V2 – Appendix-D. The maternity service is working with ultrasonography and clinical support on a case of need to increase scanning capacity, delivery of training, increased physical space, and procurement of capital equipment and recruitment of staff.
7	**COMPLIANT**	Although face-to-face patient involvement has been suspended, the Maternity Voices Partnership is active and has completed an online survey of women across the LMS – Lockdown Babies. The report is available to the Trust Board via the Head of Midwifery
8	**PARTIAL COMPLIANCE**	Multi-professional training has not been possible during the emergency response due to Covid-19. Training in this unit restarted in June 2020 however, the restrictions still affected our ability to provide full face-to-face, or 'hands on skills drills' training. The service has developed a package of multidisciplinary training provided as a half-day virtual/on-line training package as an alternative. With a number of skills drills at the start of the pandemic preparations in key areas such as theatres and labour ward. All clinical groups are on board with this and we are monitoring attendance.
9	**COMPLIANT**	Safety Champion meetings were suspended but have now recommenced with dates for 2021.
10	**PARTIAL COMPLIANCE**	Trust Board sight of Trust legal services and maternity clinical governance records of qualifying Early Notification incidents and number reported to NHS Resolution

13.0 NATIONAL SURVEY RESULTS

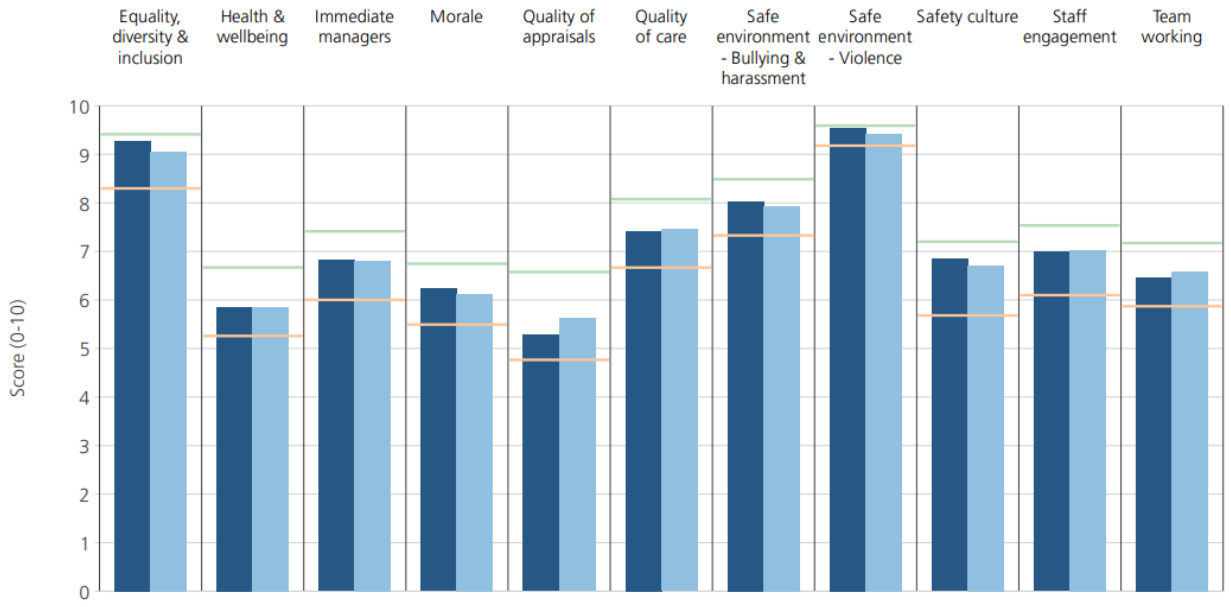
The national staff survey was undertaken in 2020 however, the Trust has not yet received the results.

Please see below for the results of the 2019 survey.

Survey Coordination Centre

2019 NHS Staff Survey Results > Theme results > Overview

NHS England



	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of appraisals	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Best	9.4	6.7	7.4	6.7	6.6	8.1	8.5	9.6	7.2	7.5	7.2
Your org	9.3	5.9	6.8	6.2	5.3	7.4	8.0	9.5	6.8	7.0	6.5
Average	9.0	5.9	6.8	6.1	5.6	7.5	7.9	9.4	6.7	7.0	6.6
Worst	8.3	5.3	6.0	5.5	4.8	6.7	7.3	9.2	5.7	6.1	5.9
Responses	3,089	3,098	3,094	3,088	2,669	2,757	3,076	3,090	3,091	3,101	3,073

5

Hull University Teaching Hospitals NHS Trust

Title:	**Reducing Risk through Audits and Confidential Enquiries across the UK) Perinatal Mortality Review Tool**
Responsible Director:	Beverley Geary Chief Nurse
Author:	Lorraine Cooper Head of Midwifery

