



**Hull University
Teaching Hospitals**
NHS Trust

TRUST BOARD PUBLIC NOVEMBER
2023

TRUST BOARD PUBLIC NOVEMBER 2023



14 November 2023



09:00 GMT Europe/London



The Boardroom, HRI

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AGENDA

REFERENCES

Only PDFs are attached

 1 - Trust Board Agenda November 2023.pdf

1Hull University Teaching Hospitals NHS Trust
Trust Board Meeting in Public
Tuesday 14 November 2023
The Boardroom, HRI, Alderson House

No	Agenda Item	Lead	Format	Purpose	Time
Standing Items					
1	Welcome and Apologies	Chair	Verbal		9am
2	Declarations of Interest/Conflicts of interest with any agenda items	Chair	Verbal		
3	Minutes of the meeting held September 2023	Chair	Attached	Approval	
4	Action Tracker	Chair	Attached	Approval	
5	Board Work Programme	Head of Corporate Affairs	Attached	Information	
6	Board Development Framework	Head of Corporate Affairs	Attached	Information	
7	Patient Story	Deputy Chief Medical Officer	Verbal	Assurance	9.10am
8	Report from the Group Chief Executive Officer	Group Chief Executive Officer	Attached	Assurance	9.30am
9	Board Assurance Framework	Head of Corporate Affairs	Attached	Assurance	9.45am
Board Committees Highlight Reports					
10	10.1 Escalation from the Quality Committee	Chair of Committee	Attached	Assurance	10.00am
	10.1.1 CNST Declaration	Interim Chief Nurse	Presentation	Approval	10.20am
	10.2 Escalation from the Performance and Finance Committee	Chair of Committee	Attached	Assurance	10.40am
	10.3 Escalation from the Workforce Education and Culture Committee	Chair of Committee	Attached	Assurance	11.00am
	10.4 Escalation from the Audit Committee	Chair of Committee	Attached	Assurance	11.20am
Governance and Assurance					
11	11.1 Freedom to Speak Up Q2 Report	Head of Freedom to Speak Up	Attached	Assurance	11.40am
Items for Approval					
12	12.1 Use of the Trust Seal	Head of Corporate Affairs	Attached	Approval	11.50am
	12.2 Winter Plan	Group Chief Delivery Officer	Attached	Approval	11.55am
	12.3 Emergency Preparedness, Resilience and Response Core Standards	Group Chief Delivery Officer	Attached	Approval	12.00pm
Any Other Business					
13	Any Other Business	Chair	Verbal		12.15pm
14	Date and time of the next meeting: Thursday 8 February 2024	Chair	Verbal	Information	12.15pm

Supporting Documents					
	Quality				
	Quality Report	Interim Chief Nurse	Attached	Assurance	
	Maternity Report	Interim Chief Nurse	Attached	Assurance	
	Performance				
	Performance Report	Group Chief Delivery Officer	Attached	Assurance	
	Finance				
	Finance Report	Group Chief Financial Officer	Attached	Assurance	
	Workforce				
	Workforce Report	Group Chief People Officer	Attached	Assurance	
	Guardian of Safe Working Report	Group Chief People Officer	Attached	Assurance	

Attendance 2023/24


Name	09/05	21/06	11/07	12/09	14/11	13/02	12/03				Total
Sean Lyons	✓	✓	✓	✓							4/4
Jonathan Lofthouse	-	-	-	✓							1/1
S Hall	✓	✓	✓	✓							4/4
J Hawkard	-	-	-	✓							1/1
T Curry	x	✓	x	✓							2/4
U MacLeod	x	x	✓	✓							2/4
M Robson	✓	✓	✓	✓							4/4
L Jackson	✓	✓	✓	✓							4/4
A Pathak	✓	✓	✓	✓							4/4
L Bond	✓	✓	✓	✓							4/4
K Wood	-	-	-	-							
S Stacey	-	-	-	-							
J Ledger	✓	✓	✓	✓							4/4
S Nearney	✓	✓	✓	✓							4/4
I McConnell	x	✓	x	✓							2/4
S McMahon	✓	✓	✓	x							3/4
R Thompson	✓	✓	✓	✓							4/4

DECLARATIONS OF INTEREST/CONFLICTS OF INTEREST WITH ANY

AGENDA ITEMS

REFERENCES

Only PDFs are attached

 3 - Draft September Minutes 2023 RT.pdf

Hull University Teaching Hospitals NHS Trust
Minutes of the Trust Board
Held on 12 September 2023

Present:	Mr S Lyons	Chairman
	Mr S Hall	Vice Chair
	Mr M Robson	Senior Independent Director
	Prof U Macleod	Non-Executive Director
	Mr T Curry	Non-Executive Director
	Mrs J Hawkard	Non-Executive Director
	Dr A Pathak	Associate Non-Executive Director
	Mr J Lofthouse	Group Chief Executive Officer
	Mr L Bond	Chief Financial Officer
	Mrs J Ledger	Interim Chief Nurse
	Prof M Purva	Chief Medical Officer
	Mrs J Mizon	Deputy Chief Operating Officer
	Mrs S Rostron	Director of Quality Governance
	Mr S Nearney	Interim Joint Director of Workforce and OD

In attendance:	Mrs L Cooper	Director of Midwifery
	Ms K Rudston	Assistant Chief Nurse
	Ms F Moverley	Freedom to Speak Up Guardian
	Mrs R Thompson	Head of Corporate Affairs (Minutes)

No	Item	Action
1	<p>Welcome and apologies</p> <p>Mr Lyons welcomed Mr Lofthouse and Mrs Hawkard to their first Board meetings at the Trust.</p> <p>Mr Lyons advised that the agenda had been re-ordered so that the Board Committee summaries formed the focus of the meeting and that the agenda would develop over time.</p> <p>Apologies were received from: Mr I McConnell, Interim Joint Director of Strategy, Mrs L Jackson, Associate Non-Executive Director, Mrs E Ryabov, Chief Operating Officer and Mrs S McMahon, Joint Chief Information Officer</p>	
2	<p>Declarations of Interest</p> <p>Mr Lofthouse advised that he was a Specialist Advisor to the CQC.</p>	
3	<p>Minutes of the meeting held July 2023</p> <p>Page 4 item 7.1 – Mr Bond advised that he wanted the minute to reflect that the inevitability of the Trust causing catastrophic harm was a little overplayed.</p> <p>Mrs Thompson advised that BAF 3.2 would be discussed at the October Quality Committee as the BAF Board Development session had not been held.</p> <p>Item 8.5 – Mrs Thompson advised that the Quality Strategy had been approved virtually by the Board.</p> <p>Mr Bond advised that item 10.1 in the May minutes had been re-worded</p>	

as noted in the minutes.

4 Action Tracker

The Ground Floor Model had been presented to the Performance and Finance Committee so it was agreed this could be removed from the Tracker.

The Maternity update relating to 8 missed GAP cases would be covered off in the Quality section of the Board.

5 Board Work Programme

Mrs Thompson advised that the Board Assurance Framework would now be received at every Board and Committee meeting.

6 Board Development Framework

Mrs Thompson advised that the Board Assurance Framework Board Development Session had not happened due to the changes around the Group Model. Mr Lyons agreed that a consolidated and common approach would be required.

7 Patient Story

Mr Lofthouse spoke of a patient that had reached out directly to him regarding their care at both HUTH and NLAG hospitals.

The patient had described poor care at both hospitals including a wrong diagnosis, waiting times and the state of the waiting areas and poor pain relief management. Staff skill relating to pick line insertion was also a major issue.

The patient praised the staff at the hospitals stated they were helpful and empathetic. Dr Roy and Nurse Mitchell were singled out.

There was also a disparity between the food served at different hospitals which would be reviewed.

Mr Lofthouse advised that he was reviewing all of the issues with Mrs Ledger and would report back updates to the Board in due course.

Dr Pathak asked if the hospitals had enough resources to manage the patients and Mr Lofthouse advised that the Chemotherapy unit at Castle Hill was seeing an increased amount of patients.

Mr Bond advised that the Queens centre had opened a 5th ward and this was being monitored to see how it was being utilised and the impact it was having on the South Bank. He added that the emergency admission times had been extended to later in the evenings as there had been an 8% growth in Chemotherapy patients.

Prof Purva advised that the advances in oncology did not match the workforce capacity and that recruiting to posts was challenging.

Prof Macleod asked about the long waits and was there any quick wins to be had. Ms Mizon advised that there had been problems with the Linac radiotherapy machine breaking down but this was on the replacement programme for next year.

Mr Lyons stated that the poor care and pain management should not be tolerated and looked forward to an update from Mr Lofthouse as to what actions had been put into place.

Action: Mr Lofthouse to update the Board in November 2023.

8 Report from the CEO

Mr Lofthouse presented his report to the Board. He highlighted the work ongoing to provide and onsite Urgent Treatment Centre by moving the Storey Street facility. He advised that the teams were working this through but the Duchess of Kent building at HRI was the best solution.

Mr Lofthouse also reported that the EPR position had changed in that the business case would only include Hull and NLAG and not Harrogate and York.

Mr Nearney advised that the Industrial Action was causing huge disruption on ED waiting times and the Trust having to stand down elective activity. There was no sign of any agreement being reached. Mr Lofthouse asked Mr Bond how this was impacting financially and Mr Bond advised that by month 5, £2m had been lost due to industrial action. He added that NHS England were reviewing reducing elective work so that costs could be recouped.

Mr Lofthouse advised that following the Lucy Letby incident he was working with Mr Hall and the Chair of the ICB to review any additional steps needed to assess systems for safety. There were 4 immediate areas, these being: Executives being sighted on clinical delivery and outputs, how PSIRF was being embedded, confidence in the Freedom to Speak Up processes and learning from the Medical Examiners.

Mrs Rostron advised that the National Patient Safety Commissioner recommended that Board members received patient safety training.

Mr Lofthouse reported that there had been National direction to accelerate the Flu and Covid vaccination programmes.

9 Quality Report

Prof Macleod reported that the Quality Committee was taking good assurance from sustained improvement rather than action plans in place. She advised that the Committee was not assured by the CQC action plan because although there was much good work and actions in place, it was too early to see sustained improvements.

Prof Macleod identified the August summary which related to a one off meeting to focus on a few key areas including the WHO checklist and consent.

Mr Lyons asked if the team had a grip on falls and Mrs Ledger advised that there had been a significant increase in Band 7 training and a business case had been presented to the Capital Resource Allocation Committee regarding new equipment.

Mr Lofthouse was clear to point out that there would be consequences against non-negotiables such as the WHO checklist. Prof Purva advised

that the digital checklist would be implemented in October and rolled out in November 2023. The outcomes of this digital implementation would be shared with the Quality Committee.

Mr Bond asked about the ED and Maternity risks and at what point would the actions be assessed for effectiveness. Prof Macleod stated that the Quality Committee would be assured when sustained improvements were seen. Mrs Rostron added that the outcomes of the actions are being scrutinised and improvements were being made but they were not yet embedded.

Mrs Cooper informed the Board that there had been 8 true missed GAP cases and investigations had taken place to understand why and take learning back to the teams.

9.2 Performance and Finance Report

Mr Robson presented the summary report and advised that the Committee had decided on limited assurance for performance and finance.

Mr Robson advised that good progress had been made on the long waits, although this improvement trajectory had been hindered by the industrial action. ED and Cancer performance was disappointing but the Committee had received a presentation relating to the Ground Floor plan which detailed triaging processes. The new plan had been developed by the clinicians and was being implemented.

Other improvements included the 13th Floor discharge to assess unit and the Rosmore step down unit which had resulted in a reduction in No Criteria to Reside patients.

Mr Robson also advised that the new Day Case Unit at Castle Hill was now operational and the plans for a UTC on the HRI site were underway.

Dr Patak asked about the NCTR patients and what the trajectory was. Ms Mizon advised that overall the numbers were down and there was a good flow of patients out of Rosmore. She added that there were still issues around the care hours and Social Care with Local Authorities facing financial challenges. Ms Mizon advised that at the time of the meeting there were 145 patients and the trajectory was to get to 80 by the end of March 2024.

Mr Lofthouse asked how the North and South Banks were working together and Ms Mizon stated that she was in discussions to determine how the Group strength was utilised.

Mr Hall asked how the new cancer standards were being implemented and measured and Ms Mizon advised that the Performance and Finance report would be amended to include them. She added that work was ongoing with the Cancer Alliance to unblock patients into the tertiary service.

Ms Mizon reported that consultants now review discharges at 8am but there is still more work that health partners could do to help.

There had been 14 breaches of the 78 week standard, which was below the trajectory. The plan was to be at zero by the end of September.

Mr Lyons thanked Ms Mizon on behalf of the Board for her efforts.

Mr Robson advised that from a financial point of view the Trust still had a large underlying deficit. He spoke about the £10m gap and lack of efficiency savings and also how the industrial action had costed the Trust £2m so far. The capital expenditure was in a good position.

Mr Bond advised that the month 5 figures were very similar with the pay award being potentially £2.5m underfunded. The Trust's elective performance had been poor which impacted on the Elective Recovery Funding. He added that the £49m underlying position would be an issue for next year.

9.3 Workforce Report

Prof Macleod highlighted that the Committee's main areas of concern included talent management and the outcomes of the staff survey.

Mr Lofthouse asked about the Health and Wellbeing Lead and Mr Nearney advised that it worked really well and a review of the funding was underway. Mr Lofthouse asked if the post could be reviewed on a Group scale and whether this would help with the funding.

There was a discussion around staff that have completed leadership programmes and having a fast-track scheme in place. Mr Nearney advised that the Organisation Development Team was busy with intensive support and there was little resource to develop talent management. Prof. Purva advised that the Assistant CMO had implemented a senior registrar leadership programme every October and these individuals would go on to become consultants.

Mr Nearney advised that the vacancy position of the Trust was 2.2% and sickness absence was 4.2%. The October National Staff Survey would be promoted so the completion rates were higher this year. Mr Lofthouse stated that it was important to show staff what had been put into place since the last staff survey, e.g. 'you said, we did'.

9.4 Audit Report

Mr Robson presented the document and advised that the assurance ratings were based on the reports received from the Internal Auditors.

Mr Robson mentioned the follow up audit which had 53% of follow up actions completed. Mr Bond advised that a number of the actions had sat in the Finance Department but a large number of these had been targeted and closed.

Mr Lofthouse was keen to meet with the Internal and External Auditors and advised that if actions were of very low risk it would be useful to review them and close if no longer relevant. Mrs Hawkard advised that she had met with External Audit yesterday and had a meeting booked in with the Internal Auditors.

9.5 Group Development Committees in Common

Mr Lyons presented the update and highlighted the discussions around CDC development, the HCCP, consultant engagement and the Group Model.

Mr Lofthouse advised that Scunthorpe Council had added additional funding for the CDC of around £1.2m which was appreciated.

Mr Bond advised that the absence of strategic capital was a major problem for both Trusts due to the amount of backlog maintenance and asset replacement required.

10 Board Assurance Framework

Mrs Rostron reported that the paper was the Q1 paper already received by the Board in July 2023 and would be updated to Q2 for the November 2023 Board. The Corporate Risk Register attached required updating and a review of how this would be presented to the Board would be undertaken and broken down and aligned to the strategic risks. In the future the report would be updated on a monthly basis.

Mr Lofthouse was keen to develop a regular BAF/CRR and audit outcome meeting with the Executives and a Non-Executive Director to help maintain pace.

10.2 Fit and Proper Person Test

Mr Nearney presented the report and highlighted the new regulations relating to the Fit and Proper Person Test.

The new checks were set out in the report which included a much more substantial reference requirement, both at the beginning and end of the appointment and Social Media Checks.

Mr Nearney also informed the Board that a new Leadership Competency Framework would be published and the appraisal process would be more robust.

As the information for the new FPPT checks would be held in ESR all Board members would receive a letter informing them of this and giving them the option to discuss the new process further. Mr Nearney added that all new Group Appointments would be following the new process.

Mr Lofthouse advised that on top of the Executive appraisal process he would be undertaking a mid-year review and reporting the outcomes to the Remuneration Committee.

Mr Bond asked to what level the checks would be carried out and Mr Nearney advised that it would be Band 9 and above.

Prof Purva added that there was experience to take from the revalidation process for consultants.

10.3 Freedom to Speak Up Guardian

Mrs Moverley presented the Q1 report and advised that there had been 25 cases which was slightly higher than last year. She added that the

concerns were generally about roles but there were other more complex cases and one case was completely anonymous.

Mrs Moverley advised that there were no particular themes coming out of the data. Appendix 1 to the report showed the action plan and progress to date. The National Speaking Up policy was now approved and the Trust had 25 fully trained Speak Up Champions.

Mr Lyons asked if the Champions were a good mix of staff roles and Mrs Moverley advised that the majority of roles were in Corporate Services and some in Corporate Nursing.

Mr Lofthouse advised that he would be meeting with Mrs Moverley every month to discuss the Freedom to Speak Up Agenda.

Mr Robson asked about whistle blowers that went straight to the regulators or CQC and Mrs Moverley advised that they were within their rights to do so but it was encouraged to speak internally first. She added that the numbers were very low.

Mr Lyons thanked Mrs Moverley and reminded the Board to encourage staff to contact her if they had any concerns.

11 Use of the Trust Seal

Mrs Thompson presented the report which related to the use of the Trust seal for the advertisement hording on the corner of Argyle Street.

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

11.2 Protecting the Expanding Elective Activity

Mrs Mizon presented the report and advised that it had been received previously at the Executive meeting. She added that it was an honest appraisal of the Trust position.

Action: Ms Mizon to present further updates to the Performance and Finance Committee in October 2023.

Resolved: The Board approved the report.

11.3 Modern Slavery Report

Mr Nearney presented the Modern Slavery Statement for approval by the Board. He advised that the Team worked closely with procurement to ensure that suppliers were ethical in their processes.

Resolved: The Board approved the Modern Slavery Statement and this would be uploaded to the Trust website.

11.4 Workforce Race Equality Standard/Workforce Disability Equality Standard

Mr Nearney presented the two reports to the Board and requested approval of the returns.

Mr Nearney reported that the total number of BAME staff had increased but further work was required to provide career progression opportunities. Bullying and harassment towards BAME staff was still an issue and the BAME Network continues to promote the Zero Tolerance scheme.

The positive work of the BAME Network included allyship activity, training and coaching and mentoring. The Network continues to grow and the Trust is now working with colleagues on the South Bank. Dr Pathak added that he had attended some of the BAME Network meetings and complimented the Trust on the progress made.

Mr Nearney advised that the formal disciplinary process had risen slightly for BAME staff but was still healthy against the National data. AP – attended some of the meetings. Compliments trust implementing and progress they have made.

Prof Macleod was interested to see the comparison of experiences between Band 5 Nurses and Consultant staff. Mrs Ledger added that a Band 5 Nurse had been appointed to provide pastoral care to international nurses and she was doing a fantastic job.

Resolved: The Board approved the WRES

Mr Nearney presented the Workforce Disability Equality Standard report and advised that there was now a disabled member of staff on the Capital Accommodation Group and changes to the recruitment process had also been made.

The Board discussed reasonable adjustments and replicating the NLAG policy already in place.

Action: It was agreed that the Chair of the Disabled Network would attend a Board Development session in 2024.

Resolved: The Board approved the WDES

11.5 HUTH Responsible Officer Report

Prof Purva presented the Responsible Officer Report and advised that the Trust was compliant with the regulations. The data provided showed good evidence of this. There were no issues raised.

Resolved: The Board approved the Responsible Officer Report and it was agreed that the CEO would sign it off.

12 Any Other Business

Ms Rudston attended the Board to present the Safeguarding Adult's and Children's Annual Reports.

She advised that the accountability framework had changed and the Trust was working through it. The CQC had picked up that staff understood the fundamentals and were providing reasonable adjustments for patients.

Good governance and partnership working was in place. Key areas of concern included domestic abuse training, the increase in suicides and mental health triage. A new electronic mental health triage tool was being developed in the Emergency Department.

Homelessness was another key issue as was drugs and alcohol misuse.

The CSAS service in the Anlaby Suite was hoping to receive the ISO accreditation in 2024.

Ms Rudston thanked the Board for their open culture and allowing her to present the reports and advised that she was leaving the Trust to take up a position at the ICB. Mr Lofthouse thanked Ms Rudston for her work relating to Safeguarding and identified her leaving as a risk as the Trust would be losing a lot of experience.

Ms Rudston added that she was prepared to support and mentor the new Head of Safeguarding and this had been approved by the ICB.

The Board noted that Mr Hall would take up the Safeguarding NED roles.

Mr Lyons thanked Ms Rudston on behalf of the Board. He asked if she could review the external pressures and burden on resources in her new role. Ms Rudston confirmed that this would be part of her new remit.

Mr Lyons advised that Mr Robson had been appointed as the Senior Independent Director.

The following documents were received by the Board as supporting information

Quality Report
Maternity Report
Safeguarding Children and Vulnerable Adults Report
Mortality – Learning from Deaths Update
End of Life Care Annual Report
Performance Report
Finance Report
Workforce Report
Under Graduate Education Report

13 Date and time of the next meeting:

Tuesday 14 November 2023, 9am – 1pm, The Boardroom, Alderson House

ACTION TRACKER

REFERENCES

Only PDFs are attached

 4 - Action Tracker November 2023.pdf

**Hull University Teaching Hospitals NHS Trust
Trust Board Action Tracking List (November 2023)**

Actions arising from Board meetings


Action NO	PAPER	ACTION	LEAD	TARGET DATE	NEW DATE	STATUS/ COMMENT
September 2023						
09.01	Patient Story	An update regarding the September patient story to be received	JL	Nov 2023		
09.03	WDES	Chair of the Disabled Network to attend a Development Session in 2024	SN	TBC		
COMPLETED						
01/05	Patient Story	Patient backlog Board Development session date to be agreed	MP	October 2023		
04/05	Maternity Update	Monitoring growth restriction missed cases – update to the Board	LC	September 2023		

Actions referred to other Committees

Action NO	PAPER	ACTION	LEAD	TARGET DATE	NEW DATE	STATUS/ COMMENT
09.02	Protecting the Expanding Elective Activity	Performance and Finance Committee to discuss in more detail	JM	Oct 2023		

REFERENCES

Only PDFs are attached

 5 - Trust Board Work Programme 2023.xlsx

REFERENCES

Only PDFs are attached



6 - Board Development Framework 2023.pdf

Hull University Teaching Hospitals NHS Trust Board Development Programme 2023

Overarching aims:

- The Board to focus on the vision, values and goals of the Trust in all that it does
- The Board to provide strategic direction and leadership for the Trust to be rated as 'outstanding' by 2023

Board Development Dates 2022/23	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	Other
February 2023									Freedom to Speak Up
April 2023	Trust Strategy								
June 2023				BAF 3.2: Patient Harm/Recovery	BAF 4: Risks to recovery plan				Staff Survey
August 2023		BAF 1: Board Leadership/ Leadership and culture						BAF 7: Financial sustainability	Board Assurance Framework
October 2023			BAF 2: Staffing	Waiting list – patient harm reviews - MP		BAF 5: ICS			IPC BAF
December 2023									

Other topics for discussion:

- **Group Model**
- **CQC**
- **Winter Pressures**
- **Quality Improvements (Deep Dives)**
- **Performance issues**

Principles for the Board Development Framework

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.

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

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.
- 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

REFERENCES

Only PDFs are attached

-  8 - HUTH Trust Board Nov 23 - Group CEO briefing v5.pdf

Group Chief Executive Officer

Briefing to the Trust Board Tuesday 14 November 2023

1. Introduction

- 1.1 Since the last Trust Board meeting, significant progress has been made on the appointment processes to the new Group Chief and Director structure.
- 1.2 I am very pleased to announce the following Group Chief and Director appointments, all of whom have been through a robust stakeholder and panel interview process.
 - Shaun Stacey, Group Chief Delivery Officer
 - Dr Kate Wood, Group Chief Medical Officer
 - Ivan McConnell, Group Director of Strategy and Partnerships
 - Simon Nearney, Group Chief People Officer
- 1.3 Lee Bond has been undertaking a Group-level Chief of Finance role for both organisations, and has now been confirmed in post as Group Chief Financial Officer. My sincere congratulations go to all our successful appointees. All appointees took up their new larger portfolios of responsibility at the beginning of November. My grateful thanks are extended to the stakeholder representatives of north and south bank staff who formed the stakeholder panel, as well as to a number of subject matter experts from across the NHS, who joined specific interview panels.
- 1.4 My sincere thanks also go to Suzanne Rostron, Helen Harris, Ellen Ryabov, Ellie Monkhouse and Makani Purva for their hard work and dedicated service. They are moving on to new opportunities internal and external to the Group over the coming weeks.
- 1.5 I am also very pleased that we are joined by Adam Creeggan, interim Director of Performance, Rob Chidlow, interim Director of Quality Governance, and Michael Kaiser, Winter Director. These colleagues will provide us with significant additional bandwidth and expertise as we navigate coming together as a Group. This is at the same time as needing to make progress at pace with quality and safety improvements, improved reporting and navigating the most significant winter pressures we have experienced.
- 1.6 We have also commissioned Michael Sutherland to provide his expertise to examine our waiting lists (the PTLs) for both north and south bank. The purpose of this project is to make most efficient use of our theatre and outpatient capacity as well as to pick up common issues around pathway management.

2. Patient Safety, Quality Governance and Patient Experience

- 2.1 The Trust remains under significant scrutiny for patient safety. The Trust is meeting monthly with the Integrated Care Board as well as bi-monthly with the Care Quality Commission, in order to undergo detailed confirm and challenge on the progress towards improving quality of service delivery. The Trust welcomes the external support from the Integrated Care System (ICS) and regional maternity system to improve assessment and care in falls and maternity services, respectively.
- 2.2 I must draw the Trust Board's attention to an increase in Patient Safety Incident Investigations declared in the last month in urgent and emergency care. The pressure on our acute pathways is the most significant in the last month than it has ever been; this is reflected across our system and means that we need to step up our plans for patient safety and flow over the coming months.

2.3 I also need to appraise the Trust Board that the organisation has received a Regulation 28 letter from HM Coroner's Office. The letter, dated 17 October 2023, is in relation to venous thromboembolism (VTE) prophylaxis. The letter concerns a specific patient case but also raises broader questions around the Trust's VTE policy and compliance. The Trust is required to respond by 12 December 2023. The Trust has also been required to attend recent inquests, all relating to in-hospital patient falls. The Trust has sought wider support and 'fresh eyes' from the ICB and NHS England around falls, and whether there are any further assessment or safety measures we can take to reduce the number of falls and level of harm caused by falls.

3. Elective Care and Urgent and Emergency Care

3.1 Since the last Trust Board meeting, I have been asked to take the elective recovery 'tsar' role for the ICS. We are looking for ways to maximise capacity and elective recovery across our system, to work for our patients and make best use of our collective resources.

3.2 From our own Trust's perspective, we reported 10 breaches of the 78-week standard at the end of September 2023 and understand at individual patient level those patients who would breach the standard if not treated. We are focused on reducing to zero 78-week waiting patients by the end of December 2023. In respect of 65-week requirements, the Trust responded to NHS England's letter dated 4 August 2023, which required all patients waiting for first outpatient appointment, who would be a 65 week breach at the end of March 2024, should be dated on or before 31 October 2023. As at 16 October 2023, when the data were brought to the Finance and Performance Committee for scrutiny, there were 711 patients waiting for a first outpatient appointment who will breach 65 week waiting time by the end of March 2024. Of these, 453 had an appointment date. 103 did not have an appointment date, and 155 had an appointment on/after 1 November 2023. Of these patients, 23 of these are due to choice and 132 due to capacity. The Performance and Finance Committee received the detail of these potential breaches at specialty level and the plans being put in place to offer patients an appointment as soon as possible.

3.3 In elective recovery terms, the Trust as at September 2023 delivered against the operational plan:

- New Activity 99%
- Follow up Activity 106%
- Day Case Activity 92%
- Ordinary Elective Activity 89%

3.4 The Trust is still awaiting further clarity as to what this might mean in respect of elective recovery funding (ERF) at Trust-level. The indicative ERF position year to date is £3.8m below plan. Trust 2019/20 baselines have been amended for counting and coding changes and service transfers but colleagues at NHS England are yet to confirm baselines.

3.5 The 23/24 operational plan has a requirement to reduce outpatient follow ups without a procedure by 25% of the 19/20 baseline. In September 2023, follow up activity was 106% of the plan and 110% of baseline. There is on-going analysis, particularly to identify procedures undertaken in outpatients, and improvement projects linked to outpatient pathways to support this operational requirement.

3.6 In respect of cancer performance, 62-day performance for August 2023 was 55.8%, a deterioration from July 2023 performance of 62.2%. Performance at the target of 70% has not been achieved for some time. The Faster Diagnosis Standard (combined) achieved the 75% target with performance of 76.5%. The Performance and Finance

Committee received a tumour-site breakdown of improvement and mitigation actions, including support from the wider system where available, and understanding of the specific pinch-points in pathways, particularly around reporting time, number of endoscopy and operating lists and access to specific treatment pathways.

