

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 20 MAY 2021

Title:	BOARD ASSURANCE FRAMEWORK REPORT QUARTER 4 2020/21
Responsible Director:	David Burbridge, Chief Legal Officer
Contact:	Berit Reglar, Deputy Foundation Secretary, ext. 14324 Peter Moon, Corporate Risk Lead, ext. 13661

Purpose:	To present an update to the BOARD OF DIRECTORS with information and assurance relating to high level strategic risks within the Trust.
Confidentiality Level & Reason:	None
BAF Ref: / Strategy Plan Ref:	BAF – All Strategic Risks
Key Issues Summary:	The controls, assurance and actions for each of the strategic risks have been reviewed with Executive Team Members and this is reflected in the Board Assurance Framework (App A)
Recommendations:	The BOARD OF DIRECTORS is asked to review and approve the updated Board Assurance Framework (App A).

Signed: David Burbridge	Date: 29 APRIL 2021
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BOARD OF DIRECTORS

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BOARD ASSURANCE FRAMEWORK REPORT QUARTER 4 2020/21

1. Introduction

This report provides information and assurance to the Board of Directors in relation to the management of high level strategic risks within the Trust. Information regarding strategic risk is provided through the Board Assurance Framework (BAF). The BAF is reviewed and updated on a quarterly basis with members of the Executive Team.

2. Strategic Risk - Board Assurance Framework

2.1 The resource of the Board of Directors is finite, members cannot be present at every meeting to oversee every transaction and therefore the responsibility for carrying out day to day activity falls to the Trust's management.

2.2 As a result of this approach the Board of Directors requires regular assurance that the Trust is progressing to achieve its strategic objectives in the expected way with the expected outcomes. This includes threats to achievement (risk), internal controls that have been put in place and actions that are planned.

2.3 The sum of assurances received by the Board of Directors constitutes the Board Assurance Framework, the purpose of which is to:

2.3.1 Describe the Trust's key strategic risks as identified by members of the Executive Team;

2.3.2 Confirm the initial, current and target level for each of these strategic risks;

2.3.3 Identify how each risk is being managed (the controls in place);

2.3.4 Confirm the type of assurance offered for each control and how it is reported; and

2.3.5 Identify any further action required to reduce the risk to an acceptable level and when these actions will be complete.

2.4 The updated version of the BAF, which has been reviewed with members of the Executive Team, is included at Appendix A to this report.

3. Strategic Risk Register

Ref	Risk	Owner	Initial (LxC)	Current (LxC)	Target* (LxC)	Change in ¼
SR3/18	Prolonged and/or substantial failure to meet operational performance targets.	COO	25 (5x5)	20 (5x4)	9 (3x3)	↔
SR12/18	Unable to maintain and improve quality and quantity of physical environment to support the required level of service.	CFO	25 (5x5)	16 (4x4)	9 (3x3)	↔
SR5/18	Unable to recruit, manage and retain adequate staffing to meet the needs of patients.	CWIO	20 (5x4)	16 (4x4)	12 (3x4)	↔
SR7/18	Failure of IT systems to support clinical service and business functions.	CMO	25 (5x5)	16 (4x4)	4 (2x2)	↔
SR4/18	Increasing delays in transfer of care from UHB sites in excess of agreed targets.	COoHS	25 (5x5)	12 (3x4)	9 (3x3)	↔
SR8/18	Adverse impact of BREXIT on Trust innovation agenda.	CIO	16 (4x4)	12 (4x3)	8 (4x2)	↔
SR1/19	Prolonged and/or substantial failure to deliver standards of nursing care.	CN	20 (5x4)	12 (3x4)	6 (2x3)	↔
SR1/20	Ability to provide the highest quality of treatment and care in maternity services	CN	25 (5x5)	12 (3x4)	8 (2x4)	↔
SR1/18	Financial deficit in excess of planned levels.	CFO	20 (5x4)	9 (3x3)	6 (2x3)	↔
SR2/18	Cash flow affects day to day operations of Trust.	CFO	15 (5x3)	9 (3x3)	6 (2x3)	↔
SR6/18	Material breach of clinical and other legal standards leading to regulatory action.	CLO	16 (4x4)	8 (2x4)	4 (1x4)	↔

*This is a proposal by the risk owner and will be considered and agreed by the Board of Directors.