Purpose:	The purpose of this report is to provide assurance to the Trust Board that the national Perinatal Review Tool is being completed by a multidisciplinary team, to the standard required by the Clinical Negligence Scheme for Trusts (CNST).	
BAF Risk:	BAF Risk 3: There Is a risk that the Trust is not able to make progress in continuously improving the quality of patient care	
Strategic Goals:	Honest, caring and accountable culture	Y
	Valued, skilled and sufficient staff	Y
	High quality care	Y
	Great clinical services	Y
	Partnership and integrated services	Y
	Research and Innovation	Y
	Financial sustainability	Y
Summary Key of Issues:	The Trust Board is requested to: • Receive (the report outlining the details of the deaths reviewed and the action plans. • Receive assurance by the team that the PMRT has been used to review eligible perinatal deaths and that the required standards a), b) and have been met and a plan introduced to ensure standard c) is achieved has improved the standard from the previous quarter. • Decide if any further information and/or assurance are required	

HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST

MATERNITY SERVICES
FAMILY AND WOMEN'S HEALTH GROUP

Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme Year 3 - Safety Action 1 – MBRRACE-UK (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK) Perinatal Mortality Review Tool

1. Purpose of the Report

The purpose of this report is to provide assurance to the Trust Board that the national Perinatal Review Tool is being completed by a multidisciplinary team, to the standard required by the Clinical Negligence Scheme for Trusts (CNST).

2. Introduction

MBRRACE-UK (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK) is a national collaborative programme of work involving the surveillance and investigation of maternal deaths, stillbirths and infant deaths.

NHS Resolution is operating a third year of the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme, which was revised in March 2021 to continue to support the delivery of safer maternity care. Trusts involved in the maternity incentive scheme will contribute an additional 10% of the CNST maternity premium creating the CNST maternity incentive fund. The scheme incentivises 10 safety actions Trusts demonstrating they have achieved all ten of the safety actions will recover their contribution and will also receive a share of any unallocated funds. In order to be eligible for payment under the scheme, Trusts must submit their

completed Board declaration form to NHS Resolution (MIS@resolution.nhs.uk) by 12

noon on Thursday 15 July 2021. Trust submissions will be subject to a range of external verification points including cross checking with: MBRRACE-UK data (safety action 1 point a, b, c).

3. Requirements for Safety Action 1 Are you using the National Perinatal Mortality Review Tool (PMRT) to review perinatal deaths to the required standard? **Appendix 1 and 2**

a)

i. All perinatal deaths eligible to be notified to MBRRACEUK from Monday 11 January 2021 onwards must be notified to MBRRACE-UK within seven working days and the surveillance information where required must be completed within four months of the death.

ii. A review using the Perinatal Mortality Review Tool (PMRT) of 95% of all deaths of babies, suitable for review using the PMRT, from Friday 20 December 2019 to 15 March 2021 will have been started before 15 July 2021.

b) At least 50% of all deaths of babies (suitable for review using the PMRT) who were born and died in your Trust, including home births, from Friday 20 December 2019 to Monday 15 March 2021 will have been reviewed using the PMRT, by a multidisciplinary review team. Each review will have been completed to the point that at least a PMRT draft report has been generated by the tool before 15 July 2021.

c) For 95% of all deaths of babies who were born and died in your Trust from Friday 20 December 2019, the parents will have been told that a review of their baby's death will take place, and that the parents' perspectives and any concerns they have about their care and that of their baby have been sought. This includes any home births where care was provided by your Trust staff and the baby died. If delays in completing reviews are anticipated parents should be advised that this is the case and be given a timetable for likely completion. Trust should ensure that contact with the families continues during any delay and make an early assessment of whether any questions they have can be addressed before a full review has been completed; this is especially important if there are any factors which may have a bearing on a future pregnancy. In the absence of a bereavement lead ensure that someone takes responsibility for maintaining contact and these actions.

d) Quarterly reports will have been submitted to the Trust Board from Thursday 1 October 2020 onwards that include details of all deaths reviewed and consequent action plans. The quarterly reports should be discussed with the Trust maternity safety champion.

4. Perinatal Mortality Review Tool (PMRT)

The aim of the PMRT programme is to support standardised perinatal mortality reviews across NHS maternity and neonatal units in England, Scotland and Wales.