- 3.7 As a Tier 1 Trust for Cancer and RTT Performance, the ICB has stepped up scrutiny of cancer performance and recovery at regional level. On 16 October 2023, I attended the first of what are now fortnightly meetings on cancer performance, which involves detailed review of the position of each Trust in the ICB, anticipated improvements and specific issues as tumour-site level.
- 3.8 Urgent and emergency care has come under greater operational pressure than ever in the last two months. For September 2023, the improvement trajectory for the 4 hour emergency department standard was not met, delivering 63.8% against a target of 71% for Type 1 & 3 activity. This is the system total combined with UTC performance for Hull and East Riding. In the same month, ambulance handover performance deteriorated against the August 2023 (68%) position, with 65.9% of handovers completed within 30 minutes (target 85%). The average time for handover was 33.36 minutes against 29.48 minutes in August 2023. Whilst the issues behind these pressures are multi-factorial, the number of patients in September 2023 with No Criteria to Reside was reported to the Performance and Finance Committee to be the single largest factor affecting performance, with a daily average of 174 patients per day remaining within the hospital who have no medical need for acute services.

4. Strategic developments

4.1 The Thirlwall Enquiry

The Thirlwall Enquiry is the national enquiry following the sentencing of Lucy Letby, and has published its broad terms of reference.

These are to review:

- A. The experiences of the Countess of Chester Hospital and other relevant NHS services, of all the parents of the babies named in the indictment.
- B. The conduct of those working at the Countess of Chester Hospital, including the board, managers, doctors, nurses and midwives with regard to the actions of Lucy Letby while she was employed there as a neonatal nurse and subsequently
- C. The effectiveness of NHS management and governance structures and processes, external scrutiny and professional regulation in keeping babies in hospital safe and well looked after, whether changes are necessary and, if so, what they should be, including how accountability of senior managers should be strengthened. This section will include a consideration of NHS culture.

All NHS Trusts have received a letter advising of these terms of reference and that evidence will start to be gathered from mid-December 2023. Clearly, this will rightly bring a great deal of scrutiny on the way in which Trust Boards ensure that there are routes through which staff can raise patient safety concerns and for these to be thoroughly investigated.

I would like to assure the Trust Board, as members already well aware, that there are a number of well-established routes through which staff can raise concerns. I take seriously any concern raised by staff and personally seek assurance that our reporting methods are robust.

I believe there will be a number of lessons for all NHS organisations to learn from this national inquiry and I welcome the scrutiny on staff culture and professional behaviours.

4.2 Humber Acute Services– public consultation

At regional level, the public consultation on Humber Acute Services remains open to January 2024. I encourage all staff and stakeholders to take part; the easiest way to do so is to visit the consultation website at www.betterhospitalshumber.nhs.uk to find out more about the proposal and provide feedback. The public consultation, which is being undertaken by the Integrated Care Board, represents a significant milestone in this project, which has considered over 100 options and had significant public and stakeholder input of over 12,000 views to bring together the consultation options for the medium- and long-term future of urgent and emergency care services and paediatric services.

4.3 Hull City Council – Draft Community Plan

At a more local level, Hull City Council published the current draft of its Community Plan, drawn up with local residents. This is due to go to full Council in November 2023 for final approval.

It outlines a number “Our Shared Ambitions”

- Safe and welcoming neighbourhoods
- A healthier and fairer Hull
- Reaching our potential
- Economic growth that works for all
- Responding to the climate and nature emergency
- Our culture, our heritage, our city

I have been invited to a planning session for stakeholders and anchor institutions in late November 2023; clearly there is a great deal in this plan where we can help deliver improvements in the lives of one of the biggest populations that we serve, both as a service provider and an employer, and I look forward to contributing our significant expertise to this delivery.

5. Financial Performance

- 5.1 There are some in-year changes for delivery against the financial plan. The Trust reported a year to date deficit for month 6 of £9.3m, £7.6m adverse versus plan. The year-end forecast deficit is £7.2m, which is in line with the 2023/24 plan. The Trust delivered £20.2m in CRES against a target of £22.2m. The forecast is to deliver £48.8m against a plan of £53.9m.
- 5.2 The Trust’s deficit stands at £52.7m. This is an increase of £1.5m from month 5, relating to the medical staff pay award shortfall. Capital expenditure is £13.6m, against a year to date plan of £19.4m. The Trust has spent £14.3m on agency and bank pay to September. This is £2.7m more than the same period in 2022/23.
- 5.3 These elements were discussed in detail at the Performance and Finance Committee meeting, and the Committee will provide its insight around the limited level of assurance it has around financial performance at today’s meeting.

6. Workforce Update

- 6.1 The focus since the last Trust Board meeting has been retention and career development within our workforce. The Workforce, Education and Culture Committee held detailed discussions about support to staff from diverse backgrounds and identified

some elements where further support could be beneficial. The Trust is on-target to have recruited above its funded nursing establishment this winter, which will enable the Trust to focus on quality of care being delivered as well as providing support to operational or winter pressures as might be required.

6.2 The Trust is looking for a high percentage completion on the National Staff Survey. An ambitious 60% completion target is being set, in order to receive more detailed feedback from across the whole workforce. We need to know what is working well, as well as what are 'hot topics' and concerns for staff. We know that the last few years have been incredibly challenging in different ways, and I am very keen that we listen and respond to as many staff voices as we can through the National Staff Survey this year.

6.3 I look forward to the start of our work to form the Group values and staff behaviours over the next four months. This will help give our staff an identity and describe the place where they want to work, and the care environment they want to create for patients and for each other. This really important project will engage thousands of members of staff from across our Group, and I look forward to these big conversations.

7. Equality, Diversity and Inclusion (EDI)

7.1 I was delighted to be the opening speaker at the excellent Staff Disability Network conference in October 2023. The event was attended by over 80 members of our staff, and the focus of the day was neurodiversity in the workforce. The keynote speaker Rachel Morgan-Trimmer, who is a neurodiversity consultant, spoke brilliantly about different types of neurodiversity and how to get the best out of individuals who are neurodiverse at work. There were lots of engaged discussions through the Q&A panels throughout the afternoon and I commend the staff network and the communications team for such a successful event.

7.2 During Black History month, across the ICB we promoted the amazing contribution of our Black Asian and Minority Ethnic (BAME) staff to the provision of care in the NHS. We employ thousands of BAME staff, some of whom have come from abroad to live here. I'm really pleased to promote our 'My Story' film to everyone in our Group, which highlights the sacrifices some of our staff have made to be here with us. It is a powerful and moving video and I hope you will all watch it as we celebrate the diversity in our Group, diversity which makes us a stronger and better organisation. You can find it through Pattie.

8. Good News Stories and Communications Updates

8.1 Visit to Hull by NHS England Chief Executive – 3 November, 2023

Amanda Pritchard visited the rehabilitation centre at Castle Hill Hospital where Dr Abayomi Salawu, Consultant in rehabilitation medicine, showed her around the unit and let her try out some of the VR technology. She then met Dr Paul Maliakal at HRI and was shown the interventional radiology day unit. Finally Amanda met Jeanette Robinson, our inspirational Ward Housekeeper, who at 75-years-old has been with the NHS for 51 years.

8.2 Radiology in Hull

Our Vascular Interventional Radiology Day Unit in Hull was named by the National Vascular Registry as the best performing in the UK conducting almost 1200 minimally invasive treatments in a single year.

8.3 Great Big Careers Fayre

On 25 October 2023, 200 staff from around our patch came together to promote a wide range of careers in health and social care to students from schools and colleges in Hull and the East Riding. In all, about 700 people, including 650 students attended the Fayre and the feedback from attendees as well as staff has been really positive.

8.4 Primary and secondary care networking event

In September 2023 we held our first Primary and Secondary Care networking event since Covid, held at the MKM Stadium in Hull. This event brought together almost 100 GPs and hospital consultants to enable us to get a really good feel for each other's challenges and share good practice. The feedback was extremely positive and we will repeat this event again.

8.5 National recognition

HUTH Practice Development Nurse Michio Schuck achieved the title of 'BAME Nurse Educator of the Year' at the National BAME Health and Care Awards.

Louise Salt, Colorectal Clinical Nurse Specialist, who was a finalist in the Bowel Cancer UK Gary Logue Colorectal Cancer Nurse Awards 2023.

8.6 HYMS 20-year anniversary

Our Hull York Medical School was 20-years-old in September. A significant number of our clinicians have contributed to the delivery of training to this new generation of medical staff, some of whom have now taken up Consultant posts in our Trusts. My sincere congratulations to all those who have been involved in the success of the Hull York Medical School, and my continued thanks go to the numbers of staff who continue to the delivery of high quality training and development to each new intake.

Jonathan Lofthouse
Group Chief Executive

7 November 2023

REFERENCES

Only PDFs are attached



9 - BAF Board November 2023.pdf

Agenda Item	Meeting	Trust Board	Meeting Date	14/11/23
Title	Board Assurance Framework			
Lead Director	Suzanne Rostron, Director of Quality Governance			
Author	Rebecca Thompson, Head of Corporate Affairs			
Report previously considered by (date)	The Board Assurance Framework is received at the Board Committees and the Trust Board			

Purpose of the Report		Reason for submission to the Trust Board private session		Link to CQC Domain		Link to Trust Strategic Objectives 2023/24	
Trust Board Approval	✓	Commercial Confidentiality		Safe	✓	Honest Caring and Accountable Future	✓
Committee Agreement		Patient Confidentiality		Effective	✓	Valued, Skilled and Sufficient Staff	✓
Assurance	✓	Staff Confidentiality		Caring	✓	High Quality Care	✓
Information Only		Other Exceptional Circumstance		Responsive	✓	Great Clinical Services	✓
				Well-led	✓	Partnerships and Integrated Services	✓
						Research and Innovation	✓
						Financial Sustainability	✓

Key Recommendations to be considered:
<p>The Board is asked to:</p> <ul style="list-style-type: none"> Approve the Q2 Risk Ratings for recommendation to the Board

Hull University Teaching Hospitals NHS Trust
Quality Committee
Board Assurance Framework Q2 2023/24

1. Purpose of the Report

The purpose of the report is to present the Q2 Board Assurance Framework to the Board for approval.

2. Background

The Board agreed at its meeting in May 2023 that the 2022/23 Q4 risks would be carried over into 2023/24 due to the Group Model development and potentially new strategic objectives.

3. Current Status of the Board Assurance Framework

An overview of all BAF risks is provided in the table below. The risks are considered, discussed and challenged at the appropriate Board Committees and with meetings held between the Head of Corporate Affairs and the named Executive lead. The full Board Assurance Framework is appended to this report.

Q2 Risk Ratings

The table below shows all risks and risk ratings for Q1 2023/24. Section 5 in this report gives a brief overview of the risks. A graph detailing risk movement is attached at Appendix 1.

Table 1

Risk	Inherent Risk (L x I)	Current Risk (L x I)				Target Risk	Risk Appetite
BAF 1 - The Trust does not make progress towards further improving a positive working culture this year	5 x 4 = 20	Q1 4 x 4 = 16	Q2 4 x 4 = 16			3 x 4 = 12	Low
BAF 2 - The Trust does not effectively manage its risks around staffing levels, both quantitative and quality of staff, across the Trust	4 x 5 = 20	Q1 4 x 4 = 16	Q2 4 x 4 = 16			3 x 4 = 12	Low
BAF 3.1 – There is a risk that the quality improvement measures set out in the Quality Strategy are not met, which would result in the Trust not achieving its aim of a 'good' CQC rating.	4 x 4 = 16	Q1 4 x 4 = 16	Q2 4 x 4 = 16			3 x 4 = 12	Low
BAF Risk 3.2 – There is a risk that patients suffer unintended or avoidable harm due to actions within the Trust's control. Crowding in ED and Patients with No Criteria to Reside require partnership working to determine improvement plans.	5 x 5 = 25	Q1 5 x 5 = 25	Q2 5 x 5 = 25			4 x 4 = 16	Low
BAF 4 - There is a risk to access to Trust Services following the residual impact of Covid	5 x 5 = 25	Q1 4 x 5 = 20	Q2 4 x 5 = 20			4 x 4 = 16	Low
BAF 5 - That the Trust will not be able to fully contribute to the development and implementation of the Integrated Care System due to recovery, primary care and social care constraints	4 x 4 = 16	Q1 3 x 4 = 12	Q2 3 x 4 = 12			2 x 3 = 6	Moderate
BAF 6 – There is a risk that Research and Innovation support service is not delivered operationally to its full potential due to lack of investment	4 x 4 = 16	Q1 3 x 4 = 12	Q2 3 x 4 = 12			2 x 4 = 8	Moderate
BAF 7.1 - There is a risk that the Trust does not achieve its financial plan for 2022/23	5 x 4 = 20	Q1 4 x 4 = 16	Q2 4 x 4 = 16			2 x 4 = 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	4 x 5 = 20	Q1 4 x 5 = 20	Q2 4 x 5 = 20			4 x 5 = 20	Low
BAF 7.3 - There is a risk over the next 3 years of failure of critical infrastructure (buildings, IT, equipment) that threatens service resilience and/or viability	4 x 5 = 20	Q1 3 x 5 = 15	Q2 3 x 5 = 15			2 x 5 = 10	Moderate

Risk Appetite Matrix

Appetite	None	Low	Moderate	High	Significant
Tolerance	Minimal – risks will not be taken	Low – very limited risks with no significant impact	Low/Medium – will take some risks but only with high probability of predicting the outcome	Medium – willing to take risks, innovate, invest to achieve the strategic objective	High – actively seeks out risks/opportunities, pursues innovation, invests
Target Risk Rating	Reduction planned/expected	Reduction planned/expected	Reduction planned/expected	Rating likely to stay the same in year	Rating may increase during the year

4. Actions Update

A number of actions have been taken in Quarter 2 and these are shown in the Appendices.

5. Risk ratings

Following discussions at each of the Committees and with the Executive leads the following year-end risk ratings are proposed:

BAF 1 – Honest, caring and accountable culture

Due to the staff survey results and what staff are reporting, redeployment and high sickness levels, the opinion is that the risk has not been mitigated. Work to address the issues includes; Senior Management Professionalism and Culture Transformation Training, Ask the CEO Sessions, launch of the incivility reporting tool and a number of leadership programmes.

The National Staff Survey will be circulated for completion by staff in October 2023 and senior managers are being asked to encourage all their staff to participate. The results of this survey will inform this risk rating.

Due to work being in progress, the recommendation is that the risk remains the same for Q2.

BAF 2 – Valued, skilled and sufficient staff

The Trust's vacancy rate has increased slightly in Q2 from 2.1% to 2.2% and sickness has reduced from 4.4% in Q1 to 4.2% in Q2. However, pressures in the hospital are still causing capacity issues and staff sickness so it is recommended that the risk rating remains the same for Q2.

To address the quality of staff mentioned in the risk description, the Trust is adding PACT training for all band 7s and above as well as a number of leadership courses to help address cultural issues within teams.

BAF 3.1 – High Quality Care

The proposed risk rating has is due to a number of concerns raised by the CQC in relation to patient safety, both in ED and Maternity Services, resulting in a section 31 letter in respect of Maternity Services. Action plans are in place and are being scrutinised by external support, the ICB and the CQC, and internally through Check and Challenge Meetings and Patient Safety Champion meetings, and NED involvement. The Quality Committee and the Board are receiving updates against the action plans at each meeting.

A Quality session was held at the Private Board meeting in July and Health Group leads from Surgery, ED and Maternity attended the meeting to discuss their Quality issues and actions plans in place.

It is recommended that the risk rating remains the same for Q2 as although action plans are in place and being implemented, sustained improvements are not yet being displayed.

BAF 3.2 – Harm Free Care

The risk was increased to 5 x 5 = 25 in Q1 due to the major issues relating to over-crowding in ED and access to services. The Rossmore facility opening has reduced the number of patients with no criteria to reside, but there is still work to do to achieve the trajectory.

There have been sustained improvements in ED in the number of lodged patients moved by 10am and 2pm and the focus is now on the movement of patients between 2pm and 5pm.

The Mental Health element of the risk has been removed following the Mental Health Hub opening.

Despite the improvements starting to show but not yet sustained, and with further improvement actions to be taken, it is recommended that this risk remain the same for Q2.

BAF 4 – Great Clinical Services

The key issues that remain include patients with no criteria to reside, ambulance handovers and flow through the hospital meaning that the 4 hour target is still not at the required standard. The numbers of patients with no criteria to reside have fallen due to the new Rossmore facility being opened but there is still an issue with crowding and flow through the hospital.

The Duchess of Kent Day Surgery has now closed and preparations for the new Urgent Treatment Centre have commenced.

Cancer delivery is still challenged and the Trust failed to achieve all cancer standards with the exception of the combined Faster Diagnosis Standard.

104 week waits are currently at zero and there were 14 breaches of patients waiting 78 weeks.

It is recommended that the risk rating remains the same for Q2 until sustained improved performance can be delivered.

BAF 5 – Partnerships

The Trust is fully engaged with the ICS as well as the development of the Group Model with Northern Lincolnshire and Goole NHS Foundation Trust. Work is progressing through the Joint Boards and Group Development Committees in Common.

The Humber Clinical Collaborative Programme has decoupled from the Humber Acute Services Review and the HASR has been paused for a stock take, however collaborative work continues between HUTH and NLAG.

The HASR pre-consultation business case has been submitted to the ICB and an operational lead has been identified.

However there are still recovery issues being impacted by Primary Care and Social Care constraints.

It is recommended that the Q2 risk rating remains the same.

BAF 6 – Research and Innovation

There has not yet been a definitive change to secure recurrent investment/funding from the Trust to underwrite research and innovation activities. This is compounded further by anticipated financial pressures for the Trust in 2023/24 and the likely continuation of clinical pressures stretching the

already limited resources and associated delivery and support services.

Development of the Group RDI Strategy and joint working with NLAG continues.

It is recommended that the Q2 risk rating remains the same due to the lack of investment/funding required.

BAF 7.1 – Finance

The deficit being reported in month 5 is £1.3m which is £1m adverse against the plan. The Trust is also behind with its CRES plan. Month 5 is £16.7m against a target of £18.4m.

It is recommended that the risk remains the same in Q2.

BAF 7.2 – Underlying Financial Position

The underlying deficit will be monitored monthly at the Performance and Finance Committee. The key issues are linked to in-year pressures and un-identified CRES.

The underlying deficit for the year end is still £51.2m which is unchanged from month 4.

It is recommended that this risk remain the same for Q2.

BAF 7.3 – Capital and Infrastructure

The risk will be monitored at the Performance and Finance Committee against the 2023/24 capital plan.

The Performance and Finance Committee recommends a risk rating of 15 in Q2 with a view that this will improve each quarter if the capital plan is achieved. The Trust is still forecasting achievement of the plan.

6. Timetable

The Committees will continue to review the risk ratings at each meeting and the Trust Board will review the outcomes of the discussions and any risk movement at every meeting.

7. Corporate Risk Register

Attached at Appendix 2 is a snapshot of the Corporate Risks for information and review. This is attached to ensure the Board and Committees can see the high level risks, risk movement and where they are being managed and mitigated.

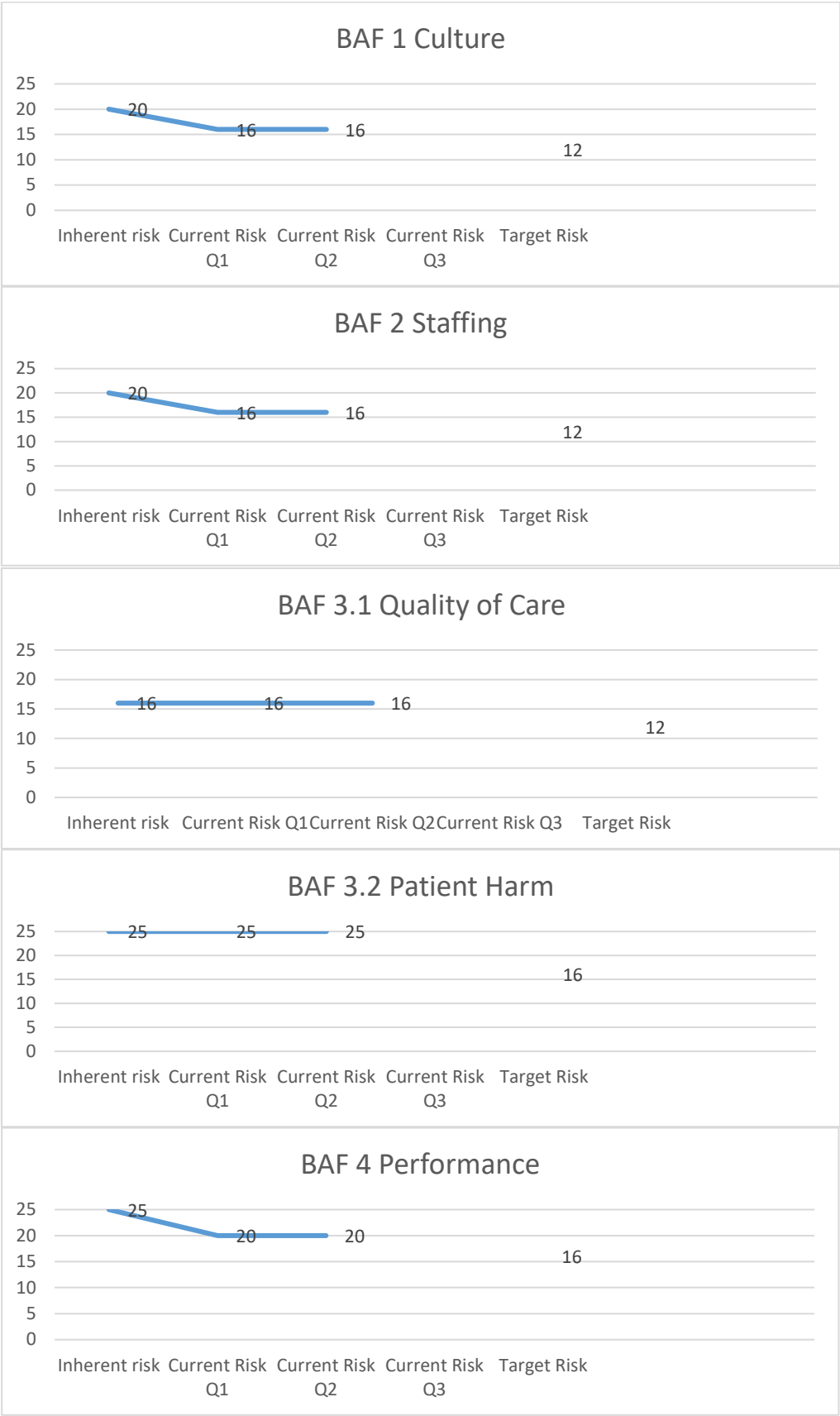
8. Recommendations

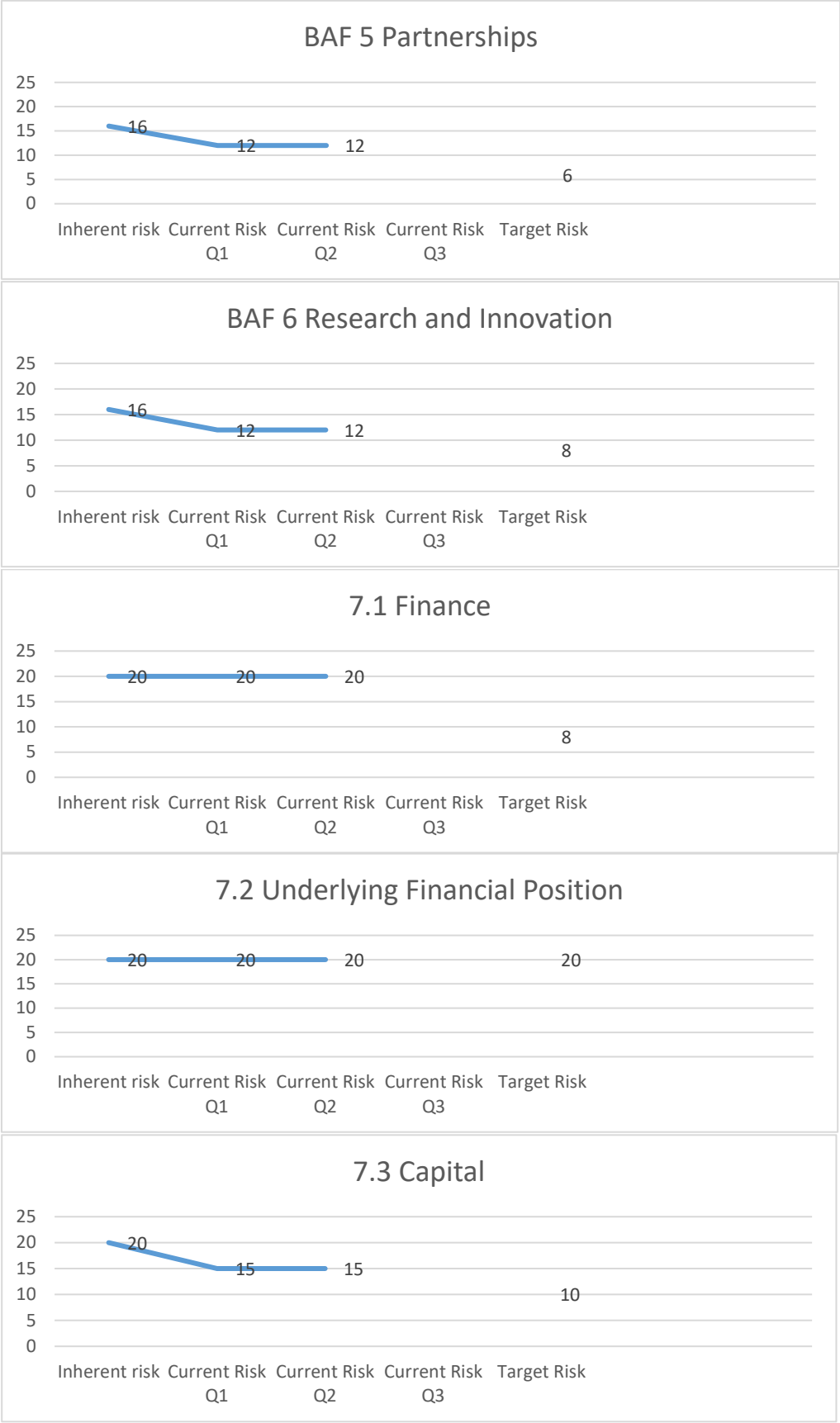
The Board is asked to:

- Approve the Q2 risk ratings.