- **Initial Score** – The risk score with no controls (likelihood x consequence).
- **Current Score** – The risk score taking into account the controls that have been applied (likelihood x consequence).
- **Target Score** – The risk score that reflects an acceptable score for the risk (likelihood x consequence).

Indicator	Change in the Current Score of the risk
	The Current Score of the risk remains the same as the last quarterly report
	The Current Score of the risk has increased since the last quarterly report
	The Current Score of the risk has decreased since the last quarterly report

4. Strategic Risk Updates

Updates on progress in managing each strategic risk are provided by the risk owners as follows:

SR1/18	Financial deficit in excess of planned levels
Owner – Chief Financial Officer	
<p>Update:</p> <ul style="list-style-type: none"> • The Trust Interim Financial Plan was approved by the Board of Directors 27 October 2020. • The financial regime for month 7 onwards moved to a prospective block payment arrangement with a system based allocation for COVID 19 related costs. Due to the second COVID 19 wave the Trust has delivered less non-COVID 19 activity than initially anticipated, and as a result is delivering an improved financial position compared to the initial forecast. • The incentive/clawback of payments based on the levels of performance has now been suspended for the 2020/21 financial year. • Planning for 2021/22 remains unclear, however is likely to be split between the 2 halves of the financial year and more system focused. • The Internal Audit report has been completed, with limited issues identified. 	

SR2/18	Cash flow affects day to day operations of Trust
Owner – Chief Financial Officer	
<p>Update:</p> <ul style="list-style-type: none"> • Two block payments were received in April in order to allow the Trust to pay suppliers within 7 days and this has been maintained throughout the year. The second block payment was repaid in March 2021. • The block payment going forwards for months 7-12 is lower than that received in the earlier part of the year but given the reduced level of non-COVID activity being 	

delivered, the Trust costs remain below block payment level at this point.

- Close communication is maintained with regional NHS providers to ensure agreement of invoice values in advance to expedite payments. The majority of the accounts with regular NHS providers have been cleared in both directions with a small number of disputes ongoing. The focus has now shifted to what those payments will look like for 2021/22.
- Cash management measures are discussed in weekly cash meetings.

SR3/18

Prolonged and/or substantial failure to meet operational performance targets.

Owner – Chief Operating Officer

Update:

- Staffing levels were extremely challenging in Quarter 4 during the peak numbers of Covid19 inpatient admissions and ITU occupancy. This was compounded by increased sickness levels, shielding requirements, and the impact of a 3rd wave on the health and well-being of our workforce. In January, UHB set up the BSol reservist hub which successfully worked with all ICS partners to redeploy c2000 staff into the ITUs and wards to support and care for our patients during the pandemic.
- Quarter 4 has also been extremely challenging in terms of elective care delivery, with sustained Covid-related pressures on ED and ITU resulting in elective operating having to cease for the majority of the period. Such was the severity of the impact of Covid wave three, that the Solihull site had to be used as a medical inpatient facility for the first time since May 2020.
- Performance against the operational targets has consequently remained well below the national standards in most areas, and the focus during Q4 has been on establishing robust plans for the restoration of elective services in advance of the reduction in Covid cases within the Trust.
- In order to enable a collaborative, system response, a BSol Operational Delivery Group (ODG) has recently been established in order to lead an effective approach to tackling the elective backlog reduction. The group is chaired by the UHB COO and aims to maximise the operational capacity across the system to prioritise the clearance of high priority elective backlogs in the shortest time possible. The ODG meets three times a week with executive level membership from all system providers.
- Early work has focused on the development of a system-wide demand and capacity model to support operational decision making around capacity and resource allocation. Key next steps include refining and finalising the demand and capacity inputs and assumptions in order to establish a system backlog forecast and recovery trajectory for Quarter 1. In addition, the outputs of the demand and capacity work-stream will support the emerging work around peri-

operative care and staffing models and will support the development of new pathways of care that are less reliant on ITU capacity.