The PMRT has been designed with the following principles:

- A comprehensive and robust review of all perinatal deaths from 22+0 days gestation until 28 days after birth
- Reviews conducted using a standardised nationally accepted tool, ideally web-based, that includes a system for grading quality of care linked to outcomes
- Review by a multidisciplinary group at a meeting where time is set aside for doing the work;
- Parental input into the process from the beginning.
- An action plan should be generated from each review, implemented and monitored;
- The review should result in a written report, which should be shared with families in a sensitive and timely manner.
- Reporting to the Trust/Health Board executive should occur regularly and result in organisational learning and service improvements.
- Findings from local reviews should feed up regionally and nationally to allow benchmarking and publication of results, and thereby ensure national learning.

5. Summary

a) i. **All** perinatal deaths in the Trust from 1st October have been notified to MBRRACE-UK within 7 working days.
ii. 100% of all deaths of babies suitable for review using the perinatal mortality review tool have been started from 20th December 2020 until the present time.

b) **88%** of all deaths of babies (suitable for review using the PMRT) who were born and died in the Trust, including home births, from Friday 20 December 2019 to Monday 15 March 2021

have been reviewed using the PMRT, by a multidisciplinary review team and has been completed to the point that at least a PMRT draft report has been generated by the tool.

c) In **93%** of all deaths of babies who were born and died in the Trust from Friday 20 December 2019, the parents have been told that a review of their baby's death will take place, and the parents' perspectives and any concerns they have about their care and that of their baby has been sought. The bereavement midwife maintains contact with the parents through the PMRT process. Two women within this reporting period had pregnancies with known fetal abnormalities and did not wish to terminate the pregnancy the baby's received palliative care.

d) Quarterly reports are submitted as per standard and discussed with the Trust safety champion

6. Recommendations

The Trust Board is requested to:

- Receive (the report outlining the details of the deaths reviewed and the action plans.
- Receive assurance by the team that the PMRT has been used to review eligible perinatal deaths and that the required standards a), b) and have been met and a plan introduced to ensure standard c) is achieved has improved the standard from the previous quarter.
- Decide if any further information and/or assurance are required

Lorraine Cooper

Head of Midwifery

March 2021

Hull University Teaching Hospitals NHS Trust
Perinatal Mortality Review Tool Review update March 2021

Outstanding and completed Neonatal cases upto March 2021

	MBRRACE ID	Stillbirth/ Neonatal Death	Date of death	PMRT commenced	Target for completion	PMRT Completed	Grading	Actions / Good practice
1		NND 33 weeks Unbooked	28/02/2020	29/04/2020	22/06/2020			Neonatal team to complete - not included in this CNST period
2		Late NND	03/10/2020	16/01/2021	03/02/2021	26/02/2021	B/A/A	Completed - Actions reminder re smoking cessation & ensuring mothers have documented information on fetal movements
3		NND 38 weeks @ 1 day old	04/10/2020		04/02/2021	26/02/2021	A/A/A	Coronors PM
4		NND 23+2 @ 1 day old	08/10/2020	17/10/2020	08/02/2021	08/03/2021	A/A/A	Report with Scarborough to agree
5		Late NND	09/10/2020	27/01/2021	09/02/2021	26/02/2021	C/A/A	Writing draft report SI completed. Actions in relation to both written and verbal communication issues
6		Late NND	13/11/2020	27/01/2021	13/03/2021	26/02/2021	A/A/A	Writing draft report
7		NND 22+2	27/12/2020	16/01/2021	27/04/2021	19/03/2021	B/A/A	Writing draft report - Actions reminder re routine booking investigations, DNA policy and recording risk assessment in labour
8		NND 29+5 weeks	02/01/2021	15/03/2021	02/05/2021			Coroners PM
9		NND @ 9 days 24+5 weeks	13/02/2021	15/03/2021	13/06/2021			SI investigation
10		NND 23+4 weeks	18/02/2021	15/03/2021	18/06/2021			Unbooked
11		NND 23 weeks	05/03/2021	24/03/2021	05/07/2021			To commence
12		NND @ 17 days 30 weeks	06/03/2021	24/03/2021	06/07/2021			To commence
13		NND @ 4 weeks 37+3 weeks	16/03/2021	24/03/2021	16/07/2021			SI investigation

	MBRRACE ID	Stillbirth/ Neonatal Death	Date of death	PMRT commenced	Target for completion	PMRT Completed	Grading	Actions / Good practice
Outstanding and completed Maternity Cases upto March 2021								
14		Late loss 23+5 weeks	22/10/2020	08/11/2020	22/02/2021	26/02/2021	A/A	Writing draft report
15		Stillbirth 32+6 weeks	27/10/2020	08/11/2020	27/02/2021	26/02/2021	C/A	Escalated for an SI -Actions with regard tomonitoring BP as per consultant plan and following plans of care in ADU
16		Stillbirth 39+6	23/12/2020	16/01/2021	23/04/2021	15/03/2021	C/C	Escalated for an SI- Actions with regard to GAP, DNA policy and the use of oxytocin with a history of IUD and previous LSCS
17		Stillbirth 37 weeks	20/01/2021	21/01/2021	20/05/2021	24/03/2021	B/A	Writing draft report - Actions re review of growth scans and documenting plans of care