Rebecca Thompson
Head of Corporate Affairs
November 2023

BAF Risk movement throughout 2023/24





Corporate Risks September 2023

Appendix 2

ID	HG	Title	Opened	Strategic Goals	Rating (current)	Current	Rating (Target)	Target	Reviewed	Risk Rating Movement
3439	Emergency Medicine - Health Group	Crowding in the Emergency Department	04/09/2019	BAF 2, BAF 3.2, BAF 4	25	High	6	Low	ED monthly risk meeting	↔
4179	Trustwide	Delivering on the Operational Plan requirement to reduce the backlog of long-waiting patients	14/02/2023	BAF 3.2, BAF 4, BAF 5	12	Moderate	6	Low	Performance and Finance Committee	↓
4178	Trustwide	Delivering the improvement trajectories for screening programmes delivered by the Trust	14/02/2023	BAF 3.2, BAF 4, BAF 5	12	Moderate	6	Low	Performance and Finance Committee	↔
3994	Trustwide	Discharges and Patient Flow with impact on quality and safety	09/09/2021	BAF 3.1, BAF 4	16	High	6	Low	Performance and Finance Committee	↔
2982	Family and Women's Health - Health Group	Lack of Anaesthetic cover for Under 2's out of hours	19/08/2016	BAF 2, BAF 3.1, BAF 4	20	High	10	Moderate	F&W HG Board/ORCsc	↔
2789	Family and Women's Health - Health Group	Patients may suffer irreversible loss of vision due to the lack of capacity in the intra-vitreous injection service	16/12/2014	BAF 2	12	Moderate	8	Moderate	Speciality Governance Meeting	↓
3997	Emergency Medicine - Health Group	Persistent failure of A&E target - Percentage of patients who spent 4 hours or less in A&E	09/09/2021	BAF 3.1, BAF 4, BAF 5	20	High	10	Moderate	ED monthly risk meeting	↔
3998	Trustwide	Quality issues identified due to handover delays	09/09/2021	BAF 3.1, BAF 4	20	High	9	Moderate	Performance and Finance Committee	↔
4180	Trustwide	Risk of avoidable harm for patients who have waited 63+ days for a 1st definitive cancer treatment	14/02/2023	BAF 3.2, BAF 4, BAF 5	12	Moderate	6	Low	Performance and Finance Committee	↔

ID	HG	Title	Opened	Strategic Goals	Rating (current)	Current	Rating (Target)	Target	Reviewed	Risk Rating Movement
4166	Trustwide	Risk to patient safety and achievement of organisational falls strategy.	16/01/2023	BAF 1, BAF 2, BAF 3.2, BAF 4	20	High	9	Moderate	Falls Committee/ORCsc	↔
3044	Family and Women's Health - Health Group	Shortage of Breast Pathologist	18/01/2017	BAF 2	16	High	8	Moderate	Breast Governance Meeting	↔
4221	Surgery - Health Group	There is a risk that healthcare associated VRE is transmitted to patients due multifaceted environmental factors	16/05/2023	BAF 7.3	12	Moderate	6	Low	Surgery risk meeting	↓
4110	Clinical Support - Health Group	There is a risk to patient safety as a result of the Pharmacy aseptic unit being unable to meet the required service demands	21/09/2022	BAF 3.1, BAF 4	9	Moderate	4	Low	Pharmacy Governance Meeting/ORCsc	↓
4211	Family and Women's Health - Health Group	There is a risk to patient safety due to multiple factors within the Antenatal Day Unit	26/04/2023	BAF 3.1, BAF 4	15	High	3	Very Low	Quality Committee/ORCsc	↔
4048	Clinical Support - Health Group	There is a risk to the continuity of the service due to the ageing Radiotherapy Linac (Bunker 6)	09/03/2022	BAF 3.1, BAF 4	15	High	3	Very Low	ORCsc	↔

Strategic Theme: Culture
Appetite: Low
Risk: 1

Strategic objective: Honest, caring and accountable culture Assurance Committee: Workforce Education and Culture Committee Executive Lead: CEO CQC Domain: Well-Led Enabling Strategies/Plans: People Strategy						
Risk to Objective	Controls	Gaps in Controls	Sources of Assurance	Assurance Outcomes/Gaps	Action Plan	Progress/Timescales
Strategic risk: Condition: The Trust does not make progress towards further improving a positive working culture this year. Cause: Staff behaviours Low staff engagement Workforce engagement with ICS/HASR Consequence: Trust unable to achieve Outstanding CQC rating and Well Led domain	Trust People Plan 2019/22 approved and in place Work being carried out around recruitment and retention Staff Development programmes Leadership Development programmes Staff wellbeing services during the recovery phase Positive relationships with JNCC and LNC (Trade Unions) Monthly Health Group Performance and Accountability meetings to ensure workforce targets are being met Health Group and Directorate management manage workforce KPIs Wellbeing Centre opened at CHH – September 2021 Freedom to Speak up Zero Tolerance Policy Established BAME network Diversity in recruitment implemented	Staff survey – engagement scores have reduced	Workforce, Education and Culture Committee Workforce Transformation Committee Rise and Shine programme – emerging leaders to commence 2021/22 Disability Network established 8 staff referred themselves into the Staff Support Psychology service in July and August 8 TRiM incidents in July and August resulting in 43 staff receiving Traumatic Incident briefing, and 8 staff requesting and accessing a Trauma Risk Assessment CIRCLE Group established to review reported negative behaviours – Representatives from HR/FTSU and OD Capital Team working with the Disability Network to review access facilities. Capital Development Manager is now a core member of the EDI steering group. Process mapping has taken place to break down all elements of the recruitment process to ensure it is more inclusive of BAME and disabled staff.	Long term effects of Covid Recovery processes – returning to business as usual Flexible working must be embedded (work/life balance) Junior Doctor Training Line managers creating the right environment – culture issues Trust is not meeting its target for Turnover Staff Survey 2022 Staff Survey 2023 launched in Autumn 2023 ICU - development of a Clinical Supervision model and Nursing leadership development ED – Supporting Nursing leaders with Professionalism and Cultural Improvement	Review and relaunch of the staff charter. This is well underway and will be ratified at Workforce Transformation Committee Relaunching the PACT training. This will be mandatory for all staff. All staff will receive a 90 minute session on civility, the relaunched staff charter and expectations of managers. The session contains a new section on how to raise concerns and challenge behaviours. We are identifying staff to deliver the training including clinical and medical leaders. Briefing all 700 B6/B7+ managers at the trust in a series of sessions throughout July and August on the staff charter and PACT training. This will set out, clearly, expectations of managers in challenging and dealing with poor behaviours. Launching a reporting tool (piloted in maternity and cardiology). This will be rolled out across the Trust and has input and support from HR, FTSUG, and OD. Staff can report anonymously or 'on the record' and receive support for tackling issues. Marketing campaign – BAD BEHAVIOUR DOESN'T WORK – to go out in the next couple of months, promoting the charter, the reporting tool and highlighting poor behaviours and their impact.	Q1/Q2 – CEO staff bulletin issued to staff every Friday Ask the CEO – monthly virtual open meeting Core Brief – issued on a monthly basis for dissemination by managers. Staff support psychology are providing 2 hour online training on stress management and how to improve sleep Senior Manager PaCT (Professionalism and Culture Transformation) briefings are now being delivered online 106 staff have completed Great Leaders Programmes in FY 2023/24 to date with a further 234 actively progressing through. Ongoing delivery of culture workshops on 'Kindness, Professionalism and Compassion within Maternity Services' from January 2023 – January 2024 Workshops will expand in October 2023 to invite all staff within Maternity services. Incivility Reporting tool has been launched to enable staff to report negative behaviours BAME Conference held on the theme of 'Achieving equity in our diverse workforce'

	Risks from Risk Register: There are no direct risks on the Corporate Risk Register				Metrics: Performance against People Strategy Quarterly and National Staff Survey Results People Report monitoring/ Board and Workforce committees Independent / semi-independent: NHSE/I CQC Internal Audits Trust attendance target for 2023/24 is 96.1% (sickness not greater than 3.9%)	Outcomes: Staff Survey 2022 37% of staff (3160) completed the survey compared with 2021 (44%) The Trust is below the national average for all of the 9 key themes in the Staff Survey Staff sickness for 2022/23 was 4.4% 325 staff have reported as Disabled on ESR; an increase from 272 staff (2022).	Managers are being encouraged to improve the response rate for the Staff Survey 2023. Aim is for 60%. Development of Registrar to consultant development programme and SAS Doctors leadership programme Development of Inclusion Academy Development of Registrar to Consultant development programme and SAS doctors leadership programme Development of a PNA/PMA (Professional Nurse/Midwife Advocate) network across HUTH Midwifery Leadership Team participating in development activities which involves a team development programme and individual 1-2-1 exploratory meetings Zero Tolerance to Ableism to be launched in Autumn 2023	
Inherent Risk			Risk position as at 30.09.23 (Q2)			Planned target risk position by 31/03/2024		
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
5	4	20	4	4	16	3	4	12

Strategic Theme: Workforce Appetite: Low Risk: 2	Strategic objective: Valued, skilled and sufficient staff Assurance Committee: Workforce Education and Culture Executive Lead: Director of Workforce and OD CQC Domain: Safe, effective, well-led Enabling Strategies/Plans: People Strategy						
	Risk to Objective	Controls	Gaps in Controls	Sources of Assurance	Assurance Outcomes/Gaps	Action Plan	Progress/Timescales
	<p>Strategic risk: Condition: The Trust does not effectively manage its risks around staffing levels, both quantitative and quality of staff, across the Trust</p> <p>Lack of affordable five-year plan for 'sufficient' and 'skilled' staff to meet demand</p> <p>Cause: National and international shortages Impact of Brexit on availability of international workers Covid impact on staff health including long term trauma and burnout</p> <p>Consequence: Insufficient staff to deliver services</p> <p>Risks from Risk Register: 2789 – Capacity in the intra-vitreous injection service 3439 – ED staff recruitment 3990 - Shortage of staff is a serious issue in the department of cardiothoracic surgery 3044 – Consultant Pathologist shortages (Breast Pathology) 4110 – Pharmacy Aseptic staffing issues</p>	<p>People plan in place which sets out the changing workforce requirements</p> <p>Remarkable People, Extraordinary Place brand – targeted recruitment</p> <p>Golden Hearts, Moments of Magic rewards</p> <p>Monthly monitoring of Health Group plans – Performance and Accountability meetings</p> <p>Nurse safety brief to ensure safe staffing</p> <p>Guardian of Safe Working reports to the Workforce Committee and Board</p> <p>Focus on staff wellbeing</p> <p>Workforce planning forms part of business plan to understand and predict workforce trends</p> <p>Freedom to speak up</p> <p>International nurse PINs due by the end of August</p> <p>New University registrants on last placement & will start Sept, with their PINs being gained by the end of October</p>	<p>Medical staffing levels including Junior Doctors</p> <p>Variable (agency and overtime) pay</p> <p>Absence of WiFi in educational buildings</p> <p>Maintenance of time for training for both trainees and trainers in the light of service recovery</p> <p>Sickness/absence levels</p> <p>Continuity of Carer – challenges around pay uplifts, number of midwives required, upskilling of midwives.</p>	<p>Monitoring of Workforce assurances through the Workforce Transformation Committee and Workforce Education and Culture Committee</p> <p>Vacancy position reported in every Board meeting</p>	<p>Certain medical specialities struggle to recruit due to national/international shortages</p> <p>Managers thinking innovatively about new roles to new ways of working (ACP/PA)</p> <p>Obstetric workforce risk – 3 consultants recruited</p> <p>Nurse safe care briefings held 4 times per day</p> <p>Late Matron pastoral role now in post to support staff and help on wards, Mon-Fri</p> <p>Task and finish group set up to facilitate Ward Sisters being involved in staffing decisions Trust wide</p> <p>Same Task and finish group also reviewing how we can facilitate Sisters to work weekend shifts on a rota basis, to support and carry out wellbeing checks with staff</p>	<p>People Strategy Refresh</p> <p>Lets get Started' Induction programmes for RN's & 'Where Care Begins' for the Nursing Assistants.</p> <p>Keep in touch days for all newly qualified/International Nurses throughout the year</p> <p>Matron late shift (till 10pm Mon – Fri) to visit wards and deliver pastoral care/support to staff</p> <p>Non Registered Development Programme/Induction and Preceptorship Programme</p> <p>Clinical Lead Physiotherapy – Integration of Critical Care and Surgery Therapy Services to create joint services and a shared vision. Work is ongoing to expand the project across the services.</p>	<p>Q1/Q2 100 work experience opportunities booked up to November 2023. Requests are coming in for 2024.</p> <p>Work is ongoing with Hull, East Riding and North Lincs to review a health career engagement programme working with the local school.</p> <p>Mandatory training – the Trust is 4.7% above the Trust target (July 2023 data)</p>
			<p>Metrics: Staff Survey</p> <p>People Performance Report</p> <p>Independent / semi-independent: CQC NHS England/Improvement Internal Audits</p>	<p>Outcomes: Q1 Trust adjusted vacancy rate = 2.1%</p> <p>Turnover 11.9% against a target of 9.3%</p> <p>Less than 1 year leavers = 21.3%</p> <p>Consultant job plans = 77.8%</p> <p>Sickness = 4.5%</p>			

						Appraisals Medical = 92.9% Appraisals AFC staff = 68.4% Q2 September vacancy rate = 2.2% Turnover 11.8% against a target of 9.3% Less than 1 year leavers = 22% Consultant job plans = 76.6% Sickness = 4.4% Appraisals Medical = 90.4% Appraisals AFC staff = 85.2%		
Inherent Risk			Risk position as at 30.09.23 (Q2)			Planned target risk position by 31/03/2024		
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
4	5	20	4	4	16	3	4	12

Strategic objective: We will achieve a rating of 'Good' in the next 5 years Assurance Committee: Quality Committee Executive Lead: CMO/CN/DQG CQC Domain: All/Well-led Enabling Strategies/Plans: Quality, Patient Safety, Improvement						
Risk to Objective	Controls	Gaps in Controls	Sources of Assurance	Assurance Outcomes/Gaps	Action Plan	Progress/Timescales
Strategic risk: Taken from the Trust's strategy: <i>The Trust has a well embedded approach to monitoring and improving the fundamental standards of nursing and midwifery care in its inpatient and outpatient areas</i> Condition: There is a risk that the quality improvement measures set out in the Quality Strategy are not met, which would result in the Trust not achieving its aim of an 'outstanding' rating. Cause: The Trust does not develop its patient safety culture and become a learning organisation Insufficient focus, resource and capacity for continuous quality improvement for quality and safety matters Poor governance arrangements That the Trust is too insular to know what outstanding looks like Consequence: Patients do not receive the level of care and clinical outcomes that we strive to provide	Quality committee structure & work-plans Health Group Governance Performance Management Meetings Patient Safety Specialist role IPC arrangements Safeguarding processes Fundamental Standards programme Quality Strategy/Quality Improvement Plan Serious Incident Management Clinical Audit programme CQC improvement plans External agency register and process Horizon scanning Integrated Performance Report – BI Reporting Support from the Health Groups via the Weekly Patient Safety Summit (WPSS) in the support of timely completion of Rapid Review Reports (RRR) and early identification of statement providers/memory capture and immediate Safety Oversight Group CQC Action Plans in place	Greater scrutiny required for clinical audits, improvement plans and outlier reports VTE Compliance Mental Health Services Ambulance turnaround times and the impact on patients ED Crowding NCTR wards – extra staffing required Increase in Falls in December – Falls Committee reviewing whether this is due to patients having multiple falls and increased length of stays PALS increased activity continues, the main themes are delays, waiting times and cancellations	Management assurance: Reports to Quality Committee Quality/outcome data Self-assessments Infection Control Annual Report Quality Accounts Associate Director of Quality appointed Operational Risk and Compliance Committee Learning from Deaths Reports CQC Inspection Internal Audit Reports Assurance reviews TAVI review outcome report from the Royal College to be received in 2023 Development of a Medical Examiner's Office Power BI Dashboard	CQC Report – Requires Improvement rating ED, Medicine and Surgery inspections result 'inadequate' for safe CQC Maternity Inspection – Section 31 imposing conditions on the Trust's registration Medicine Health Group have not yet completed audit of medical cover CQC IR(ME)R inspection of CDC CT service at CHH 30.08.23. Initial feedback is positive, a draft report is expected September 2023 Maternity requests for support • Entry on the Maternity Safety Support Programme – supported by QIG in May 2023 – notification that the Trust can join July 23 • Regional Chief Midwife and team support – commenced. Claire Keegan has visited the Trust to provide support for the team. The fresh eyes has been really helpful with ideas for solutions to issues identified • External representation on PMRT panel – agreed; however, not represented at every meeting – awaiting update from ICB following the July HUTH QIG meeting • Request for the LMNS to support the training needs analysis • System support at times of escalation • System support in agreeing that all women, at the time of booking, will be informed that they may have their baby in another unit if this is the safer option Falls Training compliance is demonstrating a month on month improvement	Transition to PSIRF from April 2023. Targeted work with HGs regarding complaints is ongoing. Implementation of new PHSO complaints framework underway Development of a CQI public facing website commenced Development of Human Factors Hub to commence and launched in April 2023 Tissue viability – eLFH modules 1 and 2 have been added to HEY 24/7 and a draft template has been developed for each directorate to report to the Safer Skin Committee to identify actions to reduce pressure damage incidents CQC ED1.2: Sepsis training and competencies. Implementation commenced as planned in November 2022. However, sufficient training has not yet been provided. The competency sign off and training started from a 0% position. At the time of writing, this has increased to 62% and is on trajectory for 90% by the end of May 2023. ED3.2: This action was not completed as stated because the staff were moved to H130 as part of opening additional capacity for patients with no criteria to reside. This is remaining under review as part of the gold command meetings. Once the intermediate discharge unit is in place, this action will be reviewed. ED5.4: The task and finish group was up and running from December 2022 as per the action. It was decided to keep this action under review due to the vast amount of work being undertaken. An update report was presented	Q1/Q2 ED CQC Action Progress - Development of a high observational unit and operational plan to release capacity in resus - Ground floor model to be in place by January 2024 (EMC July update) - Trust-wide MCA/DOLS/Safeguarding work stream to be developed - Review of vulnerable patient's food and balance charts to be shared from July 2023 onwards - ED Safety champions continue to receive and scrutinise the performance against the outcome measures highlighted on the ED action plan Surgery CQC Action progress - Baseline review of the matron handbook audits are underway - Theatres migrating to electronic observations has been delayed due to priorities in ED - Nerve centre roll out has been delayed due to priorities in ED - Focussed work on resuscitation training is ongoing - A medicine management plan is being developed - NICE guidance to be a standing item on Specialty governance meetings - A Surgery specific patient information group to be established - Chaplaincy team to provide quarterly reports on referral rates. Maternity CQC Actions update August 2023 • Women in ADU were appropriately rag rated and

					<p>Develop of the virtual ward and staff to support the falls team is being developed</p> <p>The following actions have been undertaken since the implementation of the digital task and finish group: All ED Digital Nursing Records reviewed and revised, now in live with integrated clinical notes populating clinical record:</p> <ul style="list-style-type: none"> • ED Safeguarding • Mental Health Triage • ED Nursing Assessment • ED Infection • ED Moving & Handling • Purpose -T [pressure ulcer prevention • SPACES – Intentional rounding • Acuity • Sepsis <p>Introduction of Clinical Dashboards</p> <ul style="list-style-type: none"> • ED Overview • ED Safety Huddle • ED Sepsis <p>Clinical Escalations is planned to be rolled out in ED by the end of April 2023 [automated escalations of NEWS2 score to ED Safety Dr and ED Safety Nurse]</p> <p>Manchester Triage – currently in test with plan to review mid-April.</p> <p>All of the above work has been supported by appropriate training and support for staff.</p> <p>The following action has been completed as planned; however, there is a further update to add and is reported below.</p> <p>ED5.5: This relates to the cohorting of patients waiting with an ambulance crew. This action was completed as planned; however, a further update to this and following the ICB assurance review in ED was for the glass in the Atrium to be frosted, this has now been completed.</p>	<p>to the February 2023 Quality Committee. If Board members would find a copy of this useful, it can be found in the upload from February 23 in the shared area.</p> <p>were in the correct waiting areas for their rag rating</p> <ul style="list-style-type: none"> • Electronic triage form in place and used correctly in ADU • Staff in ADU were able to articulate the plan of care for the women waiting • The midwives in ADU have introduced a new system: a midwife is allocated to a bay to see women and the coordinator allocates the women to the bays this is very similar to BSOTTs system and is working extremely well • Resuscitation trollies had been checked <p>September 2023</p> <ul style="list-style-type: none"> • Women were appropriately rag rated - a suggestion from the team now would be to further separate the women into RED and Amber in the waiting area for observational purposes • All rooms that were not in use had their treatment rooms locked. All medicines were stored securely <p>Falls</p> <p>Falls prevention team to be established in September 2023</p> <p>National Falls Prevention Week 18-23 September</p> <p>96 QIPs have been shared and registered with the CQI team. The majority of projects registered are from Junior Doctors who are required to undertake improvement projects a part of their career progression. It is expected that engagement with QIPs will increase following their induction in August. Regular communications are sent out inviting staff to share their projects and success stories along with submitting case studies via the CQI website to share learning and spread improvement.</p> <p>Improvement week to take place in September 2023 incorporating the Patient Safety Day Conference</p>
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	Risks from Risk Register: 3460 - Availability of Radiology Support for Paediatric & Neonatal Services.				Metrics: National Audit Benchmarking Harm Free Care Patient Experience Survey Independent / semi-independent: CQC inspections Internal audits External reviews (e.g. NHSEI)	Outcomes: Q1 PSIRF now in place – the weekly patient safety summit continue to meet to review patient safety incidents. Q2 QSIR training programme ongoing PSII new process underway and report presented to the September 2023 Trust Board HSMR and SHMI remain within the 'expected' limits Target of 80% of complaints closed within 40 days not yet achieved		
	3282 - Failure in the Trust systems to ensure requested test results, pathology and radiology, are reviewed & actioned by the requester							
	3450 - There is a risk of increased pressure damage to patients due to failing or lack of pressure relieving mattresses							
Inherent Risk			Risk position as at 30.09.23 (Q2)			Planned target risk position by 31/03/2024		
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
4	4	16	4	4	16	3	4	12

Strategic objective: We will increase harm free care Assurance Committee: Quality Committee Executive Lead: CMO/CN CQC Domain: Safe Enabling Strategies/Plans: Recovery Plan and work-streams, Patient Safety						
Risk to Objective	Controls	Gaps in Controls	Sources of Assurance	Assurance Outcomes/Gaps	Action Plan	Progress/Timescales
Strategic risk: <i>Taken from the Trust's strategy: The Trust is the only local provider of secondary emergency and elective healthcare services for a population of 600,000. These people rely on us to provide timely, accessible, appropriate care and look after them and their families at times of great vulnerability and stress.</i>	Clinical harm review process Prioritisation of P1 patients Fundamental Standards programme CHCP Community Beds Patient Access Team Weekly Patient Safety Summit Quality Strategy Integrated Performance Report	Clinical Harm Reviews – not possible to review every patient Crowding in ED/Flow Radiology capacity issues 104 week waits performance 52 week waits performance Ophthalmology experiencing a delay in meeting outpatient appointments Cardiology staffing – plan for 4 wte HUTH and 4wte NLAG Obstetrics staffing Complaints backlog The ED targets and the ambulance handover times Patients with no criteria to reside CHCP Bed model still being agreed Cancer 2ww referrals have increased by 6.6%	Management assurance: Reports to Quality Committee Clinical harm data and reports Performance Reports to the Performance and Finance Committee CQC Reports Rossmore new build opened to full capacity on 10 August 2023, however significant capacity remains in the facility Emergency Care Intensive Support Team (ECIST) providing support to the Trust September 2023 – review of patients who would be appropriate for alternative provision Work has begun on UTC – HRI Day Surgery unit closed September 2023 Development of a Frail	Diagnostic waiting times GP Capacity and increased referrals The RTT trajectory CQC Report actions HUTH Flow Model (Bristol Model) implemented. RAT and Epic role fully embedded in department and positive feedback from staff. Board rounds are completed every 4 hours, There is an awareness of who is in ambulances and the escalation and board are working well. Additional work identified to ensure no loss of oversight of medical in-reach patients 60 bedded area for patients with no criteria to reside being built on the old helicopter site – due to be opened July 2023 Targeted speciality meetings continue to support the achievement of a Trust internal milestone of no patient waiting more than 70-weeks at 31 March 2023 (national target is zero +78-week at 31 March 2023). Capacity alerts in x6 pressured specialities are live – with monitoring arrangements to consider the effectiveness and impact (2x specialities – referrals have increased) Clinical Admin Service continue to proactively contact patients with TCIs/appointments to	Q1 Transition to PSIRF from April 2023 will transform the approach to patient safety investigations Confirm outstanding competency check requirements for ED staff Continue assurance visits and Safety Oversight Group for February, considering any changes required for ensuring actions are sustained and outcomes achieved. Continue with the close monitoring of the delivery of the fundamentals of care in a timely response Tissue Viability Nurses to review the impact of any delayed skin assessments on patient outcomes Continue with the interim support arrangements from the Deputy Chief Nurse Continually review the impact of the HOB opened on the 13th floor and agree the requirements for a HOB on the Acute Assessment Unit Continue with the plans to introduce the 90 day plan of the ground floor model designated mental health assessment area adjacent to ED now open Q2 Datix incident reporting form under review in line with the national changes Thematic review of both Radiology and ED incidents has begun.	Q1/Q2 Trajectory set to close the legacy Serious Incidents declared prior to April 2023 by the end of September 2023 12 PSIRFs declared between June 2023 and August 23 PSIRF information and investigations toolkit is now available on Pattie The Weekly Patient Safety Summit continues to meet to discuss patient safety incidents for learning. Sepsis and Pneumonia Steering Groups continue to provide insight data and have action plans in place. August – over 500 Registered Nurses have viewed the Tissue Viability Improvement video – this is monitored by the Safer Skin Committee TV Matrons and Nurses are now involved in all pressure ulcer after action reviews. Fallsafe training numbers are demonstrating a month on month improvement – 2 new appointments to the Falls team will commence September 2023 Falls Weekly Patient Summit has been introduced. Rossmore accepting NCTR patients from July 2023 Ambulance Handover Quality Improvement programme in development, due to commence September 2023 ED - Sustained improvement in the number of lodged patients moved by 10am and 2pm. Focus is now moving to the movement of patients between 2pm and 5pm.

					<p>check they are attending/if treatment is still required – small number of removals</p> <p>Progressing mutual aid support from providers within and without of H&NY and continuing to in-source capacity where possible to support pressured specialities</p>	<p>Enhanced Falls training for Non-Clinical and HCP staff to be developed.</p> <p>Implementation of AFLOAT (Avoiding Falls Level of Observation Assessment Tool)</p> <p>Patient Safety team and the Patient Experience team, are organising an Improvement Week in the run up to the Patient Safety Day Conference which is scheduled to take place on Friday 29 September 2023.</p> <p>Aim to grow the Patient Safety Champion network and number of Learning Response Leads</p> <p>Discharge to assess model pilot to commence September 2023</p> <p>Trajectory of achieving zero 78 week waits by the end of September 2023</p>	
	<p>Risks from Risk Register: 2675 - Insufficient capacity within Radiology to accommodate increasing demand</p>			<p>Metrics: Patient Safety incidents Waiting list numbers</p> <p>Reduction in Trust preventable infections and complications</p> <p>Independent / semi-independent: CQC inspections Internal audits – Waiting lists, recovery included in schedule</p>	<p>Outcomes: Q1 4 hour performance = 66.6%</p> <p>Waiting list = 69,263</p> <p>104 week wait = 0</p> <p>380 over 60 minute ambulance handovers</p> <p>167 breaches - 12 hour trolley waits</p> <p>patients per day with no criteria to reside = 209</p> <p>78 week breaches = 77</p> <p>The number of patients waiting to start treatment on 62 pathway has reduced to 1,325</p> <p>1 of 9 cancer standards were met in April 2023</p> <p>Q2 4 hour performance = 64.7% against a target of 67% for type 1 and 3 activity</p> <p>Waiting list 72,623 (August 2023)</p>		

						<p>Ambulance handover position 97% (August 2023)</p> <p>The Trust failed to achieve all cancer standards with the exception of the combined Faster Diagnosis Standard (75.5%)</p> <p>104 week wait = 0 78 week wait = 14</p> <p>Patients with no criteria to reside = 148</p> <p>218 x 12 hour trolley breaches in August 2023</p> <p>1 Never Event reported since April 2023</p>		
Inherent Risk			Risk position as at 30.09.23 (Q2)			Planned target risk position by 31/03/24		
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
5	5	25	5	5	25	4	4	16

Strategic objective: Great Clinical Services Assurance Committee: Performance and Finance Executive Lead: COO CQC Domain: Effective Enabling Strategies/Plans: Operating Plan						
Risk to Objective	Controls	Gaps in Controls	Sources of Assurance	Assurance Outcomes/Gaps	Action Plan	Progress/Timescales
Strategic risk: There is a risk to access to Trust services Condition: There is a level of uncertainty regarding the scale and pace of recovery that is possible and the impact of national guidance Planning guidance being released in stages across the year Cause: Delayed access to services Consequence: Deterioration of conditions for patients	Performance and Accountability meetings Clinical harm reviews taking place Partnership working with ICS/HCCP Clinical triage of all new referrals to ensure patients/GPs receive advice and guidance and diagnostics where available whilst awaiting first appointment Trust Escalation Policy The 4-hour delivery action plan continues to be further developed, and associated service change will be implemented rolled out alongside an implementation plan for an UTC type facility on the HRI site.	Mismatch between demand and capacity Flow through the ED department Patients with NCTR Ambulance handover position Cancer performance 12 hour trolley wait standard changed to 12 hours from arrival in ED leading to an increase in breaches.	Monthly performance report to the Performance and Finance Committee Bi-monthly Board Report Health Group Performance and Accountability meetings monitor recovery plans in place Reduction in patients with No Criteria to Reside	Trust Recovery Plans Paragon Suite rehabilitation facility Waiting list Q2 Ambulance handover performance deteriorated in July 2023 Continued/escalating industrial action by medical colleagues may impact both on Time in ED and flow across the Trust. Rossmore new build opened to full capacity on the 10 August 2023 however significant capacity remains in the facility. The operational team are working together to ensure there is an increase in the daily volume of patients able to move to the facility. Referrals are up 1.8% on the previous year 65 week delivery At 11 September 2023, there are 1,589 patients waiting for a 1st out-patient appointment that will be 65 week risks at the end of March 2024. Based on the NHSE letter of 4 August 2023, 673 are undated and will need to be dated/seen by 31 October 2023, and a further 29 are dated into November 2023 that need to be brought forward. Cancer LGI Lower GI – introduce nurse front end triage go live could be delayed until October 2023 due to time take to release nursing resource. Breast present findings and develop service improvement plan with the service meeting scheduled 29 September 2023 Urology Haematuria backlog clearance - exploring	Continued focus at speciality level of patients dated and/or risks now focussed to achieve and maintain zero 104-week waits. Clinical Admin Service continue to proactively contact patients with TCIs/appointments to check they are attending/if treatment is still required – small number of removals Progressing mutual aid support from providers within and without of H&NY and continuing to in-source capacity where possible to support pressured specialities Improvement in the Lower GI triage processes will shorten the pathway and lead to performance improvement – non-recurrent funding in place; will need recurrent support from the 23/24 & 24/25 growth for cancer Increasing numbers of 2WW referrals received with a FIT test result will enable more patients to be effectively triaged; locally at +60% which continues to be monitored and on-going discussions with primary care planned to further improve uptake by GPs	Q2 August 2023 • Recovery of elective activity in August 2023 against the operational plan: <ul style="list-style-type: none"> ○ New Activity 92% ○ Follow up Activity 99% ○ Day Case Activity 89% ○ Ordinary Elective Activity 79% ED Continued delays in flow and discharge are a significant impediment to an improvement in the initial assessment and majors' area; with some impact on ECA as rooms are occupied for an extended period. There has been sustain improvement in the number of lodged patients moved by 10.00 and 14:00 – Focus is now moving to movement of patients between 14:00 and 17:00. Mental Health Streaming facility became operational from 19 June 2023 the operational teams are now working together to increase the number and timeliness of patients able to use this facility.