- A range of efficiency metrics aimed at tracking progress against the recovery plan and ensure best use of available capacity have been developed in collaboration with constituent provider organisations. These will soon start to be reported at system level via the BSol Elective Hub.
- Internally, UHB has clinically re-prioritised the entire inpatient waiting list as well as outpatient services and this information will be used to inform the re-commencement of elective services both within the Trust and across the system.
- Harm reviews across BSol are being carried out in similar ways, with some variation around a theme. Internally UHB has strong processes in place for review of patient with a Cancer diagnosis, with regular contact and communication occurring in these groups. For patients in other priority categories (particularly P4 patients) the trust is readying communications to be used to inform patients of the present situation and ensure a consistent approach is taken with regard to review and raising of any concerns.
- With respect to the use of independent sector capacity, the Trust made good use of available capacity throughout Quarter 4, however despite lengthy and on-going contractual discussions, there is currently no formal agreement for the continuation of these arrangements for the next quarter.

SR4/18

Increasing delays in the transfer of care from UHB sites in excess of agreed targets

Owner – Chief Officer for Out of Hospital Services

Update:

DTOC (delayed transfers of care) performance continues to be below target. This has been primarily delivered through:

- BSOL system actions in response to national 'COVID-19 Hospital Discharge Service Requirements' issued 19 March 2020 which required the system to implement a Discharge to Assess model underpinned by trusted assessment that has enabled faster discharge from acute hospitals. System partners have worked together positively and quickly in delivering the necessary changes and also ensure that, as a system, there was a balance between the need for emptying acute bed capacity with providing appropriate support to the care home sector. For UHB, for example, this meant providing PPE mutual aid to care homes and domiciliary care providers to facilitate discharge.
- The roll out of the Early Intervention Community Teams (EICT) across the 5 Birmingham localities during Q1 20/21 has resulted in a significant increase in patients being able to be discharged home from hospital for their rehabilitation rather than waiting to access an inpatient community rehabilitation bed. This team also provides a step up service for deteriorating patients in the community and as such is providing an alternative to an ED attendance/emergency admission. In addition extra intermediate care beds were commissioned from Birmingham Community Healthcare NHS Foundation Trust and private sector care homes.

- OPAL, the front door multi-disciplinary team for older people work, is now providing video consultations to West Midlands Ambulance Service (WMAS) paramedic teams assessing patients on scene. Approximately 120 crews are connected to date and approximately 60-70 consultations per week are occurring. Conveyance rate is c30%. The OPAL team can also now directly access community rehabilitation beds and the home EICT team, therefore reducing the need for inpatient admission. These changes have reduced LOS in both acute and community beds and as a result a material reduction in DTOC.
- Wave 2 in Q3 has shown continued commitment from partners not to return to the pre Wave 1 model although the national decision not to enact Care Act easements, nor to suspend traditional health and social care funding mechanisms for long term care (both of these actioned in response to Wave 1) as well as the requirement to test all patients prior to discharge to a care home has resulted in an increase in hospital length of stay for this patient cohort compared to Wave 1. It is recognised though that length of stay continues to be significantly below historic norms.
- The BSOL System Discharges & Care Homes Group chaired by the Chief Executive of Birmingham Community Healthcare NHS Foundation Trust which was established as part of the COVID-19 response, continued to meet during Q4 and has coordinated the system response to the second surge as well as winter plans. In addition the Group reviews system metrics including number of patients medically for discharge, hospital and intermediate care discharges per week and length of stay by discharge destination. The Group has also developed an agreed phasing plan for closing additional capacity opened to support Wave 2/winter pressures although this will have escalation triggers established to ensure that capacity can reopen if trigger points are met.

