University Hospitals of North Midlands NHS Trust

Trust Board (Open)

Meeting held on Wednesday 8th July 2020 at 9.30 am to 11.55 am via Microsoft Teams

AGENDA

Time	No.	Agenda Item	Purpose	Lead	Format	BAF Link
09:30	**PROCEDURAL ITEMS**					
20 mins	1.	Staff Story	Information	Mrs M Rhodes	Verbal	**BAF 2 & 3**
5 mins	2.	Chair's Welcome, Apologies and Confirmation of Quoracy	Information	Mr D Wakefield	Verbal	
	3.	Declarations of Interest	Information	Mr D Wakefield	Verbal	
	4.	Minutes of the Meeting held 10th June 2020	Approval	Mr D Wakefield	Enclosure	
5 mins	5.	Matters Arising via the Post Meeting Action Log	Assurance	Mr D Wakefield	Enclosure	
20 mins	6.	Chief Executive's Report – June 2020 • Covid-19	Information	Mrs T Bullock	Enclosure	**BAF 6**
10:20	**PROVIDE SAFE, EFFECTIVE, CARING AND RESPONSIVE SERVICES**					
10 mins	7.	Quality Governance Committee Assurance Report (25-06-20)	Assurance	Ms S Belfield	Enclosure	**BAF 1**
10:30	**ENSURE EFFICIENT USE OF RESOURCES**					
10 mins	8.	Performance & Finance Committee Assurance Report (23-06-20)	Assurance	Mr P Akid	Enclosure	**BAF 9**
10:40	**ACHIEVE EXCELLENCE IN EMPLOYMENT, EDUCATION, DEVELOPMENT AND RESEARCH**					
10 mins	9.	Transformation and People Committee Assurance Report (26-06-20)	Assurance	Prof G Crowe	Enclosure	**BAF 2 & 3**
10:50	**ACHIEVE NHS CONSTITUTIONAL PATIENT ACCESS TARGETS**					
45 mins	10.	Integrated Performance Report – Month 2	Assurance	Mrs M Rhodes Mr P Bytheway Mrs R Vaughan Mr M Oldham	Enclosure	
11:35	**GOVERNANCE**					
10 mins	11.	Board Assurance Framework	Assurance	Miss C Rylands	Enclosure	
11:45	**CLOSING MATTERS**					
5 mins	12.	Review of Meeting Effectiveness and Business Cycle Forward Look	Information	Mr D Wakefield	Enclosure	
5 mins	13.	Questions from the Public **Please submit questions in relation to the agenda, by 12.00 pm 6th July 2020 to** claire.rylands@uhnm.nhs.uk	Discussion	Mr D Wakefield	Verbal	
11:55	**DATE AND TIME OF NEXT MEETING**					
	14.	**Wednesday 5th August 2020, 9.30 am, via videoconference**				

University Hospitals of North Midlands NHS Trust

Trust Board (Open)

Meeting held on 10th June 2020 at 9.30 am to 11.15 am
Via Microsoft Teams

MINUTES OF MEETING

			Attended	Apologies / Deputy Sent	Apologies

Voting Members:			A	M	J	J	A	O	N	D	J	F	M
Mr D Wakefield	DW	Chairman (Chair)											
Mr P Akid	PA	Non-Executive Director											
Ms S Belfield	SB	Non-Executive Director											
Mr P Bytheway	PB	Chief Operating Officer											
Mrs T Bullock	TB	Chief Executive											
Prof G Crowe	GC	Non-Executive Director											
Dr L Griffin	LG	Non-Executive Director											
Prof A Hassell	AH	Non-Executive Director											
Mr M Oldham	MO	Chief Financial Officer											
Dr J Oxtoby	JO	Medical Director											
Mrs M Rhodes	MR	Chief Nurse											
Mr I Smith	IS	Non-Executive Director											
Mrs R Vaughan	RV	Director of Human Resources											

Non-Voting Members:			A	M	J	J	A	O	N	D	J	F	M
Ms H Ashley	HA	Director of Strategy & Transformation											
Mr M Bostock	MB	Director of IM&T			HP								
Mrs J Dickson	JD	Interim Director of Communications											
Miss C Rylands	CR	Associate Director of Corporate Governance											
Mrs F Taylor	FT	NeXT Non-Executive Director											
Mrs L Whitehead	LW	Director of Estates, Facilities & PFI											

In Attendance:

Mrs N Hassall	NH	Deputy Associate Director of Corporate Governance (minutes)

No.	Agenda Item	Action
1.	**Chair's Welcome, Apologies & Confirmation of Quoracy**	
080/2020	Mr Wakefield welcomed members of the Board to the meeting. Apologies were received as noted above and it was confirmed that the meeting was quorate. Mr Wakefield thanked staff for their continued efforts during the pandemic and extended his sympathies and condolences to the family and friends of Sylvia Tideswell. Mr Wakefield referred to the black lives matter campaign, and health inequalities in the NHS and referred to Mr Simon Stevens's correspondence to Trusts, outlining the issues. He stated that in the future, the Board needed to better understand how the Trust could help and protect Black and Minority Ethnic (BAME) staff. Welcomed the new IPR dashboard.	
2.	**Declarations of Interest**	

PROUD TO CARE

081/2020	The standing declarations were noted.	
3.	**Minutes of the Meeting Held 6th May 2020**	
082/2020	The minutes of the meeting held on 6th May 2020 were approved as a true and accurate record.	
4.	**Matters Arising via the Post Meeting Action Log**	
083/2020	PTB/424 – Mrs Rhodes stated that the staffing establishment reviews would not be completed by the end of June, due to the ward changes which occurred during Covid-19, and would need to be taken back through the Performance and Finance Committee. She stated that the case for the Neonatal unit would be ready in July with the remainder of the wards ready in September.	
5.	**Chief Executive's Report**	
084/2020	Mrs Bullock highlighted a number of areas from the report and highlighted that new guidance had been received regarding Personal Protective Equipment (PPE) and face masks. She stated that all healthcare workers had been asked to wear a mask from 15th June, and the Trust was working through the guidance in order to adhere to the requirements, although clarity had been requested in terms of which staff should wear a mask and in what circumstances. In addition, she highlighted that updated guidance had been issued regarding visiting and the potential of relaxing rules for visitors. She stated that the position of the Trust would remain consistent with current practice as it was dependent upon the clarity regarding PPE and face masks, as well as the plans for restoration and recovery, and segregating the hospital as 'blue and green' areas. It was recognised that visiting had continued, at the discretion of ward managers and visiting for maternity was already under review. She stated that the main issue was ensuring that if there was an increase in the number of people coming onto the site, that she needed to be assured that it was being done sensibly and safely. Mr Wakefield acknowledged the technical problems being issued with the live stream, and that the sound was poor and apologised for those watching. Dr Griffin welcomed the support provided to care homes and strengthening such an important interface. He stated that this provided the public and the system with assurance and stated that more people needed to be made aware of this. In relation to care homes, Mr Smith referred to the potential for lack of continuity of care and operating in silos and applauded the work done in care homes which he felt should be replicated elsewhere in the community. Mrs Bullock stated that discussions had commenced in terms of maintaining and further improving working together, in particular to develop the workforce in care homes and as a system ways of supporting each other with workforce were being considered. Mr Wakefield requested an update on antibody testing for staff and the plans to test all staff. Ms Ashley stated that antibody testing became available 2 weeks ago, and all NHS organisations had been asked to offer tests to all staff over a 6 week period which ended in the first week of July. She stated that testing was on	

	track to have been completed by July, for the Trust and system partners, although this was providing a significant workload for laboratory team. She stated that the Trust was focusing more on swabbing as the urgency and timeliness for antibody testing was not as pressing. In addition, if staff received a positive result, they were not being asked to change their practice as it is still unclear whether they have immunity. It was noted that staff were receiving their results 24 to 48 hours afterwards, but sometimes this took up to 7 days, with results being broadly in line with regional and national trends. She stated that the tests were open to all staff who wished to have it and it was noted that over 4000 staff had been tested to date. Mr Wakefield referred to the standing down of level 4 major incident structure although the Government remained on level 4 as a Country and queried if there was a correlation. Mrs Bullock clarified that the 'alert' level was reduced but the NHS remained on a Level 4 Major Incident she also acknowledged that the national level recognised that different regions were experiencing Covid-19 differently. For example, the Trust stood up its level 4 major incident as this was a requirement in response to the national major incident but for period of time, this was not really needed for the Trust as we were initially in a different position to those Trusts who were impacted first. She stated that although it had been stood down, the Trust continued to act on the guidance issued and was completing the returns, and that the structure could be stepped up as required. It was queried if there would be enough masks should all staff be required to wear one from 15th June, to which Mrs Bullock advised that nationally, the number of masks issued to Trusts had doubled and over the next few weeks usage would be reviewed in order to provide more intelligent deliveries so that these were based on usage. However, she advised this would be monitored carefully. **The Trust Board noted the two contract awards and approved the following E-REAFs:** • **Pharmacy Wholesale Agreement (REAF 3538) – Extension** • **National Blood Service (REAF 3567)** • **Windows 10 Replacement (REAF 3541)**	
PROVIDE SAFE, EFFECTIVE, CARING AND RESPONSIVE SERVICES		
6.	**Quality Governance Committee Assurance Report (21-05-20)**	
085/2020	Ms Belfield highlighted the following: • The Committee noted the continued focus on normal and statutory quality reporting metrics during the pandemic • Further assurance was requested on a number of matters raised during the meeting which were to be brought to a future meeting Mrs Rhodes referred to the Section 31 notices, and stated that an informal conversation had been held with the Care Quality Commission, and the Trust had not yet received formal indication that either of the notices were to be removed as yet. Mrs Taylor referred to the Friends and Family Test and queried what actions could be taken in the interim to obtain similar information. Mrs Rhodes stated that although the information was not being submitted, it had been collected, with the exception of A&E. She stated that the vast majority of feedback received had been positive and added that assurance visits had been taking place on wards by Executives and members of the Corporate Nursing team. In addition, information	

	from PALS and Complaints continued to be monitored. Mrs Rhodes assured that the Friends and Family Test was only a small aspect of measuring patient experience. **The Trust Board received and noted the assurance report.**	
ENSURE EFFICIENT USE OF RESOURCES		
7.	**Performance and Finance Committee Assurance Report (19-05-20)**	
086/2020	Mr Wakefield highlighted the following: • The Committee focussed on operational matters including the plans for zoning • A&E performance was discussed as it had been expected that performance may have improved during the pandemic, which did not occur and as such the Trust had asked ECIST to visit the Trust • There continued to be a focus on recovery and restoration, including recovery of cancer performance and waiting lists • The go live for the LIMs system continued to be June 2021 • The Committee approved the business case for Wave 4b which had been submitted to NHSE/I prior to being considered by the Trust Board in July • The Committee were pleased with the month 1 financial position **The Trust Board received and noted the assurance report.**	
ACHIEVE EXCELLENCE IN EMPLOYMENT, EDUCATION, DEVELOPMENT AND RESEARCH		
8.	**Transformation and People (TAP) Committee Assurance Report (21-05-20)**	
087/2020	Professor Crowe highlighted the following: • The Committee received an update on absence management and noted the actions being taken to improve sickness rates • The level of morale amongst staff was considered and the Committee noted the support which continued to be provided to staff to improve morale • Plans were in place to continue with the Culture and Leadership Programme and Operational Excellence in Healthcare • Positive assurance was provided in relation to vulnerable staff groups, including supporting BAME staff and continuing with the freedom to speak up mechanisms • A positive report was received from the Guardian of safe working • Next steps included a further update on recovery and restoration with the next meeting due to consider the details associated with delivery and ongoing monitoring arrangements Mr Wakefield referred to the statement regarding the guardian of safe working and queried whether the Trust was content that all staff were as safe as possible. Mrs Vaughan stated that risk assessments had been undertaken for vulnerable staff and that completion was dependent on the members of staff engaging with the process. She stated that sampling of risk assessments had been undertaken, to provide assurance, and some comments had been made to areas where it was felt improvements could be made. In addition, it was noted that a specific review of BAME risk assessments was to be undertaken. Mrs Vaughan added that no specific concerns had been raised through the Freedom to Speak Up route, nor via the BAME staff network, but conversations had been held with medical staff groups.	

	Dr Oxtoby stated that due to there being a higher proportion of BAME staff in the medical workforce this had been discussed with staff in terms of the importance of completing the risk assessments. He stated that the actions from the risk assessments were being followed up and all Clinical Directors had been written to, to outline their responsibilities. It was noted that there had been a suggestion that Vitamin D may be of benefit to BAME staff, and this was being considered. Professor Crowe stated that progress in relation to risk assessments would be discussed further at the next meeting. **The Trust Board received and noted the assurance report.**	
ACHIEVE NHS CONSTITUTIONAL PATIENT ACCESS TARGETS		
9.	**Integrated Performance Report - Month 1**	
088/2020	<u>Quality</u> Mrs Rhodes highlighted the following: • The number of pressure ulcers in April had increased and although this reflected the national picture, there had been an increase in critical care, due to proning patients. She stated that the ulcers had been of a low level and had since resolved and investigations had taken place on all of them. It was noted that the documentation in ITU had been sufficient, and adequate mitigation had been put in place in terms of using barrier creams and equipment to prevent ulcers. • A number of staff had developed pressure ulcers through the use of PPE and these would be reported through to the Quality Governance Committee; none of the ulcers had resulted in permanent damage Mr Wakefield referred to the emergency caesarean section rates and queried why this had increased. Mrs Rhodes stated that the rates for April had increased although this was not out of proportion when compared to peers. She stated that if there were not enough elective caesarean section lists, some elective cases go onto an emergency list which she believed was altering the percentage. Mr Smith referred to the suggestion that c-difficile rates had increased although the position seemed to have improved for April and queried the current position. Mrs Rhodes stated that there was an increase in December and January, due to flu patients and the number of antibiotics given, and cases did reduce in April. She stated that she expected an increase for the end of May which were being reviewed, but the Trust was unable to 'type' the cases due to Public Health England not providing the facility as a result of Covid-19. She added that in April, none of the cases were on the same ward therefore it was assumed that these were unrelated. <u>Operational Performance</u> Ms Ashley highlighted the following: • There had been 2 instances whereby 4 hour performance had risen above 90% which was due to improvements in the Covid pathways, most noticeable of which was the blue acute medical receiving unit which had made a significant improvement. It was noted that ECIST had visited the Trust and provided feedback which was being worked through. • The number of medically fit for discharge patients and delayed transfers of care had slightly deteriorated and work continued to take place with system partners to ensure patients were being discharged in a timely manner • Breaches of 4 hour performance were being discussed with individual	

specialties and Divisions were being held to account for specialty breaches

- There continued to be an increasing number of patients on the waiting lists and through the work in relation to restoration and recovery, the Trust continued to make more theatre capacity available, with the expectation that by the end of June it was anticipated that all elective theatre capacity would be back on line, but due to social distancing utilisation and therefore productivity would be lower
- In terms of diagnostic performance, capacity had been made available both internally and via the independent sector, with the biggest constraint to the cancer pathway being the availability of diagnostics
- In terms of cancer performance a number of process improvements had been made in order to ensure efficient tracking of cancer patients. There had been a deterioration in the 104 and 62 day cancer standards, although as pathways re-opened this should improve. It was noted that patients continued to be monitored in order to effectively prioritise patients

Dr Griffin referred to urgent care performance and whether there had been any trends with discharges before midday and the emergency readmission rate which may have been affected by Covid-19. Mrs Bullock referred to the internal target of 30% for discharges before midday which was not being achieved, as well as improvement with ward processes there were some issues identified with patient transport and the time taken to clean the vehicles after transporting patients which reduced the number of discharges they could do. She added that during Covid-19, the discharge lounge had not been utilised as much, due to the complexity of patients, and that as part of the urgent care review, ECIST had reviewed utilisation and was supporting the Trust in identifying further actions.

Professor Crowe referred to RTT performance and diagnostic capacity, and queried when the Board would receive a recovery trajectory which could be monitored. Mrs Bullock stated that all Divisions had been asked to provide a trajectory of demand and capacity, which required further modelling, whilst bearing in mind the impact of constraints as a result of workforce, PPE and Social Distancing. She stated that monitoring mechanisms were not yet in place against the trajectories and Ms Ashley added that as the guidance continued to frequently change, it made it more difficult to restart services. Mrs Bullock added that the Trust was reassuring patients that it was safe to come into hospital and any assumptions could be impacted by patients choosing not to attend.

Mr Wakefield stated that whilst he understood the difficulties faced, he queried how the Trust compared to its peer group in terms of addressing these issues. Mrs Bullock stated that the Trust was in line with its peers and added that recovery and restoration following a pandemic was new to everyone, therefore Trusts were working closely together to learn from each other. Mrs Bullock advised of the close networks and communication amongst Chief Executives, Chief Operating Officers and other executive groups and that these were very active in sharing learning and seeking advice of specific issues. She stated that other Trusts waiting lists were growing and switching activity back on would be difficult. Ms Ashley added that if the Trust benchmarked itself against others in terms of the level of activity which continued during Covid-19, it would have performed better, which in some ways made it harder to step services up.

Mr Wakefield referred to the waiting lists which appeared to have decreased in month but the number of 52 week breaches had risen and queried the reasons for this. Ms Ashley stated that the reduction was due to data validation, which had been planned for some time but as a result of changes to roles during Covi-19, more staff were diverted to this. The issue with the increase in number of 52

week patients was due to long waiters having gone over 52 weeks, due to the guidance being that the Trust needed to focus on treating patients on the basis of urgency rather than length of time waited. She added that those 52 week wait patients were also considered a priority but she expected there to be more breaches due to clinical prioritisation of patients.

Organisational Health

Mrs Vaughan highlighted the following:

- 57% of all sickness absence had been related to Covid-19 and overall the Trust had an in month sickness rate of 6.24%
- More recently there had been a decreasing trend and the latest figures were showing that Covid-19 related absences had reduced to 50% of the total. This number included staff identified as shielding or those deemed to be at risk if mitigation could not be put in place for those individuals, as well as those who were symptomatic or needed to self isolate.
- Work remained ongoing to continue to monitor individuals who were shielding and working with any individuals identified as at risk
- In terms of other reasons for absence, meetings had been held with the divisional teams to review the top ten reasons for absence and a case by case review had been undertaken.

Mr Wakefield stated that if Covid-19 related absences were removed from the sickness absence figures, it would equate to circa 2%, and queried why this was so different to the usual monthly rate of 4.5%. Mrs Vaughan stated that absences due to non covid related reasons had been reviewed, to ensure these were being proactively managed. There was no clear, single reason identified in relation to lower general absence rates as this would be due to a number of factors linked to current circumstances.

Mrs Vaughan added that there had been a decline in the appraisal rates, and whilst it was acknowledged that this activity had paused, the Trust was keen to ensure line managers continued to have the conversations, although these may be undertaken through different means.

Mrs Vaughan stated that statutory and mandatory training had remained stable and staff continued to be encouraged to keep up to date with their training.

Financial Rating

Mr Oldham highlighted the following:

- The existing financial regime had been suspended and the Trust had been given a plan based upon last year's spend with the efficiency factor removed
- NHSI/E plan was similar to the plan that the Trust had therefore the Trust would be monitored against it
- The position for the month was break-even which would be the same until the end of July
- The Trust had accrued £1.2 m of additional costs which had been reported centrally for costs associated with Covid-19, and a true up payment of £0.5 m had been made, equating to £1.7 m having been received
- The Trust expected that finances would continue to be managed in a similar way for the remainder of the year but awaited further guidance

Mr Wakefield referred to pay costs being identical as the same month last year and queried whether this was expected given that activity was different. Mr Oldham stated that although activity was different, the Trust continued to employ the same number of staff. He stated that bank and agency staff had been reviewed, and there had been a reduction when compared with the same period

	last year. • In terms of capital spend, a programme had been agreed whereby the allocations would be provided to the STPs. The Trust's allocation was slightly below by £0.3 m due to slippage on the hoardings for the Royal Infirmary, although it was expected to catch up • Cash position was £18 m due to the centre providing 2 contractual payments in month 1 to ensure the Trust had sufficient cash flow Mr Akid joined the meeting Mr Wakefield summarised the following: • Assurance regarding patient safety in terms of incidence of pressure ulcers and caesarean sections had been requested and reassurance received. • ECIST had visited A&E and there report was awaited • There had been a recent improvement in 4 hour performance as a result of a 'blue AMU'. • It was anticipated to restart theatres by the end of June but depended on PPE, workforce and social distancing requirements etc. • The improvement in RTT waiting lists was due to validation and the issue of 52 week wait patients was recognised, due to dealing with patients based on medical need not length of time. • HR metrics were to be represented to the Board in terms of sickness absence and why the monthly sickness rate could not reduce to 2% • The financial position continued to be monitored, in particular the run rate and capital **The Trust Board received and noted the report.**	
CLOSING MATTERS		
10.	**Review of Meeting Effectiveness / Business Cycle Forward Look**	
089/2020	Miss Rylands highlighted that by and large, the Trust had maintained adherence to the business cycle despite the interim arrangements in place. She stated that there had been some slippage due to Covid-19 which had been briefly discussed at the Board Seminar, in terms of the Board Assurance Framework (BAF) and the specific assurance framework regarding infection prevention. It was noted that the BAF had been paused but the risks had been reconsidered in light of Covid-19, and would be presented to the Committees in June and the Trust Board in July. Miss Rylands explained that Mrs Rhodes and the Infection Prevention Team were working on providing a Board Assurance Framework in relation to infection prevention, and this was due to be presented to the Quality Governance Committee in June. Miss Rylands referred to the Board Development Programme which had been delayed and was to be revisited in terms of content and how it could be delivered in year. She stated that this would be discussed with the Executive Team prior to being brought back to Board in July. Mr Wakefield referred to the patient stories which had stopped due to social distancing and that the Board were keen to restart this, but in a different way. Mrs Rhodes stated that she had discussed this with the Patient Experience Team and a staff story had been identified, which would be brought to the meeting in July, via	

	Microsoft Teams. Mr Wakefield welcomed the continued communications provided to the Non-Executives and all staff, throughout the pandemic and thanked Mrs Dickson and the team for their efforts.	
11.	**Questions from the Public**	
090/2020	Mr Syme provided the following questions by email prior to the meeting: <u>Chief Executive's Report</u> Mr Syme referred to restoration and recovery and the reference in the report to the Third Floor of the Royal Stoke becoming a Blue Zone for Covid-19, freeing up County Hospital to become a Green Covid-19 free zone. He stated that whilst this was an aspiration whether, if actioned, it would mean the Trust would be increasing elective activity at County Hospital, and what those services would be. Mrs Bullock stated that increasing the utilisation of County Hospital for planned / elective work was not a new aspiration, and the Trust had been working for some time, to increase elective work at County and maximise the fantastic estate. She stated that as part of considering the clinical services strategy which commenced pre Covid-19, Divisions had been asked consider which services could be provided at both sites to increase utilisation of capacity at County Hospital. Mrs Bullock advised that a number of planned services had already increased at County Hospital pre Covid-19 such as Orthopaedics, Endoscopy, Ophthalmology etc. However, Covid-19 had provided an additional impetus, which resulted in some activity being diverted to County Hospital sooner. She added that while County Hospital had been subject to the same Covid-19 restrictions as Royal Stoke, going forwards County Hospital would be identified as a 'green zone'. <u>Integrated Performance Report</u> Mr Syme referred to the impact Covid-19 had and continued to have on acute care capacity and delivery of acute services. He referred to the tables within the report in relation to long stay patients/discharges which demonstrated a recent increase in MFFD, stranded and super stranded patients which seemed to indicate that 'head room' capacity for sub-acute care/placements was stretched. He queried whether the available in NHS Community Hospitals i.e. Bradwell, Leek and Cheadle of circa 140 beds was being used to alleviate this situation and if not, why not. Mrs Bullock stated that as part of Covid-19 planning, community capacity was identified in order for this to be utilized as an extension of acute care, if the Trust required use of surge / super surge capacity, but she was delighted to report that this did not occur, therefore the extension of acute capacity into the community was not required. She added that additional capacity was not required at present, as bed occupancy was circa 80% demonstrating that there was existing acute sector capacity in place. It was noted that while there had been an increase in MFFD and stranded/super stranded patients, this reflected the increase in activity and higher acuity of patients which in turn resulted in an increase in complex patients for discharge. Mrs Bullock continued that the positive system working was not lost, the daily ward coverage and same day turnaround had resulted in savings on bed days which was 87 beds. <u>Committee Assurance Reports</u>	

	Mr Syme referred to the Quality Governance Committee meeting whereby it was stated that there were increasing numbers of staff clusters of positive Covid-19 and requested clarification in terms of the number of wards affected and whether this meant that the whole ward was taken out of capacity. Mrs Rhodes stated that one ward had been closed to new admissions for a few days, and the other wards involved had restricted admissions into bays where there were patients with the virus. Mr Syme requested clarification in relation to the Performance and Finance Committee report whereby the incident control reporting structure was being stood down to 'business as usual'. Mrs Bullock stated that this referred to business as usual in respect of usual governance arrangements and bringing the incident control structure within the existing governance arrangements and meetings, not that the incident management had been stood down. Mr Syme referred to the Transformation and People Committee and the statement that a dip in morale/staff engagement was being seen which was concerning given the decrease in staff engagement. He queried the impact of the wellbeing sessions and what actions were being taken to positively support staff during these times. Mrs Vaughan referred to the timeliness of support and intervention for staff, which was based on national evidence and research, whereby different levels of support for staff were required at different times. In addition, she referred to the perception of a decrease in energy levels and reactions to stress which is a universal and understandable reaction expected at this time. The support that has been offered to staff so far has been well received and additional sessions are being requested which clearly demonstrates the value of what is on offer. She added that additional offerings were being identified, to help maintain energy in the workplace. It was noted that long service awards and staff awards would continue to take place, albeit virtually, and feedback was being sought from staff in terms of their reflections on working during the pandemic, which would inform recovery and restoration.	
DATE AND TIME OF NEXT MEETING		
12.	Extraordinary Trust Board Meeting to sign off the accounts: 23rd June 2020, 1.00 pm via Microsoft Teams Wednesday 8th July 2020, 9.30 am – 11.30 am, via Microsoft Teams	

University Hospitals of North Midlands NHS Trust

Extraordinary Trust Board (Open)

Meeting held on 23rd June 2020 at 1.00 pm to 1.30 pm
Via Microsoft Teams

MINUTES OF MEETING

Attended	Apologies / Deputy Sent	Apologies

Voting Members:			A	M	J	J	J	A	O	N	D	J	F	M
Mr D Wakefield	DW	Chairman (Chair)												
Mr P Akid	PA	Non-Executive Director												
Ms S Belfield	SB	Non-Executive Director												
Mr P Bytheway	PB	Chief Operating Officer												
Mrs T Bullock	TB	Chief Executive												
Prof G Crowe	GC	Non-Executive Director												
Dr L Griffin	LG	Non-Executive Director												
Prof A Hassell	AH	Non-Executive Director												
Mr M Oldham	MO	Chief Financial Officer												
Dr J Oxtoby	JO	Medical Director												
Mrs M Rhodes	MR	Chief Nurse												
Mr I Smith	IS	Non-Executive Director												
Mrs R Vaughan	RV	Director of Human Resources												

Non-Voting Members:			A	M	J	J	J	A	O	N	D	J	F	M
Ms H Ashley	HA	Director of Strategy & Transformation												
Mr M Bostock	MB	Director of IM&T			HP									
Mrs J Dickson	JD	Interim Director of Communications												
Miss C Rylands	CR	Associate Director of Corporate Governance												
Mrs F Taylor	FT	NeXT Non-Executive Director												
Mrs L Whitehead	LW	Director of Estates, Facilities & PFI												

In Attendance:

Mrs N Hassall	NH	Deputy Associate Director of Corporate Governance (minutes)

No.	Agenda Item	Action
1.	**Chair's Welcome, Apologies & Confirmation of Quoracy**	
091/2020	Mr Wakefield welcomed members of the Board to the meeting. Apologies were received as noted above and it was confirmed that the meeting was quorate. Mr Wakefield provided his thanks to the teams responsible for writing the annual report and preparing the accounts. He stated that the documents demonstrated the significant improvements made during 2019/20.	
2.	**Declarations of Interest**	
092/2020	The standing declarations were noted.	
GOVERNANCE		

PROUD TO CARE

3.	**Audit Committee Assurance Report (18-06-20)**	
093/2020	Professor Crowe highlighted the following: • The Committee considered the revised Board Assurance Framework which was in the process of being presented to other Committees. He requested members to consider the risks and mitigations put in place and confirming whether they were happy with the way in which risks were framed. In addition, he suggested that Board members should bear in mind the evolving risk in relation to infection control. • The Committee noted that the External Auditors were unable to attend all stock takes due to Covid, which reflected the national position, and as such this would be lead to a qualification due to limitation of scope. • In addition, a statement had been made in relation to the impact of COVID and the material uncertainty this creates in the valuation. • The accounts had been prepared on a going concern basis and reference had been made in terms of on-going financial support under the COVID arrangements again leading to material uncertainty on going concern • The value for money conclusion had improved to a qualified 'except for' opinion for the year, recognising the improved process, controls and governance in terms of ensuring value for money Mr Wakefield welcomed the improvement in the value for money opinion. **The Trust Board received and noted the assurance report.**	
4.	**2019/20 Annual Report and Annual Governance Statement**	
094/2020	Miss Rylands highlighted the following: • The Annual Report had been prepared in line with the national guidance, which had been revised in light of the pandemic, with some exceptions made • Comments were made by the Audit Committee which had subsequently been made Dr Griffin referred to the performance summary, and queried whether a note should be included to highlight that the increase in c-difficile cases related to a change in reporting. It was agreed to include a footnote to explain that the figures should not be compared to the previous year. Mr Wakefield referred to links to Keele University within the report and whether similar information should be provided in relation to Staffordshire University. Miss Rylands agreed to consider this further. Mr Wakefield referred to the work made to develop various educational apps and queried if the name of the apps could be identified. Miss Rylands agreed to confirm the names of the various apps via communications. **The Trust Board approved the annual report and annual governance statement.**	**CR** **CR**
5.	**2019/20 Annual Accounts**	
095/2020	Mr Oldham highlighted the following: • No changes to the financial position were made as a result of the external audit, therefore the accounts were in line with previous performance reports	

	and analysis. • He provided some context to the 2019/20 position, in that the previous year the Trust had delivered a £63.6 m deficit and as a result was unable to accept a control total and could not access national funding. • He explained that for 2019/20 a different way of working was agreed which allowed the Trust to accept its Control Total and hence access additional funding. The Trust delivered a £5.2 m surplus, against a plan of break even. • He stated that the Trust had delivered a CIP of £36 m, the cash position had improved and there had been some positive restructuring of historic NHS debt whereby these had been replaced with Public Dividend Capital (PDC) • A number of significant capital investments had been made in the year • A material uncertainty had been noted for the going concern statement, although the Trust's forward plan was positive and the Trust was confident that it could maintain a positive cash balance to meet its obligations, and a clarification to that effect had been included within the accounts Mr Wakefield stated that the impact of Covid had masked the achievement made, in terms of improving the financial position, and the other efficiencies. He welcomed the change in treatment of historic debt and the positive impact on the balance sheet and added that in terms of the going concern, the modeling demonstrated that the Trust would be able to meet the obligations. Mr Wakefield referred to the supply chain, and whether the impact of a no deal Brexit needed to be considered in terms of the Trust's European suppliers. Mr Oldham stated that a lot of preparatory work had already been undertaken on a national basis with major suppliers and that the Trust would consider any impact on local arrangements. Mr Wakefield referred to the PFI and queried whether there were any anticipated national changes to the treatment of the PFI, although it was noted that no changes had been identified. **The Trust Board approved the annual accounts for 2019/20.**	
DATE AND TIME OF NEXT MEETING		
6.	Wednesday 8th July 2020, 9.30 am – 11.30 am, via Microsoft Teams	

Trust Board (Open)

Post meeting action log as at 01 July 2020

CURRENT PROGRESS RATING		
B	Complete / Business as Usual	Completed: Improvement / action delivered with sustainability assured.
GA / GB	On Track	Improvement on trajectory either: A. On track – not yet completed *or* B. On track – not yet started
A	Problematic	Delivery remains feasible, issues / risks require additional intervention to deliver the required improvement e.g. Milestones breached.
R	Delayed	Off track / trajectory – milestone / timescales breached. Recovery plan required.