				<p>opportunity for additional clinical resource via mutual aid to clear remaining backlog.</p> <p>Urology Results clinic capacity and demand - awaiting date from service to meet to progress</p> <p>Referral rates since April 2023 have remained constant 2,500 patients per month which is significantly above 22/23 baseline and plan for 23/24</p> <p>High profile patients and national cancer awareness media coverage result in an influx of referrals</p> <p>Histology tracking systems implemented locally to prioritise long-wait patients – skin and Gynae continue to receive reasonable turnaround times</p> <p>Radiotherapy delivery continues to be a considerable challenge</p> <p>Review of late IPT referrals by the Cancer Alliance to increase the number received by Day 38</p> <p>Elective Recovery Fund On-going anaesthetic staff shortfalls – rolling recruitment in place and development of Anaesthetic Assistant roles</p> <p>Elective activity and elective bed base is not ring-fenced through winter or Covid surges</p> <p>OPFU continue to be in excess of 75% of 19/20 baseline at March 2023</p>		
	<p>Risks from Risk Register: 3439 - There is an issue that patient care is compromised due to the emergency department being crowded 3960 - Risks associated with Mental Health patients managed in the Emergency Department 3994 - There is a risk to quality of care and patient safety as a result of delayed discharges and poor patient flow 3995 - Significant waiting list issues including access to screening and follow-up programmes – risk of patient harm 3997 - Persistent failure of A&E target - Percentage of patients who spent 4 hours or less in A&E</p>			<p>Metrics: Health Group recovery plan trajectories</p> <p>Independent / semi-independent: NHSE/I CQC Internal Audit External Audit</p>	<p>Outcomes: Q1 Waiting list 69,263</p> <p>Ambulance handover position 64.9% in less than 30 minutes</p> <p>104 week wait = 0 78 week wait = 77</p> <p>Patients with no criteria to reside = 209 per day</p> <p>1 out of 9 cancer waiting times national standards achieved</p>	

	3998 - Quality issues identified due to handover delays 3999 - > 52 week wait 4000 - HGB - Maximum 62-day wait for first treatment from an urgent GP referral for suspected cancer. NHS cancer screening referral 4031 - Patient transmitting hospital acquired infections due to inadequate bed spacing 4110 - There is a risk to patient safety as a result of the Pharmacy aseptic unit being unable to meet the required service demands					Q2 Waiting list 72,623 (August 2023) Ambulance handover position 68% The Trust failed to achieve all cancer standards with the exception of the combined Faster Diagnosis Standard (75.5%) 104 week wait = 0 78 week wait = 14 Patients with no criteria to reside = 148 218 x 12 hour trolley breaches in August 2023			
	Inherent Risk			Risk position as at 30.09.23 (Q2)			Planned target risk position by 31/03/2024		
	Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
	5	5	25	5	5	25	4	4	16

Strategic objective: Partnerships and Integrated Services Assurance Committee: Trust Board Executive Lead: Director of Strategy and Planning CQC Domain: Well-led, Effective, Safe Enabling Strategies/Plans: Trust Strategy						
Risk to Objective	Controls	Gaps in Controls	Sources of Assurance	Assurance Outcomes/Gaps	Action Plan	Progress/Timescales
Strategic risk: Condition: That the Trust will not be able to fully contribute to the development and implementation of the Integrated Care System and Humber Clinical Collaborative Programme due to recovery constraints Cause: The recovery programme slows down the progress to become an Integrated Care System Consequence: Reputational damage Relationships with other care providers are not forged	Acute Workforce Maternity models Models delivering improvements for Constitutional and Clinical standards Assurance Reviews Digital enablers	Delays and timing of implementation of services/deliverability of models Out of hospital programme at various stages of development New Hospital Fund not a reliable source Backlog maintenance demands challenging EPR, sterile services, linen services, PET/CT, residential accommodation and renal dialysis all have serious capital implications Development of business cases to replace sections of existing estate (SGH and HRI) to be considered.	Bi-monthly reports detailing progress to the Committees in Common Group Development Committees in Common Joint Board meeting 28 June 2023	Out of hospital care Impact of displacement to neighbouring areas/systems Travel and accessibility of services Cost and resourcing of multiple business cases Cost of external support e.g financial and legal Political challenge Lack of ability to influence Programme resourcing will require dedicated operational/financial and analytical support Potential for challenge Media management – intensive support will be required Capital availability	Cardiology Cardiac CT working group established and work plan under development NLAG validation to prevent duplicate/repeat echo requests now embedded Agreement to progress with Heart Failure workstream with project team support Dermatology Service Strategy approved at FWHG and Medicine Divisional Board Activity profile and baseline metrics for 2022/23 received ENT Development of specialty level Delivery Group and Operational Groups to mobilise planned activities Time out to be arranged for HUTH and NLAG clinical, nursing and operational teams. Gastroenterology Scoping meetings held with NLAG and HUTH clinicians QIP to review current processes for suspected cancer pathways HCCP programme and governance structures to be redefined CDC SGH/DPOW – Capital funding confirmed, revenue model to be confirmed CDC Hull – Business case to be submitted. Work ongoing with the Council to confirm location of proposed development.	Q2 Humber Acute Services Review <ul style="list-style-type: none"> - Pre-consultation business case submitted to the ICB - Public approval to progress to consultation - NHSE Gateway 2 Review - Joint Health Overview Scrutiny Committee Operational lead identified Evidence base prepared, engagement strategy prepared ICB lead in place Priority programmed mapped
Risks from Risk Register: There are no direct risks on the Corporate Risk Register			Metrics: Recovery rate Outcomes of Service Reviews Independent / semi-independent: NHS E/I CQC	Outcomes: April 2023 Humber Clinical Collaborative Programme decoupled from HASR HASR April stocktake commenced		

				ICS HASR Acute Collaborative				
Inherent Risk			Risk position as at 30.09.23 (Q2)			Planned target risk position by 31/03/24		
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
4	4	16	3	4	12	2	3	6

Strategic objective: Research and Innovation Assurance Committee: Quality Committee Executive Lead: CMO CQC Domain: Safe Enabling Strategies/Plans: Research and Innovation Strategy						
Risk to Objective	Controls	Gaps in Controls	Sources of Assurance	Assurance Outcomes/Gaps	Action Plan	Progress/Timescales
Strategic risk: There is a risk that R&I support service is not delivered operationally to its full potential due to lack of investment Cause: Funding is unavailable Consequence: Impact on R&I Investment Impact on R&I capacity	Strengthened partnership with the University of Hull Infection Research Group ICS Research Strategy	Reduction in support services due to activity delivery Loss of commercial research income as well as other income as non-Covid activity was paused Additional research due to Covid without additional investment in staff The inevitable reduction of support services capacity (i.e. imaging, labs, pharmacy) dealing with clinical service delivery backlogs which may limit the ability to take on some new research activity as well as slowing down existing activities. This is being addressed on a national level by DHSC and NIHR but local strategies are needed. Legacy of COVID activity and follow-ups – the success of our COVID research activity means we will have the burden of additional workload into early 2022-23. Without additional investment in delivery staff, this will impact upon research specialties in the delivery of their existing and planned activities. 2021-22 has shown our staff have worked incredibly hard to ensure our recovery from a 'COVID legacy' is ahead of trajectory. Service pressures resulting in issues with the recruitment and retention of staff. Opportunities for staff to join research teams via secondments and other shared models is becoming increasingly difficult, creating challenges for the deployment of suitable staff across research vacancies. Capital developments will need to ensure research and innovation activities can be accommodated and staff appropriately housed. Demand for IT and Digital innovation is increasing. This brings an inevitable increase in the demand for the	Successful portfolio of Covid studies managed in 2020/21 2316 patients involved in clinical research as at August 2021 Continuing working with HYMS and the ICS	Scale of ambition vs deliverability Current research capacity hampered due to the recovery plan Funding availability Consideration of the development and implementation of an agreed R&I investment strategy covering the next 3 years (protected research time for staff, providing core budgets for increased admin and other costs) is critical in taking the next step on this journey of development and supporting the research collaborations as a leading partner in the Humber and North Yorkshire Health and Care Partnership. Major risk is that without investment we will reach a ceiling point in our capacity which in turn will limit new activity from collaborators and this could spark a decline in activity in the coming years as we are forced to decline participation in studies. This is not the current position in Q2 but is something we are monitoring closely. Demand for IT and Digital innovation is increasing. This brings an inevitable increase in the demand for the associated skills in the workforce and from our dedicated H-Digital Teams.	Q1 Joint RDI working between HUTH and NLAG Joint strategy to be agreed Q2 Development of the Group strategy Combined Group RDI Strategy to be developed Joint working with NLAG being developed	Q1/Q2 There has not yet been a definitive change to secure recurrent investment/funding from the Trust to underwrite research and innovation activities. This is compounded further by anticipated financial pressures for the Trust in 2023-24 and the likely continuation of clinical pressures stretching the already limited resources and associated delivery and support services. The risks of maximising our delivery capacity, reduced digital and IT resources remain. In addition, we will see the introduction, this year, of potential performance-related funding (with a particular focus on delivering our commercial portfolio). As a result we will need to optimise our commercial output to ensure sustained funding and therefore sustained delivery. This position is being monitored and is not yet a tangible threat.

			associated skills in the workforce and from our dedicated H-Digital Teams.					
	Risks from Risk Register: No risks highlighted			Metrics: Recovery Activity R&I Capacity Independent / semi-independent: NHS E/I HASR CQC ICS	Outcomes: Q2 Capacity issues remain			
Inherent Risk			Risk position as at 30.09.23 (Q2)			Planned target risk position by 31/03/2024		
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
4	4	16	3	4	12	2	4	8

Strategic objective: Financial Sustainability Assurance Committee: Performance and Finance Executive Lead: CFO CQC Domain: Effective Enabling Strategies/Plans: Financial Plan 2023/24						
Risk to Objective	Controls	Gaps in Controls	Sources of Assurance	Assurance Outcomes/Gaps	Action Plan	Progress/Timescales
Strategic risk: Condition: Expenditure incurred exceeds income by greater than agreed control total Cause: Health Groups and Corporate Departments do not deliver services within agreed budgets and do not achieve Cash Releasing Efficiency Savings Capped and block contract arrangements limit scope for payment Additional activity delivered may not result in increased income; due to levels of activity or coding issues Consequence: Impact on investment in quality Inability to meet regulatory requirements Reputational damage Impact upon recruitment	Health Group Budgets in place 2023/24 Financial Performance Review meetings in place with Health Groups Monthly scrutiny of the Balance Sheet by the Performance and Finance Committee Realistic and achievable plan in place developed with staff input and sustainability funds identified	Ongoing development of accountability of Health Groups – further improvements required Gap in identified CRES schemes and required level Industrial Action	Performance Committee and Boards Finance Performance Reviews with Health Groups	Divisional awareness of spend within new structures as budget centres have shifted Clarity of ownership of schemes Pace of delivery The struggle to identify efficiency schemes Junior Doctor operational pressures Locums in Clinical Support (Oncology and Haematology) Lung Health check Pay issues - £2.1m of the pay variance relates to the cost of covering industrial action. Whilst there are some non recurrent vacancies within Health Groups that are helping address some of the CRES shortfalls, there are also a number of pay pressure areas; Anaesthetics medical staffing premium pay, Obs, Gynae and Paediatric consultants in Family and Women's, premium pay in the Emergency Department and within the Clinical Haematology Department. Clinical Admin pressures driven by support for elective recovery and industrial action. Pay award – clinical income is above plan due to the accrued pay award funding.	Key actions to achieve financial plan/targets in 2023/24: Balance Sheet review CRES planning – short and medium term Bed configuration review across Surgery HG Developing a MTFP at Trust and System level Health Group Key Actions Surgery <ul style="list-style-type: none"> Further work to develop additional CRES, including focus on theatre productivity and endoscopy. Maximise benefits from new Day Surgery capacity available, with potential for ERF gains. Clinical Support <ul style="list-style-type: none"> Advert out to pursue substantive recruitment opportunities (particularly in Haematology) to mitigate continued pay premia for agency consultants. Activity levels in Oncology and Haematology on elective work are currently above plan. Work being undertaken with teams to review ongoing pressures. Work ongoing with Divisions to identify CRES schemes. Continue to work on replacing non recurrent schemes 	The indicative ERF position to M5 is 95% of 2019/20 value, versus an adjusted overall target of 104%. Trust 2019/20 baselines have been amended for counting & coding changes and service transfers and profiled on 23/24 working days, based on NHSE methodology. The ICB report a £0.3m overspend at month 3, with a forecast breakeven position by the year end. The Trust is forecasting that it will deliver its plan, however, this includes unaddressed risk of £5.3m. £3.5m of this relates to the £10m stretch target and £1.0m relates to the shortfall in funding to cover the agenda for change pay award. The Trust has forecast an additional pressure on equipment disposals of £170k.

						<p>with recurrent opportunities.</p> <p>Family and Women's</p> <ul style="list-style-type: none"> • Comprehensive review of medical variable pay to mitigate pressures in both junior doctors and consultant level across specialties. • Continue recruitment for AfC staff to reduce reliance on overtime, bank and agency; focus on midwifery and supporting roles within maternity. • Focus on identifying and progressing recurrent benefits in productivity and efficiency. <p>Medicine</p> <ul style="list-style-type: none"> • Focus on productivity and reduced LOS to address CRES shortfall. • Ensure all outpatient procedures are accurately coded and associated ERF funding gains realised by the HG. <p>Cardiology</p> <ul style="list-style-type: none"> • Ensure agreement of procurement outcomes are expedited with anticipated savings contributing to non pay spend and CRES requirement. <p>Emergency Medicine</p> <ul style="list-style-type: none"> • Rotas continued to be managed effectively. IA having a major impact. • Fortnightly review of Nursing Establishment. Controls in place around overtime/Bank. Continuation of control of agency usage. Rotas reviewed to assess hours of 	
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						<div>patients in the department is met by the staffing.</div> <div><div></div><div>Review of all areas of spend, to achieve recurrent savings.</div><div>Non Pay controls in place, additional levels of authorisation, to scrutinise expenditure requests.</div></div>		
	<div>Risks from Risk Register:</div> <div>No direct risks on the Corporate Risk Register</div>			<div>Metrics:</div> <div>Run rate</div> <div>I&E position</div> <div>CRES position</div> <div>Activity performance against plan</div> <div>Cash flow</div> <div>Independent / semi-independent:</div> <div>NHSE/I</div> <div>CQC</div> <div>Internal Audit</div> <div>External Audit</div> <div>Local Counter</div> <div>Fraud Specialist</div>	<div>Outcomes:</div> <div>Deficit of £1.7m reported at month 1, £1.4m worse than plan</div> <div>Month 5</div> <div>Deficit £1.3m, £1m adverse against plan</div> <div>I&E forecast outturn = £10.4m deficit</div> <div>The Trust delivered £16.7m in CRES against a target of £18.4m. The forecast is to deliver £46.8m against a plan of £53.9m.</div> <div>The Trust cash balance at 31st August 2023 was £41.4m and is forecast to be £33.3m by the year end.</div> <div>The Trust has spent £12.2m on agency and bank pay to August. This is £2.6m more than the same period in 2022/23.</div>			
Inherent Risk			Risk position as at 30.09.23 (Q2)			Planned target risk position by 31/03/2024		
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
5	4	20	4	4	16	2	4	8

Strategic Theme: Finance Appetite: Low Risk: 7.2	Strategic objective: Financial Sustainability Assurance Committee: Performance and Finance Executive Lead: CFO CQC Domain: Effective Enabling Strategies/Plans: Financial Plan 2023/24							
	Risk to Objective		Controls	Gaps in Controls	Sources of Assurance	Assurance Outcomes/Gaps	Action Plan	Progress/Timescales
	Strategic risk: Condition: 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. Cause: Lack of achievement of sufficient recurrent CRES or make efficiencies Impact of Covid-19 finances and recovery planning Consequence: The Trust does not achieve its Financial Plan or make efficiency savings		Financial Plan NHS Finance sees performance being measured at a system (ICS) level CRES Schemes Balanced Financial plan	Ability to deliver a 2-3 year plan to tackle underlying financial position relies on system-level control and contribution Need to agree a process to ensure resources are transferred appropriately between Trusts as a result of the developing acute service reviews CRES delivery	Regular update reports to the Performance and Finance Committee	Lost income due to Junior Doctors strike Industrial Action – Medical Staff CRES Delivery Bed Pressures ERF Delivery Capital expenditure profile of EPR v funding CQC /quality issues – may require investment Awaiting confirmation of Health Education England contribution to medical pay award funding gap	Ongoing development of accountability of Health Groups Developing granular detail for the underlying position.	Underlying funding will be received in 2024/25 but the ICB has requested to show this as a recurrent problem as funding is non-recurrent beyond that. The underlying position will be refined over the next few months as latest positions are updated
	Risks from Risk Register: No direct risks on the Corporate Risk Register				Metrics: Run rate I&E position CRES position Activity performance against plan Cash flow Independent/semi-independent: NHSE/I CQC Internal Audit External Audit Local Counter Fraud Specialist	Outcomes: reported deficit of £1.7m at month 1, £1.4m worse than plan Month 5 - The Trust underlying deficit is £51.2m. This is unchanged from month 4.		
	Inherent Risk			Risk position as at 30.09.23 (Q2)			Planned target risk position by 31/03/2024	
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
4	5	20	4	5	20	4	5	20

Strategic Theme: Financial Appetite: Moderate Risk: 7.3	Strategic objective: Financial Sustainability Assurance Committee: Performance and Finance Executive Lead: CFO CQC Domain: Effective Enabling Strategies/Plans: Capital Plan 2022-2025							
	Risk to Objective		Controls	Gaps in Controls	Sources of Assurance	Assurance Outcomes/Gaps	Action Plan	Progress/Timescales
	Strategic risk: Condition: There is a risk over the next 3 years of failure of critical infrastructure (buildings, IT, equipment) that threatens service resilience and/or viability Cause: Lack of sufficient capital and revenue for funds for investment to match growth, wear and tear, to support service reconfiguration, to replace equipment. Consequence: Lack of capital funding impacting on services Lack of investment impacting on patient and staff safety		Capital programme in place and risk assessed Comprehensive maintenance programme in place Capital Resource Allocation Committee in place to allocate funds Service level business continuity plans in place	Supplier price increases and delays to building works to be managed Energy and Decarbonisation funding not yet secured	Monthly updates to the Performance and Finance Committee Regular updates to the Board	Building works impacting on patients and staff There have been delays in the approval process for the Day Surgery Phase 2 Business Case which has caused delays to the main scheme. Expenditure is expected to come back in line in the coming months.	Capital Plan Phase 1 of Day Surgery Scheme The Trust Digital Strategy is being refreshed, due to be complete by end of Autumn 2023. The revised strategy will be a joint HUTH and NLAG Strategy within the framework of the ICS Digital Strategy. HUTH and NLAG initial focus remains on the future EPR solution as a replacement for Lorenzo and WebV and the strategy will be based around this central requirement.	Q1 Capital funding for 2023/24 is £58m. This has changed from the original plan of £50.7m by £7.4m. This variance mainly relates to the confirmation of additional PDC funding for UTC £2.8m; CDC £3.5m (23/24) & £12.5m (24/25) and IRT £1.6m. There is also a £3m reduction due to the re-profiling of expected PDC relating to the Day Surgery scheme into 24/25. In addition, the Trust is currently holding £2.5m ICS CDEL Slippage. Q2 Actual capital expenditure to 31st August was £8.2m, £4.4m behind plan. The backlog maintenance work is continuing, with the forecast spend in line with capital plan. The Equipment Management Group has identified priorities to be funded, a number of orders have already been placed including £0.5m for a Neuro Microscope. Discussions are ongoing with the ICS in terms of managing CDEL allocations across years. The ICS has £2.5m slippage which is currently included in the HUTH forecast spend to ensure CDEL is balanced, until providers assess forecasts and ability to bring forward schemes from 24/25. This will be updated at month 6.
	Risks from Risk Register: 4078 - In year achievement of the Capital plan 1747 - Backlog maintenance issues impacting on Clinical Service Delivery				Metrics: Capital performance and expenditure against the plan Independent / semi-independent: NHSE/I CQC Internal Audit External Audit Local Counter Fraud Specialist	Outcomes: Month 5 Capital expenditure is £8.2m, against a year to date plan of £12.6m		
	Inherent Risk			Risk position as at 30.09.23 (Q2)			Planned target risk position by 31/03/2024	
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
4	5	20	3	5	15	2	5	10

Actions taken, planned and draft assurance rating (AR)

BAF Risk 1		Culture The Trust does not make progress towards further improving a positive working culture this year.						
		Inherent Risk Rating		Current Risk Rating		Target Risk Rating		
		5 x 4 = 20		4 x 4 = 16		3 x 4 = 12		
Q1 Actions	AR	Q2 Actions	AR	Q3 Actions	AR	Q4 Actions	AR	Year End Position
<p>Review and relaunch of the staff charter. This is well underway and will be ratified at Workforce Transformation Committee</p> <p>Relaunching the PACT training. This will be mandatory for all staff. All staff will receive a 90 minute session on civility, the relaunched staff charter and expectations of managers. The session contains a new section on how to raise concerns and challenge behaviours. We are identifying staff to deliver the training including clinical and medical leaders.</p> <p>Briefing all 700 B6/B7+ managers at the trust in a series of sessions throughout July and August on the staff charter and PACT training. This will set out, clearly, expectations of managers in challenging and dealing with poor behaviours.</p> <p>Launching a reporting tool (piloted in maternity and cardiology). This will be rolled out across the Trust and has input and support from HR, FTSUG, and OD. Staff can report anonymously or 'on the record' and receive support for tackling issues.</p> <p>Marketing campaign – BAD BEHAVIOUR DOESN'T WORK – to go out in the next couple of months, promoting the charter, the reporting tool and highlighting poor behaviours and their impact.</p>		<p>Managers are being encouraged to improve the response rate for the Staff Survey 2023. Aim is for 60%.</p> <p>Development of Registrar to consultant development programme and SAS Doctors leadership programme</p> <p>Development of Inclusion Academy</p> <p>Development of Registrar to Consultant development programme and SAS doctors leadership programme</p> <p>Development of a PNA/PMA (Professional Nurse/Midwife Advocate) network across HUTH</p> <p>Midwifery Leadership Team participating in development activities which involves a team development programme and individual 1-2-1 exploratory meetings</p> <p>Zero Tolerance to Ableism to be launched in Autumn 2023</p>						

Red	Target risk unlikely to be met – insufficient or ineffective actions taken by Trust.
Amber	Target risk may not be met – actions required outside of Trust's control or circumstances outside of Trust's control
Green	On track to achieve target risk rating
Blue	Target risk rating achieved.

BAF Risk 2		Workforce						
		The Trust does not effectively manage its risks around staffing levels in both quality and quantity of staff across Trust						
		Inherent Risk Rating		Current Risk Rating		Target Risk Rating		
		4 x 5 = 20		4 x 4 = 16		3 x 4 = 12		
Q1 Actions	AR	Q2 Actions	AR	Q3 Actions	AR	Q4 Actions	AR	Year End Position
People Strategy Refresh Lets get Started` Induction programmes for RN`s & `Where Care Begins` for the Nursing Assistants. Keep in touch days for all newly qualified/International Nurses throughout the year Matron late shift (till 10pm Mon – Fri) to visit wards and deliver pastoral care/support to staff Non Registered Development Programme/Induction and Preceptorship Programme Clinical Lead Physiotherapy – Integration of Critical Care and Surgery Therapy Services to create joint services and a shared vision. Work is ongoing to expand the project across the services.		100 work experience opportunities booked up to November 2023. Requests are coming in for 2024. Work is onging with Hull, East Riding and North Lincs to review a health career engagement programme working with the local school.						

Red	Target risk unlikely to be met – insufficient or ineffective actions taken by Trust.
Amber	Target risk may not be met – actions required outside of Trust’s control or circumstances outside of Trust’s control
Green	On track to achieve target risk rating
Blue	Target risk rating achieved.

BAF Risk 3.1		High Quality Care						
		There is a risk that the quality improvement measures set out in the Quality Strategy are not met, which would result in the Trust not achieving its aim of a ‘good’ rating						
		Inherent Risk Rating		Current Risk Rating			Target Risk Rating	
		4 x 4 = 16		4 x 4 = 16			3 x 4 = 12	
Q1 Actions	AR	Q2 Actions	AR	Q3 Actions	AR	Q4 Actions	AR	Year End Position
<p>CQC</p> <p>ED1.2: Sepsis training and competencies. Implementation commenced as planned in November 2022. However, sufficient training has not yet been provided. The competency sign off and training started from a 0% position. At the time of writing, this has increased to 62% and is on trajectory for 90% by the end of May 2023.</p> <p>ED3.2: This action was not completed as stated because the staff were moved to H130 as part of opening additional capacity for patients with no criteria to reside. This is remaining under review as part of the gold command meetings. Once the intermediate discharge unit is in place, this action will be reviewed.</p> <p>ED5.4: The task and finish group was up and running from December 2022 as per the action. It was decided to keep this action under review due to the vast amount of work being undertaken.</p> <p>The following actions have been undertaken since the implementation of the digital task and finish group: All ED Digital Nursing Records reviewed and revised, now in live with integrated clinical notes populating clinical record:</p> <ul style="list-style-type: none">• ED Safeguarding• Mental Health Triage• ED Nursing Assessment• ED Infection• ED Moving & Handling• Purpose -T [pressure ulcer prevention• SPACES – Intentional rounding• Acuity• Sepsis <p>Introduction of Clinical Dashboards</p> <ul style="list-style-type: none">• ED Overview• ED Safety Huddle• ED Sepsis <p>Clinical Escalations is planned to be rolled out in ED by the end of April 2023 [automated escalations of NEWS2 score to ED Safety Dr and ED Safety Nurse]</p> <p>Manchester Triage – currently in test with plan to review mid-April.</p> <p>All of the above work has been supported by appropriate training and support for staff.</p> <p>The following action has been completed as planned; however, there is a further update to add and is reported below.</p>		<ul style="list-style-type: none">- Development of a high observational unit and operational plan to release capacity in resus- Ground floor model to be in place by January 2024 (EMC July update)- Trust-wide MCA/DOLS/Safeguarding work stream to be developed- Review of vulnerable patient’s food and balance charts to be shared from July 2023 onwards- ED Safety champions continue to receive and scrutinise the performance against the outcome measures highlighted on the ED action plan <p>Surgery CQC Action progress</p> <ul style="list-style-type: none">- Baseline review of the matron handbook audits are underway- Theatres migrating to electronic observations has been delayed due to priorities in ED- Nerve centre roll out has been delayed due to priorities in ED- Focussed work on resuscitation training is ongoing- A medicine management plan is being developed- NICE guidance to be a standing item on Specialty governance meetings- A Surgery specific patient information group to be established- Chaplaincy team to provide quarterly reports on referral rates. <p>Maternity CQC Actions update August 2023</p> <ul style="list-style-type: none">• Women in ADU were appropriately rag rated and were in the correct waiting areas for their rag rating• Electronic triage form in place and used correctly in ADU• Staff in ADU were able to articulate the plan of care for the women waiting• The midwives in ADU have introduced a new system: a midwife is allocated to a bay to see women and the coordinator allocates the women to the bays this is very similar to BSOTTs system and is working extremely well• Resuscitation trollies had been checked <p>September 2023</p> <ul style="list-style-type: none">• Women were appropriately rag rated - a suggestion from the team now would be to further separate the women into RED						

<p>ED5.5: This relates to the cohorting of patients waiting with an ambulance crew. This action was completed as planned; however, a further update to this and following the ICB assurance review in ED was for the glass in the Atrium to be frosted, this has now been completed.</p> <p>CQC Trustwide actions</p> <p>TW1: The trust must ensure care and treatment of service users must only be provided with the consent of the relevant person.</p> <p>TW2: The trust must ensure that mandatory training compliance, including training, meets the trust target.</p> <p>TW3: The trust must ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely.</p> <p>TW4: The trust must ensure where responsibility for the care and treatment of service users is shared with, transferred to other persons, or working with such other persons, service users and other appropriate persons that timely care planning takes place to ensure the health, safety and welfare of the service users.</p>		<p>and Amber in the waiting area for observational purposes</p> <ul style="list-style-type: none"> All rooms that were not in use had their treatment rooms locked. All medicines were stored securely <p>Falls Falls prevention team to be established in September 2023</p> <p>National Falls Prevention Week 18-23 September</p> <p>96 QIPs have been shared and registered with the CQI team. The majority of projects registered are from Junior Doctors who are required to undertake improvement projects a part of their career progression. It is expected that engagement with QIPs will increase following their induction in August. Regular communications are sent out inviting staff to share their projects and success stories along with submitting case studies via the CQI website to share learning and spread improvement.</p> <p>Improvement week to take place in September 2023 incorporating the Patient Safety Day Conference</p>						
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Red	Target risk unlikely to be met – insufficient or ineffective actions taken by Trust.
Amber	Target risk may not be met – actions required outside of Trust’s control or circumstances outside of Trust’s control
Green	On track to achieve target risk rating
Blue	Target risk rating achieved.