At a national level the COVID – 19 Hospital Discharge Service Requirements' guidance led to the suspension of DTOC reporting. In place of this NHS providers are being asked to submit data through daily Acute and Community Discharge sit reps. These focus on identifying the number of people leaving hospital and where they are discharged to, and the reasons why people continue to remain in hospital. The purpose was to allow NHSE to track the effectiveness of the policies within the new guidance. The challenge for providers is that a significant proportion of the data requested is not easily identifiable from existing systems and would require manual data collection on a daily basis from staff who need to focus their time and effort on the delivery of discharges from hospital. This is a challenge for many providers and as such data quality is not robust. The Trust has raised concerns with the current reporting requirements however it is unlikely that there will be any material changes to these until COVID pressures have abated. Locally the BSOL system has continued to record DTOC to allow performance to be monitored however as it is no longer required for national reporting purposes there is a risk that the quality of DTOC data will reduce in the coming months. In the light of this from May 2021 a new set of metrics will be included in the Board of Directors Performance Report to cover the discharge pathways that require input from both Local Authority and CCG professionals.

SR5/18

Unable to recruit, manage and retain adequate staffing to meet the needs of patients

Owner – Chief Workforce and International Officer

Update:

- The alignment of the non-medical recruitment teams across the Trust commenced from October 2020. The merging of the teams will improve consistency and efficiency in recruitment practice. The decision was made to pause the roll out of the end to end recruitment process which was originally scheduled for December 2020. This is due to the Covid-19 vaccination programme taking precedence. Due to the recruitment team's priority being diverted to rapidly clearing staff for the COVID vaccination centre, the end to end recruitment process will be rolled out during Q1.
- The support for the Nursing Associates Programme continues.
- There is an expected delay to the planned pay progression changes which were scheduled to be implemented in Q1 2021/22.
- The technical ESR merge took place in February 2021. The merge of pay-rolls will follow on from this.
- A project meeting for the Applicant Tracking and Recruitment System is scheduled for the end of March with Oleo and the plan is to roll this out during July. This ties in with the work that Robert Bennett and his team have been doing around the ESR alignment and the move to a single NHS Jobs account.
- A BSOL ICS Workforce Dashboard has been developed, and the Workforce Planners are now meeting on a monthly basis to discuss the development of the workforce planning agenda along with identifying opportunities for improvements linked to the BSOL People Board Priorities.
- The Trust's Director for Workforce has been appointed as the Interim Workforce Systems Lead for the STP. The STP Phase 3 Restoration and Recovery Plan has been submitted to NHSE and sets out workforce risks and challenges together with the opportunities to work collectively as an STP. Further STP developments include:
 - An STP-wide Dashboard has been approved by the STP People Board. A prototype will be ready in November
 - The STP has agreed to scope out a 'reservist model' for resourcing on demand.
 - The STP has committed to invest in the Health & Well Being of staff. The plan will include a single system approaches to risk assessment, access to psychological support and enhancing the wellbeing offer
 - The development of a tailored support and engagement package for BAME staff which will include an Inclusion Leadership Development Programme
 - System wide workforce transformation in Critical Care, Cancer, and Primary Care pathways

- Career opportunities and development for staff. A Memorandum of Understanding has been signed across the STP, allowing the opportunity for so staff to move across the STP.
- The STP has joined up with the West Midlands Combined Authority to address the economic impact of COVID-19 through the creation of employment opportunities and career development.
- Changes made to the Trust's recruitment processes in response to COVID-19 continue, these include:
 - DBS checks are now accepted from another employer for 'fast-track' applicants only. Applicants for substantive posts continue to require a full DBS check.
 - Memorandums of Understanding are in place between local Trusts and providers to share workforce without need to undertake separate employment checks in host locations. This is specific to certain cohorts of posts, i.e. student nursing.
- Internal Audit reviewed the changes made to the Trust's recruitment processes in response to COVID-19 in October 2020, specifically looking at verifying the 'right to live and work' checks. The feedback from the audit was very positive with minor recommendations. The audit focussed on the reduced verification of original documents (Scanned copies of documents rather than originals), DBS checks, right to work and references. Minor recommendations to review original documentation in the new year. This will be picked up during Q1.
- Staff turnover has reduced to 9%. It is unclear at this stage whether this is because of COVID-19. This is continually being monitored in the event of a second wave leading to staff leaving/retiring early. Reasons given for leaving continue to evidence that a lack of work life balance plays a large role. However, the Trust flexible and home working initiatives do appear to have had a positive impact on staff able to use these.