Ref	Meeting Date	Agenda Item	Action	Assigned to	Due Date	Done Date	Progress Report	RAG Status
PTB/382	14/08/2019	Patient Story	To take the revised dementia strategy to the Quality Assurance Committee.	Michelle Rhodes	21/10/2020		Action not yet due. To be taken to the Quality Safety Oversight Group in September and to the QGC afterwards.	GA
PTB/415	08/01/2020	Update on Influenza	To establish a research project into the numbers of staff with flu and whether they received the flu vaccine, linking in with Public Health England.	John Oxtoby	31/08/2020		Delayed due to Covid-19. The trainee doctor undertaking the research has left the Trust and the progress has also been delayed by the diversion of resources to the Covid pandemic	GA
PTB/424	11/03/2020	Staffing Establishment Reviews	To articulate the timeline of the business cases and when they were to be expected to be undertaken and present this to Performance and Finance Committee.	Michelle Rhodes	30/09/2020		Delayed due to Covid-19. Update provided at May and June's meeting that recruitment to key posts continued to take place and recruitment would be increased as the pandemic started to wain.	GB
PTB/425	11/03/2020	Staffing Establishment Reviews	To provide an update on the recruitment campaigns and implementation plan to the Transformation and People Committee.	Michelle Rhodes Ro Vaughan	30/09/2020		Delayed due to Covid-19. Update provided at May's meeting that recruitment to key posts continued to take place and recruitment would be increased as the pandemic started to wain.	GA
PTB/430	11/03/2020	Questions from the Public	To consider the ways the Trust could make it clearer of the routes available to patients when they have a concern or a complaint.	Michelle Rhodes	30/06/2020		This will be re-launched along with Its Ok to ask. Poster redesigned in easy read and including “Its ok to ask”. To liaise with Comms to provide design and obtain patient feedback. Once ready will be publicised on new website as well as notice boards etc.	GA
PTB/432	06/05/2020	Raising Concerns Report - Q4	To establish whether any benchmarking information is available from other hospitals in relation to proportion of concerns raised by staff group.	Ro Vaughan	31/07/2020		Action not yet due.	GA
PTB/433	23/06/2020	Annual Report and AGS	To make additional changes to the report in terms of a note in relation to changes in c-diff reporting, and a note regarding links with Staffordshire University.	Claire Rylands	23/06/2020	23/06/2020	Changes made and scanned copy submitted to External Audit.	B
PTB/434	23/06/2020	Annual Report and AGS	To confirm the names of the various educational apps via communications.	Claire Rylands	10/07/2020		Information to be provided.	GA

University Hospitals of North Midlands NHS Trust

Chief Executive's Report to the Trust Board

FOR INFORMATION

Part 1: Trust Executive Committee

The Trust Executive Committee met on Wednesday 1st July. The meeting was held virtually using Microsoft Teams; there was no agenda or papers as the purpose of the meeting was to provide an opportunity for:

- The Chief Executive to thank our Divisional Management Team for their work to date and flexibility to do what is required to support our preparations for a potential second Covid-19 surge
- Update Divisions on the national position, local position and next steps in relation to Recovery and Restoration
- Divisions to provide updates in terms of their latest position, next steps, staff wellbeing and any concerns / risks

Key points highlighted by the Executive Team were as follows:

- Urgent Care performance had improved in May and the beginning of June but increased attendances had put pressure on performance towards the end of June
- Continued focus on Restoration and Recovery Plans
- Arrangements being put into place to ensure the wellbeing of staff
- Completion of risk assessments for all staff to ensure safe working and social distancing

Key points highlighted by Divisions were in relation to:

- Staff wellbeing, including the introduction of a virtual wellbeing programme within the Specialised Division
- Maximising use of the independent sector for Restoration and Recovery
- Zoning of the hospital to ensure appropriate social distancing measures are in place

Any Board member seeking to obtain further information regarding the items considered by the Trust Executive Committee should contact Claire Rylands, Associate Director of Corporate Governance.

PROUD TO CARE

Part 2: Chief Executive's Highlight Report

1. Contract Awards and Approvals

Department of Health Procurement Transparency Guidance states that contract awards over £25,000 should be published in order that they are accessible to the public. During June, 2 contract awards, which met this criteria were made, as follows:

- **Siemens Top Performance Plan including x-ray tubes located at County Hospital (REAF 3543)** supplied by Siemens Healthcare Diagnostics at a total cost of £707,454.00 for the period 20/04/21 – 19/03/2030, providing savings of £75,603.00, approved on 08/06/2020
- **Windows 10 Device Replacement Business Case v0.2 (REAF 3541)** supplied by SCC at a total cost of £2,577,584.00 for the period 01/04/20 – 31/03/24, approved on 02/06/2020

In addition, the Performance and Finance Committee approved the following REAF in June 2020, which is being brought to the Board for approval, given the value:

Master Vendor for Allied Health Professionals (REAF 3642) – Extension

Contract Value (Total value Inc. Extension)	£5,000,000.00 Inc. VAT
Extension of Contract	£1m
Duration	08/08/20 – 07/08/21
Supplier	Maxxima

This REAF has been raised for the 12 month extension of the Master Vendor Agreement.

Savings – £28K

The Trust Board is asked to approved the above REAF and to note the 2 contract awards.

2. Consultant Appointments

The following table provides a summary of medical staff interviews which have taken place during June 2020:

Post Title	Reason for advertising	Appointed (Yes/No)	Start Date
Consultant Paediatrician with an interest in Diabetes and Endocrine	Vacancy	Yes	TBC
Consultant Neurosurgeon	New	Yes	TBC
Consultant Anaesthetist General	Vacancy	Yes	20/07/2020
Consultant Anaesthetist General	Vacancy	Yes	01/09/2020
Consultant Thoracic Surgeon	Vacancy	Yes	TBC
Consultant Neonatologist	New	Yes	TBC
Consultant Neonatologist	New	Yes	TBC
Consultant Histopathologist	Vacancy	Yes	TBC
Consultant Clinical Oncologist with specialist interest in Breast and Skin malignancy	Vacancy	Yes	TBC

The following table provides a summary of medical staff who have joined the Trust during June 2020:

Post Title	Reason for advertising	Start Date
Consultant Anaesthetist General	Extension	01/06/2020
Locum Consultant - General Paediatrician with interest in endocrinology	Extension	03/06/2020
Locum Consultant Histopathologist	Extension	10/06/2020
Locum Consultant - General Paediatrician	Extension	16/06/2020
Locum Consultant Thoracic Surgeon	Extension	16/06/2020

The following table provides a summary of medical vacancies which closed without applications / candidates during June 2020:

Post Title	Closing Date	Note
Consultant in Emergency Medicine	08/06/2020	No Applications
Respiratory Consultant - Interstitial Lung Disease	08/06/2020	No Applications
Clinical Lead for Immunology & Allergy	02/06/2020	No Applications
Locum Consultant Medical Oncologist - Breast and Lung Cancer Sites	09/06/2020	Candidate Withdrew
Locum Consultant Medical Oncologist - Breast and Lung Cancer Sites	28/06/2020	No Applications

3. Covid-19

A number of significant changes were made during the month, to ensure that we can continue to keep staff, patients and visitors to our hospitals safe. In line with new national guidance, we introduced strict requirements to wear face masks or coverings in all buildings across both of our sites, unless through an appropriate Risk Assessment an area has been confirmed as being Covid Secure. Whilst this has been a further challenge, I would like to thank everybody for their support and co-operation in making this happen.

We have continued our antibody testing programme and have now tested c9000 staff which is a phenomenal achievement in less than a month. I would like to thank the corporate nursing team for making this possible. The total number of tests going through our laboratory is greater as we are also testing non UHNM employees e.g. Sodexo staff and we are providing a service to other system partner. We must acknowledge the additional workload and tremendous efforts of our Pathology staff.

4. Restoration and Recovery

From 29th June we began welcoming a significant number of elective patients into our hospitals as we start to re-introduce services as part of our restoration and recovery programme. These patients will have self-isolated for 14 days, in accordance to national guidance, prior to coming into hospital for their procedures so it is important that we recognise the new zoning of our hospital and help limit the spread of infection.

In order to do this safely, we have introduced new ways of moving around our hospital and have restricted use of some of entrances and exits, particular that of the Lyme Building at Royal Stoke and County Hospital where we hope to keep most of our elective and 'green' (non-Covid-19) patients.

The zoning of our hospitals has been a significant undertaking and has been further compounded by the increasing activity through our emergency and planned / elective portals. Without doubt, increasing the amount of work we are doing and managing the significant increase in waiting times as a result of Covid-19, whilst maintaining social distancing, Infection Prevention and Control requirements, zoning the hospital and ensuring we have enough of the right workforce deployed in the right places, is more complex than can be imagined. None of us have lived through this before, there is no manual on how to do it and across the whole NHS we sharing what we are doing and learning from each other.

Our staff have been through one of our most challenging periods; preparing for and managing Covid-19 at its peak. The ask now is that we recover our services, reduce our waits, prepare for winter and a potential second surge all whilst working under new environments and conditions. I am grateful for all their efforts and continued hard work; our staff have never ceased to amaze me.

5. Black Lives Matter

During the month, there have been a number of Black Lives Matter protests in the media, recognising that racism still exists in the world around us and should be stamped out although like many, I was concerned about the dangers and risks such large gatherings might bring to individuals who attended and our healthcare system.

At UHNM we value all our staff and support and promote diversity and inclusion. We all have a role to play and no one individual or professional is any more important than another. We are, as always, in this together and a product of our UHNM family in which racism has no place.

However, I think we all recognise that the time for words is long past and that we now need concrete action. Therefore I'm pleased to report that nationally, a number of Chief Executives have agreed to come together virtually to share our views and discuss what rapid action we can collectively take and lobby the government for.

6. Research

I am delighted that whilst we maintain functioning as a hospital and increase our activity where and when safe to do so, our research team continue to undertake great work, recruiting patients to national research initiatives which will help us to find out more and understand the Covid-19 coronavirus. Staff who have recovered from Covid-19 are now being asked to take part in a national clinical trial which will identify how effective convalescent plasma is for treating coronavirus patients and I have encouraged as many staff as possible to join the SIREN trial.

It was pleasing to hear that once again we were in the region's top three recruiting NHS Trusts which is thanks to the amazing efforts of the team.

7. Staff Awards 2020

We launched the nomination process for our Staff Awards at the beginning of June and whilst we will be doing things differently this year, I'm delighted to see the number of nominations received to date. It is really important that we continue to recognise and reward the achievements of our staff, despite the challenges we are facing and the Staff Awards is just one of a number of ways that we will be doing this over the months ahead.

8. Biomedical Science Day

On 11th June we were able to celebrate Biomedical Science Day which gave us the opportunity to recognise and thank our fabulous pathology services who have worked tirelessly since the start of the pandemic to turn round Covid-19 tests for staff and patients and have been amazing in responding to the requirements for staff antibody testing. In some cases turning round test results within eight hours! To mark the occasion the team made a fascinating film explaining how the teams are working during these exceptional times.

9. Thermal Imaging Cameras

We've had some really positive media coverage about the thermal scanners we are installing across both our sites, thanks to the Denise Coates Foundation and its incredibly generous £10 million commitment to UHNM Charity. The scanners will be an essential tool in keeping patients, visitors and staff safe when they come on site and it's great that we are leading the way in the NHS with this technology.

10. System Performance Review (SRM) Meeting

On the 26th June the Trust and representatives from all system partner organisations held their routine monthly SRM with regional NHSE/I colleagues. The feedback letter has been shared with all Board members and in brief the agenda was threefold; operational challenges, recovery and restoration and the financial regime.

NHSE/I were very complimentary around partnership working and in particular the support given to care homes and the management of Medically Optimised Patients and ensuring they do not stay in hospital longer than is required.

In terms of operational challenges discussions largely centred around the 4 hourly transition time, long waiters and in particular cancer waits, diagnostics, Primary Care and Care Homes. Board is already sighted on the significant work underway in these areas.

Much of the restoration and recovery focus was around system capacity and demand to address our collective operational challenges and the support required to do so. Along with undertaking restoration and recovery of services, the system is also mindful of a potential second surge and the forthcoming winter. Particular local issues mirror those nationally such as Endoscopy and Cancer.

It is not yet absolutely clear what the financial regime will look like from month 5 – 12, although the fixed core capacity envelope and top up will likely remain. The STP is likely to get a fixed Covid expenditure and the retrospective payment is likely to be removed. At this point much hinges on what is behind the detail in respect of the financial regime and as yet, this is unclear. CCGs are yet to be notified of their allocations.

Finally, the importance of progress in relation to BAME risk assessments and those for other at-risk staff groups was discussed.

Quality and Governance Committee Chair's Highlight Report to Board

June 2020

1. Highlight Report

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
• Twice weekly outbreak meetings taking place with NHSEI in relation to nosocomial infections • Target for written Duty of Candour and Patient Falls not met for Month 1 2020/21; further assurance required in relation to patient falls which is currently being worked through for the next meeting • Emergency Caesarean Section Rates and Smoking while pregnant remain key challenges in relation to the Maternity Dashboard although there are some categorisation challenges associated with Caesarean rates • Concern remains with regard to pharmacy supplies and Brexit as many of the supplies have been used for the Pandemic (Risk Register High 12)	• Development of a comprehensive Infection Prevention Board Assurance Framework aligned to ten national criteria – this will be shared with the Board in August and reviewed by the Committee quarterly thereafter • Restoration and Recovery of services underway in a safe and timely manner; a report will come back to the Committee regarding waiting times and the work being undertaken when available – this is being done alongside a harm review • Observational visits of night shifts to review Infection Prevention practices being undertaken • Test and Trace arrangements in place to follow up on cases • Care Quality Commission Action Plan currently under review and will be presented to the next meeting
Positive Assurances to Provide	**Decisions Made**
• Infection Prevention Board Assurance Framework goes over and above the framework set out at a national level and is aligned to the overarching Board Assurance Framework • Mortality data associated with Covid-19 demonstrates that the Trust is not a outlier and relatively low rates are being seen; further information to be shared with the Mortality Review Group • VTE has achieved the target and it was noted that there had been some challenges with the transfer of information over to the WIS Board which has impacted on previous scores • Improvement seen within the Neonatal Unit since introduction of the multidisciplinary action plan with some positive outcomes reported • Pleasing outcome against CQUINs for 2019/20 • Pleased with the revised format of the Board Assurance Framework	• Approval of the Terms of Reference and Membership of the Quality and Safety Oversight Group
Comments on Effectiveness of the Meeting	
• Meeting worked far better with individuals sat in their own offices • Helpful to receive a verbal update from Executive Directors at the beginning of the meeting, in particular in relation to Covid-19 and Restoration and Recovery	

2. Summary Agenda

No.	Agenda Item	Purpose	No.	Agenda Item	Purpose
1.	M1 Quality & Safety Report	Assurance	7.	Medicines Optimisation Quarter 4 2019/20 Report (including Covid-19 related initiatives)	Assurance
2.	Q4 Maternity Dashboard	Assurance	8.	Patient Experience Report Q4 2019/20	Assurance
3.	Infection Prevention Board Assurance Framework Covid-19	Assurance	9.	Board Assurance Framework Q1 2019/20	Approval
4.	Review of Clinical Incidents in Neonatal Unit – Actions Update	Assurance	10.	Quality & Safety Oversight Group Highlight Report / Terms of Reference and Membership	Assurance / Approval
5.	CQC Actions Update	Assurance	11.	Quality Impact Assessment Report	Assurance
6.	CQUIN Achievement 2019/20 and Overview 2020/21	Assurance			

3. 2020 / 21 Attendance Matrix

Attended | **Apologies & Deputy Sent** | **Apologies**

Members:			A	M	J	J	A	S	O	N	D	J	F	M
Ms S Belfield	**SB**	Non-Executive Director (Chair)												
Mr P Bytheway	**PB**	Chief Operating Officer												
Professor A Hassell	**AH**	Non-Executive Director												
Mr J Maxwell	**JM**	Head of Quality, Safety & Compliance												
Dr J Oxtoby	**JO**	Medical Director		GH										
Mrs M Rhodes	**MR**	Chief Nurse												
Miss C Rylands	**CR**	Associate Director of Corporate Governance												
Mr I Smith	**IS**	Non-Executive Director												
Mrs F Taylor	**FT**	Associate Non-Executive Director												
Mrs R Vaughan	**RV**	Director of Human Resources												

Performance and Finance Committee Chair's Highlight Report to Board

June 2020

1. Highlight Report

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
• In terms of the rising waiting lists, work was ongoing to concentrate on cancer and urgent work, although the trajectory to increase routine operating to 100% would take some time, due to not having the resources in place to do so. • In terms of cancer referrals, capacity had increased to 70% and there had been an improvement in 2 week wait performance. It was noted that actions continued to be taken in terms of improving oversight of the patient tracking list for cancer and managing long wait patients. • In terms of 4 hour performance, ECIST had visited the Trust and work continued to take place to identify actions to improve performance. This was to be supported by the Operational Excellence in Healthcare project, in terms of improving cultural issues within the Trust.	• To consider the presentation of, and information included within, business cases in relation to replacement equipment. • To revisit previous proposals associated with potential commercial opportunities at Royal Stoke • To revisit BAF Risk 6 in terms of the impact to reputation and operational performance
Positive Assurances to Provide	**Decisions Made**
• A verbal update was provided in relation to Covid 19, whereby moves continued to take place to create Blue Zones from 29th June and increasing operating to 80% of capacity and 75% of activity, for green zones. In addition, purple zones would be created for emergency work. • The Committee challenged whether a second peak would impact on the ability to recreate beds for Covid positive patients, and it was noted that the creation of the blue zone and keeping empty wards as contingency, would provide the Trust with the head room for any surges. • Data security and protection training completion was at 93%. There had been changes in the timelines associated with completion of the data security and protection toolkit, with the 2020/21 toolkit going live in October. A review of the asset register for 2019/20 had taken place with no high risks identified and the Trust was on track to deliver the internal audit recommendations. It was noted that the main challenge was achieving 95% data security and protection training. • The Committee queried the reporting of phishing attacks and other cyber security elements and the Committee were reassured that software was in place to detect suspicious activity which was providing a certain level of defence. • Month 2 financial performance was break even. There had been an increase in Covid related costs, mainly associated with student nurses and junior doctors. The Trust awaited further guidance for month 4 onwards as well as the potential reset for 2020/21. • The Committee received a highlight report following the inaugural Executive Infrastructure Group	• The Committee supported and approved option 2 in relation to Business Case 0366, Microsoft Office N365, which would be considered by the Trust Board. • The Committee approved Business Case 0361 in relation to 2 Neonatal Consultants for the Neonatal Unit • The Committee approved Business Case 0363 replacement of the Interventional Radiology Theatre 2 • The Committee supported the drawdown of investment to Divisional budgets, to cover the additional revenue costs associated with changes to the Junior Doctors contract changes (Business Case 0360) • The Committee approved Business Case 0359 • The Committee approved the Board Assurance Framework as at Quarter 1 • The Committee approved the Terms of Reference for the Executive Infrastructure Group • The Committee approved the extension to the Master Vendor for Allied Health Professionals contract (REAF 3642)

Comments on Effectiveness of the Meeting	
• The Committee felt the meeting ran well, to time and suffered less technical issues	

2. Summary Agenda

No.	Agenda Item	Purpose	No.	Agenda Item	Purpose
1.	Executive Director Update – Covid-19	Information	2.	Month 2 Operational Performance	Assurance
3.	Data Security and Protection Report	Assurance	4.	Month 2 Finance Report	Assurance
5.	Business Case Approvals	Approval	6.	Board Assurance Framework Q1	Approval
7.	Authorisation of New Contract Awards and Contract Extensions	Approval	8.	Executive Infrastructure Group Chair's Highlight Report / Terms of Reference	Approval

3. 2020 / 21 Attendance Matrix

Attended | **Apologies & Deputy Sent** | **Apologies**

Members:			A	M	J	J	A	S	O	N	D	J	F	M
Mr P Akid (Chair)	**PA**	Non-Executive Director												
Ms H Ashley	**HA**	Director of Strategy & Performance												
Mrs T Bullock	**TB**	Chief Executive												
Mr P Bytheway	**PB**	Chief Operating Officer												
Dr L Griffin	**LG**	Non-Executive Director												
Mr M Oldham	**MO**	Chief Finance Officer												
Mrs S Preston	**SP**	Strategic Director of Finance												
Mrs M Ridout	**MR**	Director of PMO												
Miss C Rylands	**CR**	Associate Director of Corporate Governance		NH										
Mr J Tringham	**JT**	Director of Operational Finance												

In addition, the following were in attendance: Mr Bostock, Director of IM&T, Mrs F Taylor, NeXT Director, Mr D Wakefield, Chief Executive, Mrs L Carlisle, Head of Data, Security & Protection/ Data Protection Officer and Dr J Oxtoby, Medical Director.

Transformation and People Committee Chair's Highlight Report to Board

June 2020

1. Highlight Report

Matters of Concern / Key Risks / Escalations	Major Actions Commissioned / Work Underway
For information: • Small increase in Covid-19 patients being seen • Risk assessment and support for vulnerable colleagues, including BAME is a key area of priority for the organisation and the Committee will continue to monitor • Further work to be undertaken on the BAF, in respect of assurance on system working – this is being considered by the new Strategy and Transformation Executive Group For action: • Operational Excellence in Healthcare Option B for approval of the Board • Concern regarding the diversity gap on the Board with agreement that options should be revisited, along with consideration of a Board Development Session focussing on the development of a Charter	• Restoration and Recovery Programme underway with levels of activity seeing a steady increase, although in particular Emergency attendances – in August a paper will be presented to the Board in terms of the 'size of the challenge' and the actions being taken; noted that this work is extremely complex • Work underway to assess different methods for holding meaningful PDR conversations with staff • Risk Assessments undertaken for vulnerable groups of staff; a significant focus on this area and a further directive has been received which requires specific metrics to be published • Plans are also underway to bring back shielding workers on 1st August • A number of actions associated with the Workforce Race Equality Standard are underway – this included a 'Black Lives Matter – Let's Talk' session with the BAME Network staff members
Positive Assurances to Provide	**Decisions Made**
• NHSEI have approved funding for the Operational Excellence in Healthcare Business Case, with some observations which have been responded to • Some positive stories have been shared with the organisation from students following their recent experience in the organisation • An audit is being undertaken to assess the quality of Risk Assessments for vulnerable staff; further checking is to be done to assess whether all necessary Risk Assessments have been undertaken • A package of psychological support is being provided to support staff wellbeing and a Thank You Week is being held at the beginning of July	• Agreement of 'option B' associated with Operational Excellence in Healthcare, which will be escalated to the Board • Approval of the Terms of Reference for the Executive Workforce Assurance Group; it was noted that enhanced Divisional representation had been included and further consideration will be given to the diversity agenda
Comments on Effectiveness of the Meeting	
• Future Committee meetings to reflect upon whether the focus of the meetings are appropriately reflected within the Board Assurance Framework • Pleased with the progress made in establishment of the Committee despite challenges	

2. Summary Agenda

No.	Agenda Item	Purpose	No.	Agenda Item	Purpose
1.	Operational Excellence in Heatlhcare (OE) Clarifications from March Board	Approval	5.	People and OD – Plan for Recovery and Restoration Phase	Assurance
2.	M2 Workforce Report	Assurance	6.	Board Assurance Framework (Q1 2020/21)	Approval
3.	Vulnerable Workers Risk Assessment Process	Assurance	7.	Assurance Report from Executive Workforce Assurance Group / Terms of Reference	Approval
4.	Race Equality and Supporting our BAME Workforce	Assurance			

3. 2020 / 21 Attendance Matrix

			Attended	Apologies & Deputy Sent	Apologies

Members:			A	M	J	J	A	S	O	N	D	J	F	M
Prof G Crowe	GC	Non-Executive Director (Chair)												
Ms H Ashley	HA	Director of Strategy and Transformation												
Ms S Belfield	SB	Non-Executive Director												
Mr P Bytheway	PB	Chief Operating Officer												
Dr L Griffin	LG	Non-Executive Director												
Dr J Oxtoby	JO	Medical Director		GH										
Mr M Oldham	MO	Chief Finance Office												
Mrs M Rhodes	MR	Chief Nurse			HI									
Miss C Rylands	CR	Associate Director of Corporate Governance	NH											
Mrs R Vaughan	RV	Director of Human Resources												

Executive Summary

Meeting:	Trust Board	**Date:**	8th July 2020
Report Title:	Integrated Performance Report, month 2 2020/21	**Agenda Item:**	
Author:	Performance Team		
Executive Lead:	Helen Ashley: Director of Strategy and Transformation /Deputy Chief Executive		

Purpose of Report:

Assurance	✓	**Approval**		**Information**	

Impact on Strategic Objectives (positive or negative):			Positive	Negative
SO1		Provide safe, effective, caring and responsive services	✓	
SO2		Achieve NHS constitutional patient access standards		✓
SO3		Achieve excellence in employment, education, development and research	✓	
SO4		Lead strategic change within Staffordshire and beyond	✓	
SO5		Ensure efficient use of resources	✓	

Executive Summary:

Background

The NHS Improvement (NHSI) single oversight framework was implemented from October 2016 and revised August 2019. The framework is comprised of 35 metrics across the following domains:
1. Quality of Care - safety, caring and Effectiveness
2. Operational Performance
3. Organisational Health
4. Finance and use of resources

Covid-19 has been a key part of the Trust's NHS business since March 2020 and will be for the foreseeable future. The four domains above have all equally been affected by the vital efforts to ensure we act in the best interests of patients, public and staff.

The Trust has continued functioning as a hospital and increased activity where and when safe to do so. The Integrated Performance Report (IPR) includes activity charts for inpatients, outpatients and urgent care and activity is rising across all areas.

Operational performance has had varied affects from the outbreak: the waiting lists for patients requiring a new appointment has reduced (following the national mandate to cease receipt of routine referrals) this has had a significant effect on the Referral To Treatment pathways, the total number of which has reduced. However, because the Trust has be unable to treatment routine patients, the shift of those patients waiting over 18 weeks has meant that performance is at its lowest ever recorded by the Trust. A similar position has been seen for Diagnostics.

For patients waiting to be seen, diagnosed and treated for Cancer the picture is somewhat better as the Trust has continued with its services utilising the Independent Sector wherever possible. The Cancer 2ww standard along with the 31 day standard for subsequent surgery has both achieved the standard. However the 62 day GP referral standard is still below where we would like it to be. A risk for the future will be the increased number of referrals the Trust will receive once restrictions are lifted.

Urgent care has been particularly challenged. Whilst attendances have been significantly lower, of those patients arriving a higher proportion are by ambulance and are treated as majors, meaning a greater likelihood of being admitted.

The Trust has had to re-configure the urgent care centre to accommodate those patients attending with Covid-19 symptoms whilst they wait for results or wait to be admitted. This negatively affected the Trusts performance in April but since then the changes made have brought about an improved performance against the 4 hour wait.

Financially the Trust has delivered a breakeven position for May after receipt of £1.8m of funding for additional spending relating to Covid-19 and a £1.2m repayment to NHSI in line with the temporary financial framework established by NHSI. This return of funding was mainly as a result of an increase in Other Operating income. Whilst activity was lower in May the income levels have been maintained due to the temporary funding arrangements. However the Trust incurred additional costs relating to Covid-19, £0.6m more than month 1.