APPENDIX
HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST
PMRT ACTION TRACKER MARCH 2021

MBRRACE ID	ACTIONS	Lead	Due date	RAG
71385	Development of a specialist preterm clinic			
	Review bereavement guideline to ensure postnatal investigations needed are clear	SC	30/04/21	
71405	Feedback to midwife providing intrapartum care	JC		
	Review pre-term guideline to ensure it is clear what observations are required from 22 weeks gestation	JG		
71426	Update neonatal bereavement checklist	AM	30/06/21	
	Reminder via monthly newsletter re smoking cessation services	SC	06/04/21	
	Reminder via monthly newsletter re written information on change in fetal movements in AN period	SC	06/04/21	
71568	Update bereavement checklist to capture information on informing parents where their baby is being taken	SC	28/05/21	
71804	Reminder via monthly newsletter re the use of interpretation services	SC	06/04/21	
71823	Update bereavement checklist to capture information on informing parents where their baby is being taken	SC	28/05/21	
	Reminder in the monthly newsletter with regard to offering and recording parents are given the opportunity to take babies home	SC	06/04/21	
71861	Implement improved communication with reference to plans of care and follow from scans in ADU	WMc	28/05/21	
	Review policy re screening for gestational diabetes during the pandemic	JG	30/04/21	
	Update bereavement checklist to capture information on informing parents where their baby is being taken	SC	28/05/21	
72803	Reminder via monthly newsletter re routine screening at booking	SC	06/04/21	
	Reminder via monthly newsletter following the DNA policy	SC	06/04/21	
	Reminder via monthly newsletter undertaking and documenting a risk assessment at the start of labour	SC	06/04/21	
	Update bereavement checklist to capture information on informing parents where their baby is being taken	SC	28/05/21	
72777	Reminder via monthly newsletter re taking fundal height measures when having serial GAP scans	SC	06/04/21	
	Reminder via monthly newsletter re smoking cessation services	SC	06/04/21	
	Update bereavement checklist to capture information on informing parents where their baby is being taken	SC	28/05/21	
	To review process for women DNA growth scans	WMc	30/06/21	
	Review and amend if required use of oxytocin with women with an IUD who have had a previous LSCS	JG	30/06/21	
	Individual feedback and reflection with regard to the management of the 2nd stage of labour	KS	30/06/21	
	Review current support for women who do not access care in the AN period during the pandemic	JM	30/06/21	
73229	Review the current process in place for reviewing growth scans and documenting plans of care in ADU	WMc	30/06/21	
	Update bereavement checklist to capture information on informing parents where their baby is being taken	SC	28/05/21	
Actions now completed (to be received at the committee meeting then removed from this tracker)				

Hull University Teaching Hospitals NHS Trust
Trust Board

Title:	Clinical Negligence Schemes for Trust (CNST) MATERNITY INCENTIVE SCHEME – YEAR THREE Safety Action 2 - Maternity Systems Data Set (MSDS) - criteria 3
Responsible Director:	Beverley Geary - Executive Chief Nurse
Author:	Mike Collins Senior Information Manager & Lorraine Cooper, Head of Midwifery

Purpose	The purpose of this report is to provide information to inform the Trust Board that HUTH can confirm to NHS Resolution that they have fully conformed with the MSDSv2 Information Standards Notice, DCB1513 And 10/2018, which was expected for April 2019 data, or that a locally funded plan is in place to do this, and agreed with the maternity safety champion and the LMS. This should include submission of the relevant clinical coding in MSDSv2 in SNOMED-CT.	
BAF Risk	BAF Risk 3: There Is a risk that the Trust is not able to make progress in continuously improving the quality of patient care	
Strategic Goals	Honest, caring and accountable culture	Y
	Valued, skilled and sufficient staff	Y
	High quality care	Y
	Great local services	Y
	Great specialist services	Y
	Partnership and integrated services	Y
	Financial sustainability	Y
Key Summary of Issues	This report provides a review of CNST Safety Acton 2 – MSDS data and the compliance for HUTH.	
Recommendation	The Trust Board is requested to: • Review the current position of compliance with MSDS data set for HUTH • Decide if any further information and/or assurance are required.	

Background
As part of its insurance against clinical negligence claims and litigation, the Trust pays an annual insurance premium under the Clinical Negligence Scheme for Trusts (CNST), administered by NHS Resolution. The Maternity CNST rebate in 2019 was £470k with a further £21k allocation from Trusts who were not compliant with all ten safety actions.