The Occupational Health Service continues to respond to the changing needs of the Trust during COVID-19, they continue to support people to stay safe and healthy at work, if unfit for work to be supported to enable a quick return to work. The service advises on:

- Individuals who are either currently off sick or are working with a health condition, advising managers on any restrictions to their working practises or adaptations they may require, including working from home.
- Review risk assessments for staff that have underlying medical conditions again advising managers on adaptations to their working environment.
- Continue to undertake efficient staff swabbing service to limit the amount of self-isolation, while ensuring all staff that should be, are self-isolating
- Counselling team continue to flex to support the staff, they have made links with other organisations such as CRUSE
- The Employee Relations team are continuing to monitor and review sickness absence reporting. Specifically for COVID-19 related absences, a pro-active follow

up process is in in place, providing advice to Managers to support staff to return to work.

- The launch of the First Line Leaders programme and portal has taken place. The Trust will have an additional focus on developing and engaging with first line leaders (Bands 3-6) across the Trust and all functions. It is estimated that circa 2000 staff will be eligible for the programme. The purpose of the programme is to connect and inspire first line leaders to learn from each other and share good practice, as well as feel supported. A number of listening and virtual events will be hosted during January 2021 to introduce the programme.

SR6/18	Material breach of clinical and other legal standards leading to regulatory action
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Owner – Chief Legal Officer

Update:

- In December 2020, CQC conducted a focused inspection of Medical Services covering Safe, Responsive and Well led. CQC identified two ‘Must do’ actions relating to staffing at GHH and VTE risk assessments at all sites. ‘Should do’ actions included PPE use, learning from incidents, RESPECT/DNACPR documentation, as well as nurse staffing. An action plan has been developed and will be monitored via CLOGG.
- There are currently 2 outstanding actions from the 2019 CQC Inspection which relate to staffing in ED. Progress is reviewed by the Chief Nurse and Chief Legal Officer with regular updates provided to the Board of Directors and Audit Committee in the quarterly compliance reports. Completion of these actions has been delayed while the Trust continues to addresses operational requirements relating to COVID-19.
- All of the improvement actions have been completed to address the conditions (under section 31 of the Health and Social Care Act 2008) on the Trust’s licence that relate to Radiology Services. In January 2021, the CQC removed the conditions placed on the registration for diagnostics and screening procedures at Good Hope Hospital. They are now assured that a governance system is in place for reporting images, urgent examinations are identified and prioritised, risks are identified and actions are put in place to monitor and mitigate breaches.
- The CCG contract requirement to publish the names of those qualifying staff that have not made a Conflict of Interest declaration at the end of each Financial Year has been relaxed for 2020/21. Quarter 4 data shows that 48.6% of decision making staff (Band 8d, plus Consultant grades) have made a conflict of interest declaration.
- The Data Security and Protection Toolkit (DSPT) for 2019/20 was submitted in September 2020. The Trust is now fully compliant with the DSPT 2019/20. The baseline for the DSPT 2020/21 was submitted in February 2021. Owing to some new mandatory requirements, the Trust does not fully meet the DSPT Toolkit

2020/21. An Action Plan is in the process of being agreed. An internal audit by KPMG is currently on-going and the outcome will be presented to the Audit Committee at the end of April.

- The Good Governance Institute report following their NHSI Well-Led Review has been finalised. The report was discussed at a Board of Directors Seminar in March 2021, and an action plan is in the process of being finalised. NHSI have been informed of the outcome.
- Staff from Corporate Affairs continue to support the national COVID-19 vaccination program. This has included the development of a range of risk assessments related to health and safety and security in partnership with venue owners.