Covid-19 das also impacted on our own workforce adversely so, on the absence rates and the PDR performance. The strategic focus remains on supporting recruitment, workforce deployment, staff wellbeing, absence management and staff testing. Plans are being developed for restoration and recovery to shape the “new normal”; to capitalise on new ways of working and transformation, and to reduce the risks of staff absence increasing and engagement reducing. Staffing models and rotas are being adapted to new ways of working to ensure the workforce is sufficient and available to deliver recovery and COVID-19 related activity

Friends & Family Surveys have been suspended nationally during the COVID-19 Pandemic since March 2020 and these are not due to be reviewed until September 2020. During April 2020, the first full month of the COVID-19 Pandemic, the following quality highlights are to be noted:

April 2020 has seen a significant reduction in patient activity which has had an effect on both the total numbers and the rates of reported incidents. Patient Safety Incidents rate per 1000 bed days has increased however the total numbers reported have decreased. This should be recognised as positive and encouraged that staff are continuing to report adverse incidents.

There has been an increased rate of patient falls per 1000 bed days but there have been reductions in falls resulting in harm to patients. There was increased reporting of pressure ulcers in critical care due to the need to prone the patients with COVID-19. However no lapses of care have been identified due to excellent documentation of preventative measures undertaken.

Finally a note for the future, the Chief Executive Officer is leading the restoration and recovery programme for the health and social care system across Staffordshire and Stoke-on-Trent and following a six week recovery phase we have now entered the restoration phase. – a step towards the Trust returning to Business as usual.

Key Recommendations:

To note performance

NHS
University Hospitals of North Midlands
NHS Trust

Integrated Performance Report

Month 2 2020/21

Quality | Operational | Workforce | Finance

Contents

A note on **SPC**

University Hospitals of North Midlands NHS Trust

The following report uses statistical process control (SPC) methods to draw two main observations of performance data;

Variation - are we seeing significant improvement, significant decline or no significant change

Assurance - how assured of consistently meeting the target can we be?

The below key and icons are used to describe what the data is telling us;

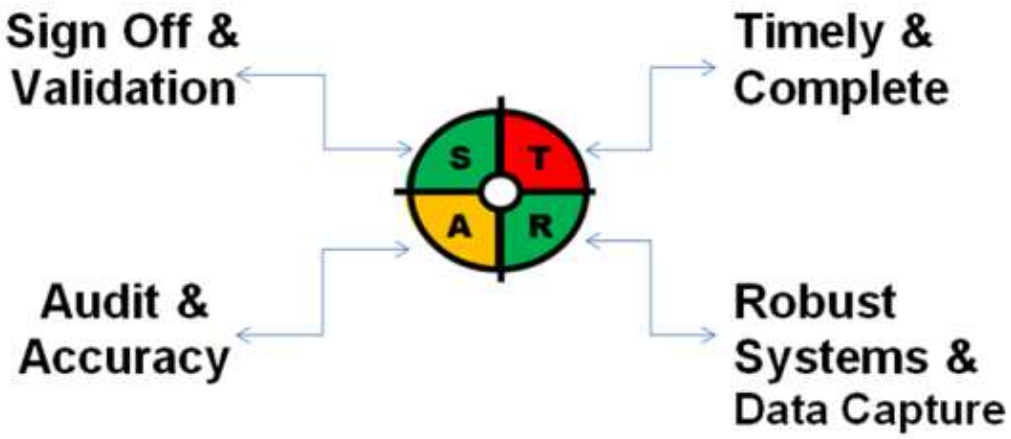
Variation			Assurance		
					
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Quality | Operational | Workforce | Finance

A note on **Data Quality**

NHS
University Hospitals of North Midlands
NHS Trust

- Data Quality Assurance Indicators (DQAI) are used in this report to help give context and assurance as to the reliability and quality of the data being used.
- The STAR Indicator provides assurance around the processes used to provide the data for the metrics reported on.
- The four Data Quality domains are each assessed and assurance levels for each are indicated by RAG status.



Explaining each domain

Domain	Assurance sought
S - Sign Off and Validation	Is there a named accountable executive, who can sign off the data as a true reflection of the activity? Has the data been checked for validity and consistency with executive officer oversight?
T - Timely & Complete	Is the data available and up to date at the time of submission or publication. Are all the elements of required information present in the designated data source and no elements need to be changed at a later date?
A - Audit & Accuracy	Are there processes in place for either external or internal audits of the data and how often do these occur (Annual / One Off)? Are accuracy checks built into collection and reporting processes?
R - Robust Systems & Data Capture	Are there robust systems which have been documented according to data dictionary standards for data capture such that it is at a sufficient granular level?

RAG rating key

Green	**Good level of Assurance for the domain**
Amber	**Reasonable Assurance – with an action plan to move into Good**
Red	**Limited or No Assurance for the domain - with an action plan to move into Good**

Quality

Caring and Safety

2025 Vision

"Provide safe, effective , caring and responsive services"

Quality Spotlight Report

NHS University Hospitals of North Midlands NHS Trust

Key messages

The Trust achieved in May 2020 :

- Zero never events
- Trust rolling 12 month HSMR and SHMI continue to be below expected at 95.25 and 0.99 respectively
- 100% of patients/family informed verbally of incidents that are reported as meeting duty of candour threshold
- VTE Risk Assessment 98.9% (via Safety Express audit)

The Trust did not achieve the set standards for:

- Written Duty of Candour was below the 100% target with 70%. Work is on-going with Divisions to improve the provision of the 10 day notification letter being provided within the timeframe . To note that a further 15% had letters sent but outside 10 day target and remaining 15% (2 cases) not had update recorded in Datix
- C-Diff cases above the 2019/20 monthly target for May 2020
- Patient Falls rate per 1000 bed days above 5.6 target in May at 6.8
- The Trust was above the target rate for Emergency C Sections.

During May 2020, the following quality highlights are to be noted:

- May 2020 continued to see a significant reduction in patient activity compared to pre COVID activity which has had an effect on both the total numbers and the rates of reported incidents
- Patient Safety Incidents rate per 1000 bed days has increased however the rate of PSIs with moderate harm or above per 1000 bed days continues to show consistent levels . The data shows positive outcomes from the incidents being reported as there are lower rates of harm despite rate of reporting increasing. This is an indicator of positive reporting culture and staff are willing and able to report incidents and near misses.
- Increased rate of patient falls per 1000 bed days but there have been reductions in falls resulting in harm to patients.
- Increased reporting of pressure ulcers in critical care due to the need to prone the patients with COVID-19. However no lapses of care have been identified due to excellent documentation of preventative measures undertaken.

A new indicator has been included in the report which reports the total number of Pressure Ulcers that are reported as developing under UHNM care. This provides total numbers compared to the numbers where there are lapses in care identified.

Friends & Family Surveys have been suspended nationally during the COVID-19 Pandemic since March 2020 and these are not due to be reviewed until September 2020. However, although we are not required to report patient feedback nationally, wards have continued to collect patient feedback where they can. Target rate is set as N/A during current pandemic period whilst no national report required.

Quality Dashboard

Metric	Target	Latest	Variation	
Patient Safety Incidents	N/A	1058		
Patient Safety Incidents per 1000 bed days	N/A	37.44	H	
Patient Safety Incidents with moderate harm +	N/A	10	L	
Patient Safety Incidents with moderate harm + per 1000 bed days	N/A	0.35	L	
Harm Free Care (New Harms)	95%	96%	L	P
Patient Falls per 1000 bed days	5.6	6.8	H	?
Patient Falls with harm per 1000 bed days	1.5	2.0		
Reported C Diff Cases	8	13	H	?
Total Pressure Ulcers developed ubnder UHNM Care	0	74	H	F
Category 2 Pressure Ulcers with lapses in Care	8	0	L	?
Category 3 Pressure Ulcers with lapse in care	4	0		?
Category 4 Pressure Ulcers with lapses in care	0	0	L	
Unstageable Pressure Ulcers with lapses in care	0	0		?

Quality Dashboard

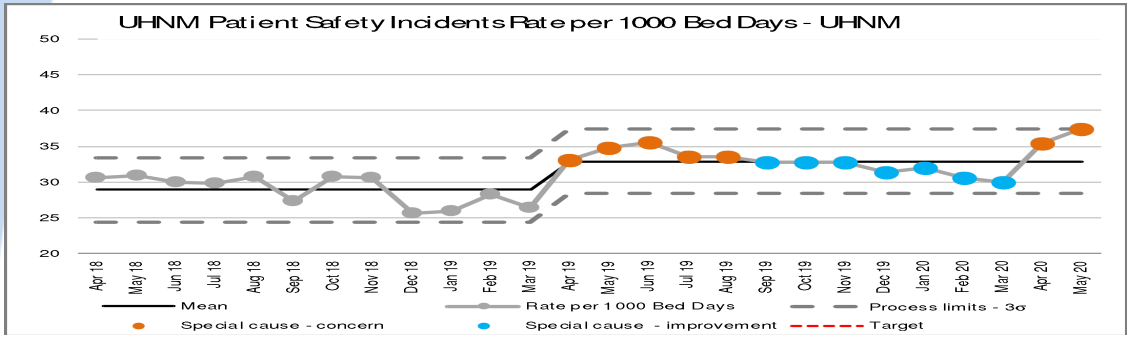
NHS University Hospitals of North Midlands NHS Trust

Metric	Target	Latest	Variation	
Medication Incidents per 1000 bed days	N/A	5		
Medication Incidents % with moderate harm or above	N/A	-		
Serious Incidents reported per month	N/A	5		
Never Events reported per month	0	-		
Duty of Candour - Verbal	100%	100%		
Duty of Candour - Written	100%	70%		
VTE Risk Assessment Compliance	95%	98.9%		
Sepsis Screening Compliance (Adult Inpatients)	90%	91.2%		
IVAB within 1hr (Adult Inpatients)	90%	83.3%		
Adult A&E Sepsis Screening Compliance	90%	90.4%		
Sepsis Screening Compliance (Paediatric Inpatients)	90%	100.0%		
IVAB within 1 hr (Paediatric Inpatients)	90%	0.0%		
Paediatric A&E Sepsis Screening Compliance	90%	100.0%		
Emergency C Section rate % of total births	11%	18.4%		

Metric	Target	Latest	Variation	
Friends & Family Test - A&E	N/A	0.0%		
Friends & Family Test - Inpatient	N/A	99.3%		
Friends & Family Test - Maternity	N/A	0.0%		
Written Complaints per 10,000 spells	35	21.04		

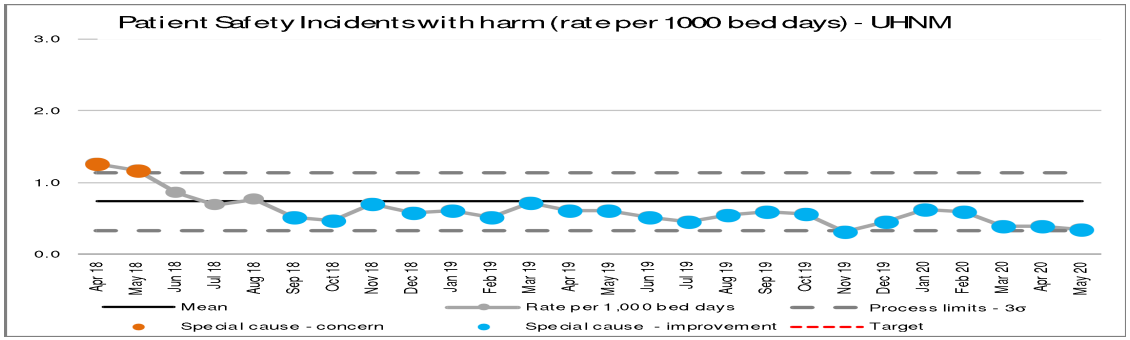
Quality | Operational | Workforce | Finance

Reported Patient Safety Incidents per 1000 bed



Variation	Assurance
H	

Target	Mar 20	Apr 20	May 20
N/A	29.93	35.40	37.44



Variation	Assurance
L	

Target	Mar 20	Apr 20	May 20
N/A	0.40	0.40	0.35

What is the data telling us:

The Rate of Patient Safety Incidents per 1000 bed days allows Trust to compare levels of reporting by making allowances for changes in activity.

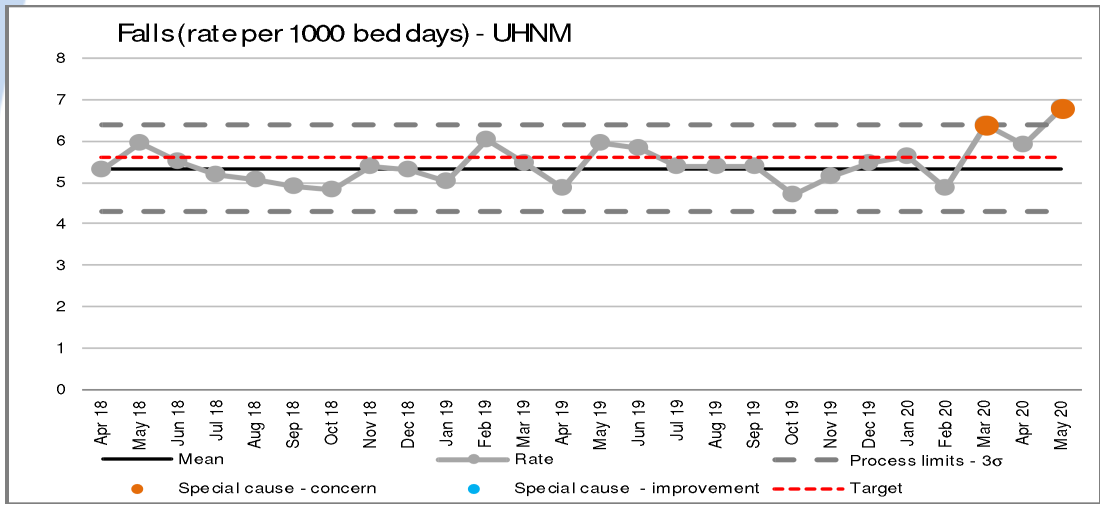
During May 2020, the rate of reported patient safety incidents per 1000 bed days has increased along with the previously noted rise in the total number of reported PSIs. The reporting of incidents and near misses should continue to be encouraged and promoted .

The largest category for reported patient safety incidents is Patient related Slip/Trip/Fall followed by medication incidents and then Non Pressure Ulcer skin damage. Patient safety Incidents reviewed and analysis on locations and themes undertaken. Specific incidents are reviewed at specialist forums for themes / trends as well at Divisional level.

The second chart, shows the rate of PSIs with moderate harm or above per 1000 bed days and there are continued positive trends with 21 consecutive months below the mean. The data shows positive outcomes from the incidents being reported as there are lower rates of harm despite rate of reporting increasing. This is an indicator of positive reporting culture and staff are willing and able to report incidents and near misses.

The top category of incidents resulting in moderate harm reflect the largest reporting categories with Slips/Trips/Falls (4 incidents) being the largest category followed by Hospital Acquired Pressure Ulcer (2 incidents) and Device related Pressure Ulcer (2 incidents)

Patient Falls Rate per 1000 bed days



Variation	Assurance
H	?

Target	Mar 20	Apr 20	May 20
5.6	6.4	5.9	6.8

Background

The number of falls per 1000 occupied bed days

What is the date telling us:

The date shows the Trust's rate of reported patient falls per 1000 bed days. Using the rate makes allowance for changes in activity/increased patient numbers. The Trust set a target rate, based on the Royal College of Physicians National Falls Audit published rate for acute hospitals, of 5.6 patient falls per 1000 bed days.

The data shows that during the COVID-19 pandemic there has been an increase in the rate of patient falls but there has been reduced activity which will have an adverse effect on the rate. The patients admitted to the hospitals had an increased acuity and therefore were often assessed to have a higher risk of falling . The more mobile and non emergency patients have not been admitted during the COVID-19 pandemic which will affect the falls profile across the Trust ..

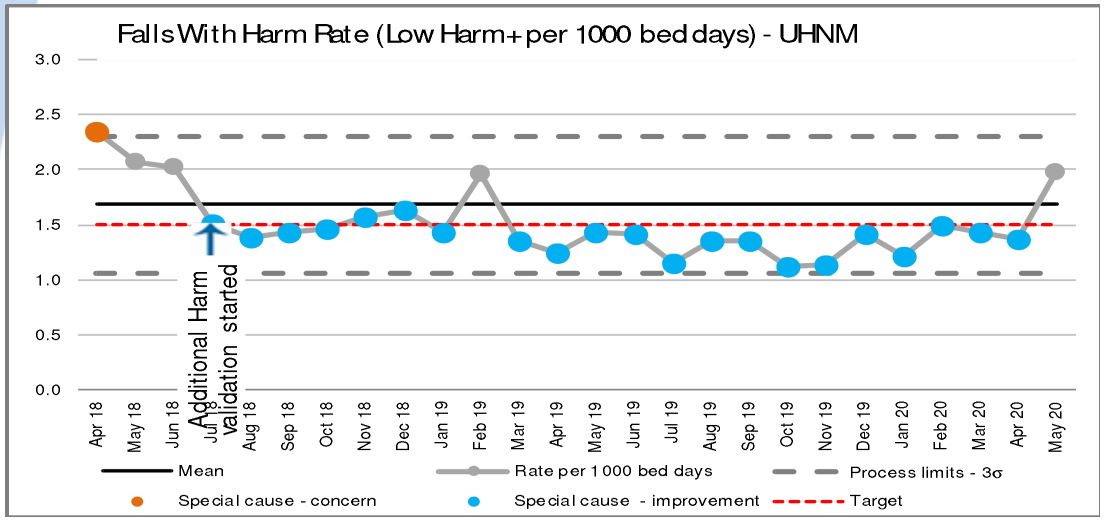
The Top areas for total falls are:

AMU RSUH (ward 120/121) Ward 231 (Acute Stroke Unit) Ward 112 Ward 233 Ward 228 FEAU

Recent actions taken to reduce impact and risk of patient related falls include:

- Regular spot checks of the completion of documentation, ward environment and falls prevention methods in place are being carried out. These have been focused particularly on the 5 wards with the most falls in the last 30 days identified each Monday on the weekly reports.
- Face-to-face new falls champions study days have re-commenced at both County and Stoke sites with restricted numbers to ensure social distancing is maintained.
- Refresher falls champion training has been sent to 130 existing champions for them to complete and return.
- Wards without champions and areas with high numbers of falls have been encouraged to book new champions onto training to assist with cascade training .

Patient Falls with Harm rate per 1000 bed



Variation	Assurance

Target	Mar 20	Apr 20	May 20
1.5	1.4	1.4	2.0

Background

The rate of patient falls reported with low harm or above per 1000 bed days. Excludes collapses and managed falls

What is the data telling us:

May 2020 has shown an increase in the rate of falls reported that have resulted in harm to patients. May 2020 is also above the long term average of 1.6 falls per 1000 bed days. Despite this in month increase the rate of patient falls with harm continues to be within the control limits and normal variation.

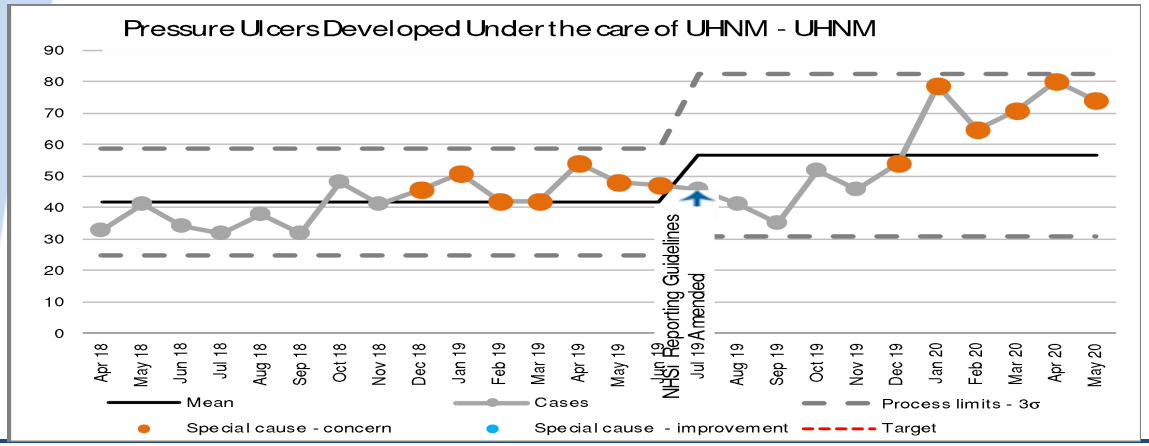
The top 5 areas with the highest number of falls with harm in May were:

Ward 112 Ward 111 (ENT) Ward 218 (Neurology) AMU (Stoke) Ward 7 (County)

Actions:

- There is a comprehensive process in place for reviewing all falls on a daily basis to identify harm. Serious harms are investigated through the RCA process and action plans created to prevent future harms occurring.
- AMU have appointed a new quality nurse. They have also introduced new documentation and stopped using the major incident book. A falls RCA panel specifically for AMU has been sent up to look at actions to reduce falls with harm.
- During the COVID-19 pandemic, all wards are being encouraged to consider a multifactorial assessment and interventions particularly fallowing a fall/ for multiple fallers in addition to the major incident nursing documentation that is currently being used.
- The use of the major incident book has given the opportunity to review all of the falls risk assessments so that when we stop using the major incident book we can ensure the risk assessments for falls that are in place are appropriate, up to date and reflect best practice guidance. We have also been able to adapt them to ensure they are robust and easy to complete.

Pressure Ulcers developed under UHNM



Variation	Assurance
H	F

Target	Mar 20	Apr 20	May 20
0	71	80	74

Background

Number of Deep Tissue injuries and Category 2-4 and Unstageable pressure ulcers which developed under the care of UHNM

What is the data telling us :

The above chart shows the season rise in January. However, root cause analysis confirms that the rise was not due to lapses in care but due to the increase in frailty of the patients admitted during the winter months.

The increase in March and April, reflects a national picture, where the UHNM Critical Care Pods saw an increase in the number of pressure ulcers and an increase in patients who sustained multiple areas of pressure ulceration, particularly to the face, as a result of the clinical need for repeated proning. Comprehensive documentation in the Critical Care Pods provided evidence that these incidents were not due to lapses in care and identified some common themes to inform the management of similar patients going forward. In particular, root cause analysis highlighted that the majority of the patients who sustained multiple pressure ulcers were of raised BMI, increasing the weight and pressure on devices during proning. As a result the Critical Care Units are currently trialling other pressure relieving devices which have been developed nationally during the current COVID-19 pandemic.

The chart demonstrates that the gradual increase in pressure ulcers (Cat 2 to 4 including DTIs and unstageable) that developed under our care during the aforementioned rise in admissions, is now starting to decrease.

Actions:

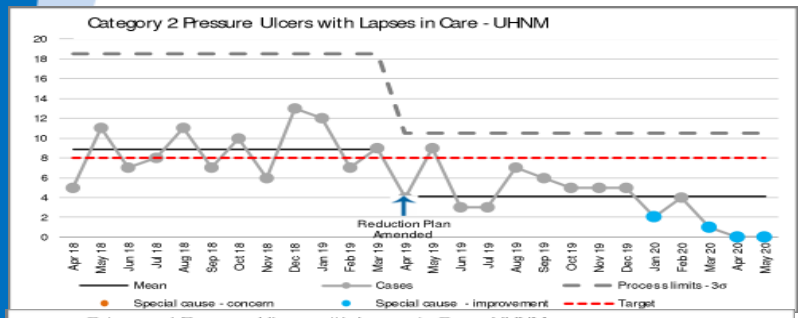
Critical Care

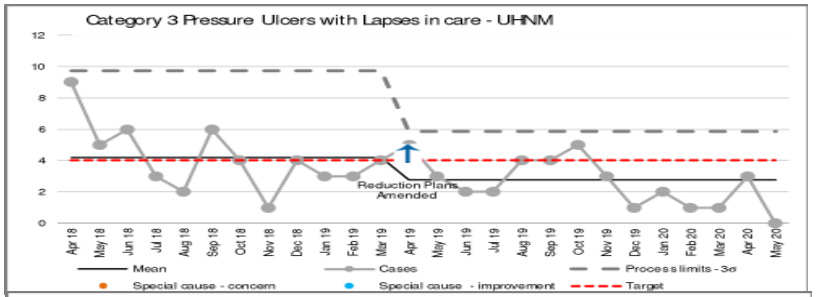
- Continue to trial repose proning overlays.
- Liaise nationally to share, compare and contrast findings related to preventing pressure ulcers during proning to inform future practice
- Weekly liaison with community tissue viability teams and district nurses continue to ensure support on discharge for patients with newly acquired pressure ulcers on discharge.

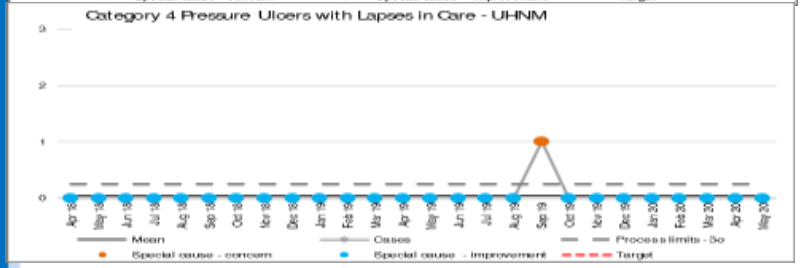
Trustwide

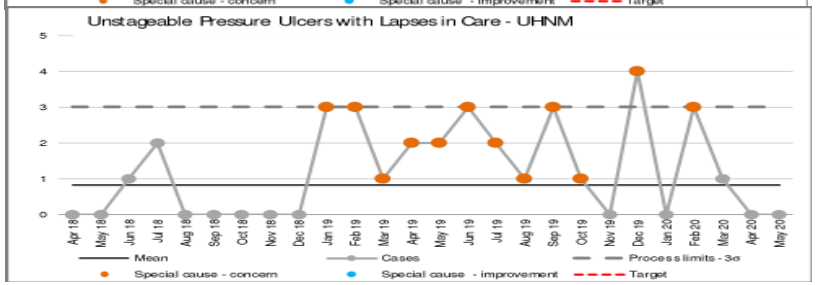
- Support continues to higher reporting areas i.e. 201 (Oncology), 124 (Renal) and the dedicated COVID wards, who alongside critical care are currently nursing some of the most vulnerable patients in the Trust.
- An audit of mattress will take place in June to determine allocation of alternating air mattresses purchased in preparation for the COVID pandemic.
- Review and relaunch of the pressure ulcer prevention champions will commence following approval at the next Tissue Viability steering group.

Pressure Ulcers with lapses in care









What is the data telling us:

The data above shows that there have been reductions in the number of Pressure Ulcers (category 2 – 3) with lapses in care. Both categories are below their target numbers per month and UHNM has achieved its 10% year on year reduction target for 2019/2020.

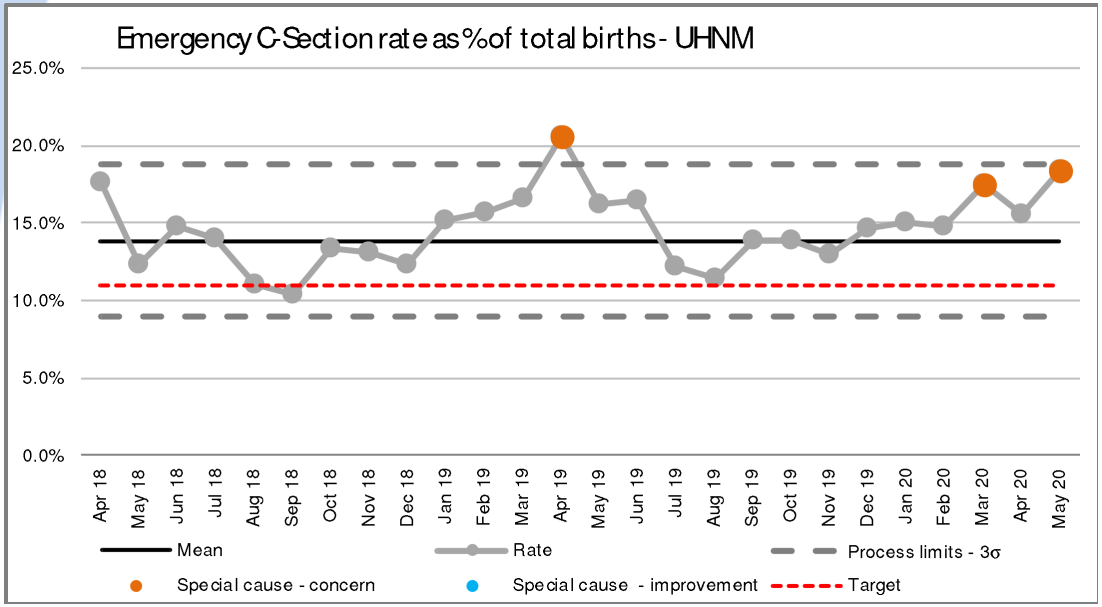
Thematic review of category 2 pressure ulcers has highlighted an increase in pressure ulcers to the buttocks related to the clinical need to nurse in an upright position due to respiratory conditions, predominantly COVID 19. For category 3 pressure ulcers the most common locations for damage are both the buttocks and sacrum. A large number of these are combination lesions where the breakdown of the skin is in response to pressure is preceded by moisture damage.

During April/May Wards 233 and 227,ARTU, have reported a slight increase in category 2s. These have been extremely small, below 0.5 cm in size and due to early identification have been managed to heal quickly. However, ARTU also currently have 1 patient who has developed pressure damage to multiple areas where lapses in care have been identified and have developed an implemented an action plan going forward. They also have two other patients with multiple areas of pressure damage awaiting presentation at RCA panel.

Actions:

- Feedback on the learning from RCAs and thematic reviews has been shared divisionally through with governance and at ward level via the quality nurses.
- Alternating pressure mattresses have been redistributed to Ward 117 (infectious diseases) and the COVID 19 designated wards to assist with pressure ulcer prevention for all patients who have reduced options for repositioning.
- The postponed roll out of the 'aSSKINg' bundle which has increased clearer location recording to highlight extended periods of pressure to the buttocks and a more comprehensive approach to moisture management will recommence on Ward 201 July 1st.
- ARTU are in receipt of extra monitoring and support form the Quality & Safety Team. They will be attending a dedicated panel to review their patients who have sustained multiple areas of pressure damage.

Emergency C Section rate as % of total



Variation	Assurance
H	?