BAF Risk 3.2		Harm Free Care						
		There is a risk that patients suffer unintended or avoidable harm due to actions within the Trust's control. Crowding in ED, Ambulance handovers, Patients with No Criteria to Reside and Mental Health patients require partnership working to determine improvement plans.						
		Inherent Risk Rating		Current Risk Rating		Target Risk Rating		
		5 x 5 = 25		5 x 5 = 25		4 x 4 = 16		
Q1 Actions	AR	Q2 Actions	AR	Q3 Actions	AR	Q4 Actions	AR	Year End Position
<p>Transition to PSIRF from April 2023 will transform the approach to patient safety investigations</p> <p>Confirm outstanding competency check requirements for ED staff</p> <p>Continue assurance visits and Safety Oversight Group for February, considering any changes required for ensuring actions are sustained and outcomes achieved.</p> <p>Continue with the close monitoring of the delivery of the fundamentals of care in a timely response</p> <p>Tissue Viability Nurses to review the impact of any delayed skin assessments on patient outcomes</p> <p>Continue with the interim support arrangements from the Deputy Chief Nurse</p> <p>Continually review the impact of the HOB opened on the 13th floor and agree the requirements for a HOB on the Acute Assessment Unit</p> <p>Continue with the plans to introduce the 90 day plan of the ground floor model</p> <p>Continue to raise awareness of and deliver the MCA training</p> <p>Work to continue with the development of the designated mental health assessment area adjacent to ED</p>		<p>Datix incident reporting form under review in line with the national changes</p> <p>Thematic review of both Radiology and ED incidents has begun.</p> <p>Enhanced Falls training for Non-Clinical and HCP staff to be developed.</p> <p>Implementation of AFLOAT (Avoiding Falls Level of Observation Assessment Tool)</p> <p>Patient Safety team and the Patient Experience team, are organising an Improvement Week in the run up to the Patient Safety Day Conference which is scheduled to take place on Friday 29 September 2023.</p> <p>Aim to grow the Patient Safety Champion network and number of Learning Response Leads</p> <p>Discharge to assess model pilot to commence September 2023</p> <p>Trajectory of achieving zero 78 week waits by the end of September 2023</p>						

Red	Target risk unlikely to be met – insufficient or ineffective actions taken by Trust.
Amber	Target risk may not be met – actions required outside of Trust's control or circumstances outside of Trust's control
Green	On track to achieve target risk rating
Blue	Target risk rating achieved.

BAF Risk 4		Great Clinical Services There is a risk to access to Trust Services						
		Inherent Risk Rating		Current Risk Rating		Target Risk Rating		
		5 x 5 = 25		4 x 5 = 20		4 x 4 = 16		
Q1 Actions	AR	Q2 Actions	AR	Q3 Actions	AR	Q4 Actions	AR	Year End Position
<p>CDU for Nurse Led pathways to be implemented from 22nd May 2023. These pathways historically breach in ECA as awaiting timed treatment/results.</p> <p>Mental Health Streaming facility to open by end of May 2023, expecting to reduce breaches by 1 per day but significantly improve the patient experience.</p> <p>From 10th April 2023 day-time cohorting was provided by HUTH</p> <p>From 10th April 2023, a 2nd Nurse was allocated to work in Initial Assessment to be able to take concurrent handovers.</p> <p>An initial meeting was held on the 27th March 2023 to agree a joint Rapid Programme Improvement supported by both YAS and HUTH QI teams. Date currently being agreed to commence 8 week observation period followed by a 5-day workshop in June/July 2023. This has been delayed YAS have a number of improvement programmes to be prioritised.</p> <p>A trajectory of improvement has been agreed for the percentage of Ambulances released within 30mins of arrival; the target for April 2023 is 53.5%. we delivered 64.9%</p> <p>PSC have been commissioned by the system to provide project support for delivery of a Discharge to Assess (D2A) process. Working groups have begun and are currently exploring current issues for prioritisation.</p> <p>Targeted HG & speciality meetings continue to reduce waiting</p> <p>Internal milestones set to reduce maximum waits</p>		<p>Continued focus at speciality level of patients dated and/or risks now focussed to achieve and maintain zero 104-week waits.</p> <p>Clinical Admin Service continue to proactively contact patients with TCIs/appointments to check they are attending/if treatment is still required – small number of removals</p> <p>Progressing mutual aid support from providers within and without of H&NY and continuing to in-source capacity where possible to support pressured specialities</p> <p>Improvement in the Lower GI triage processes will shorten the pathway and lead to performance improvement – non-recurrent funding in place; will need recurrent support from the 23/24 & 24/25 growth for cancer</p> <p>Increasing numbers of 2WW referrals received with a FIT test result will enable more patients to be effectively triaged; locally at +60% which continues to be monitored and on-going discussions with primary care planned to further improve uptake by GPs</p>						

<p>Mutual aid/in-sourcing and out-sourcing to support the total WLV reduction.</p> <p>Capacity alerts in x6 pressured specialities are live – monitoring arrangements to consider the effectiveness and impact (5x specialities – referral rate reducing, with ENT referral rate flat)</p> <p>Additional support for Gynaecology was prioritised with capacity on-stream in March 2023 and continuing in April, into May 2023. This will be required into Q2.</p> <p>Text validation delivered as a business as usual validation process for the remainder of 2022/23 & into baseline from 2023/24.</p> <p>RTT pathway training to 1,700 staff across the Trust who are primarily involved with pathway management has commenced through Learn RTT e-learning.</p>								
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Green	On track to achieve target risk rating
Blue	Target risk rating achieved.

BAF Risk 5		Partnerships There is a risk to the development of the ICS and HCCP due to recovery constraints						
		Inherent Risk Rating		Current Risk Rating		Target Risk Rating		
		4 x 4 = 16		3 x 4 = 12		2 x 3 = 6		
Q1 Actions	AR	Q2 Actions	AR	Q3 Actions	AR	Q4 Actions	AR	Year End Position
Cardiology Cardiac CT working group established and work plan under development NLAG validation to prevent duplicate/repeat echo requests now embedded Agreement to progress with Heart Failure workstream with project team support Dermatology Service Strategy approved at FWHG and Medicine Divisional Board Activity profile and baseline metrics for 2022/23 received ENT Development of specialty level Delivery Group and Operational Groups to mobilise planned activities Time out to be arranged for HUTH and NLAG clinical, nursing and operational teams. Gastroenterology Scoping meetings held with NLAG and HUTH clinicians QIP to review current processes for suspected cancer pathways Pause and review of Humber Clinical Collaborative Programme		HCCP programme and governance structures to be redefined CDC SGH/DPOW – Capital funding confirmed, revenue model to be confirmed CDC Hull – Business case to be submitted. Work ongoing with the Council to confirm location of proposed development. Humber Acute Services Review <ul style="list-style-type: none"> - Pre-consultation business case submitted to the ICB - Public approval to progress to consultation - NHSE Gateway 2 Review - Joint Health Overview Scrutiny Committee Operational lead identified Evidence base prepared, engagement strategy prepared ICB lead in place Priority programmed mapped						

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Blue	Target risk rating achieved.

BAF Risk 6		Research and Innovation						
		There is a risk that Research and Innovation support service is not delivered operationally to its full potential due to lack of investment						
		Inherent Risk Rating		Current Risk Rating		Target Risk Rating		
		4 x 4 = 16		3 x 4 = 12		2 x 4 = 8		
Q1 Actions	AR	Q2 Actions	AR	Q3 Actions	AR	Q4 Actions	AR	Year End Position
Joint RDI working between HUTH and NLAG Joint strategy to be agreed		Development of the Group strategy Combined Group RDI Strategy to be developed Joint working with NLAG being developed						

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Green	On track to achieve target risk rating
Blue	Target risk rating achieved.

BAF Risk 7.1		Financial Expenditure incurred exceeds income by greater than agreed control total						
		Inherent Risk Rating		Current Risk Rating		Target Risk Rating		
		5 x 4 = 20		4 x 4 = 16		2 x 4 = 8		
Q1 Actions	AR	Q2 Actions	AR	Q3 Actions	AR	Q4 Actions	AR	Year End Position
The Trust has a planned deficit of £7.2m for 2023/24		Key actions to achieve financial plan/targets in 2023/24: Balance Sheet review CRES planning – short and medium term Bed configuration review across Surgery HG Developing a MTFP at Trust and System level Health Group Key Actions Surgery <ul style="list-style-type: none"> Further work to develop additional CRES, including focus on theatre productivity and endoscopy. Maximise benefits from new Day Surgery capacity available, with potential for ERF gains. Clinical Support <ul style="list-style-type: none"> Advert out to pursue substantive recruitment opportunities (particularly in Haematology) to mitigate continued pay premia for agency consultants. Activity levels in Oncology and Haematology on elective work are currently above plan. Work being undertaken with teams to review ongoing pressures. Work ongoing with Divisions to identify CRES schemes. Continue to work on replacing non recurrent schemes with recurrent opportunities. Family and Women's <ul style="list-style-type: none"> Comprehensive review of medical variable pay to mitigate pressures in both junior doctors and consultant level across specialties. Continue recruitment for AfC staff to reduce reliance on overtime, bank and agency; 						

		<p>focus on midwifery and supporting roles within maternity.</p> <ul style="list-style-type: none"> • Focus on identifying and progressing recurrent benefits in productivity and efficiency. <p>Medicine</p> <ul style="list-style-type: none"> • Focus on productivity and reduced LOS to address CRES shortfall. • Ensure all outpatient procedures are accurately coded and associated ERF funding gains realised by the HG. <p>Cardiology</p> <ul style="list-style-type: none"> • Ensure agreement of procurement outcomes are expedited with anticipated savings contributing to non pay spend and CRES requirement. <p>Emergency Medicine</p> <ul style="list-style-type: none"> • Rotas continued to be managed effectively. IA having a major impact. • Fortnightly review of Nursing Establishment. Controls in place around overtime/Bank. Continuation of control of agency usage. Rotas reviewed to assess hours of patients in the department is met by the staffing. • Review of all areas of spend, to achieve recurrent savings. • Non Pay controls in place, additional levels of authorisation, to scrutinise expenditure requests. 						
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Green	On track to achieve target risk rating
Blue	Target risk rating achieved.

BAF Risk 7.2		Financial Sustainability The Trust does not plan or make progress against addressing its underlying financial position over the next 3 years						
		Inherent Risk Rating		Current Risk Rating		Target Risk Rating		
		4 x 5 = 20		4 x 5 = 20		4 x 5 = 20		
Q1 Actions	AR	Q2 Actions	AR	Q3 Actions	AR	Q4 Actions	AR	Year End Position
Ongoing development of accountability of Health Groups The Trust started the year with an underlying deficit of £43.5m (assuming ERF and Covid19 income are non-recurrent). Including the level of non-recurrent CRES (£4.4m) and additional in-year pressures has moved this to a position of £51.2m.		Underlying funding will be received in 2024/25 but the ICB has requested to show this as a recurrent problem as funding is non-recurrent beyond that. The underlying position will be refined over the next few months as latest positions are updated						

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Green	On track to achieve target risk rating
Blue	Target risk rating achieved.

BAF Risk 7.3		Financial Sustainability						
		Failure of critical infrastructure (buildings, IT, equipment) that threatens service resilience and/or viability						
		Inherent Risk Rating		Current Risk Rating		Target Risk Rating		
		4 x 5 = 20		3 x 5 = 15		2 x 5 = 10		
Q1 Actions	AR	Q2 Actions	AR	Q3 Actions	AR	Q4 Actions	AR	Year End Position
<p>Capital Plan</p> <p>The initial programme for 2023/24 is an assessment based on a “do minimum” basis and makes provision for base allocations for Medical Equipment (£2.5m); IM&T (£2.5m) and Backlog Maintenance (£2.5m).</p>		<p>The Equipment Management Group has identified priorities to be funded, a number of orders have already been placed including £0.5m for a Neuro Microscope.</p> <p>Discussions are ongoing with the ICS in terms of managing CDEL allocations across years. The ICS has £2.5m slippage which is currently included in the HUTH forecast spend to ensure CDEL is balanced, until providers assess forecasts and ability to bring forward schemes from 24/25. This will be updated at month 6.</p>						

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		Impact Score				
		1	2	3	4	5
Likelihood Score	1	1	2	3	4	5
	2	2	4	6	8	10
	3	3	6	9	12	15
	4	4	8	12	16	20
	5	5	10	15	20	25

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

Impact Domains	Impact Score and Examples of Descriptions				
	1	2	3	4	5
	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public (physical / psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality / Equality / Complaints / Audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/independent review Low performance rating Critical report	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards

Impact Domains	1	2	3	4	5
	Negligible	Minor	Moderate	Major	Catastrophic
Human Resources / Organisational Development / Staffing / Competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis
Statutory Duty / Inspections	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Critical report	Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Adverse Publicity / Reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence

Impact Domains	1	2	3	4	5
	Negligible	Minor	Moderate	Major	Catastrophic
Business Objectives / Projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including Claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million
Service / Business Interruption / Environmental Impact	Loss/interruption of >1 hour Minimal or no impact on the environment No impact on other services	Loss/interruption of >8 hours Minor impact on environment Impact on other services within the Division	Loss/interruption of >1 day Moderate impact on environment Impact on services within other Divisions	Loss/interruption of >1 week Major impact on environment Impact on all Divisions	Permanent loss of service or facility Catastrophic impact on environment Impact on services external to the Trust
Information Security / Data Protection	Potential breach of confidentiality with less than 5 people affected Encrypted files	Serious potential breach of confidentiality with 6 – 20 people affected Unencrypted clinical records lost	Serious breach of confidentiality with 21 – 100 people affected Inadequately protected PCs, laptops and remote device	Serious breach of confidentiality with 101 – 1000 people affected Particularly sensitive details (i.e. sexual health)	Serious breach of confidentiality with over 1001 people affected Potential for ID theft

ESCALATION FROM THE QUALITY COMMITTEE

REFERENCES

Only PDFs are attached

 10.1 - Quality Committee Summary Oct23.pdf

**Report to the Board in Public
Quality Committee
October 2023**

Item: Emergency Medicine – Deep Dive	Level of assurance gained: Limited
<p>The ED team provided the committee with an updated position to the work that has been undertaken since the CQC inspection.</p> <p>The team acknowledged that maintaining the improvements during periods of acute operational pressure was a challenge and that whilst changes and support were discussed at various forums they needed to happen at a quicker pace.</p> <p>The CQC at the recent engagement recognised that nationally there is pressure on ED but were clear they expect to see organisations mitigating the risks and ensuring fundamentals of care are maintained.</p> <p>The UTC is looking to move on site to the Duchess of Kent building and will open in a phased approach with the initial transfer of Storey Street coming in December 2023 and looking at the fully functional by August 2024, so there will be no immediate capacity.</p> <p>Missed Opportunities audit is strong evidence in why people attend ED and the majority don't need to be in the department. The interface between primary and secondary care needs to improve and the understanding of the pressure each side.</p> <p>The committee were impressed by the work being undertaken in the department but confirmed limited assurance due to the outcome measures and the lack of capacity to meet increased demand.</p>	
Item: Medication Errors – Deep Dive	Level of assurance gained: Reasonable
<p>The chief pharmacist presented to the committee medication errors, which provided a range of information on a number of aspects.</p> <p>The majority of incidents that occur are no harm and are in relation to administration. It was noted the two catastrophic incidents were in relation to VTE which the Trust has received a Regulation 28 recently.</p> <p>The challenges with the ePMA were highlighted to the committee and that the process had been initiated to replace the system. Random deletions (happening in small numbers most days) were a cause for concern as the mitigation may result in prolonged period before drug administration.</p> <p>Areas on the risk register were also discussed briefly including discharge.</p>	
Item: CQC Report	Level of assurance gained: Limited
<p>The committee received the summary paper and supporting papers.</p> <p>Medicine are on track with actions with no overdue actions and are due to present at the November Quality Committee and December at the HUTH Quality Improvement Group.</p> <p>Surgery have a number of overdue actions but this is in relation to evidence being provided rather than the work not being completed and should be moved on at the next check and challenge.</p> <p>Assurance visits continue monthly, the visit to the 13th Floor NCTR raised a number of issues, therefore a task and finish group has been established to look at these.</p> <p>The Trust received a whistleblowing in ED which has been responded to with no further information requested by the CQC.</p> <p>The engagement meeting held with CQC confirmed they were happy with the level of information being shared with them.</p>	

The reverse rag rating in Maternity is working well and the robust process with MTAC is providing assurance actions are completed and embedded. We are now have oversight of the ADU performance and have the minute detail available to understand when targets are breached. Length of time in the department is steadily declining. ADU has been handed over to the department but staffing challenges mean this won't be able to go live until the end of November and will be phased.

Item: Maternity Report /CNST and Maternity Safety Champions	Level of assurance gained: Limited
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NHS Resolutions have requested the Trust review the year 4 CNST submission as a result of the CQC inspection. Following a review with LMNS 5 will be declared as compliant and 5 non-compliant. There were also some areas in year 5 CNST that were a risk of being non-compliant due to the workforce issues.

Projected compliance against the 10 CNST standards were shared.

Workforce remains a big concern which is having a big impact on activity. 18 newly qualified midwives started with the Trust 25th September and 3 international midwives have been recruited, however the high number of maternity leave is impacting on the service. The workforce has been reviewed and there has been introduction of new roles to support and enhance the current staff model.

Item: Board Assurance Framework	Level of assurance gained: Reasonable
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The BAF was shared with the committee it was initially proposed that the risk ratings remained the same for quarter one but following discussion it was agreed that the following recommendations should be made.

Moving forward the Trust is introducing a risk assurance committee to look at each risk and the committees will need to be clear what assurance is required to reduce the risk rating.

The report will be submitted to November's Trust Board.

Item: Infection Prevention and Control Update	Level of assurance gained: Reasonable
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The committee received an update on the Clostridioides difficile which was in a good position, there has been a national increase in cases but not within the Trust. Cases have been to the review group and confirmed as unavoidable.

There has been a month on month increase in MSSA cases which is in line with other organisations, local research MSSA BSIs was conducted by the ID team for twelve months provided early indications suggest a correlation with MSSA colonisation, results of the research will determine additional measures to reduce the burden of MSSA BSI.

In comparison to other main teaching hospitals in the region the Trust is in keeping in relation in infection rates.

Item: Effectiveness Update	Level of assurance gained: Reasonable
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The Effectiveness report was received by the committee with an update bring given on the progress on the introduction of the software AMaT which would support multiple functions across the governance team.

The majority of audits have been achieved. The End of Life audit was being presented to CEPPD.

Sentinel Stroke National Audit Project (SSNAP) has seen some slight deterioration in some areas which require improvement.

The committee received the following updates for assurance, there were no escalations raised;

- Quality Indicator Report
- Patient Safety & Effectiveness
- PSIRF Policy – was approved by the committee

10.1.1 CNST DECLARATION

REFERENCES

Only PDFs are attached




10.1.1 - CNST MIS 4 Submission Review.pptx



10.1.2 - MIS_Year4_Board_-Declaration_-Form_Resubmission Nov 23.xlsx

REFERENCES

Only PDFs are attached

 10.2 - PAF Summary November 2023.pdf

**Report to the Board in Public
Performance and Finance Committee
October 2023**

Item: Performance	Level of assurance gained: Limited
<ul style="list-style-type: none"> For September, the Ambulance handover position had deteriorated in September (68%). The average time for handover was 33.36 minutes. The recording of handovers was improving. ED missed the improvement trajectory for the 4hr Quality Standard in September 2023 delivering 63.8% against a target of 71% for type 1 and 3 activity. The number of patients in September 2023 with No Criteria to Reside continues to be the single largest factor affecting performance (although beginning to see a slight decrease) with a daily average of 174 patients per day remaining within the hospital who have no medical need for acute services. Overall cancer performance remains comparable with previous months. Year to date there has been in 13.5% increase in 2WW referrals received. Recovery of elective activity in September 2023 against the operational plan: <ul style="list-style-type: none"> New Activity 99% Follow up Activity 106% Day Case Activity 92% Ordinary Elective Activity 89% At the end of September 2023, the Trust reported zero x 104 week waits and 10 x 78 week wait breaches, a reduction from the previous month. The Trust's total waiting list volume (WLV) has increased, impacted by bank holidays and industrial action during 2023/34. At the end of September 2023, the waiting list volume provisional position is 71,718. The total WLV is above the trajectory of 67,311 Rossmore opened to full capacity on 10 August 2023. A small pilot of a discharge to assess model began in September 2023 	
Item: Winter Plan	Level of assurance gained: Limited
<ul style="list-style-type: none"> The Committee approved the plan with the caveat that there were concerns about the Trust's ability to manage Winter pressures without a system response. 	
Item: Financial Report Month 6	Level of assurance gained: Limited
<ul style="list-style-type: none"> The Trust reported an in month deficit of £5m, £4.6m adverse against plan The year-end forecast is in line with plan at £7.2m deficit The underlying deficit is £52.7m. This is an increase £1.5m from month 5, relating to the medical staff pay award shortfall. The ERF position year to date is £3.8m below plan. 	

- Capital Expenditure is £13.6m against a year to date plan of £19.4m
- The ICB reported a £0.9m overspend at month 5 with a forecast of £30m deficit at year end

Item: Capital Resource Allocation Committee

Level of assurance gained: Reasonable

- There is slippage in the Capital Programme (£5.3m)
- Key priorities are Paediatric Day Surgery and EPR Business Case

The following reports were also shared:

- Gynaecology, Urology and Colorectal Cancer update - improvements in place to increase the performance in these areas
- Procurement Strategy Update – Procurement work within the Group relating to governance, systems and people
- GIRFT Update – highlighting the Further Faster pilot
- Board Assurance Framework – no changes to risk ratings for BAF 4 (Performance risk), 7.1, 7.2 and 7.3 (Finance risks)

The following contracts were received:

- Contract recommendation paper for the supply of orthopaedic trauma, hand and wrist implants along with associated equipment

REFERENCES

Only PDFs are attached



10.3 - WECC Summary October 23.pdf

Report to the Board in Public Workforce, Education and Culture Committee October 2023

Item: Staff Survey Update	Level of assurance gained: Limited
<p>The Director of Communications shared that manager briefing sessions with the top 150 managers within the Group are being planned which will be led by the Group Chief Executive and will take place every quarter with a different theme for each session.</p> <p>The 2023 national staff survey is currently live, a target has been set for the Group to reach a response rate of 60%. Equipment is being provided to aid staff in completing the survey and a number of incentives are in place. The staff survey will close on 24th November 2023.</p> <p>The Barret values survey is scheduled for December 2023. Sessions will take place with staff groups to understand the outcomes of the survey. Following these sessions, work will be undertaken with the Trust Board to agree the Group values.</p> <p>The following actions have been implemented since the previous staff survey: investment in the health and wellbeing programme, promotion of flexible working, adherence to values built into job descriptions.</p>	
Item: Freedom to Speak Up Guardian Report	Level of assurance gained: Reasonable
<p>The Freedom to Speak Up Guardian shared that the annual number of concerns raised has further increased from 71 in 2021/22 to 100 in 2022/23. The most common reasons for concerns were general support, inappropriate behaviour and concerns about role, there was a decrease in the number of concerns about HR and bullying. In Q1 of 2023/24, 25 concerns were raised.</p> <p>The Freedom to Speak Up Guardian has worked in partnership with York and Scarborough to offer speak up drop-in sessions for staff working within the Scarborough, Hull and York Pathology service. Regular drop-in sessions with the Interim Chief Nurse have commenced and been well received. October is national Speak Up month, a number of sessions including line manager specific sessions and evening sessions have been planned.</p> <p>An analysis of Q2 data has been completed, which shows an increase in the number of concerns and a number of staff have raised multiple concerns.</p>	
Item: Guardian of Safe Working Report	Level of assurance gained: Reasonable
<p>The Guardian of Safe Working shared that in Q1, there was 89 exception reports, 59% of the exceptions were regarding rotas issues. eRoster is the main concern with only 13% of rotas fully functional on eRoster. Another issue has been the lack of self-development time for junior doctors however, a piece of work has taken place to improve this for GP trainees, the next quarter should reflect the improvement.</p> <p>The Director of Workforce & OD emphasised the cultural and engagement challenges facing the eRostering project with the clinical leadership team.</p> <p>It was noted that the proposal to increase junior doctor locum rates is currently with the Junior Doctor Forum for comment.</p>	
Item: Responsible Officer Report	Level of assurance gained: Substantial
<p>The Chief Medical Officer noted that there were no issues to escalate to the GMC from the Responsible Officer report.</p>	
Item: Workforce Race Equality Standard (WRES)	Level of assurance gained: Reasonable
<p>The Equality, Diversity and Inclusion Manager shared that the Zero Tolerance to Racism Framework was launched in 2022 including a reporting tool and a circle group. It was disclosed that the number of reports from junior doctors is low due to concerns of implications in the medical profession.</p> <p>A career enhancement programme is being developed for BAME staff specifically Agenda for Change staff.</p> <p>It was remarked that informal speaking up against racism is not being captured, the Equality, Diversity and Inclusion Manager recommended that informal</p>	

concerns could be flagged to the circle group who can provide support.

Programmes offered to Band 5 staff are struggling to be filled as these groups of staff have the least autonomy of their own availability, the EDI team are trying to build in opportunities for staff to cover other roles and gain experience.

Work is ongoing to include EDI information into recruitment. It was highlighted that BAME colleagues are being shortlisted for roles however, they are not being appointed when they have met the criteria for the role.

Item: Workforce Disability Equality Standard (WDES)

Level of assurance gained: Reasonable

The Equality, Diversity and Inclusion Manager shared that the Zero Tolerance to Ableism framework is due to be launched including a similar circle group.

Experience, opportunities and culture have been identified as the main areas to focus on for equality within the Trust.

The Executive Team were asked to ensure they have made a declaration if they are disabled or non-disabled.

Item: Modern Day Slavery Report

Level of assurance gained: Substantial

The Head of HR Services shared the Trust compliance including pre-employment checks, mandatory safeguarding training, strong partnerships with local authorities and monitor the number of modern slavery enquires made to the safeguarding team. The Trust continue to refer all safeguarding children concerns to social care. The number of patients who come into maternity late in pregnancy with no medical interventions was highlighted.

Compliance is measured against staff training, the Trust achieved over 85% compliance in 2022/23.

Item: Leadership Programme Update

Level of assurance gained: Reasonable

The Head of Learning and OD shared that the Trust now has a Mary Seacole facilitator which secures us 5 places per cohort. An evaluation has been completed of the leadership programmes; sessions have become hybrid as staff expressed their preference for face to face.

New recruitment to programmes has been paused whilst changes to the group structure take place. A gap analysis of leadership programmes will be undertaken across HUTH and NLAG.

The Head of Learning and OD explained that the Trust does not have a very senior leader programme however, this could be implemented in the future as part of succession planning.

Item: Apprenticeship Programme Update

Level of assurance gained: Reasonable

The Head of Learning and OD acknowledged that the Trust is close to spending the whole amount of apprenticeship levy for the first time, working closely with NLAG. A pilot Level 2 Healthcare Assistant apprenticeship has been developed.

Approval has been gained from the Nursing Workforce Committee that the dates for recruiting apprenticeships can be earlier in the year.

Item: Non-Medical Learning and Development Progress Report

Level of assurance gained: Reasonable

The Head of Learning and OD highlighted that a new performance monitoring process is in place for new starters completing statutory/mandatory training, welcome day attendance is also measured and fed back to HR Business Partners to improve percentage of completion within the first 6 months.

Oliver McGowan training on Learning Disability and Autism is a new national required learning programme from NHS England, a trajectory is in place with a plan to reach the required level of completion.