SR7/18

Failure of IT systems to support clinical services and business

Owner – Chief Medical Officer

Update:

- IT services continues to support staff in working safely throughout the COVID-19 pandemic. This has required the adoption of new ways of working across the whole workforce which has included:
 - The widespread use of remote telephone and video clinics to keep both patients and staff as safe as possible in the COVID-19 environment. Later this month, a platform provided by DrDoctor will deliver digital outpatient appointment letters and text reminders to patients across all UHB sites. In addition, the DrDoctor platform will also replace the Vidyo platform that is currently supporting outpatient video consultations across the Trust. The platform will be available across all outpatient specialties at all sites. Patients will receive the link to their video appointment as part of the text reminders. They will be able to launch their video consultation through a web browser, without needing to download an app, leading to a smoother user experience
 - The extension of home working in line with Government guidelines. All VPN/equipment requests or IT queries/technical issues relating to homeworking are dealt with through the IT portal or IT service desks.
- Works continue to provide a fit for purpose IT environment and the Trust has committed to an investment into the core infrastructure over the next few years to enable the continued delivery of high standards of care. Improvement projects are ongoing and include:
 - Oceano is now live at Heartlands, Good Hope, Solihull and Birmingham Chest Clinic and the PAS team, together with IT, has worked through the urgent issues that arose in the early days of the system being live. The PAS project will be closed formally on 19th March. The lessons learned review has taken place and transition to BAU will be completed at this point.
 - A new PACS system has been introduced at Heartlands, Good Hope, Solihull and Birmingham Chest Clinic. Carestream Vue Motion has been integrated with Concerto/iCare and become available to users at HGS. Carestream Vue Motion contains the most up to date images and diagnostic reports for patients. Vue

Motion has all the standard functionality seen with the current PACS and new advanced features such as multi-planar reconstructions and the ability to view study comments. The application has 2 components – Vue Motion that is used by the clinicians across the Trust and Vue PACS used within Radiology. Some issues have been observed on the Vue PACS system with the main concerns already resolved. The team continues to work with the suppliers to close any outstanding issues and improve the system further. The project is largely in BAU and the system is being administered by the Joint PACS team.

- PICS (Prescribing Information and Communication System) went live at Solihull Hospital in November, and a plan for the wider Trust roll out was agreed and signed off in January 2021 by PICS@HGS Implementation Group chaired by the Deputy COO. The bespoke clinical system provides sophisticated clinical decision support that directly improves the safety and quality of patient care across all of our hospitals. The focus of the next stage is on general medicine at BHH in phase 1 implementation with the first cohort of wards going live in April 2021 (13/4). The PICS team will work closely with all wards and departments on the rollout, which will include training for doctors, nurses and AHPs. While training commenced w/c 8th March there have been some issues with availability due to Covid-19 restrictions/social distancing. The training team is working with Estates to resolve this.
- The Electronic Referral Handling Application (ERHAV3) went live across all sites on Monday 16 November 2020. At that point all non 2ww referral letters (GPs, tertiary, Consultant to Consultant, other hospitals etc.) will be managed through ERHAV3, providing a single point of access for these referrals. ERHA is now live and a single source of information for all referrals across the Trust, with the exception of maternity.
- Work continues on the risks identified by the DIONACH & PENTest People Report. The majority of the risks still open are related to the legacy server estate of which a project has commenced, which will assist in the remediation but not in the short-term due to the complexities.
- IT Services are about to commence the annual external/internal Penetration Test. The Senior Information Responsible Officer (SIRO) has signed off the scope of the penetration test as stipulated in the Data Security Protection Toolkit (DSPT), and we have engaged with a vendor. Work is planned to begin in late April early May 2021.
- The Trust has received further funding of £222k revenue for 12 months from NHS Digital and X to ensure the Trust has an immutable offline back-up solution. This will support the Trust's new backup solution we are currently reviewing so we have one solution across the whole Trust. We have also received £10k towards a privileged access management (PAM) solution which was recently highlighted in a back-up validation review commissioned by NHS Digital. However, we are expanding the solution not only to cover controlled access to back-up solutions but the wider elevated privileges used across servers and infrastructure.
- The Trust has renewed the contract with Darktrace which is the solution we have in situ that monitors network traffic and user activity using artificial intelligence to

assess, alerts and in some cases take the necessary action to stop potential cyber breaches. We are working closely with Darktrace to expand and fine tune our configuration so we can exploit the solution to its full potential.