Target	Mar 20	Apr 20	May 20
11%	17.5%	15.6%	18.4%

Background

Emergency C-Section rate as %of total births

What is the data telling us:

Emergency C Section Rate as percentage of total births at UHNM is over the target rate of 11%. The latest available figures reports 18.4% Emergency C Section rate.

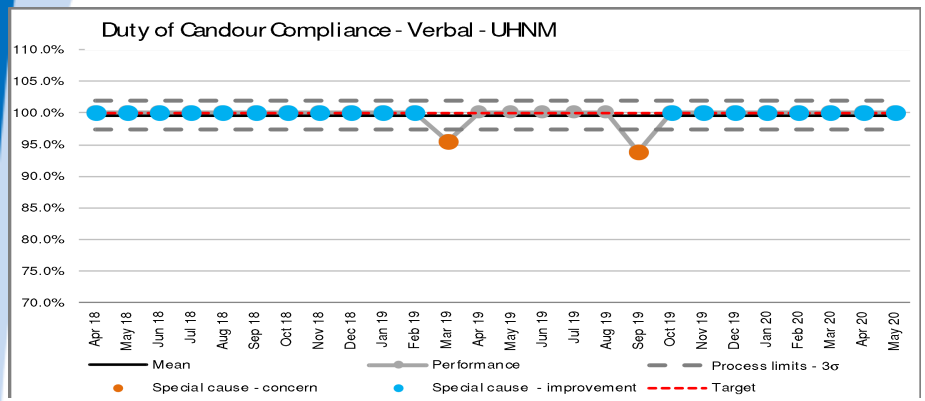
During COVID-19 Pandemic there has been a lower threshold for Emergency C Sections which may have contributed to the higher rates during recent months.

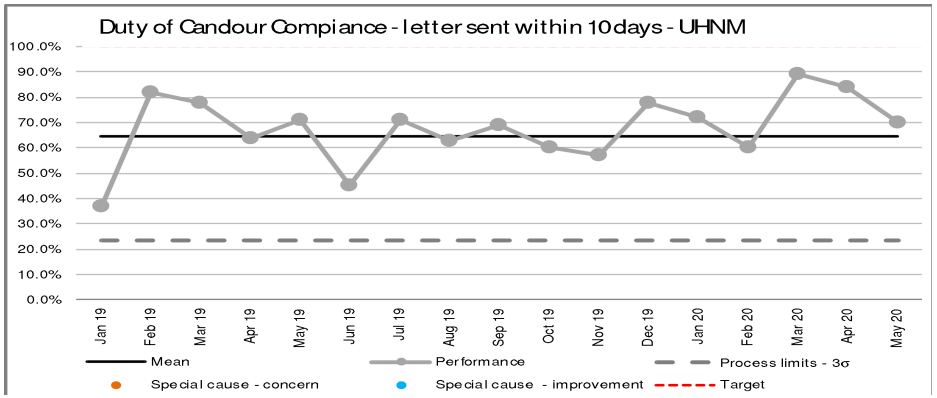
The rolling 12 month Emergency C Section rate is 14.48%

Due to capacity issue with elective C Section lists, elective C Sections are often re categorised at category 3 which may contribute to an inflated emergency rate. This is being reviewed and supported by a business case for additional elective lists

However, the recently published National Maternity and Perinatal Audit report shows that UHNM is on the mean average of all trusts in England at 15% for emergency CS rate (range 4.2% to 20% and based on 16/17 data)

Duty of Candour Compliance





Variation	Assurance
H	?

Target	Mar 20	Apr 20	May 20
100%	100.0%	100.0%	100.0%

Background

The percentage of duty of candour incidents reported per month with verbal notification recorded/ undertaken

Variation	Assurance
	?

Target	Mar 20	Apr 20	May 20
100%	89.0%	84.0%	70.0%

Background

The percentage of notification letters sent out within 10 working day target

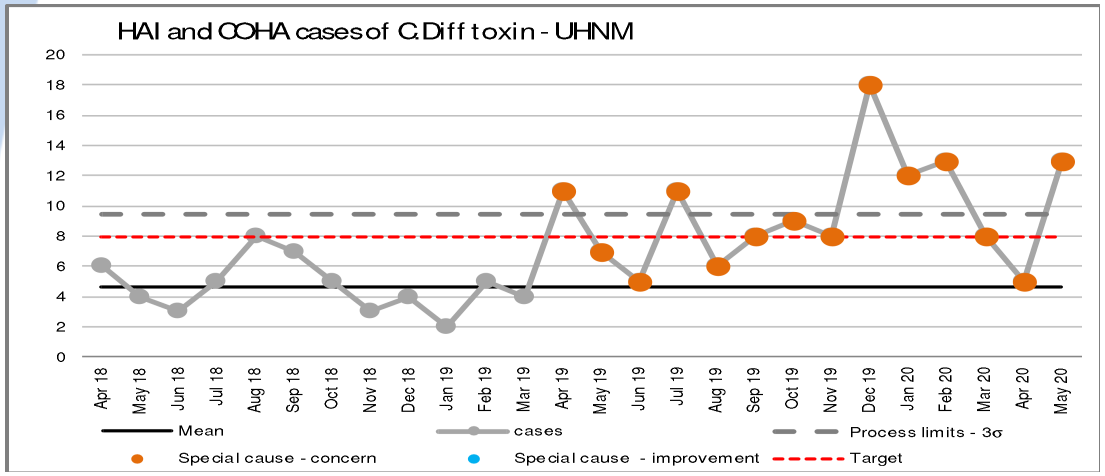
What is the data telling us:

Verbal Duty of Candour has been recorded in 100% of all incidents (13 cases) that have formally triggered meeting the threshold during May 2020.
Written Duty of Candour Compliance for receiving the letter within 10 working days of verbal notification has been improving. During May 2020 the performance was 70% (9 cases) within 10 working days with further 15% (2 cases) sent out after 10 working days and 2 further cases where the written notification is not yet updated within Datix.

Actions taken:

The recently agreed new flowchart process for escalation within Directorates and Divisions to improve the compliance of meeting the 10 working days target is to be recirculated to Divisional Teams
A pilot Duty of Candour record sheet has been developed to assess if this can be used more effectively in recording conversations and providing written information to patients/relatives.
Divisions, via the Divisional Governance & Quality Managers, have been supporting the drafting and forwarding of the 10 day notification letters for clinicians and this has seen general improvements for compliance in recent months but further work/awareness will be undertaken to support the Divisional Management Teams.

C.Diff



Variation	Assurance
	

Target	Mar 20	Apr 20	May 20
8	8	5	13

Background

Number of HAI + COHA cases reported by month

What do these results tell us?

Chart shows the number of reported C Diff cases per month at UHNM. Previous 12 months are all above the Trust mean for monthly cases.

There have been 10 Hospital Associated Infection (HAI) cases and 3 Community Onset Hospital Associated (COHA) case in identified in May .

For May UHNM is above trajectory (13 versus a target of 8) based on 2019/20 target and for the year to date 2020/21 UHNM is above trajectory with 18 cases versus a year to date target of 16 .

Actions :

Continue surveillance for HAI C diff with continued immediate implementation of control measures to prevent transmission

In all cases control measures are instigated immediately, and RCA's are reviewed by the CCG. Each in-patient is reviewed by the C difficile nurse at least 3 times a week, and forms part of a weekly multi-disciplinary review. Routine typing is on hold due to COVID-19. There have been no clinical areas that have had more than one case of HAI C difficile toxin to report within a 28 day period in April 2020.

Operational Performance

2025 Vision

"Achieve NHS Constitutional patient access standards"

Spotlight Report Operational Performance from Chief Operating Officer

NHS University Hospitals of North Midlands NHS Trust

Emergency Care

The 4 Hour Access Standard in May 2020 achieved 85.3% a statistically significant improved of 4.8% compared to the previous month. The improvement in performance in ED is in spite of more attendances (+71 daily), more ambulance arrivals (+19 daily)and with a continuation of a statistically high conversion rate to admission. There were zero 12 hour trolley breaches recorded in May 2020 . Performance continues to improve in June.

Cancer (Provisional)

The Trust is currently performing against the Cancer 2WW (95.3%), Breast symptomatic (100%), 31 day (subsequent surgery (96.3%). The remaining standards are currently below: 31 Day first treatment (93.4%), 31 Day subsequent chemotherapy (91.3%), 31 Day subsequent radiotherapy (88.2%), 62 Day standard (60.5%), 62 Day screening (50.0%). The 28 day FDS standard is currently at 75.0%. (as at 15/06/20).

Covid-19 has impacted on incoming 2ww referral volumes in April but the Trust has maintained urgent OPD clinics (virtual and face to face) but patient choice has significantly impacted for this modality , diagnostics and treatments in spite of all categories of surgery continuing both in the acute and independent sector.

RTT (Final)

The RTT Indicative Incomplete Pathway standard in May is 57.80%. Performance has been impacted by the fact that since the 23rd March 2020 central guidance has mandated all routine treatments to be stood down. The number RTT incomplete pathways is a key measure of performance and at the end of May the RTT waiting list size was 39,854. The Trust has 165 over 52 week breaches as a consequence of standing down elective work (currently invalidated). Recovery plans include prioritised actions for recovery of long waiters.

Diagnostics (provisional)

The Diagnostic DM01 waiting time for May is 33.96% against a 99% threshold The waiting list size has grown to 17.,128. Diagnostics linked to the DM01 have been particularly impacted on by the central mandate to cease routine activity and prioritisation of patients for the independent sector is a focus for the Trust recovery programme plan.

Covid-19 Recovery & Restoration

University Hospitals of North Midlands NHS Trust

A&E

- Attendance levels compared to pre-Covid at the end of May
  - Royal Stoke - 62% (225 daily avg Vs 363 pre-covid)
  - County - 80% (94 daily avg Vs 117 pre-covid)

RTT Waiting List

- The RTT incomplete waiting list is currently at 38,640 this compared to an average of 45,000 pre-Covid.
- The Current amount (mid June) of over 18 week waiting patients is 17,541 compared to an average of 9,500 pre-Covid .

Cancer

- 62 day backlog has seen an increase from 262 in February to 739 at the end of May. Improvements now being seen in June.

DM01

- Comparing the waiting lists from April to May there has been an increase of 1808 procedures added
- The over 6 week waits have increased by 2,471
- The main increases are seen in Non Obstetric U/S (+1193) CT (+415) MRI (+535)

Total- Electives & Day Cases

	10 May 20	17 May 20	24 May 20	31-May-20
20/21 Plan	2189	2189	2189	2189
Pre-Covid	1538	1538	1538	1538
Baseline	702	711	721	731
R&R Plan	657	701	730	845
Actual	677	750	740	884
% 20/21 Plan	30.9%	34.3%	33.8%	40.4%
% Pre-Covid	44.0%	48.8%	48.1%	57.5%
% Baseline	96.4%	105.5%	102.6%	120.9%
% R&R Plan	103.0%	107.0%	101.4%	104.6%

Total- New and Follow

	10 May 20	17 May 20	24 May 20	31-May-20
20/21 Plan	14932	14932	14932	14932
Pre-Covid	10707	10707	10707	10707
Baseline	7156	7223	7290	7358
R&R Plan	7412	7841	8212	8329
Actual	7994	9320	9270	8085
% 20/21 Plan	53.5%	62.4%	62.1%	54.1%
% Pre-Covid	74.7%	87.0%	86.6%	75.5%
% Baseline	111.7%	129.0%	127.2%	109.9%
% R&R Plan	107.9%	118.9%	112.9%	97.1%

Activity

- Electives were up (20%) with increases in Urology, T&O and ENT
- Day Cases were also up (2.5%) with increases in Gastro (64) and Paeds (8)
- Outpatients averaged 81% of pre covid levels in May
- Still on track to deliver the R&R plan

Operational Performance Dashboard

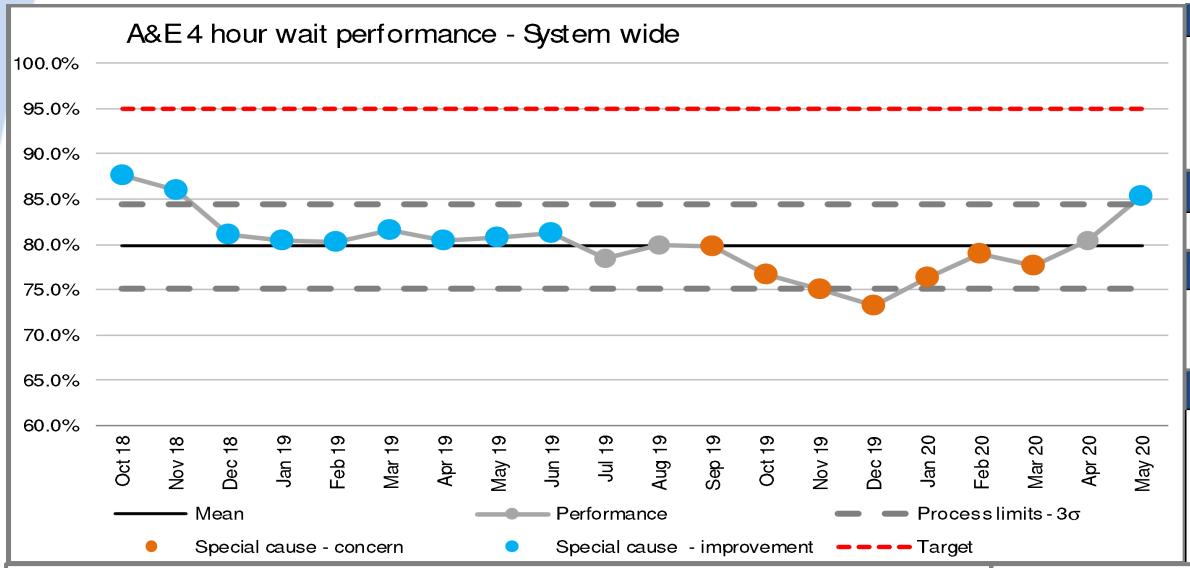
NHS University Hospitals of North Midlands NHS Trust

	Metric	Target	Latest	Variation	Assurance	DQAI
A&E	A&E 4 hour wait Performance	95%	85.30%	H	F	
	12 Hour Trolley waits	0	0			
Cancer Care	Cancer Rapid Access (2 week wait)	93%	95.20%		?	
	Cancer 62 GP ref	85%	60.50%	L	?	
	Cancer 62 day Screening	90%	50.00%	L	?	
	31 day First Treatment	96%	93.40%		?	
Elective waits	RTT incomplete performance	92%	57.80%	L	F	
	RTT 52+ week waits	0	7		?	
	Diagnostics	99%	33.96%	L	?	

	Metric	Target	Latest	Variation	Assurance	DQAI
Use of Resources	DNA rate	7%	7.3%		?	
	Cancelled Ops	150	211		?	
	Theatre Utilisation	85%	78.0%		F	
Inpatient / Discharge	Same Day Emergency Care	30%	23.9%	L	?	
	Super Stranded	183	93	L	?	
	DToC	3.5%	1.50%	L	?	
	Discharges before Midday	30%	21.0%		F	
	Emergency Readmission rate	8%	14.0%		F	
	Ambulance Handover delays in excess of 60 minutes	10	1		?	

Quality | Operational | Workforce | Finance

URGENT CARE – 4 hour access performance



Variation	Assurance
H	F

Target	Mar 20	Apr 20	May 20
95%	77.6%	80.5%	85.3%

Background

The percentage of patients admitted,transferred or discharged with in 4 hours of arrival at A&E

What is the data telling us?

Speacial cause improvement has been seen in May. A statistically significant improvement in performance has been seen after a recent period of 7 months below the mean.

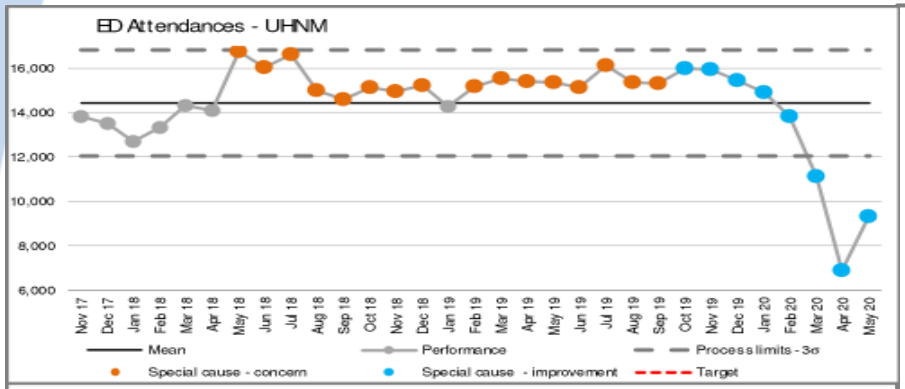
Summary

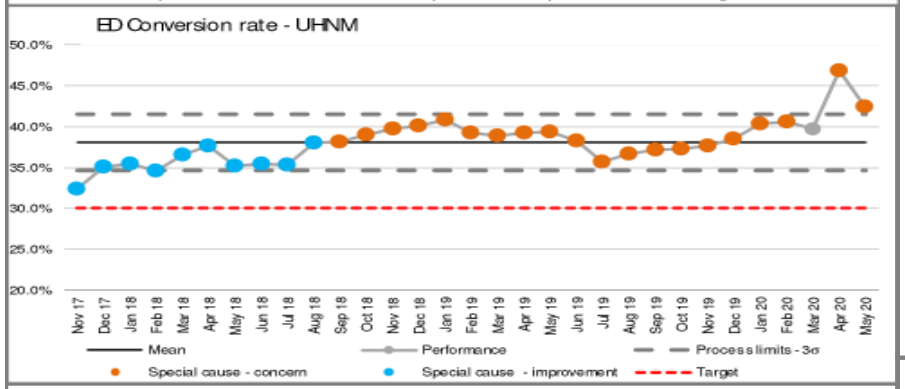
- Performance improved significantly by 4.8% at UHNM. This was mainly driven by an improvement in Type 1 performance which rose by 7.2%. Improvements in performance were seen across both admitted and non-admitted pathways and is set against a rise in attendances and ambulance arrivals.
- Zero 12 hour Trolley waits
- May saw better flow and movement of patients through the organisation which is the result of the new Site Management "one-team" model that has been implemented.
- Change to policy where all screened patients on a "green" Covid-19 pathway can now be cohorted in bays instead of waiting for a result before being transferred to an inpatient ward has significantly improved the movement of patients from ED to an urgent care portal or ward.
- Establishment of a Blue (Covid-19) AMU (on Ward 112) and modification to the Covid-19 Blue Pathway .

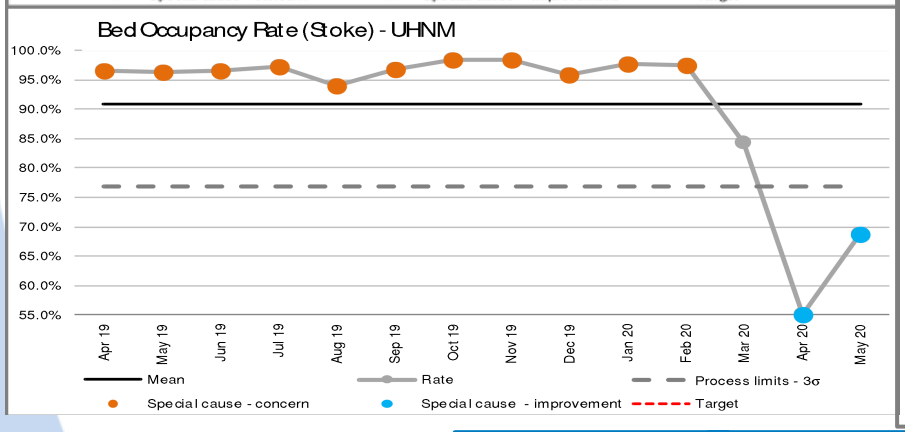
Actions

- Embedding of a 'Specialised Assessment Unit', which will result in more patients being transferred out of the Royal Stoke ED in to this 'decision-making' unit, as opposed to an unnecessary length of stay in ED.
- ECIST support - focusing on Operational Site Management, creating a Yes culture and using information to drive performance (see appendix 1)
- Organisation-wide focus on improving 'culture' around urgent care improvement and delivery .
- Pull function to portals whereby when ED identify a referral to a specialty they are pulled to SDU or SAU
- Launch QI collaborative to support flow processes and changing behaviours and refining processes.
- Daily A&E Breach Review meeting in May (moved to twice weekly in June)

URGENT CARE – 4 hour access – Primary drivers







Summary

The number of patients attending in May has increased and the acuity of patients attending has remained high .

ED Attendances;

- Type 1 ED Attendances at UHNM fell sharply below the lower control limit in March and April 2020 (impact of Covid-19). May however, has seen a rise in attendances of c.30% which equates to an average increase of 71 patients more a day

Conversion rate;

- The conversion rate in May continued to be outside the SPC chart upper control limit meaning the percentage of patients being admitted continues to be significantly high.
- The higher conversion rates have added to the challenges of the departments configuration and isolating patients being tested for Covid-19 .

Bed Occupancy;

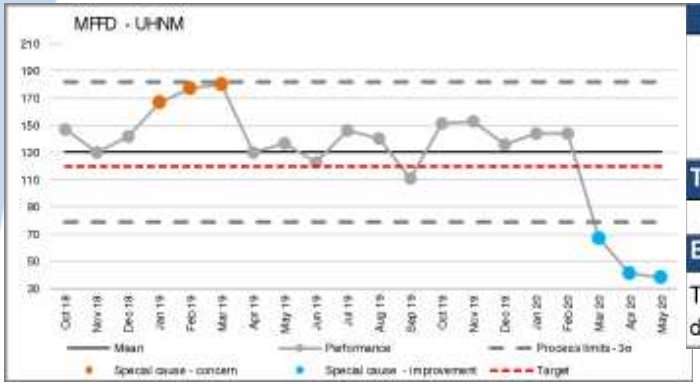
- Bed occupancy at Royal Stoke fell through March and April in order to manage the impact of Covid-19.
- As attendances to ED increase and so too admissions, Bed occupancy in May has risen but remains well below the SPC lower control limit.

Actions

To ensure the Trust can cope with the increasing demand back to levels previously seen UHNM have;

- Increase the provision of Green capacity at the Royal Stoke ED by relocating AMRA in to B Bay in ED and utilising the existing AMRA space for Green majors.
- Converted some Red bed capacity back to Green to support the increase in non-COVID demand (plan remains for extra red bed capacity if required).
- Reconfiguration of Zones within the Trust to support Blue / Purple / Green pathways with an revised Acute Medicine portal approach combining AMRA / AMU / HMU / SSU

URGENT CARE – 4 hour access - Discharges

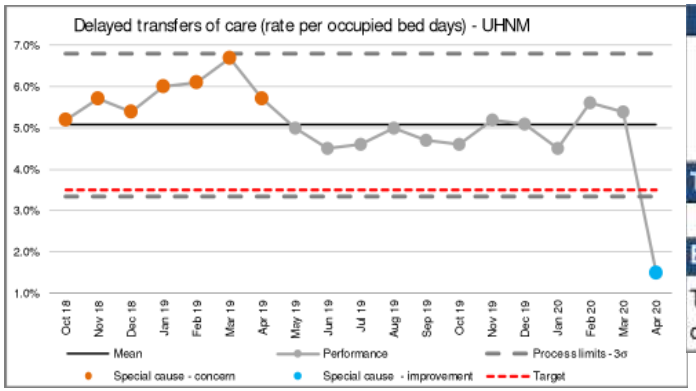


Variation	Assurance
L	?

Target	Mar 20	Apr 20	May 20
120	67	41	38

Background

The average daily number of patients Medically fit for discharge from an acute bed yet to be discharged.

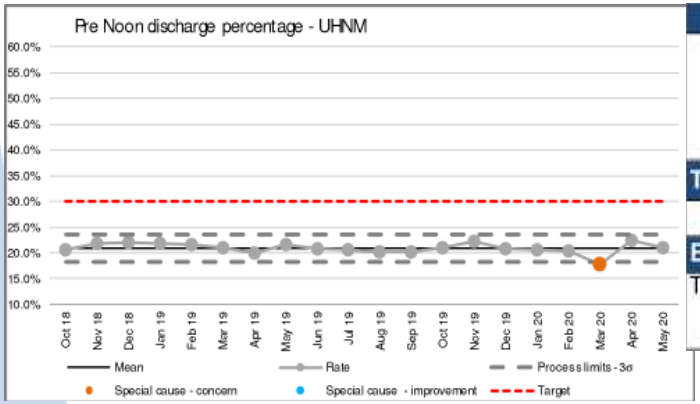


Variation	Assurance
L	?

Target	Feb 20	Mar 20	Apr 20
3.5%	5.6%	5.4%	1.5%

Background

The Percentage of bed days occupied by delayed transfers of care. (1 month in arreas)



Variation	Assurance
	F

Target	Mar 20	Apr 20	May 20
30%	17.8%	22.4%	21.0%

Background

The percentage of discharges complete before 12 noon.

Medically fit for discharge (MFFD)

S howed a significant reduction from the onset of the Covid -19 pandemic. The average across May remained in line with April averaging 38 . The real positive message here is the introduction of the new ways of multi disciplinary team working across service sectors ; daily ward coverage and same day work turnaround have contributed to a rolling bed day saving of 87 beds .

Delayed Transfers of Care (DToC)

The rate has seen a significant improvement in April and has fallen below the 3.5% national ambition. Although the Covid-19 pandemic has resulted in less beds occupied at the Trust in April, this measure shows that proportionately fewer occupied beds are patients waiting for transfer of care.

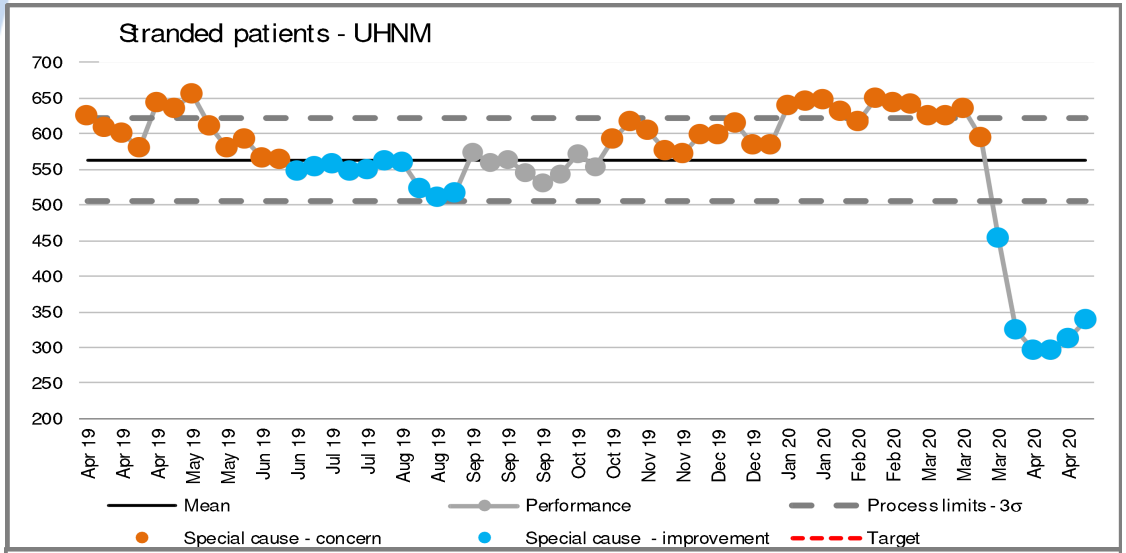
Pre Covid-19 (February) the monthly days delayed was 1,938 compared to 207 in May.

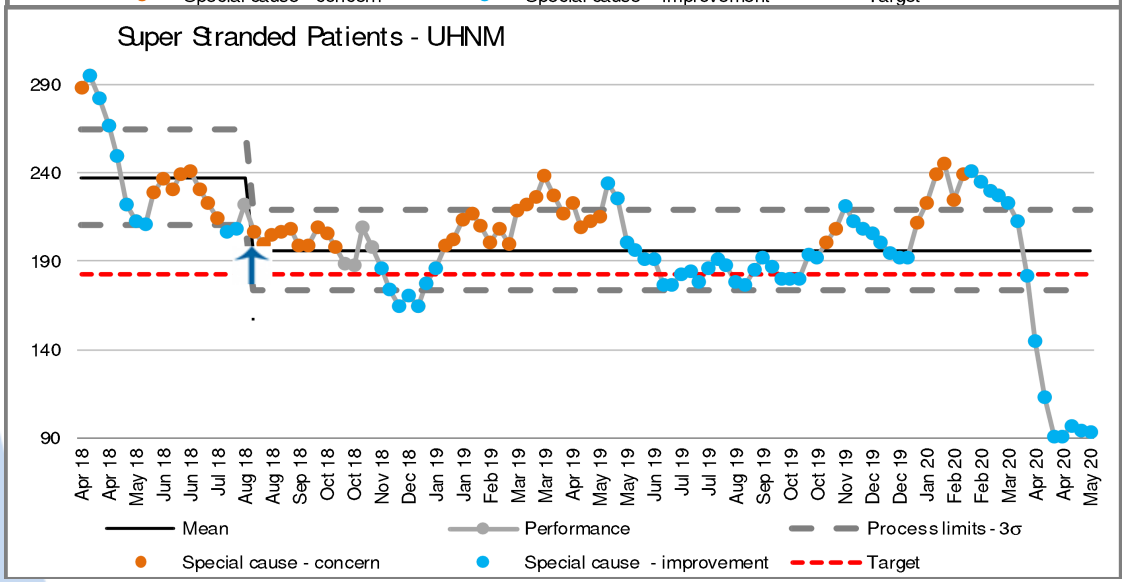
Discharges before midday

T here has been little variation in the pre noon discharges. March 2020 saw a drop mainly down to the clear out /coronavirus preparation however levels have returned to c.20%.

UHNM has had a standing target of 30% discharges by Noon and are now working with ECIST to support improvement actions that will deliver consistency around this standard.