The OD team have undertaken a large piece in maternity to improve the culture, which has required a large amount of resource. Work in cardiology will restart to improve cultural issues and provide OD support.

The introduction of the Group model provides an opportunity to understand what pieces of work should stop, start, and continue. The team will work in collaboration with NLAG coaching network to provide a wider pool of coaches available to both organisations.

Item: Nursing and Midwifery Staffing Report

Level of assurance gained: Substantial

The Interim Deputy Chief Nurse highlighted the registered nurse vacancy rate is currently 1.37%, from the perspective of the Wards, ED, and ICU the vacancy rate is currently 1.79%. The non-registered nurse vacancy rate has increased to 8.34%.

13 registered nurse degree associates and 19 trainee nurse associates have recently qualified. 17 midwifery students, 13 paediatric students, 127 adult students have been appointed. The final cohort of 16 international nurses are due to join the Trust at the end of October 2023.

Item: Health and Wellbeing Programme Report

Level of assurance gained: Substantial

The Health and Wellbeing Manager highlighted that the national framework has been used to create a Health and Wellbeing plan, which will be presented to the Health and Wellbeing committee for approval.

A request for further funding to make the Health and Wellbeing Manager role substantive and ensure the programme continues will be submitted to the Board.

Item: Occupational Health Annual Report

Level of assurance gained: Substantial

The Director of Workforce and OD shared the Occupational Health Annual Report, highlighting the number of different areas the Occupational Health team cover and commended the retention of the SEQOHS highest level of assurance accreditation.

Item: Consultant Job Planning Report

Level of assurance gained: Reasonable

The Chief Medical Officer highlighted the historical challenges of job planning; however, the rate of in-date job plans is increasing and is currently 77%.

Item: People Strategy Progress Report

Level of assurance gained: Reasonable

The Director of Workforce and OD highlighted that the appraisal rate is currently over 85%, statutory/mandatory training rate is over 85%, sickness absence is 4.2% and the vacancy rate is 3%.

Turnover is currently the biggest risk at 11.3%, more consideration is needed into turning exit conversations into stay conversations and looking at internal transfers for staff.

REFERENCES

Only PDFs are attached



10.4 - Audit Committee Summary to the Board - October 2023 - Public - FINAL.pdf


**Report to the Board in Public
Audit Committee October 2023**

Item: Auditors Annual Report 2022/23	Assurance: Good
<p>The Auditors Annual Report (AAR) summarises the work that Mazars undertook as the Auditor for the Trust for the year ended 31.3.23 and is published along with the Trust's Annual Report and Accounts. The AAR confirms the unqualified opinion on the financial statements, that the Trust's consolidation schedules were consistent with the audited financial statements, provides commentary on the Trust's value for money (VFM) arrangements and confirms issue of the audit certificate to formally close the 2022/23 audit. The VFM arrangements review resulted in a recommendation for the Trust to fully address the weaknesses identified by the CQC ED report with appropriate on-going monitoring of the delivery of the CQC action plans, including those resulting from the CQC inspection report for maternity services, by the Trust Board and relevant sub-committees.</p>	
Item: Internal Audit Report – E-rostering and Medical Bank	Assurance: Reasonable
<p>This review received a 'Partial Assurance' rating, with two medium and one low management action being agreed (with one of the medium actions implemented by the time the report was issued) in the current report. Three actions from an earlier review of Junior Doctor Rota's were also noted as still to be implemented (one high and 2 medium rated recommendations) and this contributed to the assurance rating. The Committee heard that the ability for time input from some of the Health Groups due to on-going industrial action has been problematic. The Committee felt it appropriate to escalate the outcome of this review to the Board but was assured that progress was being made by the Head of HR Services and the Chief Financial Officer to address the issues identified.</p>	
Item: Learning from Serious Incidents	Assurance: Good
<p>Receiving a rating of 'Reasonable Assurance', this review resulted in two medium and four low grade management actions being agreed. Internal Audit noted that the Trust was still in the transition phase in terms of the new Patient Safety Incident Response Framework (PSIRF) which it commenced in April 2023, and as such a number of processes were still in development but good progress was being made in its implementation.</p>	
Item: Emergency Preparedness, Resilience and Response (EPRR)	Assurance: Good
<p>Internal Audit concluded a 'Substantial Assurance' for this review, with the Trust able to provide documentation to demonstrate its ability to meet 32 of the 35 Core Standards. Two low grade actions were agreed with management.</p>	
Item: Follow Up of Internal Audit Management Actions	Assurance: Reasonable
<p>The Committee received a progress report on the status of IA management actions showing a reduction from 53% overdue to 34% (137) overdue of all recommendations made, with RSM reporting that more had been closed off since the report was produced the week before the meeting. It should be noted that outstanding recommendations are related to all parts of the organisation. Of the overdue actions, 79 have a low rating, 45 medium and 6 high. The Committee was assured of the commitment to address all overdue management actions by the end of the calendar year, noting that the overdue actions were reducing. The next routine report will be received at the January 2024 meeting.</p>	
Item: Fit and Proper Persons Test (FPPT) Framework – Audit Requirements	Assurance: Good

<p>The Committee discussed the requirement, as part of the new FPPT Framework, to have an internal audit review of its FPPT processes, controls and compliance every three years as recommended in the guidance. The Committee considered the timing of this audit and it was agreed that this should be undertaken in April 2024 (as part of the 2024/25 IA plan) in order to give an independent assessment of the Trust's arrangements and compliance to the Board. This review would be the first of a three year cycle.</p>	
Item: Counter Fraud Progress Report	Assurance: Good
<p>The Committee received a routine progress report from the Local Counter Fraud Specialist outlining proactive and reactive work performed since the previous meeting in July 2023, including new intelligence bulletins and fraud prevention notices received and details of three new referrals received. The Committee also approved the Local Counter Fraud, Bribery and Corruption Policy and Response, which the LCFS will now disseminate and advertise through various communication channels.</p>	
Item: Information Governance (IG) Committee Highlight Report	Assurance: Reasonable
<p>The Group Data Protection Officer (DPO) / Lead for IG advised that this report was now in a format which accords with the NLAG report. The Committee took a reasonable level of assurance from the report, noting the implementation of the Fairwarning System which will flag up potentially inappropriate access to medical records, which can then be investigated and action taken as appropriate if necessary. There is a significant number of actions to be completed to improve the Trusts Data Security and Protection Toolkit rating from 'approaching standards met' to 'standards met', and the Group DPO is focussing on 10 high priority actions as well as internal audit recommendations.</p>	
Item: Board Assurance Framework (BAF) Process	Assurance: Reasonable
<p>The Committee received the report to provide assurance on the process by which the BAF is used by the Board and its Committees. The Committee considered the potential impact in respect of the new Group structure and discussed how change and transition can create risk if accountabilities are not clear to all. It was also recommended that the BAF actions include metrics to enable progress to be identified and monitored.</p>	
<p>Routine reports received for assurance by the Audit Committee were:</p> <ul style="list-style-type: none"> • Annual Review of External Auditor Performance; • Single Source Waivers; • Losses, Special Payments and Write-Offs – Q2 2023/24; • Review of Credit Card Expenditure – Q2 2023/24; • Review of Debts > £50k and over 3 months old; • Quality and Remuneration Committee's Half Yearly Review • Committee Minutes: Performance and Finance, Quality, Workforce, Education and Culture. <p>The Committee also discussed the future provision of the External Audit service given that Mazars are in the extension year option of their contract and the 2023/24 accounts audit will therefore be their final one under the current contract. A tendering exercise using a national framework will commence in November 2023 to award a new contract for the External Audit service.</p>	

REFERENCES

Only PDFs are attached

 11.1 - FTSUG 2023 2024 Q2 Trust Board.docx

USE OF THE TRUST SEAL

REFERENCES

Only PDFs are attached

 12.1 - Use of the Trust Seal November 2023.pdf

Hull University Teaching Hospitals NHS Trust

Agenda Item	Meeting	Trust Board	Meeting Date	14/11/23
Title	Standing Orders			
Lead Director	Suzanne Rostron, Director of Quality Governance			
Author	Rebecca Thompson, Head of Corporate Affairs			
Report previously considered by (date)	The report was previously considered at the September 2023 Trust Board			

Purpose of the Report		Reason for submission to the Trust Board private session		Link to CQC Domain		Link to Trust Strategic Objectives 2023/24	
Trust Board Approval	✓	Commercial Confidentiality		Safe		Honest Caring and Accountable Future	
Committee Agreement		Patient Confidentiality		Effective		Valued, Skilled and Sufficient Staff	
Assurance		Staff Confidentiality		Caring		High Quality Care	
Information Only		Other Exceptional Circumstance		Responsive		Great Clinical Services	✓
				Well-led	✓	Partnerships and Integrated Services	
						Research and Innovation	
						Financial Sustainability	✓

Key Recommendations to be considered:
<p>The Trust Board is requested to:</p> <ul style="list-style-type: none"> • Authorise the use of the Trust's seal

Hull University Teaching Hospitals NHS Trust

Trust Board

Use of the Trust Seal November 2023

1 Purpose of the Report

To approve those matters reserved to the Trust Board in accordance with the Trust's Standing Orders and Standing Financial Instructions.

2 Approval of signing and sealing of documents

The Trust Board is requested to authorise the use of the Trust seal as follows: This paper summarises all use of the Trust seal since September 2023.

SEAL	DESCRIPTION OF DOCUMENTS SEALED	DATE	DIRECTORS
2023/07	Hull University Teaching Hospitals NHS Trust and Humber Teaching NHS Foundation Trust – Lease relating to premises on the Ground Floor at HRI, Anlaby Road, Hull	21/09/23	Jonathan Lofthouse – CEO and Suzanne Rostron, Director of Quality Governance

3 Recommendation

The Trust Board is requested to:

- Authorise the use of the Trust's seal

Rebecca Thompson

Head of Corporate Affairs

November 2023

REFERENCES

Only PDFs are attached

 12.2 - Trust Board - HUTH Winter Plan 2023_24.pdf

Hull University Teaching Hospitals NHS Trust

Agenda Item	Meeting	Trust Board	Meeting Date	14.11.23
Title	HUTH Winter Plan 2023-24			
Lead Director	Ellen Ryabov, Chief Operating Officer			
Author	Jackie Railton, Deputy Director, Strategy and Planning			
Report previously considered by (date)	Presentation given at Board Development Day on 10th October 2023. Plan presented to Performance and Finance Committee on 30th October 2023			

Purpose of the Report	Reason for submission to the Trust Board private session		Link to CQC Domain	Link to Trust Strategic Objectives 2023/24	
Committee Approval	✓	Commercial Confidentiality	Safe	✓	Honest Caring and Accountable Future
Committee Agreement		Patient Confidentiality	Effective	✓	Valued, Skilled and Sufficient Staff
Assurance		Staff Confidentiality	Caring		High Quality Care
Information Only		Other Exceptional Circumstance	Responsive	✓	Great Clinical Services
			Well-led	✓	Partnerships and Integrated Services
					Research and Innovation
					Financial Sustainability

Key Recommendations to be considered:

- This document takes into account normal winter pressures and the potential demand placed upon the Trust in responding to any future Covid-19 outbreaks, as the previous pandemic had a significant impact on Trust capacity and activity during winter 2021/22 and 2022/23.
- It encapsulates the lessons learned from previous waves of the pandemic.
- It forms a significant component part of the wider Hull and East Riding Health and Social Care Community System Winter Resilience Plan.
- Takes into account the Hull and East Riding Health and Social Care Community System planning principles for winter
- Takes into account the lessons learned from the previous two winters.
- Includes the HUTH Surge Plan which has been designed to ensure compliance with infection prevention and control guidance and to improve patient safety by reducing nosocomial infection.
- Whilst the winter command structure will take an active role in managing the HUTH response to winter pressures, the Trust Escalation Plan and Full Capacity Protocol will continue to manage day-to-day pressures, as will similar plans across the System.

The Trust Board are asked to approve the HUTH Winter Plan 2023-24

TRUST WINTER PLAN

2023-2024

**Approved: Performance and Finance Committee
30 October 2023**

**HUTH Trust Board
Xx xx xx**

Hull University Teaching Hospitals NHS Trust

Winter Plan 2023-24

1 Executive Summary

1.1 Overview

This plan has been developed in accordance with the latest guidance and predictive demand modelling information available. As such, it is a live document and will be subject to regular review. This plan takes into account normal winter pressures and the potential demand placed upon the Trust in responding to any future Covid-19 outbreaks as the previous pandemic had a significant impact on Trust capacity and activity during winter 2021/22 and 2022/23. This plan encapsulates the lessons learned from previous waves of the pandemic.

The plan should be considered as a standalone plan, however it should be noted that this plan is also a significant component part of the wider Hull and East Riding Health and Social Care Community System Winter Resilience Plan.

This plan has taken into account the Hull and East Riding Health and Social Care Community System planning principles for winter and has also responded to the lessons learned from the previous two winters.

The HUTH Surge Plan has been designed to ensure compliance with infection prevention and control guidance and to improve patient safety by reducing nosocomial infection.

Whilst the winter command structure will take an active role in managing the HUTH response to winter pressures, the Trust Escalation Plan and Full Capacity Protocol will continue to manage day-to-day pressures, as will similar plans across the System.

1.2 Health Groups' Winter Funding Priorities

In the Trust Operational Plan for 2023/24 an allocation of £0.5m was made to support addressing winter pressures. This funding is currently held in reserves. The Winter Planning group and lead individuals will ensure that any opportunity to bid for additional winter funding through national and regional processes is progressed.

Health Groups have identified priorities for investment. These priorities total £3.4m.

The winter funding priorities include:

- HCA support to Registered Nurses in the Emergency Department
- Additional Pharmacy support
- Outsourcing of urgent CT, MR and x-ray reporting
- B3 ED Imaging Assistant/Patient Co-ordinator post for CT
- B2 Call Handler in the Ground Floor reporting room
- B2 CISW post MRI
- B2 ED Escort/Imaging Assistant
- Additional physiotherapy, occupational therapy, dietetic and speech and language therapist support to medical wards, NCTR wards and ground floor assessment units
- B6 Nurse support to SDEC
- Registrar in-reach to ED
- B5 nurse support to increase Level 2 bed capacity on H37
- B7 nurse support (Weekend Flow Manager)
- Increased capacity in the Medical Day Unit (evenings and weekends)
- Provision of a winter ward
- Extension of Cardiology SDEC opening hours

- Additional specialty registrar for 6th floor and in-reach to ED
- Additional Gastroenterology registrar to support ED, H36 and AMU
- Increase in nurse staffing to support opening of two additional beds on HICU as Level 2 beds to meet increased demand over winter
- Additional Paediatric Consultant (Locum for six months)
- Additional medical locum support to Ward C16 to progress the discharge of NCTR patients and medical outliers
- Purchase of high flow respiratory equipment (2 x vapotherm machines)
- Non-qualified nursing transfer team 7 days per week to facilitate movement of patients from base wards to NCTR wards and discharge lounge
- Additional site matron to enable two site matrons per shift
- Trust-wide Point of Care Testing programme for Covid-19, Influenza and Respiratory Syncytial Virus (RSV).

Following review by the Winter Planning and Delivery Group, the Group has made recommendations to the Executive Directors for funding to support Point of Care Testing in all acute direct admission areas (ie Emergency Department, SDEC, Cardiology, Queen's Centre and Paediatrics). Total cost c.£470k. Also the appointment of a Locum Consultant Paediatrician for 6 months (c.£70k). These two measures will ensure that patient flow and capacity is maintained. Without these measures, the Trust will see significant delays in the diagnosis and treatment of patients, with the potential for respiratory viral disease outbreaks due to delays in the appropriate placing of patients. Increased laboratory testing will result in significantly higher costs when compared to the cost of POCT testing.

1.3 Trust Viral Respiratory Pandemic Surge Plan

The surge plan is focused on ensuring sufficient inpatient capacity for patients with respiratory viral infections, inclusive of Covid-19, whether they are receiving care and treatment in general, critical care or specialty wards and units.

Key principles for Surge:

- Preserve Infection Prevention and Control (IPC) practice as per NHS England (NHSE) and Public Health England (PHE) guidance with a risk assessment being taken at each potential deviation from this guidance and this being brought to the Gold Command for challenge and support.
- Preserve surgery for all urgent (P1A & B) and cancer (P2) patients throughout the surge
- Hull Royal Infirmary will be the principal hot site but should there be a significant increase in viral respiratory admissions, inclusive of Covid-19, it may be that Castle Hill Hospital beds will be utilised (notwithstanding that some patients requiring specialist treatment, e.g. oncology, who also have viral respiratory infections may need admission to CHH regardless of the hospital's Covid status).
- The Trust has established Gold Command to manage urgent matters relating to the Trust's current response to an increase of respiratory viral infections, inclusive of Covid-19 which require co-ordination and review, and to command the implementation of appropriate measures. Until such time as a full Incident Command Structure is stood up, Gold Command will report to the Executive Directors Group and Executive Management Committee.
- Patients with differing viral respiratory infections must not be nursed together in the same ward bedded bay – patients with Covid-19 must be nursed separately to those with other viral respiratory infections and where possible, capacity and acuity permitting, isolated or cohorted by type of infection. Patients reported with dual infections e.g. Influenza A and Covid-19 should be nursed in isolation. These recommendations promote patient safety and reduce the risk and likelihood of other viral respiratory infections being transmitted within the same ward/ department.

1.4 Escalation Planning and Command

The Trust has in place an effective and well-rehearsed Trust Escalation Plan and Full Capacity protocol in line with System requirements that has been recently reviewed. This plan is the primary means of managing and escalating capacity issues.

The Trust has established a Winter Planning and Delivery Group to manage the impact of winter pressures and viral respiratory infections, inclusive of Covid-19, across the Trust. The Group reports directly to the Trust Executive Directors Group. This will continue to operate throughout the winter and will manage any issues concurrently as directed by the Executive Directors Group.

Hull University Teaching Hospitals NHS Trust

Winter Plan 2023-24

1. Introduction

This document outlines the HUTH proposed plan for managing winter pressures through the winter of 2023-24. It should be read in conjunction with the HUTH Trust Escalation Plan and Full Capacity Protocol and the Hull and East Riding Health and Social Care Community System Winter Resilience Plan.



1. Hull & ER System Seasonal Resilience

This plan has taken into account the Hull and East Riding Health and Social Care Community System planning principles for winter and has also responded to the lessons learned from the previous two winters.

2. Considerations for Winter 2023-24

In July 2023, NHSE published a letter outlining plans for delivering operational resilience across the NHS during the coming winter. The four areas of focus for ICB systems to help prepare for winter are:

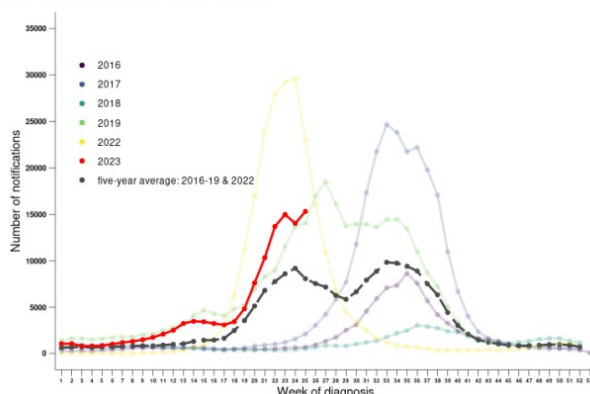
1. Continue to deliver on the UEC Recovery Plan by ensuring high-impact interventions are in place.
2. Complete operational and surge planning to prepare for different winter scenarios.
3. Ensure effective system working across all parts of the system, including acute trusts and community care, elective care, children and young people, mental health, primary, community, intermediate and social care and the VCSE sector.
4. Supporting the workforce to deliver over winter.

2.1 Experience from Southern Hemisphere Winter 2023

The early and high influenza rise seen last winter was anticipated by influenza activity in the Southern hemisphere last summer. Australia and New Zealand both saw similar patterns and this information was used to predict impact in the UK.

The latest data from Australia (graphs below) suggests flu levels are close to normal - similar to that seen in pre-pandemic seasons. Hospitalisations are lower than in 2022. It is not clear yet if the peak is going to be earlier than usual again this year.

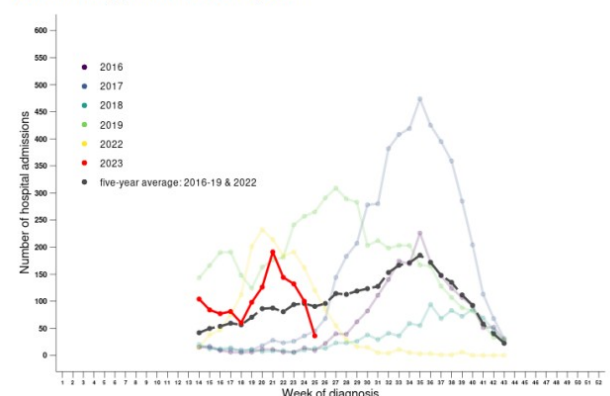
Figure 3: Notifications of laboratory-confirmed influenza, Australia, 1 January 2016 to 25 June 2023, by year and week of diagnosis*



Source: NNDSS

*NNDSS notification data provided for the current and most recent weeks may be incomplete. All data are preliminary and subject to change as updates are received, with most recent weeks considered particularly subject to revisions. The years 2020 and 2021 are excluded when comparing the current season to historical periods when influenza virus has circulated without public health restrictions. Please refer to Data considerations for interpretation of the five-year average.

Figure 6: Number of influenza hospitalisations at sentinel hospitals, from April to October, 2016 to 2023 by year and week of diagnosis*

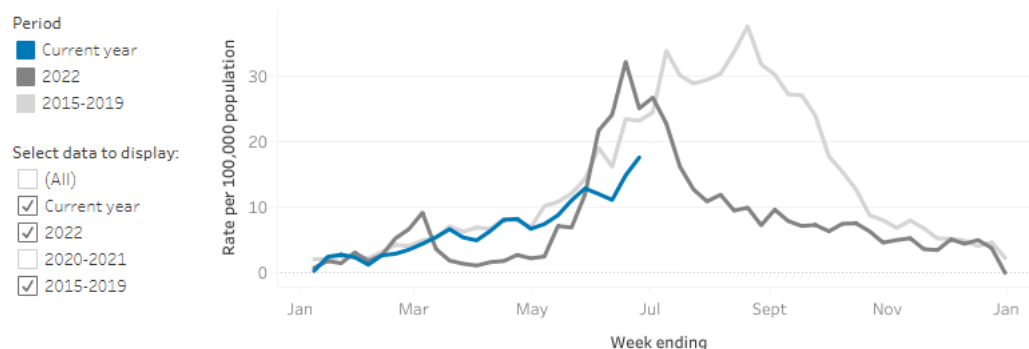


Source: FluCAN

*All data are preliminary and subject to change as updates are received, with most recent weeks considered particularly subject to revisions. The years 2020 and 2021 are excluded when comparing the current season to historical periods when influenza virus has circulated without public health restrictions. Please refer to Data considerations for interpretation of the five-year average.

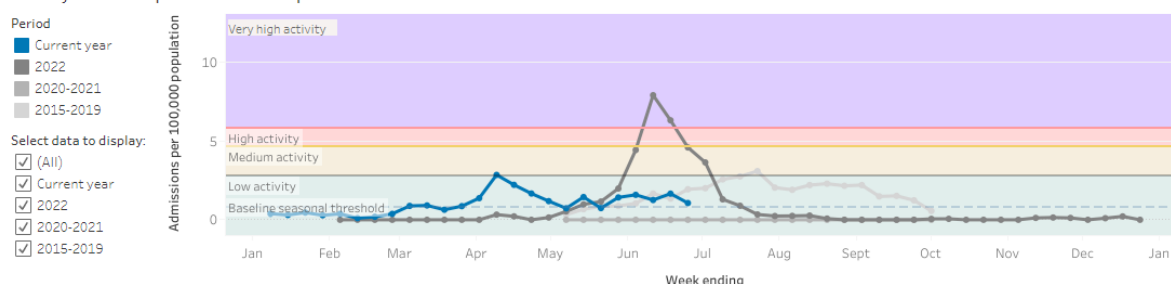
For New Zealand, GP consultations are running lower than for this time last year when activity peaked and below the average levels pre-pandemic (graph below)

Weekly general practice ILI consultation rates - National



Hospitalisations for influenza positive patients are also running low and are well below the peak activity seen around the same time last year.

Weekly influenza-positive SARI hospitalisation rate



Overall, this suggests we should plan for a normal flu season, but be prepared for high activity in the usual time window - January to February.

On other infections, it is difficult to predict peaks in advance but there is likely to continue to be a considerable number of cases of Covid-19 and RSV through winter. As with last year, co-incidence of peaks in infection can lead to peaks in demand which will put pressure on services.

2.2 Vaccination Programme Winter 2023/24

On 30th August 2023, NHSE announced that it was bringing forward its Influenza and Covid-19 vaccination campaign in response to a rise in cases of infection with the new Covid-19 variant BA.2.86. Vaccination cohorts include:

- residents in a care home for older adults
- all adults aged 65 years and over
- persons aged 6 months to 64 years in a clinical risk group, as laid out in the Immunisation Green Book, Covid-19 Chapter (Green Book)
- frontline health and social care workers
- persons aged 12 to 64 years who are household contacts (as defined in the Green Book) of people with immunosuppression
- persons aged 16 to 64 years who are carers (as defined in the Green Book) and staff working in care homes for older adults.

The Trust's Staff Covid-19 Autumn 2023 and Seasonal Flu vaccination programme commenced on 19th September.

2.3 Continuing High Numbers of NCTR Patients

In addition to the usual winter pressures, the Trust has significant challenges in relation to patient flow which has resulted in a significant number of No Criteria To Reside (NCTR) patients occupying hospital beds. This is impacting our ability to manage flow from the ED, access to acute beds and to maintain elective admissions. Timely management of the bed base is set against the need to ensure compliance with the recommendations in the UK Infection Prevention and Control guidance to prevent and control Covid-19 infection and other seasonal infections.

2.4 Industrial Action

2023/24 has seen a number of periods of Industrial Action by clinical staff which has impacted the Trust's ability to deliver services, in particular, elective services, necessitating the cancellation and re-arrangement of inpatient, day case and outpatient appointments.

With an increasing number of Industrial Action days being designated as 'Christmas Day Cover Only' the Trust is facing significant challenges in ensuring that urgent and emergency care continues to be provided at a safe level.

3. Plan Objectives

Implementation of the Winter Plan 2023-24 aims to ensure that the Trust:

- has appropriate resources and processes in place to cope with increased workload;
- has appropriate escalation arrangements in place to cope with significant peaks in demand;
- works effectively and efficiently with partner organisations to prevent admissions, where appropriate, and to ensure timely discharge;
- continues to improve against Emergency Department (ED) performance indicators, including ambulance handover times, time in department;
- provision of same day emergency care and acute frailty services is increased;
- minimises the extent to which increases in emergency and acute activity adversely affects cancer services and performance against other waiting time targets, including post pandemic elective recovery;
- has appropriate arrangements in place for dealing with severe weather events, such as snow and flooding;
- has appropriate arrangements in place for dealing with a severe seasonal influenza outbreak; and
- effectively manages infection prevention and control, complying with latest NHSE IPC guidance.

4. Planning Principles

The Hull and East Riding of Yorkshire System principles to support winter planning are:

- System resilience is 365 days of the year
- Command and control arrangements in place to support system escalation
- Staff Support and Wellbeing arrangements in place to enable a resilient workforce
- Evaluation of system wide learning from the previous winter to inform future planning including Operational Pressures Escalation Levels (OPEL) Framework
- Escalate early in anticipation of demand surges, not in response to them (collaboration with ambulance services and primary care to monitor illness, patterns in the local community and changes that may affect specific patient cohorts)
- Early identification of winter schemes through winter learning
- Consideration of impact of wider transformational schemes on system plans
- System wide clinical engagement and leadership in the ongoing development of plans and oversight
- Communication plans are developed with system partners and the public to influence behaviour.

- Health Inequalities are integral to all plans

5. Current System Pressures

The system continues to experience high pressure and reports high OPEL levels. Covid-19 remains in Hull and the East Riding, as it does in all other parts of the country.