The 10 maternity safety actions are, as follows:

1. Are you using the National Perinatal Mortality Review Tool (PMRT) to review perinatal deaths to the required standard?
2. **Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?**
3. Can you demonstrate that you have transitional care (TC) services to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme? (ATAIN)
4. Can you demonstrate an effective system of clinical workforce planning to the required standard?
5. Can you demonstrate an effective system of midwifery workforce planning to the required standard?
6. Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2 (SBLCBv2)?
7. Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership to coproduce local maternity services?
8. Can you evidence that 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session within the last training year?
9. Can you demonstrate that the trust safety champions (obstetrician and midwife) are meeting bimonthly with Board level champions to escalate locally identified issues?
10. Have you reported 100% of qualifying 2019/20 incidents under NHS Resolution's Early Notification (NHSEN) scheme?

In order to be eligible for payment under the scheme, trust must submit their completed Board declaration form to NHS Resolution by 12 noon on the 20 May 2020. The reporting period has once again been extended to the 15 July 2021. In response to the current situation, the 10% uplift to the Clinical Negligence Scheme for Trusts (CNST) for the maternity incentive scheme has not been collected for the year 2020/2021.

CNST Safety Action 2 (MSDS), criteria 3
CNST safety action two asks trust Boards to confirm to NHS Resolution that they have fully conformed with the MSDSv2 Information Standards Notice, DCB1513 And 10/2018, which was expected for April 2019 data, or that a locally funded plan is in place to do this, and agreed with the maternity safety champion and the LMS. This should include submission of the relevant clinical coding in MSDSv2 in SNOMED-CT.

Current position
Since MSDS version 2 was introduced HUTH have developed submissions based on ensuring we provide the highest profile tables and data. In addition each iteration of the CNST yearly targets, HUTH submissions has met all of the necessary targets. This has been achieved by the digital team developing in house MSDS submission solution which is in keeping with the data warehouse strategy. This is undertaken by loading data from multiple data capture systems into a common data layer which then allows a greater degree of flexibility to join systems together to provide a richer dataset and reduce the risk of reporting disruption when new systems are introduced. Additionally, the Lorenzo Maternity data capture is heavily reliant on Trust custom built CDC forms in Lorenzo which mean that the DXC MSDS solution will not be in line with HUTH data recording practices.

By 28/02/2021 HUTH will be uploading 19 of the 31 tables. The plan is then to develop the additional 12 tables throughout the financial year 2021/22. Alongside this we will be identifying areas within the existing 19 tables which need expanding upon to increase the amount of data we are supplying.

Requirements to the maternity Lorenzo system have already been logged on this basis to ensure that the data fields needed to measure compliance against the Saving Babies Lives Care Bundle version 2 and Continuity of Carer metrics can be measured via our MSDS submissions in future months. Our current MSDS submissions mean that we are unable to derive the Saving Babies Lives Care Bundle data from this source and mean the Midwives need to do audits via a combination of BI reports and locally held data to ensure compliance against these metrics.

The additional 12 tables the trust need to submit will present some challenges as the data needed in these tables is dependent on the Midwives using functionality which may not be a part of their regular role. To initially make us compliant we have gone through the DXC MSDS documentation to see where their front end extract application derives the data from in Lorenzo. We have then logged on our internal development backlog the detail needed to replicate the methodology DXC have used. From this base we would then be able to expand our submissions based on where the Midwives inform us they consistently enter data relevant to a particular MSDS table in Lorenzo.

Humber Coast and Vale Local Maternity System (LMS) are currently working on an LMS wide procurement of a new single use maternity system. A steering group has been established to work with all 3 Trusts (Hull University Teaching Hospitals NHS Trust (HUTH); Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) and York Teaching Hospital NHS Foundation Trust (YTHFT)).
The aim is to achieve better data management and resultant quality and safety of maternity services as we collectively work towards our long-term maternity vision and outcomes as set out in the Better Births (2016) maternity review and the NHS Long Term Plan (2019).

HUTH - MSDS Development Plan
The MSDS development plan is below for the tables not currently being submitted. The dates are the months that the record should be released to production and included in the live extract.