URGENT CARE – 4 hour access - Discharges





Summary

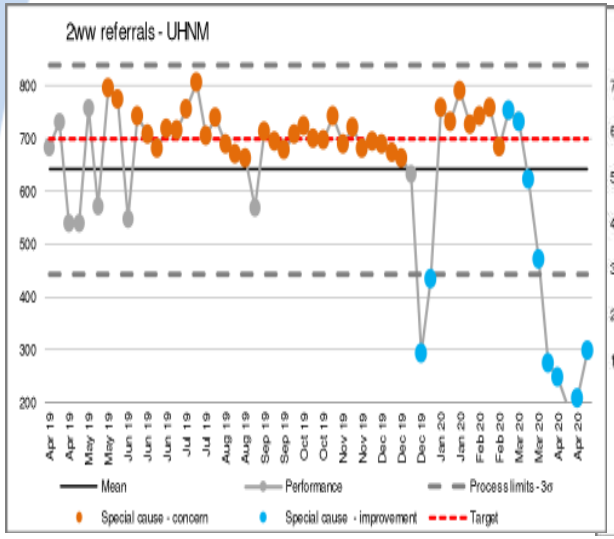
Both measures showed significant reduction from the onset of Covid -19 pandemic. An upward trend has been seen from the end of April.

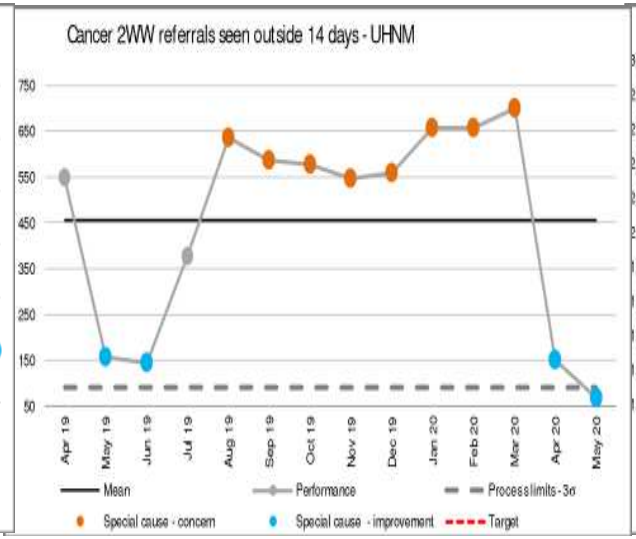
- Stranded and super-stranded have increased in line with increases in A+E attendances
- Total super stranded numbers remain below 100 and stranded less than 350 with only 288 at Royal Stoke which all remain well below targets.

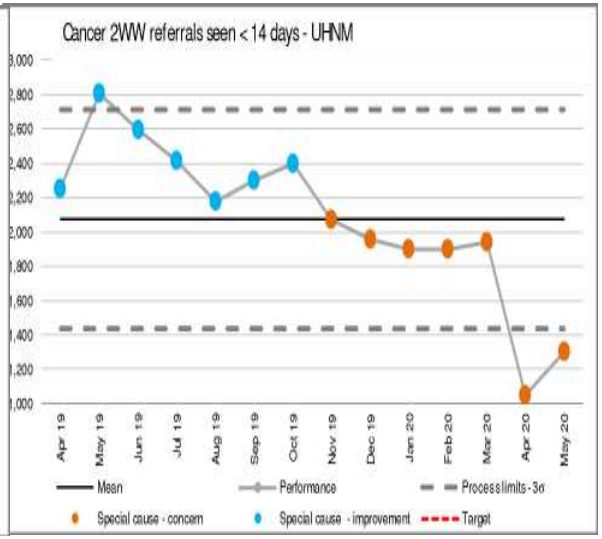
Actions

- LOS work within divisions in line with recovery and restoration is being restarted to increase controls on these figures

Cancer – 2 Week Wait



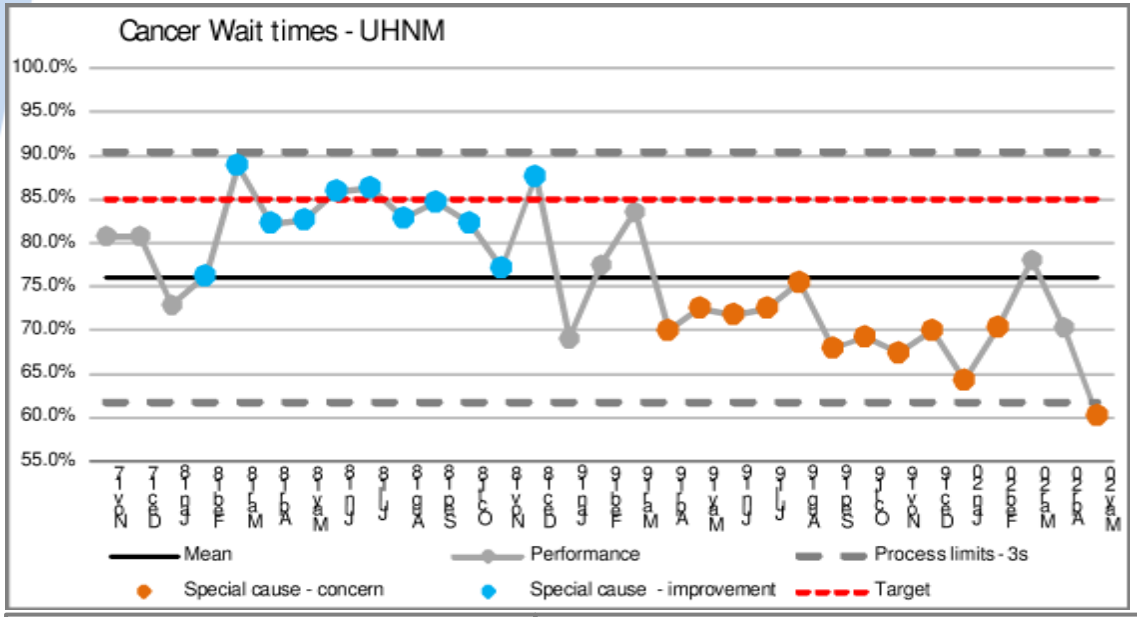




Summary

- Two week wait referrals are increasingly significantly as the "lock down" measures ease.
- In order to manage this increase effectively within new operational systems of working an analysis of all incoming 2WW referrals against NG12 criteria to ensure eligibility of referral is being organised by the Corporate Cancer Team to support the Divisional and Clinical Teams. This audit will commence on 15th June 2020 and we are pleased with the support offered from commissioners and from clinical teams.
- During the first two weeks of the audit no referrals will be redirected but it is envisaged that any referrals which do not meet the NG12 criteria will be analysed and discussed to jointly pursue learning outcomes with Primary Care GP /Commissioners. This is in order to ensure that the cancer fast track pathways and the priorities and resources are appropriately targeted towards those patients who need care urgently.
- Following the audit a report will be prepared along with a draft redirection policy for consideration by the Executive Sponsor for Cancer.

Cancer – 62 Day



Variation	Assurance
L	?

Target	Mar 20	Apr 20	May 20
85%	78.1%	70.2%	60.1%

Background

%patients beginning their treatment for cancer within 62 days following an urgent GP referral for suspected cancer

What is the data telling us?

Performance shows special cause concern from April 2019. The Trust is consistently falling short of the standard.

Summary

62D performance was starting to recover in March in line with he cancer improvement plan until the pandemic outbreak and the lock down took effect at the end of March. At this point cancer services were still delivering as a priority a significant number of tests and treatments, many patients however remain unwilling to attend hospital fearing contracting the virus.

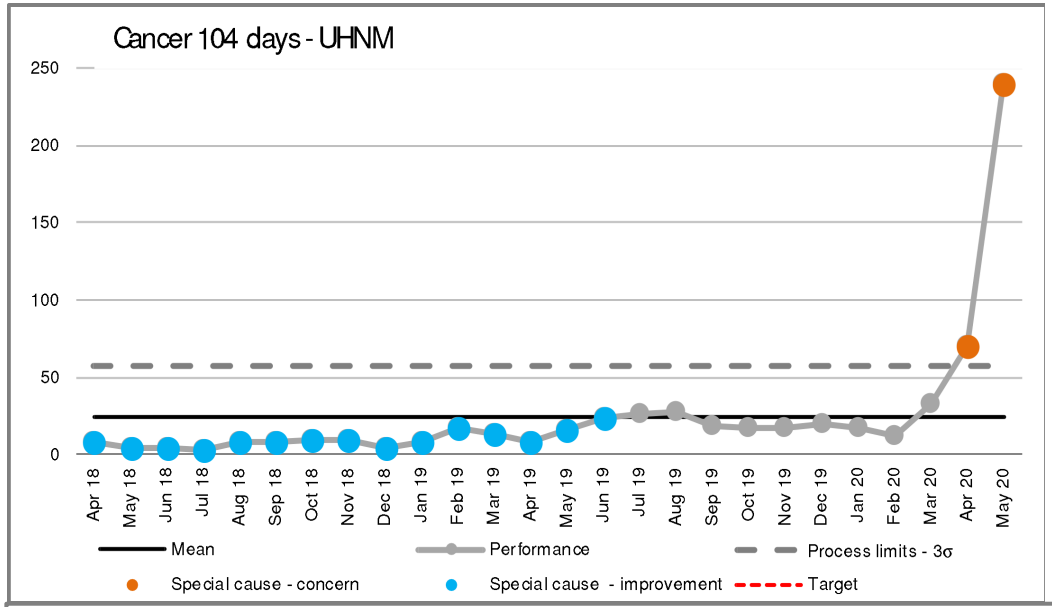
Actions:

Deep Dive Analysis - of challenged specialties continues, key areas of focus are upper and lower and Urology, these work streams have significantly contributed to reduction in backlog and significant change is anticipated following the outputs of these reviews.

Cancer Waiting Times v11 - New guidance is introduced from 01st July 2020. The training work stream which commenced on 07th May will include the key areas of change within the new guidance. The new guidance is especially beneficial to Urology and Head and Neck pathways.

Specialty Hubs - New and standardised operational procedures and ways of working practices is evolving within the corporate cancer team as a result o findings from the deep dives and these include the introduction of Specialty level operational hubs which involve the Cancer MDT Co-ordinator and Navigator/Trackers working together to with their corporate team and supporting the Divisional teams in delivery of new KPI's in order to pull pathways forward in order to sustainably achieve cancer targets, reduce delays and improve patient experience. These hubs will commence on 30th June 2020

Cancer



Variation	Assurance
H	?

Target	Mar 20	Apr 20	May 20
0	33	70	239

Background

The percentage of patients waiting over 18 weeks for treatment since their referral.

What is the data telling us?

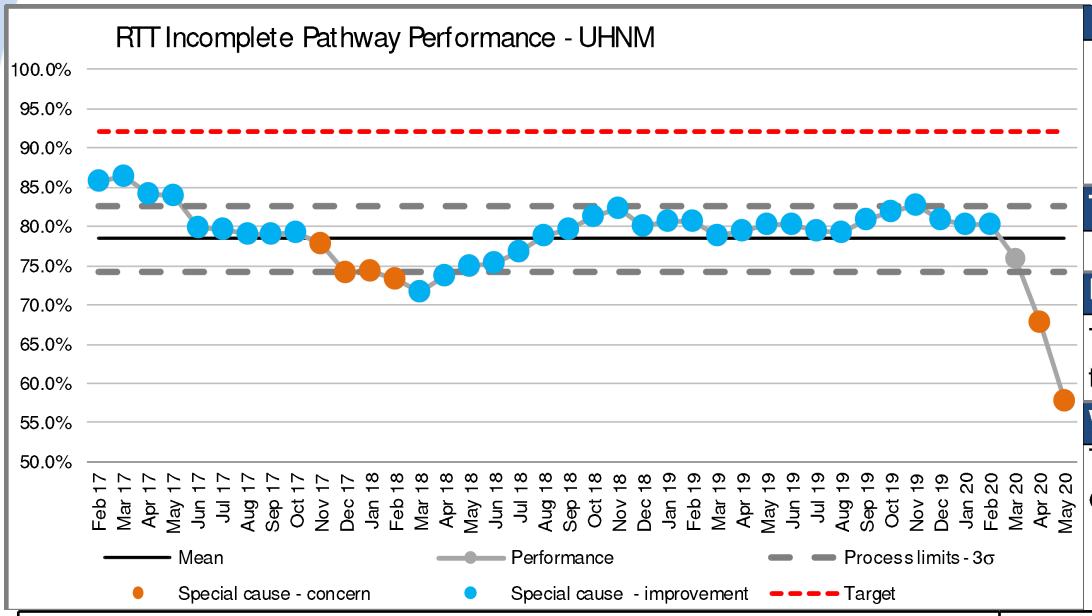
There has been special cause variartion since June 19. This indicates that the target of zero will not be achieved without significant changes. Data for march and April are special causes directly related to the Covid-19 epidemic and patients fears.

Summary:

There are currently 239 patient pathways exceeding 104+ days. Of this cohort 195 are Covid – 19 related delays, 34 relate to patients who are too poorly to tolerate tests and treatment, and 6 relate to patients choosing to delay or are out of the Country. These patients are currently in the advanced process of being validated in line with the SOP's for the Management of Cancer Pathways as agreed with Silver / Gold tactical groups. Patients without a diagnosis will be scheduled into the Diagnostic Surveillance PTL planning tool as their procedures have not been available due to the pandemic. We have developed an SOP for the safe and secure method of managing patients who are too unwell to tolerate diagnostics and treatments in line with a fast track PTL which was ratified at QAC on 8th June 2020. Next Week 62 patients will tip in to the 104+ backlog ON 17. June 20. All are Covid related delays – all undiagnosed

Delay Reason	Patient Numbers	Diagnosed
Unfit to Proceed	34	2
Covid Related	195	2
Unmanaged Patient Choice	6	
Total 104+ Days	235	4

Referral To Treatment



Variation	Assurance
L	F

Target	Mar 20	Apr 20	May 20
92%	76.0%	67.9%	57.8%

Background

The percentage of patients waiting over 18 weeks for treatment since their referral.

What is the data telling us?

The Trust had started to see improvements until the onset of Covid-19.

Summary

- May reflects the actions taken as a result of COVID-19 mandate to stand down routine activity and referrals, the RTT waiting list size decreased to 39,854 (a reduction of 2676 on April).
- The number of patients over 18 weeks who were unable to be treated reached 16, 818, a rise of 3176 from April – which continues to have a significant impact on performance
- The Trust reported 7 > 52 week breaches (April reported 45) and the number of patients over 40 weeks has risen to 1749 (up 682 from April).
- As part of Restoration and Recovery, the O/P Cell is focussing on restoring outpatients with a focus on transformation. All appointment types are being reviewed to convert as many as clinically appropriate to non face to face. Attend Anywhere (video consultations) is being rolled out across 47 specialty/subspecialty areas and telephone consultations have already commenced.

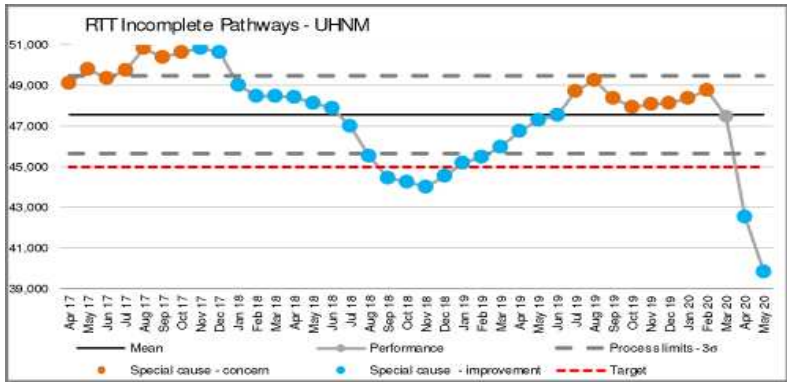
Actions:

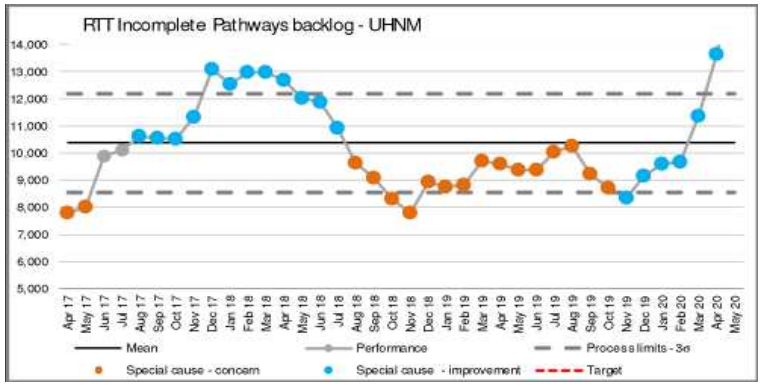
- Discussions on going with commissioners and C&RC in order to manage low threshold referrals against advice and guidance and firm up acceptance criteria against best practice pathways in order to reduce volumes of patient referrals that could be triaged into other services.
- Stratification of PTLs in order of priority are being managed by specialties with the corporate team continuing to validate + 40 weeks for assurance that all long waiters are defined.

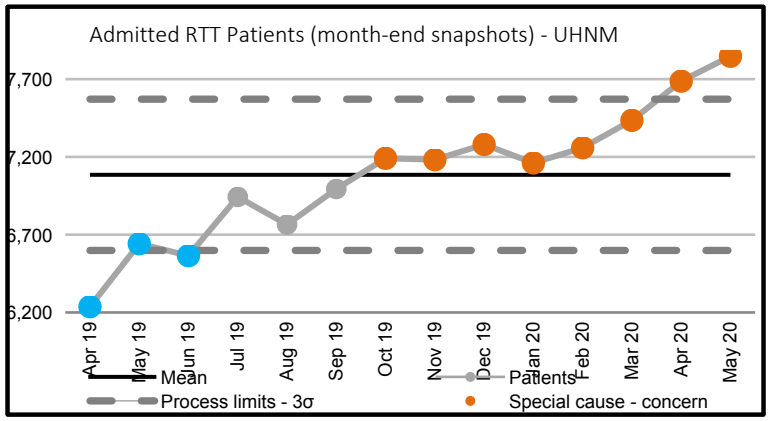
Risks:

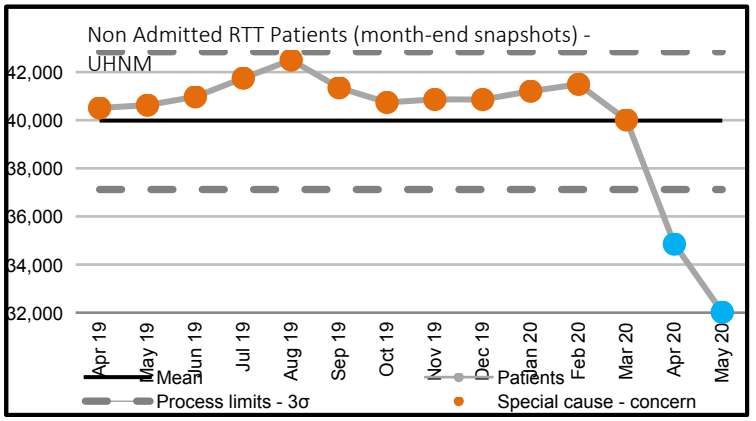
Trust has significant number of patients categorised as urgent and deferred that need to be treated ahead of routines so performance will deteriorate further once OPD sessions are fully commissioned.

RTT Standards - May 2020









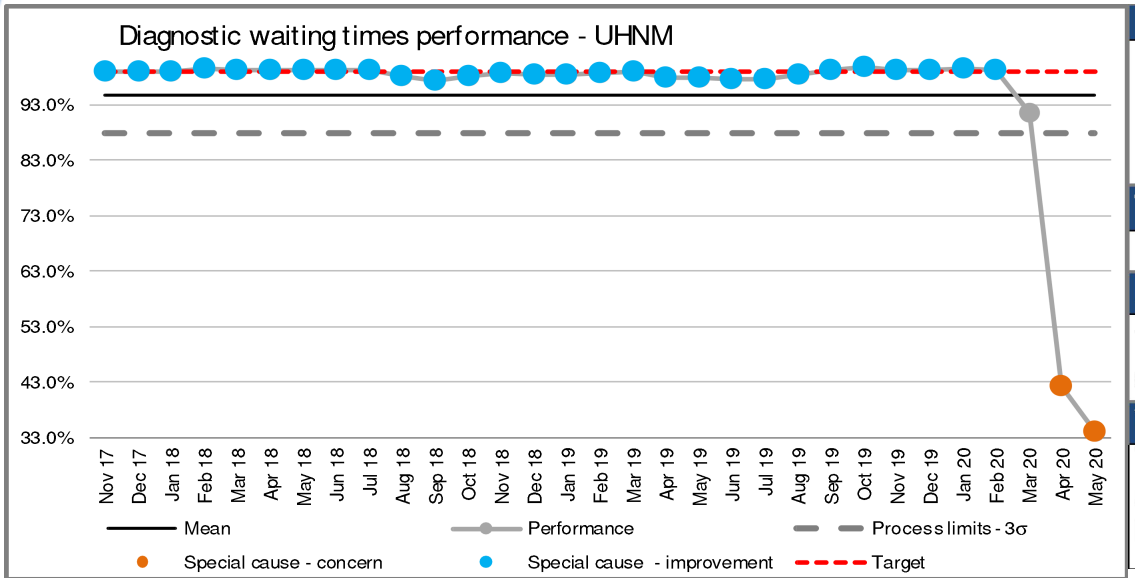
Summary:

The numbers of incomplete pathways has showed a significant reduction since the onset of Covid-19 and the national mandate to cease routine elective activity. This is a result of the reduced number of new pathways commencing. In addition the number of routine patients treated has also reduced, hence the number of patients over 18 weeks is increasing. This significantly changes the balance between the number of patients above and below the 18 week mark and hence performance.

This can be demonstrated further by separating out the incomplete pathways – admitted and non-admitted as demonstrated in the graphs above. The non-admitted pathways (outpatients) are reducing in total size and increasing in > 18 weeks. Of the total 31374 there are 11834 pts. > 18 weeks (38%) giving anon admitted performance of 62%), whilst the admitted are rising: admitted patients are those with a decision to treat as an inpatient and are on the inpatient waiting list. 65% (4991 pts.) on the IPWL are > 18 weeks. (a performance of 35%) This gives an indication of where the issues for recovery lie i.e. treating the inpatients. However there are patients on the outpatient waiting list that require appointments that may not be on an RTT pathway but still require to be seen.

There are > 5000 patients on incomplete pathways that are classified as urgent.

Diagnostic Standards - May 2020



Variation	Assurance
	

Target	Mar 20	Apr 20	May 20
99%	91.5%	42.3%	34.0%

Background

The percentage of patients waiting less than 6 weeks for the diagnostic test.

What is the data telling us?

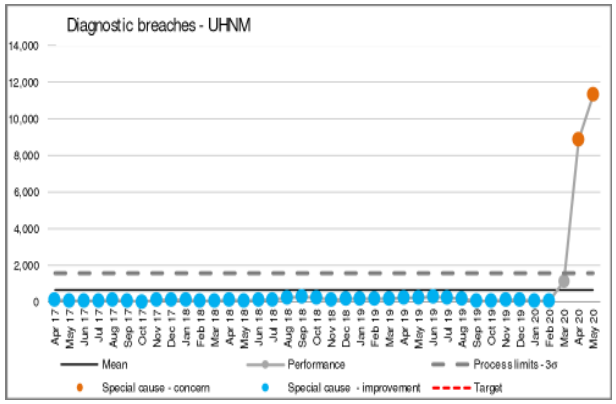
The diagnostic performance has shown normal variation up until March 2020. Special cause variation occurred from March (COVID-19).

Summary

- The Diagnostic performance is 33.96 % . This is a direct result of the national mandate to cease elective activity, where patients are referred for tests and added to the waiting list but the Trust is unable to offer an appointment at this time.
- The diagnostic waiting list is significantly growing as patients are added. The waiting list size is currently at c17k which is 5k more than the Trust would normally have. The total number of patients > 6 weeks is 11,311. Of these 7,443 are in Imaging.

Actions:

- The Trust is planning a Recovery & restoration programme which will include making appointments for patients waiting for a diagnostic test. R&R trajectories have been agreed.
- The Diagnostic Cell is overseeing activity plans and tracking delivery against trajectory.
- PTL prioritisation and documentation to patients is being reviewed against the Trust Access Policy.
- In addition external sources e.g. Beacon Park is coming on line from June to support endoscopy and hysteroscopy pathways.



Appendix 1 - ECIST Support

UHNM is being supported by the Emergency Care Improvement Support Team (ECIST) to drive improvement in urgent care performance at the Royal Stoke site. The first visit took place on 15th May 2020 and focused on what was driving performance despite a sharp reduction in attendances and bed occupancy. The visit focused on a 'walk-through' of the urgent and emergency care pathway, from patient arrival to the acute medical unit (AMU). Additionally, ECIST observed a site operational meeting and met with members of the site team. During this visit, ECIST observed many examples of 'excellent' practice. However, these observed examples where improvements could be made to patient flow and reduction in unnecessary waits for patients when moving from ED to urgent care portals and/or wards. Following this visit, three recommendations were made:

Opportunity 1: Creating a yes culture

Whilst ECIST observed some 'very good' practice, they concluded that it is 'very easy' for people to say 'no' and not accept a patient, or to delay the movement of patients to their department. Three actions identified:

- Address the cultural issues that drive some of the behaviours and move toward a 'yes' culture.
- Review the 'Internal Professional Standards' with clinical teams.
- Make more visual urgent care performance to departments/wards.

Opportunity 2: Develop the site management team & function

The site management meeting could be strengthened by better clarity of actions to free capacity (this in part has been delivered through the new "one-team" model of site management). ECIST are going to provide some additional support in the development of the site management function as they have developed a national tool that may be helpful.

Opportunity 3: Using information to drive improvement

ECIST have recommended that we improve the availability of information to 'the many' to help drive improvements across the board. Two actions have been identified:

- Review the current provision of information to support improvements and reduce delays across pathways.
- Availability and visualisation of information that demonstrate improvement at ward/department level ('Knowing how we are doing' Boards)

ECIST have agreed to provide further support, and the use of one of their senior analysts to take this work forward.

Next Steps:

- ECIST visited Royal Stoke for a second time on 28th May. They focused on the movement of patients through portals and wards to identify further opportunity to improve flow. The report from this visit is awaited.
- Divisions, OD&T and the PMP/Transformation Team to develop a QI initiative/framework to support the development of a 'yes culture'.
- ECIST to support ED workforce modelling
- ECIST are also going to examine whether or not we are trying to deliver too much in ED within the 4 hour standard and whether there is further opportunity to amend pathways and work differently.

Workforce

2025 Vision "Achieve excellence in employment, education, development and Research"

Workforce Spotlight Report

Key messages

The strategic focus remains on supporting recruitment , workforce deployment, staff wellbeing, absence management and staff testing. Plans are being developed for restoration and recovery to shape the "new normal"; to capitalise on new ways of working and transformation, and to reduce the risks of staff absence increasing and engagement reducing. Staffing models and rotas are being adapted to new ways of working to ensure the workforce is sufficient and available to deliver recovery and COVID-19 related activity

Sickness - The in-month sickness rate was 5.92% at 31/05/20 (6.24% at 30/04/20). The 12 month cumulative rate increased from 4.85 % to 5.00% as a result of the covid-related absences.

Covid related absences are decreasing week on week. There has been no significant change to non-covid absence however, and the focus is now on this. Divisions have been tasked with creating a 100 day restoration and recovery plan for absence. Attendance reviews and Stage 3 Hearings have recommenced and the Employee Relations Team and HRBP Teams are meeting regularly to identify trends and areas for intervention

Appraisals - The PDR rate continues to decline . In May 2020, the total assignment count requiring a PDR increased 241 whilst the number of reviews completed reduced by 7 compared to April figures. Additionally, the levels of sickness absence and operational pressures due to covid-19 will have impacted on staff availability to complete a PDR.

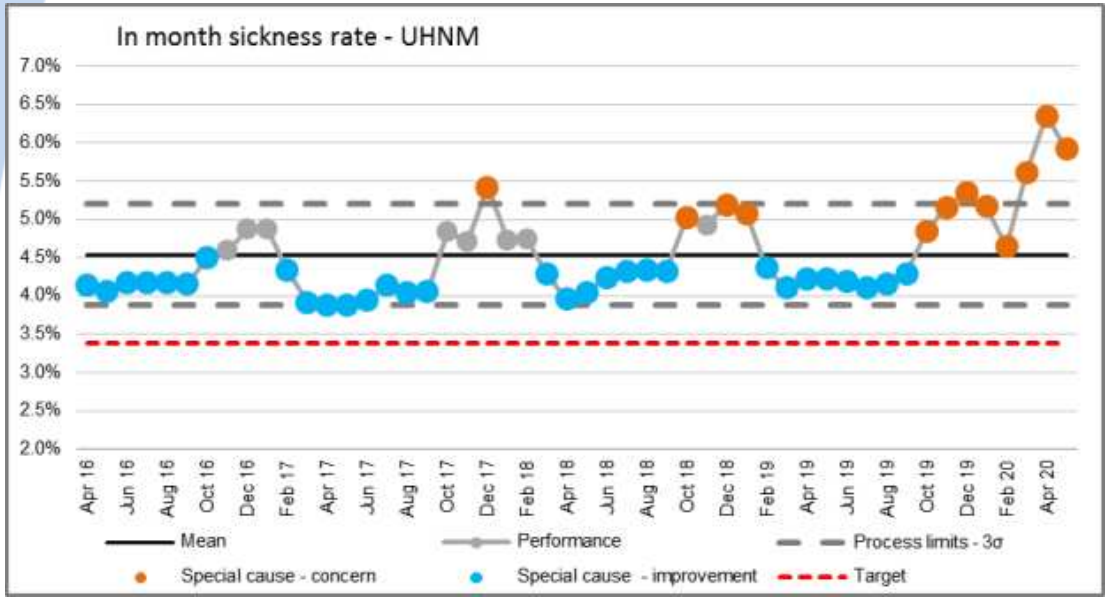
Managers continue to be reminded that holding PDR conversations with staff remains especially important for discussions around the impacts of covid-19 on individuals as well as being a means of facilitating support mechanisms. PDR is a means of managers providing clarity around objectives, as well as discussing career aspirations. As a result of social distancing requirements, work is underway to assess different methods for holding meaningful PDR conversations with staff going forward.