Current system pressures/risks impacting on the Hull and East Riding health and social care system are as follows:

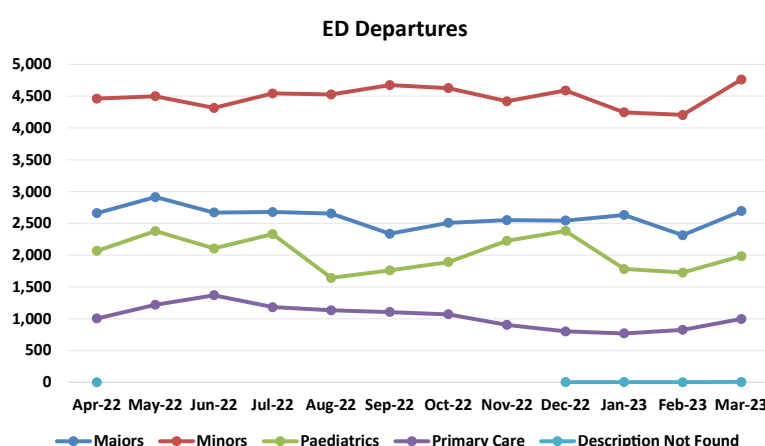
- **Increased demand** across all providers; Acute Trust, Mental Health, Urgent Care (NHS 111, UTC, GP OOH) Primary Care, Ambulance service.
- **Increased numbers** of patients attending the Emergency Department who could be seen in other services.
- **Higher acuity** of patients attending the Emergency Department resulting in the requirement of more assessment/treatment time.
- Ongoing **mental health bed capacity** issues.
- **Workforce**: Recruitment and retention of staff. Increased staff sickness and staff absences.
- **Covid-19 presentations** continue to fluctuate following anticipated waves in infection which continues to create challenges across the system both in hospital and in the community.
- Increase in other infections eg: paediatric demand due to respiratory viruses, flu and norovirus
- Increased demand for services in the community to support people in their own homes.
- Flow issues - Complexity of needs, matching demand /capacity and patient choice.
- Independent provider fragility – eg: Care Home and Domiciliary Care market.

6. Review of 2022-23

An overview of activity is given below.

6.1 Emergency Department 2022/23

Total attendances to the Emergency Department in 2022/23 were 121,689. Major cases accounted for 25.6% of all attendances, minor cases 44.3%, paediatric cases 20% and primary care cases 10.1%.



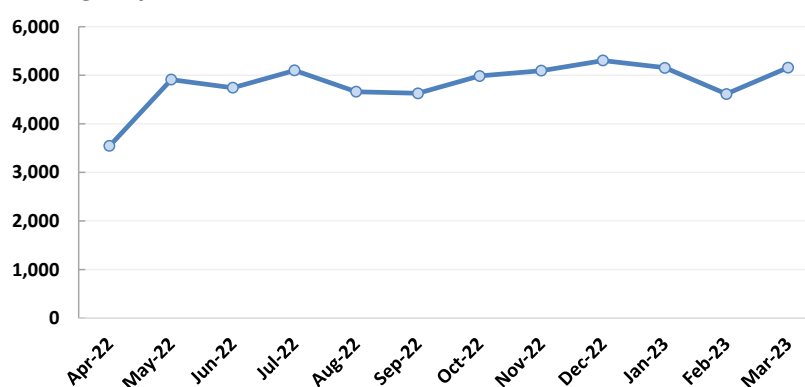
Attendances were significantly lower during January 2023 and February 2023 compared to previous months. This is consistent with the pattern seen during Winter 2021/22.

ED Departures	Streams					
Months	Description					Grand Total
	Majors	Minors	Paediatrics	Primary Care	Not Found	
Apr-22	2,661	4,462	2,068	1,005	1	10,197
May-22	2,913	4,500	2,379	1,219		11,011
Jun-22	2,670	4,316	2,105	1,369		10,460
Jul-22	2,679	4,543	2,331	1,182		10,735
Aug-22	2,654	4,527	1,642	1,134		9,957
Sep-22	2,337	4,674	1,761	1,106		9,878
Oct-22	2,507	4,626	1,891	1,069		10,093
Nov-22	2,551	4,420	2,225	904		10,100
Dec-22	2,543	4,590	2,380	800	3	10,316
Jan-23	2,631	4,245	1,782	770	3	9,431
Feb-23	2,313	4,205	1,727	825	2	9,072
Mar-23	2,694	4,760	1,984	996	5	10,439
Grand Total	31,153	53,868	24,275	12,379	14	121,689

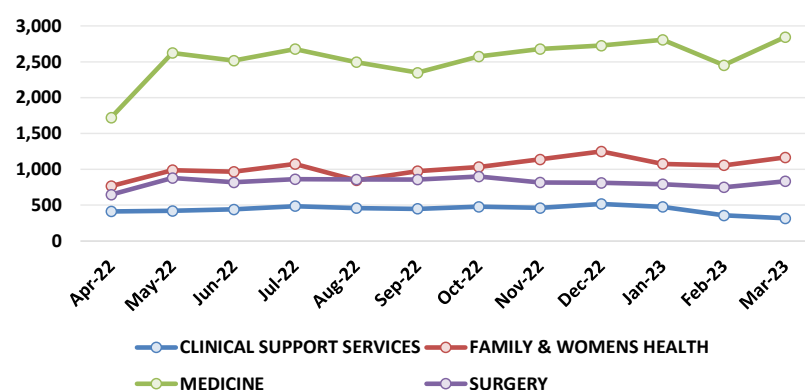
6.2 Emergency Admissions 2022/23

Emergency admissions in 2022/23 totalled 57,893. The graphs below show total emergency admissions by month and emergency admissions by Health Group.

Emergency Admissions



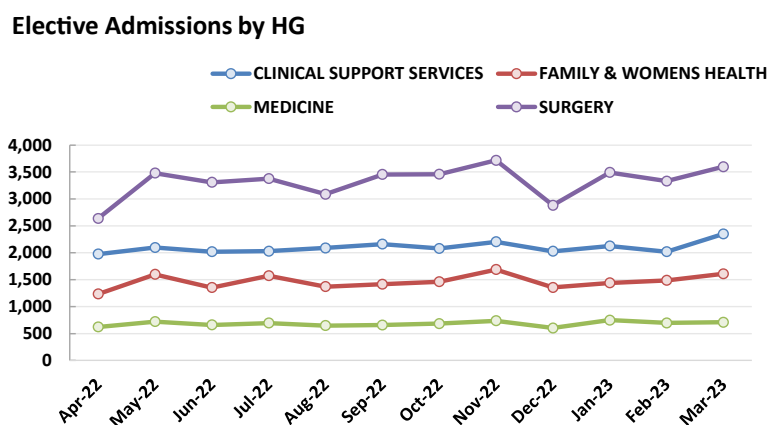
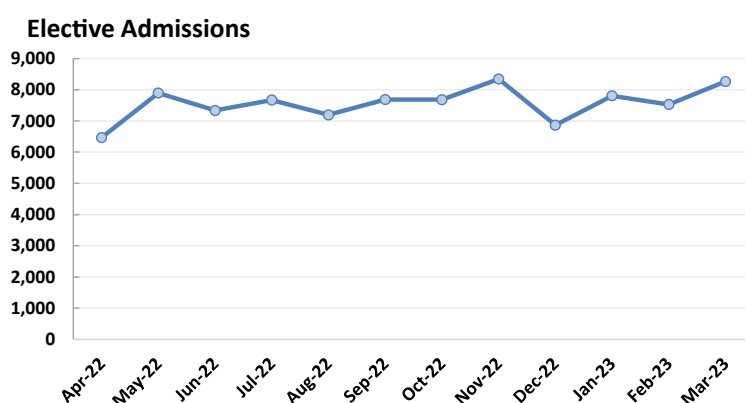
Emergency Admissions by HG



(FWHG excludes Obstetrics)

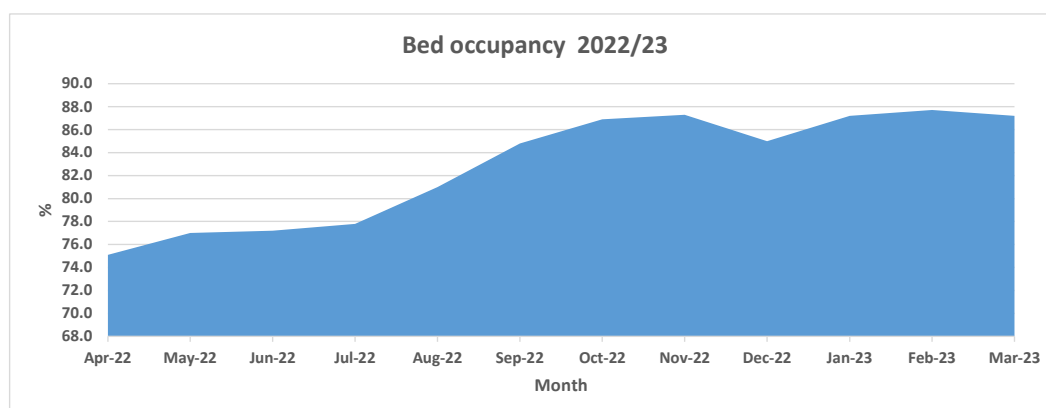
6.3 Elective Admissions 2022/23

Elective admissions totalled 90,738 in 2022/23, an increase of 10,000 compared to 2021/22. The graphs below show total elective admissions by month, together with the elective admissions by Health Group.

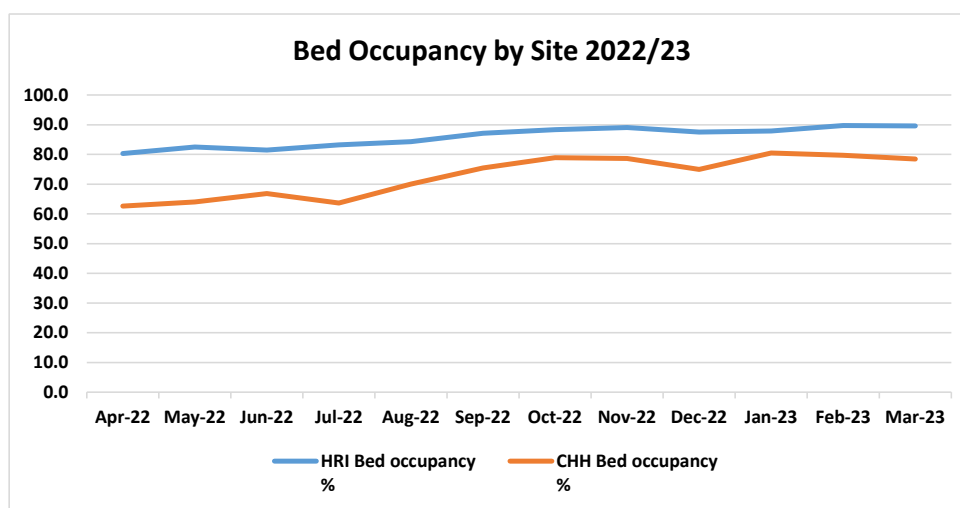


6.4 Bed Occupancy

The average bed occupancy rate for the Trust in 2022/23 was 82.7%. The graph below provides a summary of the midnight bed occupancy by month.



Midnight bed occupancy rate by hospital site by month (excluding obstetrics, NICU and critical care) is set out below.

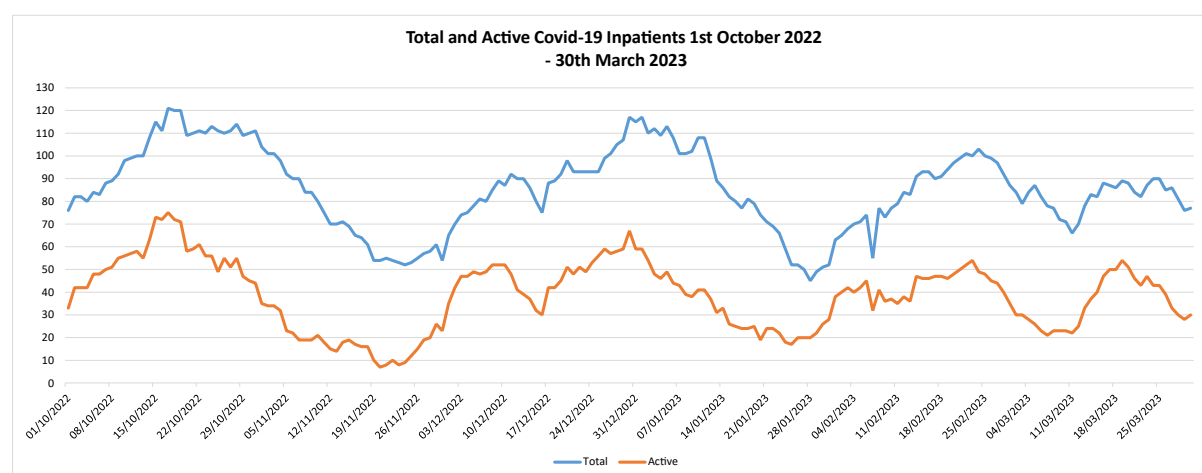


7 Review of Learning From Winter 2022/23

7.1 Covid-19 Infections

The increase in Covid-19 infections, together with cases of Influenza, respiratory viruses, vancomycin-resistant enterococci (VRE) and carbapenem-resistant enterobacterales (CRE) infections impacted on the ability of the Trust to manage patient flow through the organisation. Gold Command continued to meet daily (Monday to Friday) to manage the ongoing bed pressures.

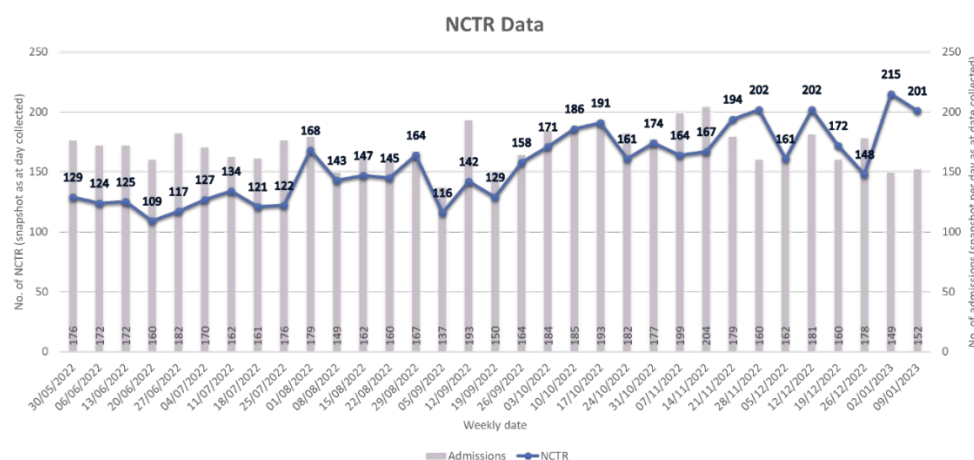
The table below shows the peaks and troughs of Covid-19 infections in the period October 2022 to March 2023.



On 18 May 2023 NHS England published Letter PRN00498 – *NHS Response to Covid-19: Stepping Down from NHS Level 3 Incident*. The letter noted that the World Health Organisation had recently announced that Covid-19 is no longer a Public Health Emergency of International Concern and that, though there will continue to be outbreaks of Covid-19 infections, with new variants arising, the level of infections and the success of the vaccination programme meant that the NHS could step down from its Level 3 incident status.

7.2 No Criteria to Reside Impact

The Trust continued to provide care for an average of 150-170 No Criteria to Reside patients during winter 2022/23 which had a severe impact on the Trust's ability to manage its elective and non-elective admissions.



A bid was developed to build a 60-bedded social care facility on the old helipad site in Argyle Street with the intention that the Trust would use these beds, in conjunction with the creation of a Discharge to Assess unit on the 13th Floor of Hull Royal Infirmary, in order to improve flow and free up acute beds. The management of the social care facility was subsequently passed to City Healthcare Partnership as a replacement for Rossmore. From a community perspective this resulted in a net gain of 15 beds (ie 45 beds transferred to the new facility).

7.3 Industrial Action

Winter 2022/23 saw a series of Industrial Action events nationally. Whilst not directly involved in these events due to the lack of a mandate within HUTH by the Royal College of Nursing and the Chartered Society of Physiotherapists, the Trust was indirectly affected by industrial action within the Yorkshire Ambulance Service in respect of members of the Unison, GMB and Unite trade unions. The Trust ensured sufficient senior decision makers within the Emergency Department to assist with patient flow and reduce ambulance handover times. In addition the Trust arranged for additional patient transport services during the periods of industrial action at YAS.

During the summer months industrial action within the NHS escalated to include junior doctors and hospital consultants. Further periods of industrial action by these staff groups are expected to take place into the winter period. The Trust will use the learning from these events to inform its winter and business continuity planning.

8. Winter Funding Priorities

In the Trust Operational Plan for 2023/24 an allocation of £0.5m was made to support addressing winter pressures. This funding is currently held in reserves. The Winter Planning group and lead individuals will ensure that any opportunity to bid for additional winter funding through national and regional processes is progressed.

Health Groups have identified priorities for investment. These priorities total £3.4m and are available in the embedded document below.



Following review by the Winter Planning and Delivery Group, the Group has made recommendations to the Executive Directors for funding to support Point of Care Testing in all acute direct admission areas (ie Emergency Department, SDEC, Cardiology, Queen's Centre and Paediatrics). Total cost c.£470k. Also the appointment of a Locum Consultant Paediatrician for 6 months (c.£70k). These two measures will ensure that patient flow and capacity is maintained. Without these measures, the Trust will see significant delays in the diagnosis and treatment of patients, with the potential for respiratory viral disease outbreaks due to delays in the appropriate placing of patients. Increased laboratory testing will result in significantly higher costs when compared to the cost of POCT testing.

9 Health Group Plans for Winter 2023-24

The Delivery Plan for Recovering Urgent and Emergency Care was published in January 2023 and set two key ambitions for 2023/24:

- Patients being seen more quickly in emergency departments: with the requirement to improve to 76% of patients being admitted, transferred or discharged within four hours by March 2024, with further improvement in 2024/25.
- Ambulances getting to patients quicker: with improved ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24, with further improvement in 2024/25 towards pre-pandemic levels.

Supporting the UEC Recovery plan are 10 high impact initiatives that evidence shows will enable systems to make significant progress in advance of winter in the delivery of improved UEC performance. These are:

- i. **Same Day Emergency Care:** Reducing variation in SDEC provision by providing guidance about operating a variety of SDEC services for at least 12 hours per day, 7 days per week.
- ii. **Frailty:** Reducing variation in acute frailty service provision. Improving recognition of cases that could benefit from specific frailty services and ensuring referrals to avoid admission.
- iii. **Inpatient flow and length of stay (acute):** Reducing variation in inpatient care and length of stay for key UEC pathways/conditions/cohorts by implementing in-hospital efficiencies and bringing forward discharge processes for pathway 0 patients.
- iv. **Community bed productivity and flow:** Reducing variation in inpatient care and length of stay by implementing in-hospital efficiencies and bringing forward discharge processes.
- v. **Care Transfer Hubs:** Implementing a standard operating procedure and minimum standards for care transfer hubs to reduce variation and maximise access to community rehabilitation and prevent re-admission to a hospital bed.
- vi. **Intermediate care demand and capacity:** Supporting the operationalisation of ongoing demand and capacity planning, including through improved use of data to improve access to and quality of intermediate care including community rehab.
- vii. **Virtual wards:** Standardising and improving care across all virtual ward services to improve the level of care to prevent admission to hospital and improve discharge.
- viii. **Urgent Community Response:** Increasing volume and consistency of referrals to improve patient care and ease pressure on ambulance services and avoid unnecessary admission.
- ix. **Single point of access:** Driving standardisation of urgent integrated care coordination which will facilitate whole system management of patients into the right care setting, with the right clinician or team, at the right time.
- x. **Acute Respiratory Infection Hubs:** Support consistent roll out of services, prioritising acute respiratory infection, to provide same day urgent assessment with the benefit of releasing capacity in ED and general practice to support system pressures.

In drafting their plans for Winter, the Health Groups have been cognisant of the 10 high impact initiatives. An overview of each Health Group's plan is highlighted below.

9.1 Emergency Medicine Health Group

In order to ensure the effective care of patients within the Emergency Department, the following initiatives have been proposed:

- **HCA Staffing Levels.** Increasing HCA levels for support to RNs in order to maintain safe staffing levels during winter pressures in ED, in the adult area, providing care and support to the patients requiring ongoing care (hygiene and nutrition) and to deliver effective outflow. Also to support transfers from Paeds, ECA, Atrium and Majors.
- **Cleaning Support.** Additional cleaning hours to clean bays in ECA and majors for improved turnaround and reduced delays and to provide high quality infection and prevention control standards.
- **Access to the UTC.** Following the opening of the UTC onto the HRI site, we will continue to work collaboratively with CHCP to maximise the number of suitable patients seen and treated in the UTC. Thereby reducing the number of patients in ECA.
- **Staff Welfare.** There are a number of initiatives which are routinely undertaken within the ED and these will be extended/incorporated with existing schemes in the Acute and Frailty Medicine Divisions to ensure equity of approach. The initiatives are:
 - **Psychologist 'Tea Round'.** The ED has a fixed session weekly to allow staff to grab a cup of tea and have a discussion, helping to support coping strategies for staff. Often the psychologist 'lend an independent ear' to raise both work and non-work related matters which may impact on the team member's ability to focus on delivering care at the highest of levels.
 - **QR Code Return.** Currently there is an ability for all staff to scan a QR code during / after their shifts enabling an anonymous method for staff to raise concerns or matters such as not managing to have breaks, for example.
 - **The Flip Chart.** Giving staff an alternative method of feedback on what could 'make the department better for both patients and staff'. There is monthly feedback to the teams acknowledging their contribution and giving a "you said we did" feedback loop, which will be given via nurse and clinical team meetings/huddles.
 - **Stay Meetings.** The Senior Matrons hold meetings with staff to focus on the positive aspects of why someone wants to stay working within their current department and identify ways to enhance that feeling to the wider team.
 - **Itchy feet.** The HR team operate an Itchy Feet scheme, for where staff are looking for alternative roles external to the Trust and identify opportunities to 'job swap' in order to retain the skill mix of staff within the Trust.
 - **Enhanced Managerial Presence.** The Senior Management Teams ensure that they are highly visible across the 'Shop Floor' across ED, Acute and Frailty Medicine. This assists with the building of a team centred, collaborative approach to work. The 'management by walking around' principle assists with the identification of both good practice and areas for improvements to existing practice implemented.
 - **Promotion of the HUTH UP and Take a Break Schemes.** Promotion of existing programmes to support health and wellbeing at work are given through both formal and informal meetings as well as posters in rest areas and communal spaces in conjunction with daily corporate emails highlighting these opportunities.

9.2 Medicine Health Group

The 2023/24 Priorities and Operational Planning Guidance (version 1.1 January 2023) sets one of its objectives of reducing adult general and acute (G&A) bed occupancy to 92% or below. This is one of the aims of MHG to ensure that flow from our assessment areas and therefore from ED can be maintained. For MHG this would mean occupancy of 383 beds out of the bed base of 416 (see below). Currently, occupancy is found by moving patients to escalation beds, often on corridors, often 3 patients to a ward in order to create the flow required for the Emergency Department admissions.

Health Group	Specialty	Ward	Core Capacity
ASSESSMENT UNITS	General medicine	AMU	38
		H36	15
			53
MEDICINE	Geriatric medicine	FAB	19
			19
	Sub Total		72
	Endocrinology	H10	27
			27
	General medicine	H1	18
		H38	24
		H70	25
			67
	Geriatric medicine	C20A	22
		H8	27
		H80 (NCTR)	27
		H9	30
		H90	27
			135
	Nephrology	H50	19
			19
	Respiratory medicine	H37 +RH DU	20
		H500 +RH DU	24
			44
	Stroke medicine	H11	28
		H110	16
		HASU	8
			52
			344
MEDICINE TOTAL			416

Covid-19 cases will continue to be managed flexibly, responding to increases by systematically converting capacity. The approach is referenced in the Trust surge plan. MHG will concentrate on initiatives that will support the reduction of length of stay and admissions avoidance.

MHG initiatives:

- **Short stay ward.** MHG are piloting a short stay ward ahead of winter for patients who will not require support following discharge. The HG anticipates an improvement against length of stay.
- **ECIST Board Rounds.** MHG will refresh the ECIST self-assessment. Following the initial improvement work we have found that discharge profiles are several hours

earlier and some patients that typically are identified later in the day are leaving the Trust the same day.

- **Virtual Wards (VW).** HUTH has created a VW capacity of up to 25 beds, allowing for acute stepdown and community escalation, removing pressure on the Trust. There are currently c170 COPD patients being monitored in the community. As this number increases it is anticipated that the conveyancing for the third highest medical condition for the Trust will reduce, relieving pressure on YAS and reducing the footfall in ED, as well as reducing the requirements for acute admissions. In extremis this could be increased to 30 (dependent on acuity).
- **Junior Doctors.** The HG will continue to anticipate junior doctor gaps and plan for resilience, ensuring out of hours cover is robust. Last year gaps reduced by 63%, providing much better stability, less reliance on locums and increases in safety and quality across the Trust out of hours.
- **Bed management standardisation.** MHG have allocated a Matron to support flow across the Health Group and ensure we reach the set markers across the day while supporting wards who have additional patients to maintain safety. By standardising our approach across the Health Group we are able to maintain the flow during periods of absence.
- **Acute and Specialty in-reach into ED.** The Health Group will provide senior cover into ED to support increased lodged numbers and begin Assessment and treatments that would be completed in AMU/base wards to reduce further delays for the patient or enable their discharge.
- **SDEC Refresh.** Deliver a combined SDEC Model, which will initially incorporate Acute and Frailty SDEC in-conjunction with CDU. The combined SDEC will begin to deliver an MDT approach towards patient care. This will require review of clinical pathways and working towards 'think SDEC' principles. The suitable clinical space to be addressed as part of the Joint Implementation Board, which will be focussed on delivering improved patient flow across the Trust. The staffing model will require sign off at the JIB and the aim will be to ensure that this will be cost neutral.
- **YAS direct to SDEC.** We will work collaboratively with YAS to increase the volume of suitable patients that are conveyed directly to SDEC.
- **Fit to Sit Boarding Area within AMU.** On completion of the SDEC refresh implementation, the intention will be to create a 'Fit to Sit' area within AMU for patients awaiting admission.
- **Pathway 0.** MHG will continue to review in detail each patient on a Pathway 0 with No Criteria to Reside to maximise the number of patients discharged on a daily basis.
- **Staff Welfare.** The HG works hard to promote staff welfare. Notably staff turnover metrics, sickness, absenteeism, vacancy levels are the lowest in the past 1.5 years. In addition to the initiatives already in place, the following measures will also be implemented to support our workforce this winter:
 - **Welfare Guardians.** Each ward will have an identified member of staff with a specific role to support the health and wellbeing of the team. Roles and responsibilities will include; raising concerns, ensuring end of shift evaluation forms are completed and encouraging routine breaks are taken in a timely manner. Concerns can be escalated to the leadership within the HG or directed to the Freedom to Speak Up Guardian. Guardians will encourage wellbeing conversations and escalate any concerns in relation to environment.
 - **Leadership teams** to ensure time is given to allow staff to reflect and for learning.
 - **Health and Wellbeing.** Encouragement regarding vaccination uptake, access to occupational health and other support services will be actively encouraged, including completion of staff surveys to ensure voices are heard and concerns acted upon.

9.3 Surgery Health Group

The Surgery Health Group has adopted learning from previous winter periods to be business as usual to support increased operational support during winter. Likewise, during the Covid-19 pandemic, some practices that started to support operational delivery have become business as usual. An example is vascular surgery, which as a specialty increased the number of 'hot' clinics being run for vascular urgent cases at the East Riding Community Hospital – these have continued as they have proven to be of significant value to patients, GPs and the vascular team and also meant fewer patients attending HRI at times of higher community infection. This has reduced inpatient admissions for urgent review and discharge.

Telephone and virtual clinics have continued in all specialties, including virtual fracture clinic, again reducing the number of patients needing to attend otherwise busy outpatient departments. This concept has been extended to implement Patient Knows Best (PKB) technology in pre-assessment. This increases the resilience of the service and further reduces the number of patients attending the hospital. The introduction of patient initiated follow up (PIFU) in many specialities enables specialities to focus on delivery of new outpatient appointments, surgical activity and care.

The Health Group continues to hold twice-daily operational huddles to ensure patient flow through both the acute and elective bed bases, with plans put in place to maintain acute capacity in all services, including tertiary services such as Major Trauma, Vascular and Cardiac Surgery. In addition, there are twice daily huddles held with the Family and Women's Health Group to check the elective theatre and bed requirements for the day and the following day. These meetings are used to escalate any concerns/issues that may impact on elective activity. The Surgery Health Group continues to provide a late operational rota covered by the senior management team and also a separate Operational Matron rota (who also covers nurse staffing for the Health Group for the day).

Following discussion over recent weeks, the Acute GI Surgery service (delivered through wards 6 and 60 at HRI) and the Trauma & Orthopaedic service (delivered through wards 12 and 120 at HRI) have been asked to identify 'fit to sit' areas for patients who come through the Emergency Department (primarily through the Emergency Care Area) who can move upstairs (prior to a bed being available) once a decision for admission has been made. This is dependent on the patients being clinically well enough to sit out. Both services are working through plans to implement this new model as soon as possible.

All of the above measures apply every day, and additional meetings are convened during the day as required by operational pressures.

All of the above initiatives have provided a greater degree of resilience over the daytime period and ensure that the Health Group leave a robust plan going into the evening and for the overnight position. All of the wards and departments within Surgery benefit from the additional senior support provided.