April 2021 (development Feb-Mar)
MSD003SocPersCircumstances
MSD004OverseasVisChargCat

June 2021 (development Apr-May)
MSD104CodedScoreAssPreg
MSD105ProvDiagnosisPreg

August 2021 (development Jun-Jul)
MSD107MedHistory
MSD403ProvDiagNeonatal
MSD406CodedScoreAssBaby
MSD601AnonSelfAssessment

October 2021 (development Aug-Sep)
MSD108FamHistBooking

December 2021 (development Sep-Nov)
MSD109FindingObsMother

February 2022 (development Nov-Jan)
MSD203CodedScoreAssContact
MSD602AnonFindings

Summary

Hull University Teaching Hospital are meeting all of the criteria based on your most recent submission:

Hull University Teaching Hospitals NHS Trust
Family and Women's Health Group

Title:	Action plan to enable delivery of the neonatal nurse workforce element, for the delivery of direct patient care, under Safety Action 4 of the CNST Maternity Incentive Scheme
Responsible Director:	Beverley Geary Chief Nurse
Author:	Lorraine Cooper Head of Midwifery

Purpose:	The purpose of this report is to gain approval for the outlined action plan to enable delivery of the neonatal nurse workforce element, for the delivery.	
BAF Risk:	BAF Risk 3: There Is a risk that the Trust is not able to make progress in continuously improving the quality of patient care	
Strategic Goals:	Honest, caring and accountable culture	Y
	Valued, skilled and sufficient staff	Y
	High quality care	Y
	Great clinical services	Y
	Partnership and integrated services	Y
	Research and Innovation	Y
	Financial sustainability	Y
Summary Key of Issues:	The Trust Board is requested to: • Receive the neonatal workforce staffing action plan • Decide if any further information and/or assurance are required	

Neonatal Nurse Workforce Requirement Plan

1. Introduction

The purpose of this report is to gain approval for the outlined action plan to enable delivery of the neonatal nurse workforce element, for the delivery of direct patient care, under Safety Action 4 of the CNST Maternity Incentive Scheme.

2. Background

Safety Action 4 of the CNST Maternity Incentive Scheme requires that the neonatal unit meets the service specification for neonatal nursing standards. If these are not met, an action plan must be in place and agreed at board level in order to meet these recommendations.

The Trust is required to formally record to the Trust Board minutes the compliance to the service specification standards annually using the neonatal clinical reference group nursing workforce calculator. For units that do not meet the standard, an action plan should be developed to meet the standards and should be signed off by the Trust board and a copy submitted to the Royal College of Nursing (Fiona.Smith@rcn.org.uk) and Neonatal Operational Delivery Network (ODN).

Between Thursday 1 October 2020 and Thursday 20 May 2021 each neonatal unit should perform a nursing workforce calculation using the CRG work force staffing (Dinning) tool; this has now been adapted and re-named the Neonatal Workforce Tool. Units that do not meet the service specification requirement for the nursing workforce should have an action plan signed off by their Trust board.

3. Required Nurse Staffing Levels

3.1. Neonatal Nursing Workforce Tool (2020)

The Neonatal Nursing Workforce Tool (2020) has been adapted from the CRG Workforce Calculator (Dinning) Tool (2013) and has been developed with the National Lead Nurses Group. It is intended to support neonatal nurse managers and their colleagues by providing a consistent method for the calculation of nursing establishment requirements which meet national standards i.e. NHSI (2018); NHSE Neonatal Service Specification e08 (2015); DH (2009); BAPM (2010); NICE (2010).

The tool uses the following assumptions in order to calculate the required level of nursing workforce:

- The WTE numbers should be for nursing workforce providing direct patient care only. Time allocated for additional roles, such as management, education, outreach etc. should be excluded.
- A supernumerary nurse in charge will be included in the calculations for all units.
- Transitional Care staffing numbers should not be included.
- A multiplier of 6.07 WTE has been used to provide 1 nurse per shift
- In line with the recommendations in the DH Toolkit for Neonatal Care (2009) the multiplier includes an uplift of 25% for annual leave, study leave, maternity/paternity leave and sick leave.
- The multiplier is based on a 26-hour day to include two hours per day for shift handover and supervision (such as appraisals).
- Nursing workforce requirements are calculated to meet BAPM nurse: baby ratios i.e. HRG 1 (IC) 1:1. HRG 2 (HD) 1:2, HRG 3 – 5 (SC/TC) 1:4

- The calculator will give the actual WTE staff requirements based on the number of cots needed to deliver the activity for each level of care, at an average of 80% occupancy across the year.
- Calculations are made for an average of 80% occupancy because evidence shows that outcomes, mortality and morbidity are not as good when occupancy exceeds this level.
- Unit nurse staffing should be established to 100% to ensure that peaks in activity can be managed without an adverse effect on outcomes, mortality and morbidity.
- The calculation of the required nurse staffing levels are valid for the neonatal unit only; transitional care staffing is required to be excluded from this calculation.

4. Current Position

A nursing workforce calculation has been undertaken using the Neonatal Nursing Workforce Tool (2020) which shows that the current budgeted establishment for the neonatal unit falls significantly short of that required and therefore does not deliver compliance with the service specification standards.