Statutory and Mandatory Training - The Statutory and Mandatory training rate at 31st May was 90.74% (90.98% at 30th April 2020) and 85.27% of staff have completed all 6 Core for All modules. The performance rate is sustained by staff self-isolating or working from home being required to complete statutory and mandatory training. Although there was agreement nationally that PDRs and Statutory and mandatory training be paused at least for 3 months, we have continued to promote compliance requirements and monitor performance

Workforce Dashboard

Metric	Target	Latest	Variation	Assurance
Staff Sickness	3.4%	5.92%		
Staff Turnover	11%	8.16%		
Statutory and Mandatory Training rate	95%	90.74%		
Appraisal rate	95%	69.42%		
Agency Cost	N/A	2.44%		

Sickness Absence



Variation	Assurance
H	F

Target	Mar 20	Apr 20	May 20
3.4%	5.6%	6.4%	5.9%

Background

Percentage of days lost to staff sickness

What is the data telling us?

Sickness rate is consistently above the target of 3.4%. More recently special cause variation has been seen, with the increase from March through to May being a result of covid-19.

Summary

The in-month sickness rate was 5.92% at 31/05/20 (6.24% at 30/04/20). However, the 12 month cumulative rate increased from 4.85% to 5.00%

The Trust is retaining the focus on health and wellbeing initiatives for staff as we move into restoring some NHS services

Testing for covid-19 continues and Antibody testing is now being rolled out.

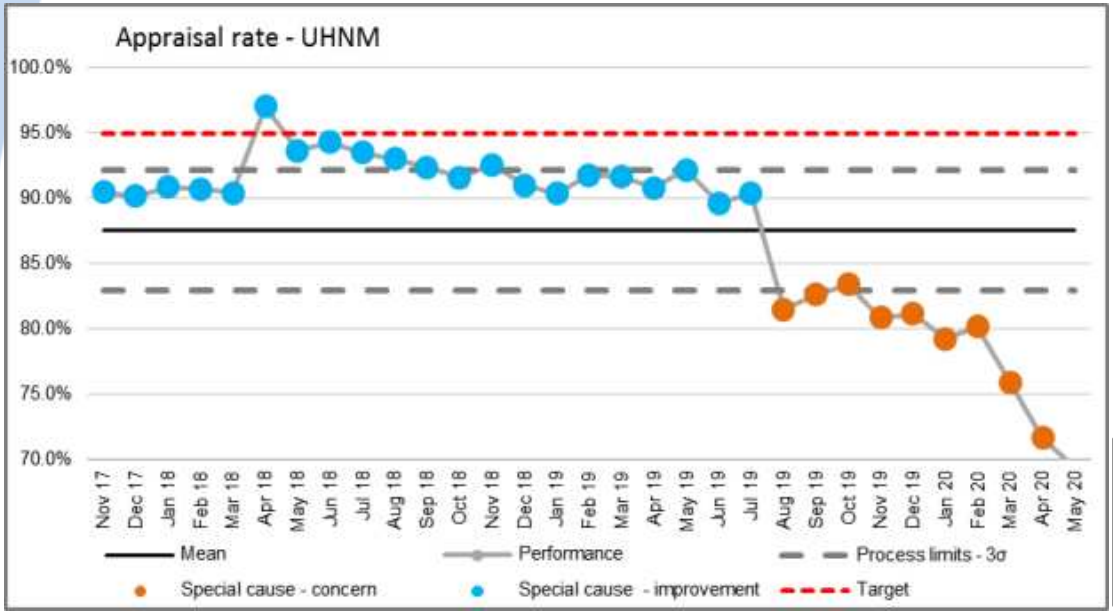
We are returning to managing non-covid related absences with Divisions being required to produce a 100 day restoration and recovery plan for absence.

Actions

The longer term actions for 2020/21 are:

- Revisit the "dragons den" ideas and agree with divisional representatives and Wellbeing Ambassadors what plans can still be implemented and how other plans can be revised to ensure they "fit" with new requirements.
- Work with charities and finance teams to support the allocation of funding to Ward / Departments to enhance environments in the interests of staff wellbeing
- Ensure that staff antibody testing is available and rolled out to all staff in a structured and planned way
- Work with the IPC and occupational health teams to support any future testing and/or vaccination programme
- Further develop the use of the Empactis absence management system to ensure that it supports absence and staff testing management in the most effective and streamlined way

Appraisal (PDR)



Variation	Assurance
L	F

Target	Mar 20	Apr 20	May 20
95.0%	75.9%	71.7%	69.4%

Background

Percentage of Staff who have had a documented appraisal within the last 12 months.

What is the data telling us?

The appraisal rate is consistently below the target of 95%. More recently the rate shows special cause variation. There has been a drop below the lower control limit since August 2019.

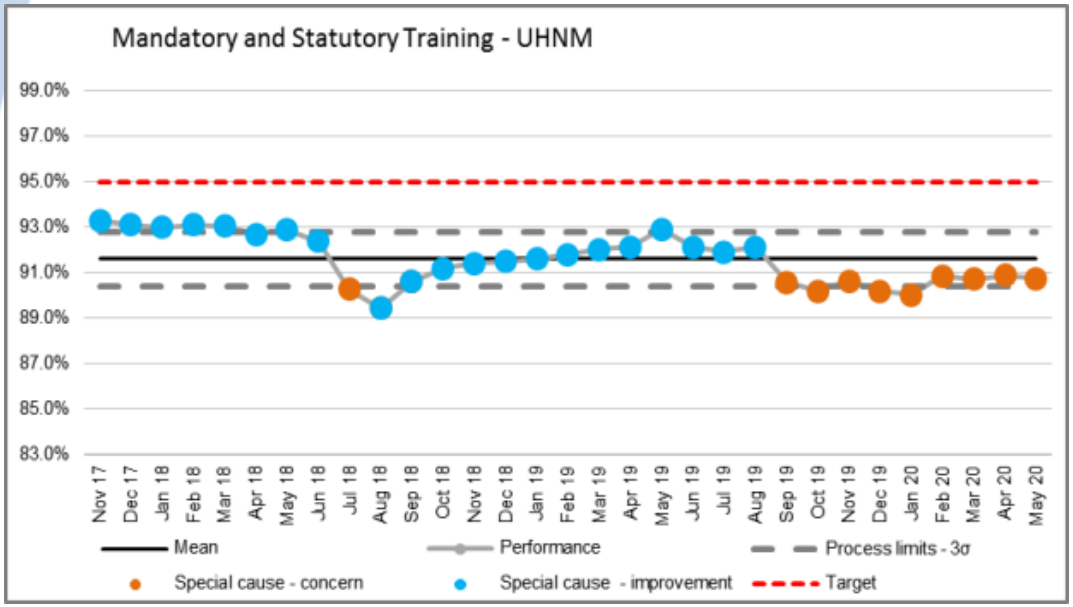
Summary

- The PDR rate continues to decline - most recently as a result of the covid-19 pandemic and prior to this linked to the move from paper based reporting to electronic reporting of appraisal data
- Overall, 71.67%% of Non-Medical PDRs were recorded in ESR as at 30/04//20 (down from 75.94% at 31/03/20)
- The number of staff with an in-date review reduced by 366 in April . Additionally, the increase in sickness in-month will have impacted on staff availability to complete a PDR, as will operational pressures due to covid

Actions

- We will provide support and development to line managers to enable them to operate as "virtual leaders" during the course of the next few months
- We will promote PDR processes to ensure that all staff receive supportive conversations from their team leaders/line managers and ensure clear trajectories for improvement are in place
- Work continues to assess different methods for holding meaningful PDR conversations with staff going forward due to social distancing requirements

Statutory and Mandatory Training



Variation	Assurance
L	F

Target	Mar 20	Apr 20	May 20
95.0%	90.7%	90.9%	90.7%

Background

Training compliance

What is the data telling us?

The Training rate is consistently below the 95% target. There is special cause variation since September 2019, which was the point at which local recording systems were no longer used.

Summary

The Statutory and Mandatory training rate at 31st May was 90.74% (90.98% at 30th April 2020). And 85.27% of staff had completed all 6 Core for All modules (85.25% at 30/04/20)

Competence Name	Assignment Count	Required	Achieved	Compliance %
205|MAND|Security Awareness - 3 Years|	10223	10223	9304	91.01%
NHS|CSTF|Equality, Diversity and Human Rights - 3 Years|	10223	10223	9346	91.42%
NHS|CSTF|Health, Safety and Welfare - 3 Years|	10223	10223	9206	90.05%
NHS|CSTF|Infection Prevention and Control - Level 1 - 3 Years|	10223	10223	9241	90.39%
NHS|CSTF|Safeguarding Adults - Level 1 - 3 Years|	10223	10223	9278	90.76%
NHS|CSTF|Safeguarding Children (Version 2) - Level 1 - 3 Years|	10223	10223	9286	90.83%

Compliance with the annual elements of the Statutory and Mandatory Training requirements are as follows:

Competence Name	Assignment Count	Required	Achieved	Compliance %
NHS|CSTF|Fire Safety - 1 Year|	10230	10230	7997	78.17%
NHS|CSTF|Information Governance and Data Security - 1 Year|	10230	10230	8943	87.42%

Actions

Staff self-isolating or working from home are being required to complete statutory and mandatory training .

Continued promotion of e-learning for statutory and mandatory training.

Finance

2025 Vision "Ensure efficient use of resources"

Finance Spotlight Report

NHS
University Hospitals of North Midlands
NHS Trust

Key messages

- The Trust has delivered a breakeven for the month; this is after the receipt of £1.8m of funding for additional expenditure relating to COVID-19 and a £1.2m repayment to NHSI in line with the temporary financial framework established by NHSI. This return of funding was mainly as a result of an increase in Other Operating income .
- Activity delivered in Month 2 is significantly lower than plan although income levels from patient activities have been maintained due to the temporary funding arrangements.
- The Trust incurred £1.8m of additional costs relating to COVID-19 which was £0.6m more than in Month 1 mainly relating to the early start of Undergraduate Nursing and Midwifery students and Final Year Medical students.
- The pay run rate in Month 2 is the same as Month 1 when adjusted for additional expenditure relating to COVID-19.
- Non pay expenditure is £3.7m underspent with Clinical Supplies £2.3m behind plan.
- Capital expenditure for the year to date stands at £2.9m which is £0.4m behind of plan.
- The month end cash balance is £88.6m which is £10.3m lower than plan.

Finance Dashboard

	Metric	Target	Latest	Variation	Assurance
I&E	Trust Income	variable	65.9		
	Expenditure - Pay	variable	42.0		
	Expenditure - Non Pay	variable	19.4		
Activity	Daycase/ Elective Activity	variable	3,595		
	Non Elective Activity	variable	7,949		
	Outpatients 1st	variable	12,868		
	Outpatients Follow Up	variable	26,947		
Activity income	Average income per Spell - Elective	£1,109	£1,110		
	Average income per spell - NEL	£1,918	£1,862		

Quality | Operational | Workforce | Finance

Income & Expenditure

Income & Expenditure Summary Month 2 2020/21	Annual Budget £m	In Month			Year to Date		
		Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m
Income From Patient Activities	723.1	61.5	61.3	(0.2)	122.5	123.6	1.1
Other Operating Income	84.0	7.2	4.6	(2.6)	14.4	8.4	(6.0)
Total Income	807.2	68.7	65.9	(2.8)	136.9	132.0	(4.9)
Pay Expenditure	(506.6)	(42.9)	(42.0)	0.9	(85.0)	(83.3)	1.6
Non Pay Expenditure	(264.9)	(23.1)	(19.4)	3.7	(46.2)	(39.6)	6.5
Total Operational Costs	(771.5)	(65.9)	(61.4)	4.6	(131.1)	(123.0)	8.2
EBITDA	35.6	2.8	4.6	1.8	5.7	9.0	3.3
Depreciation & Amortisation	(29.2)	(2.4)	(2.4)	(0.0)	(4.9)	(4.9)	(0.0)
Interest Receivable	0.3	0.0	0.0	(0.0)	0.0	0.0	(0.0)
PDC	(7.6)	(0.6)	(0.7)	(0.1)	(1.3)	(1.3)	(0.1)
Finance Cost	(17.2)	(1.4)	(1.4)	0.0	(2.9)	(2.9)	0.0
Other Gains or Losses	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Surplus / (Deficit)	(18.0)	(1.7)	(0.0)	1.7	(3.2)	0.0	3.2
MRET central funding	4.2	0.4	0.0	(0.4)	0.7	0.0	(0.7)
Financial Recovery Fund	13.8	0.0	0.0	0.0	0.0	0.0	0.0
Total	0.0	(1.3)	(0.0)	1.3	(2.5)	0.0	2.5

- The Trust delivered a breakeven position for the month against a planned deficit of £1.3m. This position was after accounting for a “true up” payment from NHSI/E of £0.6m relating to additional COVID-19 costs of £1.8m and a repayment of £1.2m to bring the Trust to a breakeven position for the month; these transactions are in line with NHSI/E temporary funding arrangements for NHS Trusts.

Cost Improvement Programme (CIP) / Capital Spend

NHS University Hospitals of North Midlands NHS Trust

Cost Improvement

- The temporary funding arrangements in place assume that there is no CIP delivered and given the operational pressures on the organisation the development and delivery of the CIP has not been the main priority. There are a number of Divisional CIPs that have already been worked up and will deliver in 2020/21; these have been agreed with Divisions and will be transacted during quarter 1.
- A revised CIP was approved at the April Board which is summarised in the table to the right.

	Opening Budgets	Comments
	£m	
Divisional 2%		
To be transacted recurrently from 1/4/20	3.60	Will be transacted in Q1
To be transacted non recurrently in 2020/21	0.54	Will be transacted in Q1
To be transacted recurrently when start date agreed	0.40	Will be transacted in 2020/21
Additional productivity	6.47	Transacted M1
Productivity	5.00	Transacted M1
Corporate Schemes	4.00	£2.7m transacted M1; plans being developed for the balance
Non recurrent	5.00	Will be transacted in 2020/21
Share of system wide savings	12.25	Plans to be developed
Total Cost pressures	37.25	

Capital Spend

- The Trust funded capital programme for the year is £18.6m and this has been increased by a further £18.6m for PDC funded items. Funding of £5.5m for the demolition of the Royal Infirmary has been approved as part of the STP capital allocation and was included in the Trusts capital plan submission on the 29th May.
- In Month 2 there has been expenditure of £2.9m against a planned spend of £3.4m . The main reason for the under spend is a £0.2m variance on COVID-19 capital and £0.1m on Medical devices where there have been delays in the delivery of items due to the impact of COVID-19.

Capital Expenditure as at Month 2 2020/21 £m	Annual	In Month			Year to Date		
	Plan	Budget	Actual	Variance	Budget	Actual	Variance
ICT Infrastructure	(3.0)	(0.1)	(0.0)	0.1	(0.2)	(0.1)	0.1
Estates Infrastructure	(2.3)	(0.1)	(0.1)	0.0	(0.1)	(0.1)	0.0
Medical Equipment	(2.2)	(0.1)	-	0.1	(0.1)	(0.0)	0.1
PFI Model	(1.9)	(0.2)	(0.2)	-	(0.3)	(0.3)	-
PFI enabling	(0.2)	-	-	-	-	0.0	0.0
Health & Safety Compliance	(0.2)	-	-	-	-	-	-
Other Central schemes	(1.8)	(0.0)	(0.0)	0.0	(0.0)	(0.0)	0.0
Project Star	(0.9)	(0.2)	(0.2)	0.0	(0.3)	(0.3)	0.0
Investment schemes	(0.5)	-	-	-	-	-	-
Linac	(2.3)	-	-	-	-	-	-
IR2 Bi Plane	(1.5)	-	-	-	-	-	-
LIMS	(0.9)	(0.0)	(0.0)	0.0	(0.0)	(0.0)	0.0
EPMA	(0.8)	(0.0)	(0.0)	-	(0.0)	(0.0)	(0.0)
Trust funded capital programme	(18.6)	(0.7)	(0.4)	0.3	(1.1)	(0.9)	0.3
Royal Infirmary Site demolition	(5.5)	-	-	-	-	-	-
Requested COVID-19 PDC	(2.7)	(0.8)	(0.7)	0.2	(1.6)	(1.4)	0.2
PDC award for HSLI	(1.2)	-	-	-	(0.6)	(0.6)	-
Wave 4b funding - modular wards	(9.2)	-	-	-	-	-	-
PDC funded capital schemes	(18.6)	(0.8)	(0.7)	0.2	(2.3)	(2.1)	0.2
Overall capital expenditure	(37.2)	(1.5)	(1.1)	0.4	(3.4)	(2.9)	0.4

Cash flow

NHS
University Hospitals of North Midlands
NHS Trust

Cash

- The Trust holds cash of £88.6m at the end of Month 2 which is £10.3m lower than plan.
- At the end of May the expected cash balance of £78.3m reflects the opening cash balance of £26.7m, the receipt in advance of 1 month block payment £59m and the impact on accounts payable of the prompt payments to suppliers. The assumption is that the Trust is being provided with cash to break even during the first 7 months of the financial year and therefore the cash flow will be updated to reflect expenditure patterns in the following months.

Cash Summary at Month 2 2020/21		In Month			Year to date		
	Budget £m	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Opening balance	26.7	83.6	78.2	(5.4)	26.7	26.7	-
Block mandate payments (to 31st October 2020)	473.2	59.2	59.2	-	177.5	177.5	(0.0)
Contract income 2019/20	(9.6)	-	-	-	-	(5.7)	(5.7)
Other Income (including other NHS)	35.1	6.5	6.1	(0.4)	13.0	13.2	0.2
Health Education England Training Income	20.4	-	-	-	6.8	6.8	0.0
PSF/FRF - 2019/20 Q4	9.7	-	9.7	9.7	-	9.7	9.7
Department of Health and NHS England Deficit supp	-	-	-	-	-	-	-
Capital funding (PDC capital)	2.7	-	-	-	-	-	-
Total Receipts	531.5	65.7	75.0	9.3	197.3	201.5	4.2
Payroll (excluding agency)	(272.8)	(40.5)	(40.4)	0.1	(79.3)	(79.6)	(0.2)
Accounts payable	(219.0)	(29.0)	(22.8)	6.2	(64.4)	(57.6)	6.8
PDC Dividend	(3.6)	-	-	-	-	-	-
Capital	(10.7)	(1.5)	(1.5)	-	(2.0)	(2.5)	(0.5)
Total Payments	(506.1)	(71.0)	(64.7)	6.3	(145.7)	(139.7)	6.0
Closing Balance	52.2	78.3	88.5	10.2	78.3	88.6	10.3

Balance sheet

University Hospitals of North Midlands NHS Trust

Note 1: Cash is £10.2m higher than plan. This is due to the Trust receiving £9.7m of Q4 PSF/FRF funding in May, it was not anticipated to be received until June/July. This is partly offset by prior year credits being taken by NHS England earlier than agreed. General payments are lower than plan reflecting the impact of COVID-19.

Note 2: Payables are £4.8m higher than plan and reflect the receipt in advance for the June block income received on the 15th May as part of the national COVID -19 response and the levels of goods received not invoiced and NHS and Non NHS accruals being higher than plan.

Note 3: Retained earnings show a variance of £5m as the Trust is showing a break even position at Month 2; the submitted NHSI plan had a cumulative deficit of £5.2m at 31st May 2020.

	31/03/2020	31/05/2020				Explanation of plan movement
	Actual £m	Original Plan £m	Revised Plan £m	Actual £m	Variance £m	
Property, Plant & Equipment	483.0	499.0	483.1	483.0	(0.1)	Asset valuation £15m and Covid capital
Intangible Assets	24.5	21.8	22.3	22.7	0.4	Covid capital
Other Non Current Assets	-	-	-	-	-	
Trade and other Receivables*	0.4	-	0.4	0.4	(0.0)	Align with prior year outturn
Total Non Current Assets	507.9	520.7	505.7	506.0	0.3	
Inventories *	13.3	12.3	13.3	13.5	0.2	Covid impact - higher balance
Trade and other Receivables *	49.6	50.8	39.6	38.8	(0.8)	Covid funding arrangements
Cash and Cash Equivalents *	26.7	9.1	78.3	88.5	10.2	Block payments received in advance and Note 1.
Total Current Assets	89.6	72.1	131.2	140.8	9.6	
Trade and other payables *	(74.8)	(59.7)	(122.5)	(127.3)	(4.8)	Block payments received in advance and Note 2
Borrowings	(208.0)	(9.0)	(9.0)	(9.1)	(0.0)	
Provisions *	(6.7)	(2.4)	(6.7)	(6.7)	-	Align with prior year outturn
Total Current Liabilities	(289.5)	(71.1)	(138.3)	(143.1)	(4.8)	
Borrowings *	(276.6)	(277.6)	(276.1)	(276.1)	(0.0)	Align with prior year outturn
Provisions *	(1.2)	(0.9)	(1.2)	(1.2)	0.0	Align with prior year outturn
Total Non Current Liabilities	(277.7)	(278.4)	(277.2)	(277.2)	(0.0)	
Total Assets Employed	30.3	243.3	221.4	226.5	5.0	
Financed By:					-	
Public Dividend Capital *	409.7	610.6	605.7	605.7	0.0	Align with prior year outturn
Retained Earnings *	(476.2)	(466.1)	(481.1)	(476.1)	5.0	Impact of asset valuation and Note 3.
Revaluation Reserve *	96.9	98.9	96.9	96.9	(0.0)	Impact of asset valuation.
Total Taxpayers Equity	30.3	243.3	221.4	226.5	5.1	

Expenditure - Pay and Non Pay

Pay

Pay expenditure was £42.0m in Month 2 generating an underspend of £0.9m with the following table summarising the position by staff group.

WTE In month			Pay Summary (£m)	Annual	In month			YTD		
Plan	Actual	Variance		Plan	Plan	Actual	Variance	Plan	Actual	Variance
1,375	1,442	67	Medical	(151.0)	(12.8)	(12.6)	0.2	(25.2)	(25.2)	(0.0)
3,260	3,046	(214)	Registered Nursing	(154.4)	(13.0)	(12.6)	0.4	(25.8)	(24.8)	0.9
1,240	1,155	(86)	Scientific Therapeutic & Techni	(57.2)	(4.7)	(4.8)	(0.1)	(9.5)	(9.5)	0.0
2,341	2,405	64	Support to Clinical	(66.5)	(5.9)	(5.8)	0.1	(11.4)	(11.2)	0.2
2,402	2,263	(139)	Nhs Infrastructure Support	(77.5)	(6.5)	(6.3)	0.2	(13.0)	(12.6)	0.4
10,618	10,311	(308)	Total Pay	(506.6)	(42.9)	(42.0)	0.9	(85.0)	(83.3)	1.6

The pay run rate in Month 1 is consistent with 2019/20 (uplifted for inflation) maintaining a consistent run rate as seen in 2019/20. The run rate in Month 2 is the same as for Month 1 when adjusted for additional expenditure relating to COVID-19.

Non-pay

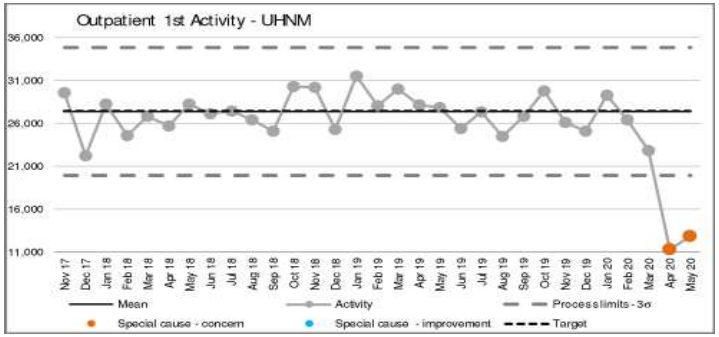
The most significant variance relating to Non-pay expenditure relates to Clinical Supplies which is unsurprising given the reduced levels of activity being carried out in the Trust. Consultancy costs are underspent by £0.5m due to an agreed delay to the start of the Operational Excellence programme; it is expected that this will start later in the financial year.

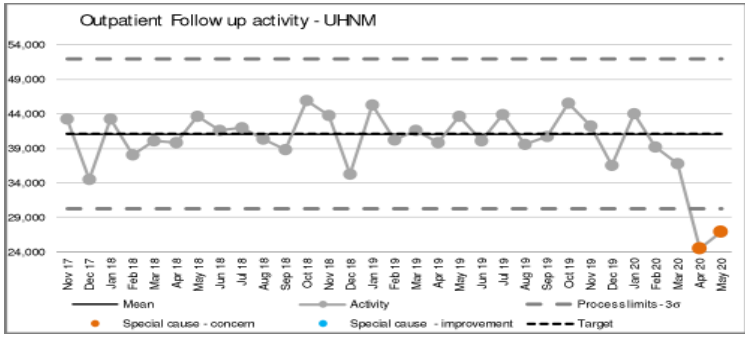
Non PaySummary (£m)	Annual Plan	In Month			YTD		
		Plan	Actual	Variance	Plan	Actual	Variance
Tariff Excluded Drugs Expenditure	(59.2)	(4.4)	(4.5)	(0.0)	(9.1)	(9.6)	(0.5)
Other Drugs	(21.5)	(1.8)	(1.7)	0.1	(3.6)	(3.1)	0.5
Supplies & Services - Clinical	(69.3)	(5.9)	(3.6)	2.3	(11.9)	(7.1)	4.8
Supplies & Services - General	(7.9)	(0.7)	(0.5)	0.2	(1.5)	(1.2)	0.3
Purchase of Healthcare from other Bod	(11.7)	(1.0)	(0.7)	0.3	(2.0)	(1.6)	0.4
Consultancy Costs	(2.3)	(0.2)	0.3	0.5	(0.4)	(0.0)	0.4
Clinical Negligence	(22.3)	(1.9)	(1.9)	0.0	(3.8)	(3.8)	0.0
Premises	(29.7)	(3.1)	(2.8)	0.4	(6.2)	(5.5)	0.6
PFI Operating Costs	(33.4)	(2.8)	(3.0)	(0.2)	(5.6)	(5.8)	(0.2)
Other	(7.7)	(1.1)	(1.0)	0.1	(2.1)	(1.8)	0.3
Total Non Pay	(264.9)	(23.1)	(19.4)	3.7	(46.2)	(39.6)	6.5

Activity

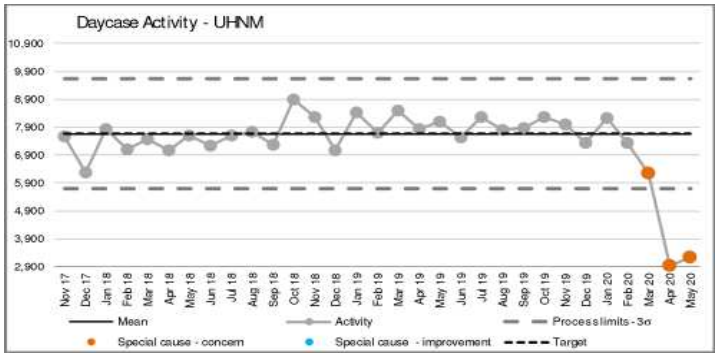
University Hospitals of North Midlands NHS Trust

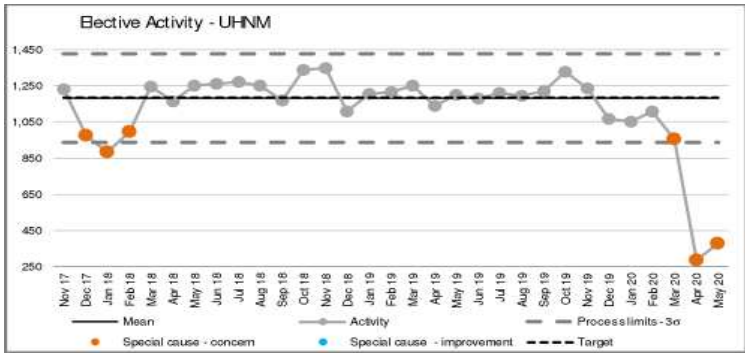
Planned care Outpatient



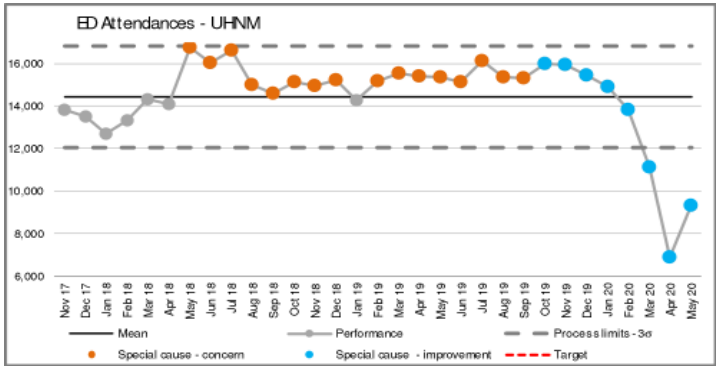


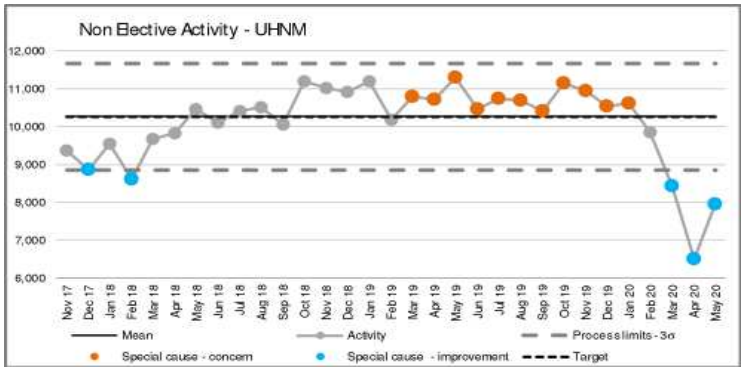
Planned care Inpatient





Urgent Care





Quality | Operational | Workforce | Finance

University Hospitals of North Midlands NHS Trust

Executive Summary

Meeting:	Public Trust Board	**Date:**	8th July 2020
Report Title:	Board Assurance Framework (Q1 20/21)	**Agenda Item:**	11.
Author:	Claire Rylands, Associate Director of Corporate Governance		
Executive Lead:	Tracy Bullock, Chief Executive		

Purpose of Report:

Assurance		**Approval**	✓	**Information**	

Impact on Strategic Objectives (positive or negative):			Positive	Negative
SO1		Provide safe, effective, caring and responsive services	✓	✓
SO2		Achieve NHS constitutional patient access standards	✓	✓
SO3		Achieve excellence in employment, education, development and research	✓	✓
SO4		Lead strategic change within Staffordshire and beyond	✓	✓
SO5		Ensure efficient use of resources	✓	✓

Executive Summary:

Situation

The Board Assurance Framework (BAF) provides a structure and process that enables a focus for the Board on the key risks which might compromise the achievement of the organisation's Strategic Objectives. The BAF maps out the key controls which are in place to support delivery of those objectives and to mitigate risk and provide a framework of assurance which the Board can draw upon when considering the effectiveness of those controls. These controls and assurances have been set out in line with the '3 lines of defence' model (appendix 1), aiding the identification of areas of weakness.