The Health Group's Full Capacity Protocol was live tested on numerous occasions throughout the 2022-2023 year and there is a high degree of confidence that this does help to restore business as usual capacity provision at pace. Key areas that have been tested during these times have been Major Trauma and Neurosurgery in ensuring the capacity for acute beds and provision to the wider area of Humber and North Yorkshire.

The Triumvirate are looking to re-start walk-arounds at HRI and CHH. The themes of the walk-arounds are supporting staff health and wellbeing, understanding acute bed pressures, elective recovery and feeding back on winter and surge planning.

The impact of Covid-19 has been significant in respect of bed configuration on both sites. These control measures were put into practice again, with recent VRE infections, where protocols for isolating patients with infection were enacted, so that internal processes and additional robust measures for infection prevention and control were built in.

The elective wards at CHH are predominantly ring-fenced to protect elective capacity throughout the year. This is supported by a range of letters and requirements prescribed by NHSE in order to protect and expand elective capacity for the reduction in long waits and improvement in cancer performance. However, the acute demand and the outbreaks of VRE have impacted, meaning some patients are transferred between sites to create acute capacity on the HRI site. Pathways exist for acute patients accessing services at CHH, including Cardiac Surgery, Thoracic Surgery and Urology, and are carefully managed to maintain flow (including from HRI), as well as external tertiary referrals, ie Neurosurgery and Major Trauma, as well as manage risks to other patients and staff.

The Health Group retains a Bronze Command meeting; whilst this was set up for Covid-19 surge management, the Health Group is maintaining this as a key point of communication for Trust-wide plans and issues, including the current Covid-19 position, surge planning (when necessary) and will be used to engage in winter preparedness. This is attended by the senior matrons and operational management teams of the Health Group.

A key area of focus for the Health Group is the case mix and acuity in its major trauma and trauma bed and theatre capacity at HRI. This comes under increasing pressure in winter periods; teams are currently reviewing the last 12 months' worth of admissions during Covid-19 and comparing these to the pre-Covid position, and will progress any opportunities on use of resources to better support flow of trauma and major trauma patients and reduce impact on elective capacity. The Trust's Executive Management Committee approved a business case to expand the Major Trauma Consultant rota coverage, which will impact positively on patient outcomes and flow. Neurosurgery is under similar review for the increased referrals for acute neurosurgical cases vs elective capacity for urgent and long-waiting patients.

In relation to supporting the wider organisation through the summer and winter periods, the Health Group already offer surgical same day emergency care (SDEC) in a number of specialties, namely Acute GI Surgery and Urology. Acute GI Surgery provide a referral/assessment service for GPs to refer into and this is run through the 6th floor of the tower block on a daily basis (7 days per week). The number of patients going through this service continues to increase and the service are reviewing the data to understand if all of these patients should be brought through the acute service or if there is a more appropriate place for some of these patients to be reviewed/managed, eg patients returning for dressings.

Urology also offer a similar service through the Ambulatory Unit on Ward 12 at CHH. The service runs 8am to 8pm Monday to Friday and between 8am and 4pm on a Saturday. GPs are able to refer directly into this service. Moving forward, the Urology team would like to expand this service so that it runs 7 days per week, however this will not be in place prior to the upcoming winter period.

The Surgery Health Group would like to create a dedicated facility to provide access to acute day surgery theatre sessions alongside the SDEC facilities. Further work/investment is required in order to develop these pathways, ensuring the appropriate level of theatre access is available.

In order to improve patient flow across the Health Group, in particular for the surgical wards at the HRI site, the Health Group is undertaking a focussed piece of work looking at the

discharge profile in a number of acute areas. Work has begun within the Trauma & Orthopaedic service to try and realise discharges earlier in the day. Currently the profile shows patients are discharged later in the day, which doesn't help with flow during the day. The service is looking particularly at the makeup of ward and board rounds and when these happen. Learning from this work will be shared across the Health Group.

The Health Group met the ask of the Trust in winter 2022-23 and Covid-19 to redeploy a significant number of staff. The Health Group will fully participate in actions to review the Trust Surge Plan (Covid-19, Flu or other surge issues) relating to winter. Likewise, the Health Group will ensure any requests for staff re-deployment are reviewed/actioned within the Health Group ensuring that any negative impact on surgical capacity is minimised. This is to ensure that the Health Group is able to continue to meet the national expectations regarding backlog clearance and a continued reduction in patients waiting over 65 weeks for treatment. The Health Group will also support the work streams around winter planning with appropriate Health Group representation and decision-making.

9.4 Clinical Support Health Group

The Clinical Support Health Group will continue to support all Health Groups in terms of Pharmacy, Diagnostic and Therapy provision.

Therapies will continue to support the flow of patients throughout the organisation as business as usual over the winter period, prioritising patients who have been identified as having no criteria to reside but who have outstanding therapy actions in order to progress to discharge. Existing inpatient resources will be utilised in the first instance with outpatient resources only being called upon in cases of extreme pressure to ensure recovery also remains at the forefront of service delivery. The discharge team continues to have a lead therapist as part of its management structure to ensure identification of current priorities and appropriation of staffing resources. A senior therapist / manager will also be rostered into the weekend / bank holiday service to provide leadership to the weekend teams and maintain appropriate links with site management and discharge teams with regards to escalations.

There are no immediate plans or available capacity to expand Radiology services as all scanners are working 6 and 7 days already.

The Pathology service is now operated by the SHYPS Network (Scarborough, Hull, York Pathology Service) but will continue with their business as usual 24/7 service from the HRI site and will continue to offer rapid diagnosis on suspected flu cases.

Pharmacy provision will remain at a business as usual level providing a 7 day service.

In-reach services from Infectious Diseases, Complex Rehabilitation and Acute Oncology will continue.

The Queen's Centre Acute Assessment Unit will continue to take direct referrals from GPs and from within the Trust to enable patients with established cancer diagnoses or complications of ongoing cancer treatment to directly access Oncology and Clinical Haematology services and bypass the Emergency Department.

9.5 Family & Women's Health Group

The Family and Women's Health Group (FWHG) provides support year-round to the Medicine, Surgery and Clinical Support Health Groups by flexibly using our adult bed base on H30 (surgical step down patients only) at Hull Royal Infirmary and C16 at Castle Hill Hospital.

Plastics trauma patients are managed through a day case setting wherever possible and patients requiring an acute admission for Breast, ENT or Plastic Surgery are managed through C16. The only exception to this is where the patient is deemed clinically too unwell to travel across sites.

The Family and Women's Health Group has a dedicated bed manager (Monday to Friday) and this person is the key initial point of contact responsible for managing Health Group flow for the day. The Health Group holds capacity huddles twice a day to ensure flow is maintained through the hospital. Priorities for the day ahead are reviewed and actions taken to ensure that in-reach into the Emergency Department is timely and effective. The 4.30pm huddle also ensures pressures are being managed going into the evening, all areas have sufficient beds to maintain the acute take and support is offered to Medicine and Surgery Health Groups if appropriate/required.

The paediatric medical and surgical wards, Woodlands (H20) and Acorn (H34) respectively, will flex their total capacity between the two wards to support the elective and non-elective demand, with the ability to cohort cases of RSV, Flu or Covid-19 as required.

The Neonatal Intensive Care Unit (NICU) and the Paediatric High Dependency Unit (PHDU) will continue to flex their capacity in line with the respective network protocols and requirements as business as usual. Isolation rooms on H20 and Paediatric High Dependency Unit are new additions to the winter plan designed into the 2nd floor following learning from Covid-19.

Maternity services in the Health Group are very much in the spotlight following recent CQC inspections. A newly created Operational Matron rota for maternity services will be in place over winter to provide senior support to maternity services and link in with site matrons and on-call managers as required. There will also be an Operational Matron presence on site on a weekend between 7am and 3pm to deal with any escalations/concerns. A sitrep for maternity services is completed twice daily and shared with the wider organisation through the bed meeting structure.

FWHG will continue to support all Health Groups as much as possible within its limited adult inpatient bed base and will ensure that its teams provide rapid in-reach into the Emergency Department on a daily basis. Use of the Surgical SDEC area for services such as ENT will continue to support admission avoidance wherever possible.

9.6 Cardiology Division

The Cardiology Division will support the organisation through:

- **Cardiology SDEC Refresh.** Free capacity to allow SDEC service delivery. Working with ED and Acute teams to ensure all appropriate patients referred to SDEC. This will require re-sharing agreed clinical pathways and working towards 'think SDEC' principles'.
- **YAS direct to SDEC.** We are working collaboratively with YAS to ensure suitable patients conveyed directly to SDEC. The SOP is going through Governance prior to implementation.
- **Extended Opening Hours for Cardiology SDEC** - bid submitted to allow extended opening Monday – Friday until 8pm.
- **Direct Admissions from ED** – utilisation of SDEC/H39/CHH.
- **Specialty in-reach into ED.** Cardiology will continue to provide senior cover into ED to support patient flow.
- **Bed management standardisation** – Cardiology SDEC area to be available to ensure flow. Daily huddles in place between H39/CHH/local DGH to ensure timely transfers and treatment of patients.

- **Pathway 0.** Cardiology will continue to review in detail each patient on a Pathway 0 with No Criteria to Reside to maximise the number of patients discharged on a daily basis.
- **NCTR patients only** - if spare capacity, will be housed on H39, with timely transfer to H130.

10 Trust Viral Respiratory Pandemic Surge Plan

The surge plan is focused on ensuring sufficient inpatient capacity for patients with and without respiratory viral infections, inclusive of Covid-19, whether they are receiving care and treatment in general, critical care or specialty wards and units.

Key principles for Surge:

- Preserve Infection Prevention and Control (IPC) practice as per NHS England (NHSE) and Public Health England (PHE) guidance with a risk assessment being taken at each potential deviation from this guidance and this being brought to the Gold Command for challenge and support.
- Preserve surgery for all urgent and cancer patients throughout the surge
- Preserve elective surgery (using the Surgical Prioritisation Framework) for those with the highest clinical priority for as long as possible
- Hull Royal Infirmary will be the principal hot site but should there be a significant increase in viral respiratory admissions, inclusive of Covid-19, it may be that Castle Hill Hospital beds will be utilised (notwithstanding that some patients requiring specialist treatment, e.g. oncology, who also have viral respiratory infections may need admission to CHH regardless of the hospital's Covid status).
- Utilise the learning from each surge and the Health and Safety Executive Self-Assessment to inform the development of the surge plan and any subsequent revisions.
- The Trust has established the Gold Command to manage urgent matters relating to the Trust's current response to an increase of respiratory viral infections, inclusive of Covid-19 which require co-ordination and review, and to command the implementation of appropriate measures. Until such time as a full Incident Command Structure is stood up, Gold Command will report to the Executive Directors Group and Executive Management Committee.
- The Trust will continue to use its Capacity Escalation Plan to assess the overall capacity position, level of OPEL escalation and associated action cards. In the event of incidents causing loss of infrastructure, e.g. building damage, the most appropriate plan will be selected to most effectively support the specific incident, e.g. site or area evacuation plan, business continuity plan or major incident plan.
- Patients with differing viral respiratory infections must not be nursed together in the same ward bedded bay – patients with Covid-19 must be nursed separately to those with other viral respiratory infections and where possible, capacity and acuity permitting, isolated or cohorted by type of infection. Patients reported with dual infections e.g. Influenza A and Covid-19 should be nursed in isolation. These recommendations promote patient safety and reduce the risk and likelihood of other viral respiratory infections being transmitted within the same ward/ department.



Respiratory Surge
Plan draft v 1.2 13.11

11 Escalation

In line with System requirements, HUTH has developed an effective and well-understood Escalation Plan which has been reviewed and is used throughout the year. The process

complies with NHSE and System guidance and requirements. All managers are well versed in implementing and managing the Escalation process on a daily basis.

12 Winter Planning and Delivery Group

The Trust has established a Winter Planning and Delivery Group to manage the impact of winter pressures across the Trust. The Group is responsible for providing co-ordinated plans for the winter period 2023-24, taking into account relevant risks, guidance, policies, protocols and noting the agreed framework of contractual and performance trajectories.

The specific responsibilities are:

- Review the Winter Plan and the Trust's response to the Covid-19 pandemic to identify and operationalise lessons learned.
- Review the Hull and ERY system level resilience plan and ensure cohesion between the system level and organisational level planning activities for Winter 2023-24.
- Develop internal plans that address the known and anticipated clinical and operational risks and issues within HUTH for the winter period.
- Produce and communicate comprehensive financial impact forecasts for elements of the plan as required.
- Develop a log of costed projects in readiness for the potential release of additional winter funding.
- Assess, log and monitor the risks in relation to the delivery of the 2023-24 Winter Plan.
- Make recommendations and provide assurance to the Executive Team and other committees as required.

13 Other Departmental Plans

13.1 Patient Transport

Recently when the Trust has been at OPEL 3 or 4, there have been occasions when the Trust has required two extra crews each day. With the trend anticipating that we will be operating at OPEL level 3 or 4 regularly, additional staffing will be required. It is likely that additional reliance on a local medical transport company) will also increase.

13.2 Portering

Porters will provide cross-site working to ensure additional porter support wherever it is required. Weekly roster reviews will be undertaken to ensure sufficient porter provision is in place. Recruitment to vacant positions and active pursuing of applicants will take place. Porter provision at OPEL 3 and OPEL 4 is continually being reviewed and provided to meet patient activity.

13.3 Security

Security establishment will not be uplifted during winter. However ad-hoc, planned additional staff will be considered and an assessment based on risk for high-risk occurrence. Routine, customer-service activities will be reduced to meet most urgent needs. Business hours for access card and parking permit applications will be compressed to release staff to urgent activity demands.

Implementation of Automatic Number Plate Recognition (ANPR) will support car parking management and reduce the impact and demand for resources. Traffic management will be dynamically assessed and parking enforcement will be controlled in main parking areas to ensure flow continues for blue light ambulances, for admissions and PTS for discharges.

Plans are being rehearsed for partial closure of sites and diversions to be set up and maintained due to extreme weather, or weather related issues (such as flood, high wind damage etc).

Patient 1:1 security may be reduced to meet increased core security functions.

14 Emergency Preparedness

14.1 Adverse Weather Plan

The Trust has in place an Adverse Weather Plan that sets out actions taken at the four national Adverse Weather Alert levels from planning through to a major incident.

The plan is underpinned by national guidance such as the UKHSA Adverse Weather and Health Plan, which now incorporates the National Cold Weather and Heatwave Plans. The Adverse Weather Plan can be invoked in isolation or as part of a wider Trust response, dependent upon the incident. Ultimately the Trust is seeking to maintain critical services whilst maintaining the quality of care to patients who need ongoing clinical and medical interventions and support.

An Adverse Weather Planning group, chaired by the Head of Emergency Planning, meets monthly or more frequently as required.

14.2 Trust Seasonal and Pandemic Influenza Plan

The Trust has developed plans to address Seasonal and Pandemic Influenza outbreaks. These plans are reviewed and refreshed annually.

The Trust has an Influenza Vaccination Plan and has a proven record in terms of achieving and exceeding national targets for the vaccination of staff. This year that plan will run concurrently with a national Covid-19 vaccination booster programme.

14.3 Business Continuity

The Trust takes a structured approach to business continuity based on ISO 22301 standards, best practice and the statutory requirements contained within the Civil Contingencies Act (2004). Business Impact Assessments (BIAs) and Business Continuity Plans (BCPs) have been produced and are reviewed annually. These are published on the Trust's intranet.

14.4 Major Incident Response

The Trust's Major Incident Plan is reviewed and revised on a regular basis to ensure that the information contained within the plan and action cards is up-to-date. The content is informed by national, regional and local live and desktop exercises, as well as changes in best practice and legislation.

The Trust has developed an exercise calendar with table top exercises to test the Major Incident Plan and action cards, the Trust's Evacuation Plan, and also ensure resilience in relation to potential cyber attacks, fuel shortages and the supply of electricity. In addition to training sessions for staff on the deployment of the decontamination tent for Chemical, Biological, Radiological and Nuclear (CBRN) incidents, the Trust is also planning for a Live CBRN exercise with partner agencies in 2024/25.

The Trust has a mandatory command training framework, supported by an on-line training programme.

15 Risk Management

The Winter Planning and Delivery Group will maintain a risk register of all risks identified and the control measures adopted.

16 Communications

The Hull and East Riding Health and Care Partnership co-ordinates and reports the system pressures daily to all system partners. This is achieved through a daily reporting process from all system partners to the Hull & ER HCP Emergency pressures inbox. The update circulated in the report details the system OPEL as assessed, the current pressures within the system and the actions being taking by system partners (both internal and external actions) to mitigate the pressures and look to return the system to a lower state.

Hull and East Riding H&CP communication leads are working in close partnership to increase community awareness regarding alternatives to hospital-based emergency care, with the aim of changing behaviour in the longer term.

As in previous years, a communication plan will be implemented to ensure all relevant members of staff are properly briefed regarding the service arrangements set out in the Winter Plan.

17. Summary

This plan is a living document and will be adapted to address the issues faced by HUTH through the forthcoming winter. It is being managed through daily escalation and surge planning, overseen through the management of Operations and the Health Groups, supported by a proactive and effective command structure.

Jackie Railton
Deputy Director, Strategy and Planning

17 October 2023

EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE CORE STANDARDS

REFERENCES

Only PDFs are attached



12.3 - HUTH Briefing on EPRR assurance process and outcome Nov 2023.pdf



12.3.1 - RWA HUTH Assurance process Statement of Compliance 2023-24.pdf



12.3.2 - RWA HUTH NHS Core Standards Template (Final 7.11.23).xlsm

Agenda Item		Meeting	Trust Board	Meeting Date	14.11.23
Title	Emergency Preparedness, Resilience and Response Core Standards 2023				
Lead Director	Chief Group Delivery Officer				
Author	Deputy Director, Strategy and Planning				
Report previously considered by (date)	This report has not been considered at any other Committee				

Purpose of the Report		Reason for submission to the Trust Board private session		Link to CQC Domain		Link to Trust Strategic Objectives 2023/24	
Trust Board Approval	✓	Commercial Confidentiality		Safe		Honest Caring and Accountable Future	✓
Committee Agreement		Patient Confidentiality		Effective		Valued, Skilled and Sufficient Staff	
Assurance		Staff Confidentiality		Caring		High Quality Care	✓
Information Only		Other Exceptional Circumstance		Responsive		Great Clinical Services	
				Well-led		Partnerships and Integrated Services	
						Research and Innovation	
						Financial Sustainability	

Key Recommendations to be considered:
<p>Recommendation: The Trust Board is asked to note the contents of this paper, the non-compliant assurance rating following review by the NHSE and the actions the Trust intends to take to address the areas requiring improvement.</p> <p>Board sign off is required by 31 December 2023.</p>

Briefing Paper

Review of NHS England Emergency Preparedness, Resilience and Response (EPRR) Core Standards 2023

Outcome of Hull University Teaching Hospitals EPRR Assurance Process

1. Purpose of Paper

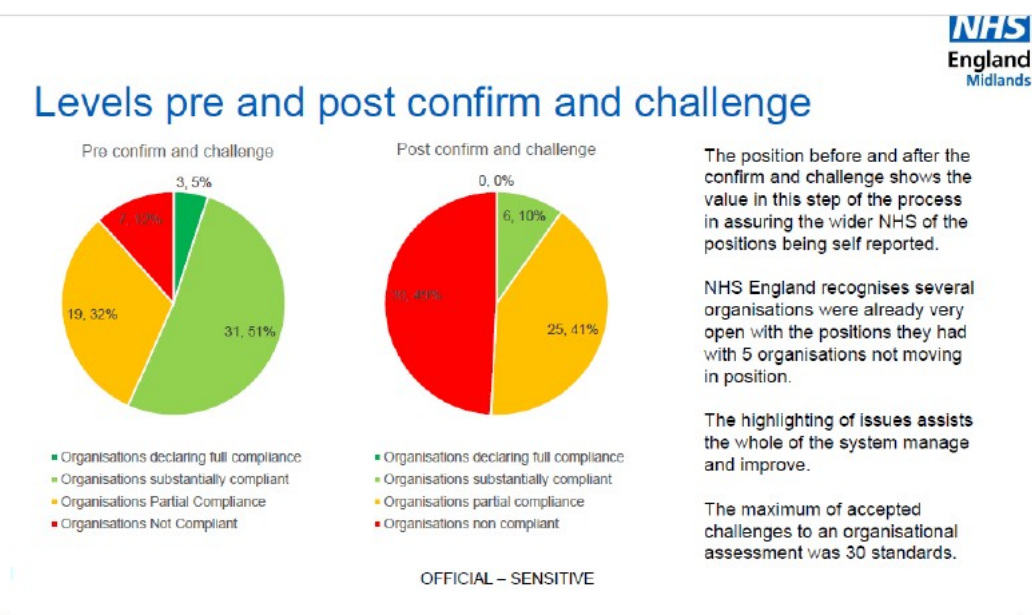
The purpose of this paper is to inform the Trust Board of the changes made this year to the NHSE EPRR Core Standards Assurance Process and the outcome of the Trust's assessment of compliance against the core standards.

2. Background

In 2022, colleagues in the Midlands Region undertook an amended EPRR assurance process. This pilot involved a new and detailed analysis of compliance evidence against each core standard, alongside the organisation's self-assessment.

This model required commissioners and providers of NHS commissioned care to submit evidence that went through a formal review and subsequent check and challenge, whereby they were given the opportunity to submit supplementary evidence against any challenges before finalising their assurance position.

The Midlands' results, as detailed in the diagrams below, clearly demonstrated that despite the efforts of the organisations in delivering their EPRR responsibilities, there were substantial differences between the self-assessment results and the evidential review of the organisations' documentation'



The changes in assurance levels in the Midlands indicated that there were areas of collective and individual action which would improve resilience at both an organisational and system level for patients and communities. This enabled Midland colleagues to identify areas for collaborative working in delivering key actions associated with their resilience.

Implementation of the same model within the North East & Yorkshire and North West regions was agreed with the intention to undertake an open, honest and transparent review of evidence associated with the core standards in order to assess evidential compliance.

NHS England worked with ICB colleagues through the summer to provide guidance and clarity on the assessment requirements and highlighted that it was likely that they may see the same compliance shift that Midlands' colleagues had seen in 2022. Introducing this model in the regions was about establishing a baseline compliance level – a hard reset of the region's readiness following protracted periods of response and in order to identify greater opportunities for collaboration and system improvement.

3. Current Position

HUTH submitted its initial self-assessment and supporting evidence to the national portal on 28th September 2023. The evidence was reviewed by ICB and Regional EPRR leads and the Trust received a number of challenges to their self-assessment rating. Supplementary evidence was submitted on 25th October 2023 and the Trust received formal notification from the Regional Head of EPRR for the North East & Yorkshire and North West Regions of their proposed final assurance position.

The Trust's provisional self-assessment had resulted in a partial assurance rating:

Self-Assessment assurance rating	Partial	Percentage compliance	87%
Core standard position after organisation self-assessment			
Number of core standards applicable	Fully compliant	Partially compliant	Non-compliant
62	54	8	0

Following the evidential review by NHSE regional colleagues, the proposed final assurance position was an assurance rating of non-compliant.

Core standard position recommendation after check and challenge process			
Number of core standards applicable	Fully compliant	Partially compliant	Non-compliant
62	11	51	0

Having reviewed the feedback received, the Trust has been asked to submit its final self-assessment template, and AEO signed statement of compliance to england.eprney@nhs.net by close of play on 14th November 2023 in order for the final positions of organisations to be prepared ahead of the Local Health Resilience Partnership meeting. This will give an opportunity for peer discussion and for the ICB to see assurance ahead of their own system level check and challenge via the Regional Health Resilience Partnership.

NHSE have indicated that the collective focus over the coming months will be to identify common themes, and for regional EPRR teams to proactively support opportunities to collaboratively address areas for improvement in order to enhance system preparedness, patient outcomes and opportunities to share best practice. The intention is to deliver greater resilience at provider level, for place-based systems and across the region, with greater interoperability and opportunities to undertake collective planning.

NHSE have recognised that the change in the EPRR assurance process has come at a very difficult time for EPRR professionals across organisations, given the competing pressures, and that Boards may be concerned by the reduction in compliance ratings. However, it is important to note that this does not signal a material change or deterioration in preparedness, but should be considered as a revised and more rigorous baseline in which to improve plans for preparedness, response and recovery.

4. Next Steps

4.1 Check and Challenge

There is an opportunity under the check and challenge arrangements for the Trust to seek further clarification on the reasoning behind some of NHSE's ratings. The Trust will be seeking clarification in relation to the following areas:

- **Business Continuity Management**

In August 2023 Internal Audit undertook a deep dive against the 10 Core Standards for Acute Providers under the Business Continuity Domain to provide assurance that the Trust has in place resilient business continuity and IT recovery plans to prevent and minimise disruption to services, and corruption and/or loss of critical patient systems and data. Substantial assurance was given in terms of the level of risk. However, as the Internal Audit report was not received into the organisation until after evidential cut-off date of 29 September 2023, this evidence has not been accepted by the NHSE EPRR assessors.

- **CBRN Audit 2023**

The Trust undertook a self-assessment of its level of preparedness in the event of a Chemical, Biological, Radiological or Nuclear (CBRN) incident in May 2023. Validation of the Trust's CBRN Self-Assessment by the Yorkshire Ambulance Service and NHS England confirmed that the Trust has achieved compliance Level 2 (Prepared).

4.2 EPRR Action Plan

The Trust has reviewed the findings of the evidential review and has developed an action plan to address those areas which require improvement. This includes:

- continuing to update EPRR policies and documentation in line with national guidance when published;
- reviewing the EPRR work plan and updating to reflect risks, learning from training exercises and new guidance;
- reviewing the EPRR governance structure and reporting frequencies;
- review of EPRR resources
- ongoing review and updating of major incident and CBRN plans to reflect changes in terminology associated with the Principles of Health Command;
- review of Infection Prevention and Control plans and policies to reflect national guidance;
- in collaboration with partner agencies, production of a mass countermeasures plan and an excess deaths/mass fatalities plan;
- review of our full and partial evacuation plan to reflect recently published guidance;

- working with Communications colleagues to identify 24/7, 365 days communication on call arrangements;
- ongoing review of business continuity plans;
- continuation of staff training, including:
 - ensuring that all on call staff have undertaken the appropriate level of the Principles of Health Command training (to date 65% have completed the Strategic Health Commander training and 60% the Tactical Health Commander training, with further training dates booked);
 - encouraging the uptake of loggist training
 - ensuring CBRN training uptake and refresher training is maintained (currently 78.8% of eligible staff are trained)
 - ensuring the wider workforce has undertaken the mandatory major incident training (currently 96.9% of HUTH workforce have undertaken awareness training).

A copy of the full EPRR Action Plan is contained within the EPRR Core Standards Self-Assessment template embedded in this report.



RWA HUTH NHS
Core Standards Tem

4.3 Monitoring of Progress against the EPRR Action Plan

Given the Trust's non-compliant rating, the organisation will be required to submit a formal update against the action plan every 3 months to NHSE and the ICB, including monthly progress discussions between the Trust and the ICB.

Monitoring will also be undertaken via the Trust Resilience Committee and Non-Clinical Quality Safety Committee, subject to the review of EPRR governance structures as part of the Group restructure.

5. Recommendation

The Trust Board is asked to note the contents of this paper, the non-compliant assurance rating following review by the NHSE and the actions the Trust intends to take to address the areas requiring improvement.

Shaun Stacey
Group Chief Delivery Officer/Accountable Emergency Officer

08 November 2023

North East & Yorkshire Emergency Preparedness, Resilience and Response (EPRR) assurance 2023-2024

STATEMENT OF COMPLIANCE

Hull University Teaching Hospitals NHS Trust has undertaken a self-assessment against required areas of the EPRR Core standards self-assessment tool v1.0

Where areas require further action, Hull University Teaching Hospitals NHS Trust will meet with the LHRP to review the attached core standards, associated improvement plan and to agree a process ensuring non-compliant standards are regularly monitored until an agreed level of compliance is reached.

Following self-assessment, the organisation has been assigned as an EPRR assurance rating of (from the four options in the table below) against the core standards.

Overall EPRR assurance rating	Criteria
Fully	The organisation is 100% compliant with all core standards they are expected to achieve. The organisation's Board has agreed with this position statement.
Substantial	The organisation is 89-99% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Partial	The organisation is 77-88% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Non-compliant	The organisation compliant with 76% or less of the core standards the organisation is expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months. The action plans will be monitored on a quarterly basis to demonstrate progress towards compliance.

I confirm that the above level of compliance with the core standards has been agreed by the organisation's board/governing body along with the enclosed action plan and governance deep dive responses.

Signed by the organisation's Accountable Emergency Officer

Date of Board/governing body
meeting

Date presented at Public Board

Date published in organisations
Annual Report

ANY OTHER BUSINESS

DATE AND TIME OF THE NEXT MEETING

Thursday 8 February 2024