5. Action Plan

Because the service is non-compliant with the required nurse staffing levels, Safety Action 4 of the CNST Maternity Incentive Scheme requires that an action plan must be in place and agreed at board level. Please see the action plan in Appendix 1

A business case for the restructure of neonatal nurse staffing is in the process of being developed, part of this case will be to address the requirements of this action plan to increase the budgeted establishment that will, in turn, deliver compliance with the numbers determined by the Neonatal Nursing Workforce Tool.

The numerical value of the shortfall calculated using the Neonatal Nursing Workforce Tool will be included as part of the business case/action plan development.

6. Recommendation

It is recommended that the Trust Board note the contents of this report and agree to the development of the business case that will contain the elements of the action plan required to deliver compliance with nursing establishment requirements.

Lorraine Cooper

Head of Midwifery
May 2021

Appendix 1 – Action Plan to meet Safety Action 4 of the CNST Maternity Incentive Scheme

Action plan 1

Safety action	**Safety Action 4** - the neonatal unit meets the service specification for neonatal nursing standards	**To be met by**	15th July 2021

Work to meet action	Identify the shortfall in nurse staffing numbers using the Neonatal Nursing Workforce Tool Identify the shortfall in "Qualified in Specialty" (QIS) neonatal nurses Develop a case of need paper to increase the uplift in the rota tool for training to support the timely release of staff to undertake QIS Develop a business case to address Neonatal Nurse staffing requirements Submit to Family & Women's Health Group Board for approval to submit to the Executive Management Committee Submit to the Executive Management Committee with the recommendation to support/fund the required increase in nurse staffing Following approval of the business case undertake actions to address the shortfall in nurse staffing numbers and the shortfall in QIS

Does this action plan have executive level sign off? | **Action plan agreed by head of midwifery/clinical director?** Yes

Action plan owner	*Vanessa Brown - Senior Matron*

Lead executive director	*Beverley Geary - Chief Nurse, Hull University Teaching Hospitals NHS Trust*

Amount requested from the incentive fund, if required

Reason for not meeting action	The Trust did not meet this Safety Action as the Neonatal nursing workforce did not meet the Dinning Tool review. The service has developed a business case that will deliver the workforce structure to meet Dinning and has included a phasing of the recruitment roll out.
Rationale	***Please explain why this action plan will ensure the trust meets the safety action.*** This action plan (approval of the business case) will deliver the nursing workforce calculation as shown from the output of the Dinning workforce staffing tool.
Benefits	***Please summarise the key benefits that will be delivered by this action plan and how these will deliver the required progress against the safety action. Please ensure these are SMART.*** Approval of the business case will deliver the right number of staff with the right skills in the right place at the right time. This will be evident in all levels of care across the unit (Transitional Care, Special Care, High Dependency Care through to Intensive Care) There will be a supernumerary coordinator on each shift Sustainability of HUTH being a level 3 provider within the region The proposed staffing structure will support improvements to the culture, education, learning, safety and support retention of nursing staff.
Risk assessment	***What are the risks of not meeting the safety action?*** The workforce will be compromised in its ability to deliver the national recommedations to maintain a level 3 service The risk of not meeting the action would be that the current workforce structure would have to be retained leading to the continuation of poor retention rates which is highlighted in both the Human Resources KPI reports locally and in Regional reports. The Neonatal Service would remain non-compliant against the expectations of the safety actions outlined in the CNST plan and those of other national strategies. HUTH will be required to accept the risks outlined above and the significant clinical and quality improvements which include on-going poor nurse to patient ratio's as per BAPM guidance. The poor ratio's are linked to ongoing recruitment and retention issues and the lack of senior nursing expertise and support on shifts 24/7.

	How?	**Who?**	**When?**
Monitoring	Submit business case for approval	Mel Carr Nurse Director for F&W HG	Jun-21

Hull University Teaching Hospitals NHS Trust

Committee Summary Report to the Board

Charitable Funds Committee

Meeting Date:	18 February 2021	**Chair:**	Mr T Curry	**Quorate (Y/N)**	**Y**

Key items discussed where actions initiated:
[Please summarise key points which resulted in actions being directed by the Committee.]

- The Trust Charity Annual Report and Accounts, Letter of Representation and Audit Findings Report was presented to the Committee for formal approval. One recommended was made which was to ensure that there were strong procedures in place to make sure that income and expenditure are categorised in the correct year. The Trust had agreed to undertake this recommendation.
- The Committee received a request to support and approve the provision of a Cancer Assessment Unit with from two legacy funds. This would benefit clinical oncology and clinical haematology patients.

Key decisions made:
[Please record all decisions approved.]