Background

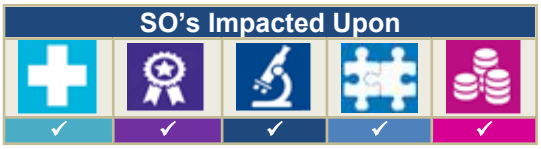
The Strategic Risks contained within the 2020/21 BAF were identified by the Executive Team in January 2020 and agreed by the Board at a development session in February 2020. This saw a reduction in the number of Strategic Risks when compared to the BAF for 2019/20 in order to ensure that the focus was strategic as opposed to operational. However, shortly after that point, the organisation became faced with unprecedented challenges brought to us by the global pandemic, Covid-19. Whilst further work on the BAF was paused, in line with the interim governance arrangements approved by the Board, the Executive Team have taken the opportunity to reflect upon the appropriateness of the initial Strategic Risks agreed and concluded that whilst they remain relevant and appropriate, the impact of Covid-19 will alter some of the controls, assurances and actions to be taken and that this should be reflected throughout the BAF. In addition, a specific risk has been included which focuses on Restoration and Recovery.

Assessment

It should be noted that significant work has been undertaken to improve the format and function of BAF over recent years and this has resulted in two consecutive annual reviews undertaken by our Internal Auditors concluding with a rating of 'Significant Assurance with Minor Improvement Opportunities'. These findings have contributed to the positive and improved overall Head of Internal Audit Opinion for 2019/20 of 'Significant Assurance with Minor Improvement Opportunities'. A programme of risk management improvement remains an on-going focus for the organisation and this will continue throughout the course of 2020/21.

In contrast to the findings from our Internal Audits which found that 'risks are clearly signposted to strategic

and business objectives so that the BAF links through to the aims of the Trust'; feedback from the Care Quality Commission following their 2019 inspection highlighted that the BAF 'was not aligned to the strategic objectives and lacked clarity'. This has been taken into consideration within the development of the revised BAF for 2020/21 and has resulted in a change to the way in which risks are mapped to our Strategic Objectives. In the 2019/20 BAF, risks were broken down under the headings of each of our five Strategic Objectives whereas within this 2020/21 BAF, risks are mapped to multiple Strategic Objectives, relevant to their impact. This has been done through the inclusion of a simple mapping key within each section of the BAF as shown below:



The 'Strategic Risk Heat Map' at section 4 of this document is drawn from the content of the BAF and aims to illustrate at a high level the degree of risk exposure associated with the Strategic Objectives.

Key Recommendations:

- To approve the Board Assurance Framework as at Quarter 1
- To note that the Board Assurance Framework has been considered by Committees of the Board with positive feedback

NHS
University Hospitals of North Midlands
NHS Trust

Board Assurance Framework (BAF)

Quarter 1 2020/21

1. Introduction

Situation

The Board Assurance Framework (BAF) provides a structure and process that enables a focus for the Board on the key risks which might compromise the achievement of the organisation's Strategic Objectives. The BAF maps out the key controls which are in place to support delivery of those objectives and to mitigate risk and provide a framework of assurance which the Board can draw upon when considering the effectiveness of those controls. These controls and assurances have been set out in line with the '3 lines of defence' model (appendix 1), aiding the identification of areas of weakness.

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2. Committee / Board Consideration of Risk

The Quarter 1 BAF for 2020/21 is being considered by Committees as follows:

- Performance and Finance Committee on 23rd June 2020
- Quality Governance Committee on 24th June 2020
- Audit Committee on 18th June 2020
- Transformation and People Committee on 26th June 2020

Committees are asked to consider the following questions, based on the evidence provided on the BAF for each objective:

- Are the levels of risk assigned to each risk appropriate, in particular when compared to other risks within the BAF?
- To what extent are the key controls (i.e. existing controls) effective?
- What are the gaps in the controls, how significant are they in relation to the current risk score?
- What internal assurances and independent external assurances are in place? Are they sufficient / adequate and are there any gaps? Are additional assurances required?
- Are there any areas where assurance is duplicated, repeated or excessive when compared to the activity undertaken?
- What actions are there in place to further mitigate the risk to the agreed tolerated level? Are they current and active? Are they adequate? Does more need to be done?
- Has the impact of Covid-19 been sufficiently drawn into the strategic risks identified?

3. Index and Summary Board Assurance Framework as at Quarter 1 2020/21

Ref / Page	Summary Risk Title	Strategic Objectives Under Threat	3 Lines of Defence					Change in Risk Score				
			1st Line of Defence		2nd Line of Defence		3rd Line of Defence	Q1	Q2	Q3	Q4	Change
			Controls	Assurances	Controls	Assurances						
BAF 1 Page 6	Harm Free Care		✓	✓	✓	✓	✓	High 9				n/a
BAF 2 Page 9	Leadership / Culture and Delivery of Trust Values and Aspirations		✓	✓	✓	✓	✓	High 12				n/a
BAF 3 Page 11	Sustainable Workforce		✓	✓	✓	✓	✓	High 12				n/a
BAF 4 Page 13	System Working – Vertical		✓	✓	✓	✓	✓	High 12				n/a
BAF 5 Page 15	System Working – Horizontal		✓	✓	✓	✓	✗	High 12				n/a
BAF 6 Page 17	Restoration and Recovery		✓	✓	✓	✓	✓	Ext 20				n/a
BAF 7 Page 19	Infrastructure to Deliver Compliant Services – IM&T		✓	✓	✓	✓	✓	Ext 16				n/a
BAF 8 Page 21	Infrastructure to Deliver Compliant Services - Estate		✓	✓	✓	✓	✓	Ext 16				n/a
BAF 9 Page 23	Financial Sustainability		✓	✓	✓	✓	✓	High 9				n/a

SO1: Safe, caring, effective, responsive

SO2: Achieve constitutional patient access targets

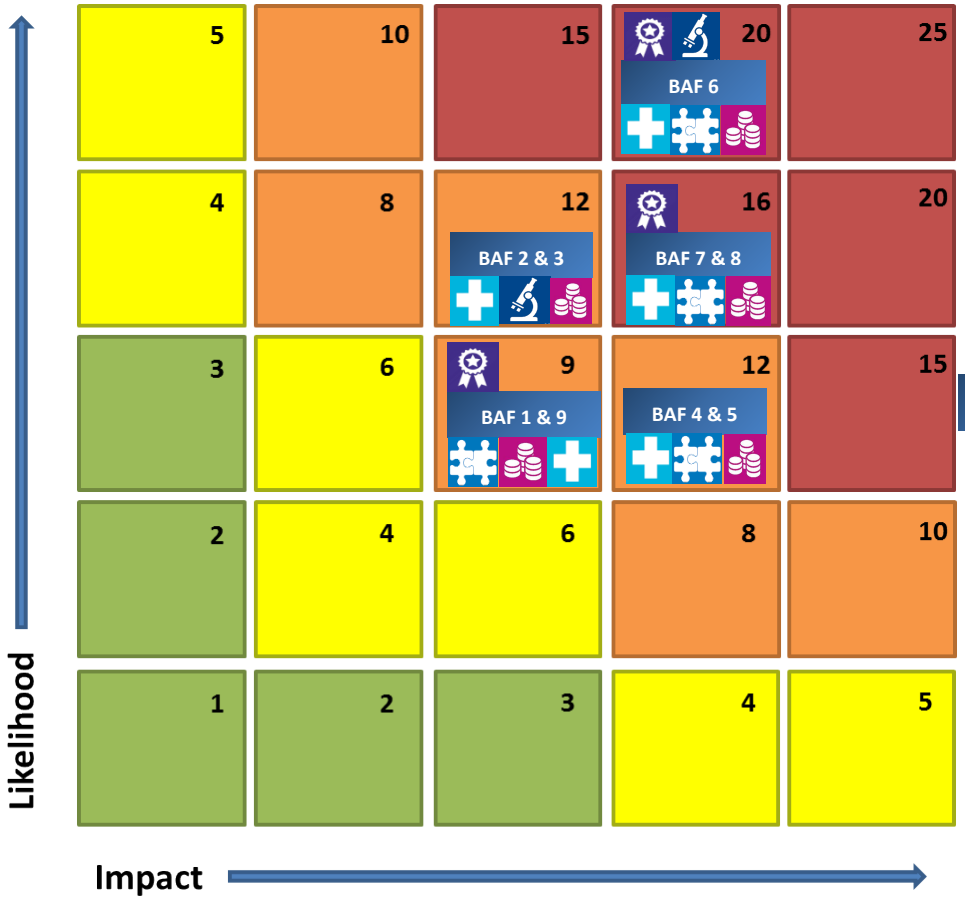
SO3: Excellent employment, education, teaching, research

SO4: Lead strategic change in Staffordshire and beyond

SO5: Ensure efficient use of resources

BAF Action Plans – Key to Progress Ratings		
B	Complete / Business as Usual	Completed: Improvement / action delivered with sustainability assured.
GA / GB	On Track	Improvement on trajectory either: A. On track – not yet completed *or* B. On track – not yet started
A	Problematic	Delivery remains feasible, issues / risks require additional intervention to deliver the required improvement e.g. Milestones breached.
R	Delayed	Off track / trajectory – milestone / timescales breached. Recovery plan required.

4. Strategic Risk Heat Map



Review of Impact on our Strategic Objectives

The maps shown above aim to illustrate where the risks set out within the BAF impact upon the achievement of our Strategic Objectives. As shown within the summary on page 4, the most significant strategic risk is associated with Restoration and Recovery (BAF 6). Not only does this risk have the highest score, it impacts upon all five of our Strategic Objectives.

The maps also show that all risks on the BAF impact upon Strategic Objective 1 – Safe, caring, effective and responsive services and Strategic Objective 5 – Ensure efficient use of resources.

5. Board Assurance Framework 2020/21

Risk Summary					
BAF Reference and Summary Title:	**BAF 1: Harm Free Care**			**SO's Impacted Upon**	✓ ✓
Risk Description:	**If the Trust does not deliver harm free care, then the trajectory reduction in Pressure Ulcers, Patient Falls, Venous Thromboembolism (VTE) and infection rates (including Covid-19) may not be achieved, resulting in increased patient harm, increased mortality and poor patient experience.**				
Lead Director:	Chief Nurse and Medical Director	**Supported By:**			
Lead Committee:	Quality Governance Committee				
Links to Corporate Risk Register:	**Title**	**Current Risk Score**			
	ID 8877 Risk of Avoidable Hospital Acquired Infections	**High 12**			

Risk Scoring								
Quarter	**Q1**	**Q2**	**Q3**	**Q4**	**Rationale for Risk Level**	**Target Risk Level (Risk Appetite)**		**Target Date**
Likelihood:	**3**				The score has remained the same as the previous quarter rather than demonstrating achievement of the target risk level, due to the implications of the Covid-19 Pandemic. Likelihood has been scored as 'possible' as patient harm might happen despite implementation of controls and assurance; consequence scored as 'moderate' due to the potential implications on patient safety and experience if controls are not fully implemented.	**Likelihood:**	**2**	31 March 2021
Consequence:	**3**					**Consequence:**	**2**	
Risk Level:	**High 9**					**Risk Level:**	**Mod 4**	

Control and Assurance Framework – 3 Lines of Defence			
	1st Line of Defence	**2nd Line of Defence**	**3rd Line of Defence**
Controls:	• Senior leadership team in place for each ward and department, with overarching accountability for delivering quality and minimising hospital acquired harm • Falls Champion role in each Ward/Department. • Tissue Viability Link Nurses in each Ward/Department • Corporate Quality & Safety Team co-ordinate Improvement Programmes for Pressure Ulcers, Falls and VTE • Infection Prevention Team co-ordinate	• Validation of pressure ulcers undertaken by Corporate Tissue Viability Team • Validation of infections undertaken by Infection Prevention/Microbiology Teams • Datix and Root Cause Analysis (RCA) training available to ensure accurate reporting and investigation of patient harm • Root Cause Analysis (RCA) Scrutiny Panels in place for Pressure Ulcers, Patient Falls, Venous Thromboembolism (VTE) and Infections • Agreed reduction trajectories in place for each patient harm • Collaborative working in place with CCG representatives	• Annual External Audit of Quality Account • CQC Inspection Programme • Process in place with Commissioners to undertake Clinical Quality Review Meetings (CQRM) • NHSEI scrutiny of Covid-19 cases/Nosocomial infections/Trust implementation of Social distancing, Patient/Staff screening and PPE Guidance

Control and Assurance Framework – 3 Lines of Defence			
	1st Line of Defence	2nd Line of Defence	3rd Line of Defence
	Improvement Programmes for infections, including Sepsis and Nosocomial Covid-19 infections. • Training Programmes in place for all key harms. • Patient experience team in place • Crude Mortality rates - monitoring and notification from Medical Examiner • Monthly Directorate Mortality and Morbidity meetings (M&M) are held to review deaths and discuss cases.	regarding harm reduction • Care Excellence Framework in place • Covid-19 deaths have been included in the Trust's SJR process to allow for review of care provided to patients and identify any potential areas for improvement/learning • Nosocomial Covid-19 Infections will be subject to RCA and reported to the Infection Prevention Committee • A strengthened clinical governance framework including revised Terms of Reference for the Quality and Safety Oversight Group (QSOG) and Quality Governance Committee (QGC) have been introduced, with effect from April 2020	
Assurance:	• Quality dashboard available on Intranet • Quality dashboard and Patient Experience dashboard in place • Monthly Patient Safety Reports from Ward to Board • Training Records available at Ward and Corporate level • Care Excellence Framework Visit Reports shared with Ward and Divisional Teams • Mortality report to Mortality Review Group includes analysis of rates and outcomes from mortality reviews. • Monthly highlight reports from Trust Risk Management Panel to Patient Safety Group and QSOG • Presentation of annual M&M activity by Directorate Mortality leads at Mortality Review Group	• Scrutiny of level of Patient Harm and Patient Experience within Executive-Led Divisional Performance Reviews on a monthly basis • Outcome of the Nursing Establishment review presented to the Trust Board in March 2020, action plan and associated business case to be developed. • Outcome letters as a result of RCA Panels sent to Senior Sisters/Charge Nurses, Matrons and Associate Chief Nurses • Audit programme to monitor compliance with relevant Trust policies • Quality Account developed and published according to NHSEI Guidance • Patient stories reported to the Trust Board on a monthly basis • Friends and family test results are reported and monitored on a regular basis	

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	**Action Required**	**Executive Lead**	**Due Date**	**Quarter 1 Progress Report**	**BRAG**
1.	Quality & Safety Improvement Strategy to be finalised	Chief Nurse and Medical Director	30/09/2020	Draft Quality & Safety Improvement Strategy to be amended and updated to reflect impact of Covid-19 Pandemic. To be amended and presented to Quality & Safety Oversight Group and Quality Governance Committee – due date extended	GA
2.	Quality Account to be developed and published according to NHSEI Guidance	Chief Nurse and Medical Director	01/12/2020	Due to Covid-19, NHSEI have extended the deadline date for development and publication. Internal plan developed to comply with revised guidelines	GA
3.	Impact of Covid-19 Pandemic upon Trust Mortality Rates to be analysed and reported to Trust Mortality meeting	Medical Director	30/09/2020	Mortality rates are currently being reviewed and April 2020 noted as increasing. Benchmarking and peer comparisons are to be provided to Mortality Review	GA

				Group as data available via HED and SHMI	
4.	Processes in place to review and implement Trust Covid-19 Guidance following release and changes in Regional/National Guidance	Chief Nurse and Medical Director	01/09/2020	Clinical, Tactical and Gold Governance Processes well established to respond to changes in Regional and National Guidance with particular focus on Social distancing, Patient/Staff screening, zoning of Ward/Department areas, visiting guidance and PPE Guidance	**GA**

Risk Summary					
BAF Reference and Summary Title:	**BAF 2: Leadership / Culture and Delivery of Trust Values and Aspirations**			**SO's Impacted Upon**	
Risk Description:	**If we fail to develop a leadership and culture that delivers Trust values and aspirations, then staff may become disengaged, which will impact on the delivery of services to our patients.**				
Lead Director:	Director of Human Resources	**Supported By:**	Chief Nurse, Medical Director and Chief Operating Officer		
Lead Committee:	Transformation and People Committee				
Links to Corporate Risk Register:	***Title***	***Current Risk Score***	**Title**	**Current Risk Score**	
	ID 9149 Disengaged Staff	Mod 6	ID 9151 Mismatch between Trust Culture and Values	High 9	

Risk Scoring								
Quarter	**M1 of Q1**	**Q2**	**Q3**	**Q4**	**Rationale for Risk Level**	**Target Risk Level (Risk Appetite)**		**Target Date**
Likelihood:	**3**				The staff engagement rate is slightly below national average. However, there has been significant staff engagement throughout the start of the covid-19 pandemic. Turnover and stability rates remain consistent. Sickness rates remained high throughout 2019/20 and increased in April 20 – mainly due to covid-19	**Likelihood:**	**2**	**March 2022**
Consequence:	**4**					**Consequence:**	**3**	
Risk Level:	**High 12**					**Risk Level:**	**Mod 6**	

Control and Assurance Framework – 3 Lines of Defence			
	1st Line of Defence	**2nd Line of Defence**	**3rd Line of Defence**
Controls:	• Annual NHS Staff Survey and periodic pulse checks • Actions to improve staff experience are detailed in the Corporate and Divisional Staff Engagement Plans	• People Strategy and supporting HR Delivery Plan, with performance reported to the TEC on a quarterly basis and annually to the Trust Board • Partnership working with the STP to introduce a range of Recruitment and Retention initiatives • The Trust has set targets for staff engagement rates, sickness and turnover and actual rates are monitored on a monthly basis against these targets.	• Periodic pulse checks – the Staff Friends and Family Test has been suspended during the covid-19 pandemic
Assurance:	• Annual NHS Staff Survey – At 6.9, the 2019 staff engagement score remained just below the acute trust average of 7.0. The Trust has not yet been notified of the details of the 2020 NHS Staff Survey, although indications are that an abbreviated survey will be carried out. • HRBP's report actual performance to Divisional	• Monthly reports to Transformation and People Committee cover hard to recruit posts and long term agency • Agency costs are reported in the monthly Finance Report to Performance and Finance Committee Analysis of data and historic trends, reported in monthly performance reports to TAP and Trust Board show:	

Control and Assurance Framework – 3 Lines of Defence			
	1st Line of Defence	2nd Line of Defence	3rd Line of Defence
	Boards and Divisions are held to account via Performance Reviews • The diagnostic phase of the NHSi Culture and Leadership Programme commenced in 2019/20 and will provide an additional indicator of staff engagement. However, this was suspended due to covid-19 and now needs to be reinstated as part of the recovery and restoration programme • Feedback from staff via listening events, facebook live comments and senior leadership team walkabouts	• In April, the in-month sickness rate was 6.24% as a result of covid-19, which accounted for 57% of open sickness absences at 30th April. This resulted in an increase in the 12month cumulative sickness rate, which was 4.85% at 30th April, compared to 4.69% at 31st March. • Turnover for the 12 months ending 30/04/20 had reduced slightly to 8.30% and Stability rates for the 12 months ending 31/03/20 had improved to 88.57% • The vacancy level at 30/04/20 was 7.54%	

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	Action Required	Executive Lead	Due Date	Quarter 1 Progress Report	BRAG
1.	Undertake a Trust-wide cultural analysis	Director of Human Resources	30/06/2021	Currently in Discovery Phase(First of 3 phases)	GA
2.	Implement a UHNM plan relating to the launch of the "Leadership Compact" document within the NHS People Plan	Director of Human Resources	31/12/2020	Awaiting launch of the National People Plan	GA
3.	Leadership and Management Development offer: Internal and External offer focus on managers across the Trust to ensure a competency level is embedded	Director of Human Resources	31/03/2021	All managers completed internal offer. Next steps are to potential platforms for these and other leadership programmes to be delivered in a "blended" manner or completely virtually so that all new managers into the Trust can complete GTM/GTL within 3 months of commencing.	GA
4.	Build key elements of the UHNM 70/20/10 approach to support the development of the STP High Potential Scheme participants	Director of Human Resources	30/06/2020	Programme launched. UHNM is a member of the Steering Group with oversight of progress.	GA
5.	Enhancing staff experience Trust-wide through a comprehensive staff engagement plan	Director of Human Resources	31/07/2020	Draft plan developed and will incorporate wellbeing initiatives as part of our improving staff experience offer	GA

Risk Summary					
BAF Reference and Summary Title:	**BAF 3: Sustainable Workforce**			**SO's Impacted Upon**	✓ ✓ ✓
Risk Description:	**If our workforce becomes unsustainable, then premium pay costs will be incurred, staff sickness may increase and staff may become disengaged, all of which will impact on the delivery of services to our patients.**				
Lead Director:	Director of Human Resources	**Supported By:**	Chief Nurse, Medical Director and Chief Operating Officer		
Lead Committee:	Transformation and People Committee				
Links to Corporate Risk Register:	**Title**	**Current Risk Score**	**Title**	**Current Risk Score**	
	ID 9149 Disengaged Staff	Mod 6	ID 9154 Staff Wellbeing	High 9	

Risk Scoring								
Quarter	**Q1**	**Q2**	**Q3**	**Q4**	**Rationale for Risk Level**	**Target Risk Level (Risk Appetite)**		**Target Date**
Likelihood:	3				• There are pockets of specialities where recruitment is challenged, although these largely reflect national difficulties. Some headway has been made into recruiting permanently to the 'Hard to Recruit' posts, particularly Consultant posts. However, there still remains a number of long term/high cost agency locums in post. • The staff engagement rate is slightly below national average. However, there has been significant staff engagement throughout the start of the covid-19 pandemic. • Turnover and stability rates remain consistent. • Sickness rates remained high throughout 2019/20 and increased in April 20 – mainly due to Covid-19.	**Likelihood:**	3	**March 2022**
Consequence:	4					**Consequence:**	3	
Risk Level:	**High 12**					**Risk Level:**	**High 9**	

Control and Assurance Framework – 3 Lines of Defence			
	1st Line of Defence	**2nd Line of Defence**	**3rd Line of Defence**
Controls:	• Workforce planning process ensures alignment with activity and financial plans • Actions to improve staff experience are detailed in Divisional Staff Engagement Plans • Ongoing recruitment processes underway • Rotas and rota coordinators management of roster processes • Directorate and divisional management teams to monitor staffing levels • Chief Nurse staffing reviews	• People Strategy and supporting HR Delivery Plan, with performance reported to the Transformation and People Committee (TAP) and annually to the Trust Board • A consistent and cost effective approach to deploying medical workforce across the Trust and support improvements in medical productivity is in place (Medic On Duty, Medic Online, Activity Manager) • Partnership working with the STP to introduce a range of Recruitment and Retention initiatives	• Annual NHS Staff Survey – At 6.9, the 2019 staff engagement score remained just below the acute trust average of 7.0. The Trust has not yet been notified of the details of the 2020 NHS Staff Survey, although indications are that an abbreviated survey will be carried out. • Periodic pulse checks – the Staff Friends and Family Test has been suspended during the covid-19 pandemic.
Assurance:	• HRBPs report actual performance to Divisional	• Monthly reports to Transformation and People Committee	

Control and Assurance Framework – 3 Lines of Defence			
	1st Line of Defence	2nd Line of Defence	3rd Line of Defence
	Boards and Divisions are held to account via Performance Reviews • Chief Nurse regular reports on Staffing Levels and use of the safe staffing tools	cover hard to recruit posts and long term agency • Agency costs are reported in the monthly Finance Report to Performance and Finance Committee Analysis of data and historic trends, reported in monthly performance reports to TAP and Trust Board show: • In April, the in-month sickness rate was 6.24% as a result of covid-19, which accounted for 57% of open sickness absences at 30th April. This resulted in an increase in the 12month cumulative sickness rate, which was 4.85% at 30th April, compared to 4.69% at 31st March. • Turnover for the 12 months ending 30/04/20 had reduced slightly to 8.30% and Stability rates for the 12 months ending 31/03/20 had improved to 88.57% • The vacancy level at 30/04/20 was 7.54%	

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	Action Required	Executive Lead	Due Date	Quarter 3 Progress Report	BRAG
1.	Proactive medical recruitment plans aligned to business planning process/ supply and demand. Consideration to redesigning of roles and recruitment initiatives	Director of Human Resources	31/03/2022	Development of Trainee Fellowship programme launch date agreed with advertising to commence April 2020 for start dates August 2020. Medical Division have procured BMJ Careers to support the attraction of national and international candidates to the Trust commencement to be confirmed likely April 2020.	GA
2.	Partnership working with the STP for Recruitment and Retention initiatives	Director of Human Resources	31/03/2021	Member of a STP working group development of standard process for Retire and Return, Itchy feet and staff transfer in addition to collaborative bank approached.	GA
3.	MedicOnDuty - Continuous improvement with the design and development and rosters to meet the needs of patients and service delivery.	Director of Human Resources	*Ongoing activity*	All Junior doctors rostered available to use for all divisions. Challenges with engagement for users, which is evident through rosters not being live in the system. Considerations of centralisation of rota coordination taking place.	GA
4.	MedicOnline - Continuous development of unavailability management and transparency to the employee of rosters/bank shifts and leave	Director of Human Resources	*Ongoing activity*	Linked to above compliance and use of the system is now being monitored through performance review.	GA
5.	Improve organisation and management interest in and action on health and wellbeing	Director of Human Resources	31/08/2020	The Trust wellbeing plan has been approved by TEC and the Wellbeing Brand developed. Divisional wellbeing leads have been appointed	GA
6.	Nursing recruitment plans to be put this in place to address shortfalls following Chief Nurse establishment review	Director of Human Resources	31/03/2021	An open day planned for May, which didn't happen due to covid-19. Plans are being developed on how to manage this going forward.	GA

Risk Summary						
BAF Reference and Summary Title:	**BAF 4: System Working - Vertical**				**SO's Impacted Upon**	
					✓	✓ ✓
Risk Description:	**If the Staffordshire and Stoke on Trent system do not collaborate and vertically integrate appropriate services then we will not be able to deliver high quality, safe, sustainable and VFM services for our population resulting in fragmented, poor quality, inefficient and ineffective services**					
Lead Director:	Chief Executive	**Supported By:**	Director of Strategy and Transformation			
Lead Committee:	Transformation and People Committee					
Links to Corporate Risk Register:	**Title**	**Current Risk Score**				
	n/a	n/a				

Risk Scoring								
Quarter	**Q1**	**Q2**	**Q3**	**Q4**	**Rationale for Risk Level**	**Target Risk Level (Risk Appetite)**		**Target Date**
Likelihood:	**3**				• STP Partnership Board is in place, Shadow ICS Board is not fully operational and partnership working within Staffordshire and Stoke on Trent has not reached full maturity. • Process not yet concluded to recruit to an Independent Chair and Executive Lead for the new ICS Board • The Stafford and SoT system strategy is not yet clear • Progress on ICS development has been delayed due to Covid19 • System wide Recovery and Restoration provides an opportunity for the STP to develop a revised integrated strategy for health and care • The three ICPs are still embryonic and their governance is not yet established within all • Impact of Covid has paused a number of system LTP workstreams	**Likelihood:**	**2**	31/03/2021
Consequence:	**4**					**Consequence:**	**3**	
Risk Level:	**High 12**					**Risk Level:**	**Mod 6**	

Control and Assurance Framework – 3 Lines of Defence			
	1st Line of Defence	**2nd Line of Defence**	**3rd Line of Defence**
Controls:	• STP Partnership Board in place, Shadow ICS Board in development • System Wide Executive Forum • STP Independent Chair and STP Director in place • Three ICP's in place	• Transformation and Delivery Unit • STP Workstreams • Current system LTP in place • Organisational operational plan in place	• NHS E / I approval of system becoming an ICS
Assurance:	• UHNM Chair, Chief Executive and Director of Strategy are members of relevant system groups /	• Regular reports from the TDU to the Executive Forum, with escalations to the Shadow ICS Board as appropriate.	

Control and Assurance Framework – 3 Lines of Defence			
	1st Line of Defence	2nd Line of Defence	3rd Line of Defence
	meetings • System working regular UHNM Board agenda		

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	Action Required	Executive Lead	Due Date	Quarter 1 Progress Report	BRAG
1.	Appoint ICS Independent Chair	NSC Director of Human Resources	31/09/2020	To discuss with Marcus Warnes to seek clarification in terms of timeframes.	GA
2.	Appoint ICS Executive Lead	NSC Director of Human Resources	31/12/2020	To be completed once a Chair has been appointed.	GA
3.	System becomes full ICS	STP Director / Chief Executive	01/04/ 2021	Went into Shadow ICS form from 1st April. Following this, one meeting took place before Covid-19 impacted. Therefore progress was paused. As of May Shadow ICS Partnership Board meetings recommenced to review single agenda items such as Covid-19 and Restoration and Recovery.	GA
4.	Develop a revised Integrated Strategy for Health and Social Care	STP Director / Chief Executive	01/04/ 2021	Meetings have taken place with a range of system partners to begin the R&R work through to March 2021. Directors of Strategy are developing a framework for ICP to undertake robust recovery and restoration.	GA
5.	Development of the three ICPs.	STP Director / Chief Executive	31/03/2021	Ongoing	GA
6.	Review Long Term Plan workstreams in the light of Covid / Recovery and Restoration.	STP Director / Chief Executive	31/12/2020	Not yet started.	GA

Risk Summary					
BAF Reference and Summary Title:	**BAF 5: System Working - Horizontal**			**SO's Impacted Upon**	✓ ✓ ✓
Risk Description:	**If UHNM does not collaborate horizontally with other acute providers (both within & outwith the STP) then some specialist services will potentially not be sustainable and opportunity to achieve economies of scale within clinical support functions will be lost resulting in unsustainable, fragmented, poor quality, inefficient and ineffective services that are not VFM.**				
Lead Director:	Chief Executive	**Supported By:**	Director of Strategy and Transformation		
Lead Committee:	Transformation and People Committee				
Links to Corporate Risk Register:	**Title**	**Current Risk Score**			
	n/a	n/a			

Risk Scoring								
Quarter	**Q1**	**Q2**	**Q3**	**Q4**	**Rationale for Risk Level**	**Target Risk Level (Risk Appetite)**		**Target Date**
Likelihood:	**3**				The Stronger Together Collaboration with MCHFT has stalled as a result of recruitment for a new CEO and more latterly Covid. Therefore opportunity has been lost to further increase the specialist population and to mutually strengthen clinical services Good partnership working has been established with SaTH and has continued throughout Covid19 e.g. urology, CQC issues, covid19 etc Formal governance arrangements need to be established with SaTH and a programme developed outlining where opportunities lie Better relationships need to be developed with Specialist Commissioners and Networks need to be developed/maintained/expanded with other providers of specialist services to create sustainable specialist services	**Likelihood:**	**2**	31 Dec 2020
Consequence:	**4**					**Consequence:**	**3**	
Risk Level:	**High 12**					**Risk Level:**	**Mod 6**	

Control and Assurance Framework – 3 Lines of Defence			
	1st Line of Defence	**2nd Line of Defence**	**3rd Line of Defence**
Controls:	• Designated Lead for UHNM - Director of Strategy • Exec : Exec meetings - need to be formalised with SaTH and re-launched with MCHFT • DoS represents Trust on Spec Com discussions in respect of network development for Midlands	• Newly formed Transformation & People Committee • Strategy and Transformation Group to be established to oversee Strategic Partnerships • Informal Exec to Exec discussions to be re-established post COVID	• None available at present.
Assurance:	• Re-launch / development of governance and programmes of work will be reported through TAP	• System working updates to the Board each month through the Chief Executive demonstrate that progress is in early	

Control and Assurance Framework – 3 Lines of Defence			
	1st Line of Defence	2nd Line of Defence	3rd Line of Defence
	with escalations to Trust Board • Trust clinical strategy development will be inclusive of strategic developments with other partners	stages of development.	

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	Action Required	Executive Lead	Due Date	Quarter 1 Progress Report	BRAG
1.	Exec: Exec discussion with MCHFT to establish joint status of the Stronger Together Programme.	Director of Strategy	Post Covid	Discussions need to take place first to test the appetite before proceeding with this.	GB
2.	Develop formal governance for a collaborative programme with SaTH	Director of Strategy	Post Covid	Work has commenced through an initial meeting although was paused due to Covid. Being reinstated through Restoration and Recovery Programme.	GB
3.	Utilise the Recovery & Restoration programme to develop improved relationships with Specialist Commissioners.	Chief Executive / Director of Strategy	30/06/2020	Specialised Commissioners making arrangements for Microsoft Teams meeting.	GA
4.	Refresh / development and agreement of UHNM Trust wide Strategy.	Director of Strategy	31/03/2020	Service Line Reviews paused due to Covid; currently exploring options to reinstate under current social distancing circumstances.	GA
5.	Strategies for each Trust to be reviewed to ensure that strategic developments between UHNM / MCHFT and UHNM / SATH are taken into account.	Director of Strategy	31/03/2020	To be undertaken when a UHNM strategy is agreed.	GA
6.	Ensure that Restoration and Recovery is taken into account in development of UHNM Strategy.	Director of Strategy	31/03/2020	To be done as part of the reinstated strategy development work.	GA
7.	Review and interpretation of national operational planning guidance for 21/22.	Director of Strategy	31/03/2021	National guidance awaited.	GA
8.	Review of current network arrangements for Specialised Services to be completed by Specialised Commissioners.	Chief Executive / Director of Strategy	31/12/2020	Network arrangements will follow the Microsoft Teams Meeting described above.	GA

Risk Summary					
BAF Reference and Summary Title:	**BAF 6: Restoration and Recovery**			**SO's Impacted Upon** ✓ ✓ ✓ ✓ ✓	
Risk Description:	**If we are unable to develop and deliver restoration and recovery plans that are aligned to the changing national expectations and guidance, then we will be unable to restore all services in a timely manner resulting patient harm, longer waits, increased waiting lists impacting upon RTT, poor patient experience.**				
Lead Director:	Director of Strategy and Transformation	**Supported By:**	Chief Operating Officer		
Lead Committee:	Transformation and People Committee				
Links to Corporate Risk Register:	**Title**	**Current Risk Score**			
	n/a	n/a			

Risk Scoring								
Quarter	**Q1**	**Q2**	**Q3**	**Q4**	**Rationale for Risk Level**	**Target Risk Level (Risk Appetite)**		**Target Date**
Likelihood:	**4**				Establishment of the Restoration and Recovery Programme is in its very early stages of development and there are a number of further actions needed to ensure that there is a clear strategic framework in place with agreed expectations and reporting / assurance which aligns to system and national priorities for Restoration and Recovery. However, national guidance is changing at pace and the programme needs to ensure it remains aligned with national expectations.	**Likelihood:**	**3**	31st March 2021
Consequence:	**5**					**Consequence:**	**4**	
Risk Level:	**Ext 20**					**Risk Level:**	**High 12**	

Control and Assurance Framework – 3 Lines of Defence			
	1st Line of Defence	**2nd Line of Defence**	**3rd Line of Defence**
Controls:	• Restoration and Recovery Operational Group established • Operational Lead for Restoration and Recovery agreed – Chief Operating Officer • Divisional Restoration and Recovery Plans in place	• Restoration and Recovery Executive Oversight Group established • Executive Lead for Restoration and Recovery agreed – Director of Strategy • Workstreams / Cells with nominated leads identified for Restoration and Recovery Programme • NHSEI Guidance on priorities for Restoration and Recovery – 'Trilogy' of correspondence issued • Confirm and Challenge process in May / June with each Clinical Division undertaken to review plans / risks / actions to be taken • Estates Strategy reviewed to take into account requirements for recovery of safe services, maintaining	• Positive verbal feedback received from NHSEI in response to the submission of our Restoration and Recovery Plan.

Control and Assurance Framework – 3 Lines of Defence			
	1st Line of Defence	2nd Line of Defence	3rd Line of Defence
		Social Distancing	
Assurance:	• Highlight Report from Operational Group covering concerns / key actions / positive assurance and decisions presented to each meeting of the Restoration and Recovery Executive Oversight Group, demonstrating the establishment of Restoration and Recovery Programme	• Workstreams and associated governance arrangements approved by Transformation and People Committee in May 2020 • Highlight Report from Executive Oversight Group presented to Trust Board in June 2020 covering concerns / key actions / positive assurances and decisions following the initial meetings held	

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	Action Required	Executive Lead	Due Date	Quarter 1 Progress Report	BRAG
1.	To develop regular systems and processes to aid monitoring of progress against individual workstreams.	Director of Strategy	30/08/2020	Work underway as part of the Recovery and Restoration Executive Oversight Group / Operational Group.	GA
2.	To undertake a review of the waiting list.	Chief Operating Officer	30/09/2020	Underway.	GA
3.	To develop a paper for the Board outlining the Restoration and Recovery Programme to provide further assurance.	Director of Strategy	08/07/2020	Draft paper being developed for presentation to the Trust Board in July.	GA

Risk Summary					
BAF Reference and Summary Title:	**BAF 7: Infrastructure to Deliver Compliant Services – IM&T**			**SO's Impacted Upon**	
Risk Description:	**If the organisations infrastructure and clinical systems do not receive or are not adequately protected from either a targeted or indirect attack then this could compromise the operation and delivery of care within the hospital resulting in a loss of IT systems for potentially a prolonged period, and potential cancellation of some services, as well as reputational damage, increased backlog of patients and operations and potential fines of up to 4% Trust budget by NHS England.**				
Lead Director:	Director of IM&T	**Supported By:**	Medical Director and Chief Finance Officer		
Lead Committee:	Performance and Finance Committee				
Links to Corporate Risk Register:	**Title**	**Current Risk Score**			
	ID 11066 Network Support	Mod 6			

Risk Scoring								
Quarter	**Q1**	**Q2**	**Q3**	**Q4**	**Rationale for Risk Level**	**Target Risk Level (Risk Appetite)**		**Target Date**
Likelihood:	**4**				The Trust has faced significant challenge in identifying the capital requirement to sustain clinical systems ICT infrastructure. The Trust is now clinically dependant and relies on the availability of ICT systems. The Trust has invested significantly in Cyber defences to address the risk of loss of service or disruption due to cyber attack. However the risk score remains at an extreme level due to the increasing speed of growth and complexity of the risk. National statistics show that the number of cyber attacks have increased by 127% between 2017 – 2020 – the level of cyber crime sophistication has increased by 1,000% between 2015 and 20120 – the global annual cost of cyber crime has increased from $3 trillion in 2016 to $6 trillion in 2020 The likelihood of the risk has reduced based on the actions being taken, however as cyberware becomes increasingly sophisticated it makes it almost impossible to stabilise mitigation of the risk. The impact of the risk has increased; if the Trust was infected by a cyber-attack, it is possible that this may spread across every office and ward at both hospitals. The organisation has already been subject to a Cyber Attack (WannaCry) and Cyber Security remains a real and relevant threat to the NHS.	**Likelihood:**	**2**	**30 June 2021**
Consequence:	**4**					**Consequence:**	**4**	
Risk Level:	**Ext 16**					**Risk Level:**	**High 8**	

Control and Assurance Framework – 3 Lines of Defence			
	1st Line of Defence	2nd Line of Defence	3rd Line of Defence
Controls:	• Investment already made in enhanced Cyber Tools and defence (Intercept-X) to protect against 'wannacry' type attacks. • Server and PC patching in place and enhanced network firewalls and other network perimeter controls. • Cyber Action plan in place • Dedicated Cyber defence lead role appointed to • Deployment of Microsoft Advanced threat detection to improve cyber defences • Infrastructure – the increasing move to cloud based services and infrastructure as a service revenue based models reduce the reliance on available capital.	• Implementation of National Cyber Security Centre recommendations on passwords • Raised staff awareness and understanding of cyber security through education and communication • NHS Digital accredited awareness training provided to Board members • NHS Digital Cyber essentials best practice being progressed • IM&T Programme Board in place • Infrastructure – warranty extensions can provide cover for infrastructure if funding is not available for replacement	• Auditing from NHS Digital and other agencies undertaken during 2018 to demonstrate good practice and areas for improvement (which have been addressed). • External Penetration Testing has been undertaken and a remediation plan developed
Assurance:	• During Q1 there have been no significant threats to cyber security		

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	Action Required	Executive Lead	Due Date	Progress Report	BRAG
1.	Deployment of Windows 10 with improved in built security and based on National Cyber Security Centre and Microsoft best practice	Director of IM&T	31/10/2020	Design and infrastructure underway. Deployment commenced in November 2019. Deployment schedule to hit circa 2,000 devices by the end of March 2020. Remaining deployment dependent upon the financial leasing agreement due to be completed by October 2020.	GA
2.	Implementation of DarkTrace - uses Artificial Intelligence / Machine Learning to detect and respond to subtle, stealth attacks inside the network — in real time. Does not require previous experience of a threat or pattern of activity in order to understand that it is potentially threatening.	Director of IM&T	31/01/2021	HSLI Funding secured; Software implemented across both Royal Stoke and County Hospital sites. The Software changed from alerting of potential threats to blocking potential threats, and the next phase is to enable the autonomous mode of monitoring due to be enabled in January.	GA
3.	Continue work towards Cyber Essentials (plus) and ISO27001 compliance	Director of IM&T	30/06/2021	NHS Digital sponsored engagement with PA Consulting in progress to provide a readiness assessment for Cyber Essentials Plus.	GA
4.	Move to device as a service contract for PCs and Laptops	Director of IM&T	30/8/2020	A contract has now been signed for this service	GA

Risk Summary				
BAF Reference and Summary Title:	**BAF 8: Infrastructure to Deliver Compliant Services – Estate**			**SO's Impacted Upon**
Risk Description:	**If we fail to invest sufficiently in our retained estate infrastructure/services and fail to undertake statutory maintenance/lifecycle within our PFI; then we will fail to deliver a healthcare environment that enables the delivery of high quality clinical services, provided within a safe, secure and compliant environment, consistent with the objectives of our Estate Strategy and our statutory obligations.**			
Lead Director:	Director of Estates Facilities & PFI & Director of IM&T	**Supported By:**	Medical Director & Chief Finance Director	
Lead Committee:	Performance and Finance Committee			
Links to Corporate Risk Register:	**Title**	**Current Risk Score**	**Title**	**Current Risk Score**
	ID 9186 Risk of Fire / Smoke	Low 2		

Risk Scoring							
Quarter	**Q1**	**Q2**	**Q3**	**Q4**	**Rationale for Risk Level**	**Target Risk Level (Risk Appetite)**	**Target Date**
Likelihood:	4				Good progress made on Project STAR but demolition of the Infirmary Site will not conclude until November 2021. Funding constraints and physical access challenges continue to impact on the condition of the estate and delivering Condition B (*sound, operationally safe and exhibits only minor deterioration*). The full impact of COVID-19 is not yet quantified and the Clinical Service Reviews have not yet concluded, these will undoubtedly have an impact on the estate. An improved fire safety management culture is needed across the Trust.	**Likelihood:** 2	March 2022
Consequence:	4					**Consequence:** 4	
Risk Level:	**Ext 16**					**Risk Level:** **High 8**	

2020

Control and Assurance Framework – 3 Lines of Defence			
	1st Line of Defence	**2nd Line of Defence**	**3rd Line of Defence**
Controls:	• Project STAR -funding secured hoarding/demolition. • Estate condition - PPM in place, competent staff/APs, KPI's, Maint. Ops Board, Ops Policies. • COVID - zoning/social distancing plans agreed, estate changes informed by Risk Assessments. • Estate Strategy - produced, to be refreshed once Clinical Service Reviews have concluded. • Fire – Fire Safety Committee & Fire Policies in place	• Project STAR – FBC being developed for car parking • Estate Condition - Capital bids submitted to (CIG), investment prioritised through risk based approach. • COVID – control of schemes progressing through R&R Group. • Estate Srategy - prioritised clinical service developments used to inform Strategy. • Fire - Ad-hoc audits/inspections/notices and Fire KPIs.	• Project STAR - NHSEI involvement/support. • Estate condition - Regulatory inspection/validation programmes including: CQC, PLACE, PAM and ERIC • External audits including those undertaken by the Fire and Police Service and external audit i.e. KPMG. • Authorising Engineers Audits. • Participation in National Programme i.e Cabinet Office SSRM.
Assurance:	• Project STAR – Project Team established • Estate condition - 7 facet property appraisal completed; Maint. Ops Board; reporting to CIG, ET, Infrastructure Committee. National returns	• Project STAR – regular updates to ET, Trust Board and other key stakeholders including STP, SOT City Council • Estate condition –reports to H&S QGC, Infrastructure Committee, TEC, PAF CIG, TJNCC, LNC and forms part of CEF.	

Control and Assurance Framework – 3 Lines of Defence			
	1st Line of Defence	2nd Line of Defence	3rd Line of Defence
	completed i.e. ERIC, PAM, PLACE. • COVID – update through COVID Execs and R&R. • Estate Strategy - commitment to reinstate Clinical Service Reviews – Strategy to then be refreshed. • Fire – Monitoring through Fire Safety Group.	• COVID - Regular updates RA's to R&R/Exec COVID. • Estate Strategy - to go to Board in July • Fire – Fire Safety Group, reports progress to Exec Health & Safety Group	

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	Action Required	Executive Lead	Due Date	Quarter 1 Progress Report	BRAG
1.	Project STAR and progression of FBC	Director of Estates Facilities & PFI	31/08/2020	Emergency capital bids 1&2 supported, perimeter hoarding being erected, contract being awarded for demolition works; FBC final elements of works progressing with a view to being presented to Trust Board in August 2020.	GA
2.	The purchase of Lyme Modular Wards conversion of Trent to provide new 26 acute beds. Both of these schemes will be delivered through the £17.M additional capital	Director of Estates Facilities & PFI	31/12/2022	Lyme modular purchase – now approved by NHSEI and being transacted. The Trent 26 beds, currently being reviewed by NHSEI, prior to Trust Board. Links to Project STAR and Sodexo Market Testing BC for decant.	GA
3.	Secure approval of the Trust Estate Strategy.	Director of Estates Facilities & PFI	31/07/2020	Agreed at Exec Team & Infrastructure Committee, to go to Board in July. Will require refresh reference Clinical Service Reviews and COVID-19.	
4.	Statutory Maintenance Programme – some elements deferred as a result of COVID-19.	Director of Estates Facilities & PFI	31/7/2020	Currently being considered alongside Restoration and Recovery Work.	GA
5.	COVID-19 space requirements and reconfiguration plans	Director of Estates Facilities & PFI	31/07/2020	Guidance has been circulated and Risk Assessments are being completed across all areas, with the organisational and estate impact yet to be quantified.	GA
6.	Strategic Supplier Relationship Management Programme (Cabinet Office and HM Treasury).	Director of Estates Facilities & PFI	31/07/2020	A Joint Business Plan has been written by EF & PFI and Sodexo, to go to Executive Team and Infrastructure Committee in July.	GA
7.	To undertake a full Estates Operations workforce review within 6 months to consider and propose a structure to ensure future resilience and service delivery	Director of Estates Facilities & PFI	31/12/2020	Currently under review.	GA
8.	Examine options to increase resources within capital development team to negate external costs	Director of Estates Facilities & PFI	31/12/2020	Currently under review.	GA
9.	To introduce Fire KPI's to be monitored through formal Divisional Performance Review Meetings.	Director of Estates Facilities & PFI	31/07/2020	Fire safety KPI's currently being developed to support Clinical Divisions in achieving strong compliance against fire training, fire risk assessment and fire evacuation planning.	GA

Risk Summary						
BAF Reference and Summary Title:	**BAF 9: Financial Sustainability**				**SO's Impacted Upon**	✓
Risk Description:	**If we fail to operate within the resources available along with any flexibility agreed with the regulator then the services the Trust provides become financially unsustainable leading to increasing Cost Improvement Programmes / potential recovery action and a lack of ability to invest in the development of services in the future**					
Lead Director:	Chief Finance Officer	**Supported By:**				
Lead Committee:	Performance and Finance Committee					
Links to Corporate Risk Register:	**Title**	**Current Risk Score**				
	I will complete this.	*I will complete this.*				

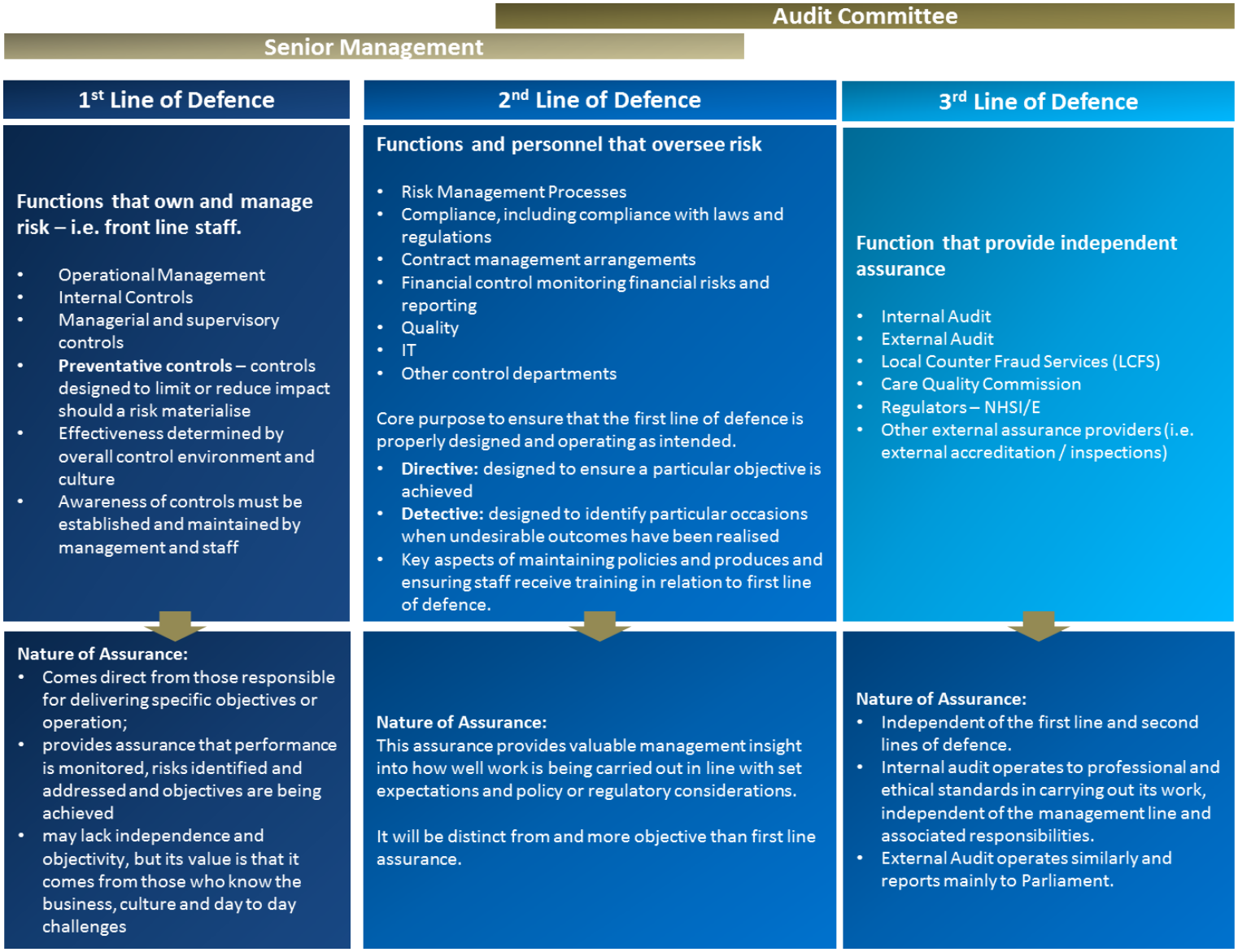
Risk Scoring								
Quarter	**Q1**	**Q2**	**Q3**	**Q4**	**Rationale for Risk Level**	**Target Risk Level (Risk Appetite)**		**Target Date**
Likelihood:	**3**				With the suspension of the normal financial regime interim arrangements are in place until the end of July to "true up" income to provide the trust with a break even position. Early indications are that this mechanism will continue for the remainder of the year but yet to be confirmed. Revenue costs associated with COVID are included within the True up, but Capital costs . The risk reflects elements of this are still to be confirmed.	**Likelihood:**	**2**	31st March 2021
Consequence:	**3**					**Consequence:**	**3**	
Risk Level:	**High 9**					**Risk Level:**	**Mod 6**	

Control and Assurance Framework – 3 Lines of Defence			
	1st Line of Defence	**2nd Line of Defence**	**3rd Line of Defence**
Controls:	• Performance Management meetings in place with Divisions • Financial codes and procedures • Restoration and recovery group scrutiny	• Finance report in place to performance and Finance Committee with associated scrutiny • Standing Financial Instructions	• Consideration of Internal audit programme to reflect changing risks on COVID • STP Capital Programme in place in Line with Capital Resource Limit (CRL) • External audit programme in place
Assurance:	• All COVID revenue costs reimbursed claimed to date	• Performance at Month 1 on track	

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	**Action Required**	**Executive Lead**	**Due Date**	**Quarter 1 Progress Report**	**BRAG**
1.	Maintain system of Internal Financial control and due governance	Chief Finance	30/06/2020	SFI's remain in place with regular exec meetings to review requests. Senior	GA

	as services step back up	Officer		finance presence on Restoration and recovery group with Finance leads attached to individual cells.	
2.	Ensure the emerging financial regime post end of July is fully understood and risks identified	Chief Finance Officer	31/07/2020	Attendance on National Calls and processes to disseminate of information in place	**GA**
3.	Develop processes to manage the Capital resource limit across the STP footprint	Chief Finance Officer	31/07/2020	STP plan agreed and reflected in UHNM capital programme. Initial meeting with STP established to discuss way forward re wider Governance	**GA**
4.	Develop financial reporting pack to support board oversight and scrutiny of financial performance	Chief Finance Officer	30/06/2020	Needs to fit in with external reporting and FIMS continue to be submitted to time. Review of approach to support board scrutiny under way considering run rate movements	**GA**
5.	To understand the impact of the wider restoration and recovery programme on UHNM performance	Chief Finance Officer	31/07/2020	Agreement on DoF lead to sit on the wider restoration group with feedback to System DoF's group	**GA**

Appendix 1 – Three Lines of Defence Model



The Three Lines of Defence model provides a simple and effective way to enhance communications on risk management and control by clarifying essential roles and duties.

To ensure the effectiveness of the risk management framework, the board and senior management need to be able to rely on adequate line functions – including monitoring and assurance functions – within the organisation.

As illustrated here, the Three Lines of Defence model provides a means of explaining the relationship between these functions and as a guide to how responsibilities should be divided:

- the first line of defence – functions that own and manage risk
- the second line of defence – functions that oversee or specialise in risk management, compliance
- the third line of defence – functions that provide independent assurance

From Quarter 2 2019/20, the Three Lines of Defence Model was incorporated into the BAF against each Strategic Risk. Whilst this is expected to evolve further, it provides an alternative 'lens' for Board and Committee members to consider – particularly around identifying areas of potential weakness.

Trust Board

2020/21 BUSINESS CYCLE

KEY TO RAG STATUS	
Paper rescheduled for future meeting	
Paper rescheduled for next meeting	
Paper taken to meeting as scheduled	

Title of Paper	Executive Lead	Apr 8	May 6	Jun 10	Jul 8	Aug 5	Sep 16	Oct 7	Nov 4	Dec 9	Jan 6	Feb 3	Mar 10	Notes
PROVIDE SAFE, EFFECTIVE, CARING AND RESPONSIVE SERVICES														
Chief Executives Report	Chief Executive													
Patient Story	Chief Nurse													Public Trust Board meetings did not take place in April - June due to social distancing
Quality Governance Committee Assurance Report	Associate Director of Corporate Governance													
Emergency Preparedness Annual Assurance Statement and Annual Report	Chief Operating Officer													Delayed due to Covid.
Care Quality Commission Action Plan	Chief Nurse													
Bi Annual Nurse Staffing Assurance Report	Chief Nurse													
Quality Account	Chief Nurse													Timing moved due to changes in national requirements regarding submission
7 Day Services Board Assurance Report	Medical Director													Timing TBC
NHS Resolution Maternity Incentive Scheme	Chief Nurse													Timing TBC
Winter Plan	Chief Operating Officer													
PLACE Inspection Findings and Action Plan	Director of Estates, Facilities & PFI													
ACHIEVE NHS CONSTITUTIONAL PATIENT ACCESS STANDARDS														
Integrated Performance Report	Various													
ACHIEVE EXCELLENCE IN EMPLOYMENT, EDUCATION, DEVELOPMENT & RESEARCH														
Transformation and People Committee Assurance Report	Associate Director of Corporate Governance													
Gender Pay Gap Report	Director of Human Resources													
People Strategy Progress Report	Director of Human Resources				→	→								Deferred to August's meeting due to Covid
Revalidation	Medical Director													Delayed due to Covid and change in national reporting timescales.
Workforce Disability Equality Report	Director of Human Resources													
Workforce Race Equality Standards Report	Director of Human Resources													
Staff Survey Report	Director of Human Resources													
LEAD STRATEGIC CHANGE WITHIN STAFFORDSHIRE AND BEYOND														
System Working Update	Chief Executive / Director of Strategy													
ENSURE EFFICIENT USE OF RESOURCES														
Performance and Finance Committee Assurance Report	Associate Director of Corporate Governance													
Revenue Business Cases / Capital Investment / Non-Pay Expenditure £1,000,001 and above	Director of Strategy													
IM&T Strategy Progress Report	Director of IM&T													
Going Concern	Chief Finance Officer													
Estates Strategy Progress Report	Director of Estates, Facilities & PFI			→	→	→								Deferred due to Covid-19
Annual Plan 2020/21	Director of Strategy													Deferred due to Covid-19
Financial Plan 2021/22	Chief Finance Officer													
Capital Programme 2021/22	Chief Finance Officer													
GOVERNANCE														

Title of Paper	Executive Lead	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Notes
		8	6	10	8	5	16	7	4	9	6	3	10	
Nomination and Remuneration Committee Assurance Report	Associate Director of Corporate Governance													
Audit Committee Assurance Report	Associate Director of Corporate Governance													
Board Assurance Framework	Associate Director of Corporate Governance		Q4			Q1			Q2			Q3		Covid Assurance Framework included in CEO Report May 20
Raising Concerns Report	Director of Human Resources		Q4			Q1			Q2			Q3		
Annual Evaluation of the Board and its Committees	Associate Director of Corporate Governance													Deferred due to Covid-19
Annual Review of the Rules of Procedure	Associate Director of Corporate Governance													
G6 Self-Certification	Chief Executive			→										Deferred to June's meeting
FT4 Self-Certification	Chief Executive													
Board Development Programme	Associate Director of Corporate Governance			→	→	→								Deferred due to Covid-19