- The Charity Annual Report and Accounts and Audit Findings Report was approved.
- The Committee supported and approved the provision of a Cancer Assessment Unit with contribution from two legacy funds.

Risk and assurance matters to be received by the Board:
[Please record anything not captured above.]

Matters to be escalated to the Board:
[Please itemise matters that require the Board to: be aware/take action/make a decision and specify urgency, e.g. can it wait until the Board meeting or does it need attention sooner?]

- There were no matters to escalate to the Board

Hull University Teaching Hospitals NHS Trust

Charitable Funds Committee

Held on Thursday 18 February 2021

Via WebEx

Present:	Mr T Curry, Non-Executive Director (Chair) Mr L Bond, Chief Financial Officer Mr S Evans, Deputy Director of Finance Mr D Haire, Project Director, Fundraising Mr M Robson, Non-Executive Director
In Attendance:	Mrs L Roberts, Personal Assistant (Minutes)

1 Apologies for Absence

There were no apologies received.

2 Declarations of Interest

There were no interests declared.

3 Year End Accounts, External Auditors Report and Letter of Representation

The external auditors, Grant Thornton had completed their audit of Charitable Funds and issued the Audit Findings Report.

Mr Evans presented the Trust Annual Report and Accounts, Letter of Representation and Grant Thornton's Audit Findings Report to the Committee for formal approval.

It was advised that there had been some issues with the accounts picked up in external auditor's report which had all been resolved.

The Audit Findings Report identified 5 adjustments that were made to the draft accounts. Three were relating to prior period adjustments to correct errors from the 2018/19 accounts. One had been picked up by Trust prior to audit (transcription error) and two had been picked up by the auditors relating to date of recognition of legacies. These had not been identified by a series of reviews of the accounts in 2018/19 which was disappointing and it was agreed review processes need to be strengthened. The other two had related to legacies which were reported in the 2019/20 accounts, although notification had been received during the period 2018/19.

It was added that legacies are now received through WISHH and that the process had been strengthened.

Two adjustments had also been made to the accounts for the period 2019/20. A donation of £200k had been incorrectly processed as unrestricted income. The other was some minor adjustments to management and administration income expenditure of £11k being incorrectly classified between restricted and unrestricted expenditure.

The Audit Findings Reports identified one recommended action. This was to ensure that there were strong procedures in place to make sure that income and expenditure are categorised in the correct year. The Trust had agreed to undertake this recommendation.

A policy to assist with the classification of restricted and unrestricted income would be created to eliminate any inaccuracies on future accounts.

Mr Robson asked about related parties on page 6 of the annual accounts and there was a discussion regarding the restricted and unrestricted funds.

Mr Bond asked Mr Evans what had been learnt from the process. Mr Evans responded that there had been a few difficult years whilst the Trust transferred the funds over to the WISHH charity. A new staff member had commenced in post and a number of suggestions for improvement to processes had been made. It was added that Mr Haire now reports information on legacies directly to Mr Webster in the Finance Team, although the monies can vary.

The Annual Report and Accounts and Audit Findings Report were approved by the Committee.

Mr Bond passed on his thanks on behalf of the Committee members to Mr Evans, Mr Haire and the Finance Team for their work on the Year End Accounts.

The Letter of Representation would be signed by Mr Curry and Mr Bond.

Resolved
The Committee:

- Received the Annual Accounts, Annual Report, Letter of Representation and Audit Findings Report.
- Formally approved the Annual Report and Accounts and Audit Findings Report.

4 Provision of a Cancer Assessment Unit – Contribution from Legacy Funds

Mr Haire presented the Provision of a Cancer Assessment Unit – Contribution from Legacy Funds paper to the Committee members and gave an overview.

The purpose was to seek approval for £200k to be released from two specific legacy funds towards the £800k developments costs of a Cancer Assessment Centre in the Queen's Centre. This would benefit clinical oncology and clinical haematology patients.

An overview of the benefits was given and it was highlighted that a third of clinical oncology activity was clinical haematology. It would be beneficial for patients and staff to have a centralised facility that would also deliver opportunities for research, education and development.

The business case for the proposal was in the final stages, and it was envisaged that the development would be progressed over the coming months.

Resolved
The Committee members supported and approved the release of £100k from each of the two specified legacy funds for the Provision of a Cancer Assessment Unit.

5 Chairs Summary of the Meeting

Mr Curry summarised the meeting and highlighted the key points:

- The Committee formally approved the Annual Report and Accounts and Audit Findings Report.
- The Committee supported and approved the provision of a Cancer Assessment Unit - Contribution from Legacy Funds

6 Any Other Business

There was no other business discussed.

Date and Time of Next Meeting
Thursday 20 May 2021
2:00pm – 4:00pm
Via WebEx