- The Trust has funded a solution called NightWatchman which will enable IT Services to strengthen its end point patching regime. It allows end point devices that are switched off to be woken-up at any time to enable them to be patched and then shutdown. The solution will also support the Trust to reduce its power consumption, spend and carbon footprint with the ability to power down end point devices at a predetermined time of day.
- The Trust received a CareCERT alert on the 3rd March 2021 advising of a Critical Vulnerability in Microsoft Exchange Server mail platform. Microsoft has released details of seven critical vulnerabilities affecting their Exchange Server mail platform. Microsoft state that a remote unauthenticated attacker could exploit some or all of these vulnerabilities, to obtain administrative privileges, extract sensitive information, or gain control of an affected system. The Trust has implemented a remediation plan which has included the immediate installation of Microsoft security patches to the UHB email domain. There is some residual risk that may affect the legacy email domain but this is relatively small and requires migration of users and decommissioning works to fully mitigate the risk. This is on track to be completed in May 2021.
- IT Services have recently identified that there are a number of users who have created an auto-forward rule on their corporate email account, which forwards received emails outside the Trust to Non-NHS/personal email accounts such as Yahoo or Hotmail. Auto-forwarding an email to an outside address (another domain which has not been deemed secure) could weaken the Trust’s protective measures, from the 22nd March 2021 this functionality will therefore be deactivated.

SR8/18	Adverse impact of BREXIT on Trust’s innovation agenda
Owner – Chief Innovation Officer	
<p>Update:</p> <ul style="list-style-type: none"> • On 31 December 2020, The EU-UK Trade and Cooperation Agreement concluded between the EU and the UK setting out preferential arrangements in areas such as trade in goods and in services, digital trade, intellectual property, public procurement. It is underpinned by provisions ensuring a level playing field and respect for fundamental rights. Article IP.33 further confirms an extension of the period of protection conferred by a patent on medicinal products. • The Agreement also provided updates on the processes needed to submit changes to marketing dossiers for medicinal products, as well as for amendments to clinical trials. • The appendix on medicines does however refer to “the exchange and acceptance of official GMP documents between the parties,” and includes an article covering “regulatory cooperation” on changes to technical regulations or inspection 	

procedures.

- A Working Group on Medicinal Products has been set up to monitor the impact of the deal on medicines in the UK and EU, for example to respond if there is a threat to medicines supply or public health, and organise future cooperation in areas like scientific or technical guidelines. It confirmed it will set a 150-day assessment timeline for new medicines, whilst also providing details of its equivalent to the EMA's "rolling review" designed process to speed up access to novel medicines.
- As a third country outside the General Data Protection Regulation, by default data can only be transferred from the EU to the UK with special contracts or certification. This applies unless the European Commission judges UK protections to be "adequate". This would be a significant disruption to uses of information for health. The TCA set out a grace period to the end of April where the status quo continues, extended by two more months if neither side objects. The Trust will continue to monitor the situation.
- Key points identified within the Agreement include:
 - UK continuing to have access to the Horizon Europe Research and Innovation programme as a paying third country.
 - The UK Medicines and Healthcare products Regulatory Agency (MHRA) has already started publishing guidance on how things will change which are currently being reviewed by the Trust.
- The supply of fluids in areas such as Renal Dialysis is of particular concern.

SR12/18	Unable to maintain and improve the quality and quantity of physical environment to support required level of service
Owner – Chief Financial Officer	
Update: <ul style="list-style-type: none">• The Estates teams continue to reconfigure areas of the hospital environment to meet COVID requirements, however with resources allocated to these projects and an increased level of staff absence due to COVID, the department has continued to adopt a risk based approach to maintenance.• Vaccination facilities have been set up on each site, ITM (QEHB), Hawthorn House (BHH) and Medical Skills Centre (GHH) and at various venues across Birmingham, including Millennium Point and Villa Park, as a part of the national COVID-19 vaccination program.• The enabling works and ground works for the Ambulatory Care and Diagnostics Centre (ACAD) have now been completed. The construction of supporting structure for the building has now started and is on track for completion in Q2 21/22. This four-storey building will house services including outpatients, ambulatory imaging, day case surgery and endoscopy, with the centre expected to open in 2022. The centre will provide a purpose-built environment with state-of-the-art facilities for our patients to receive care and our staff to work in. The	

development is being funded by the Department for Health and Social Care in order for patients in the region to benefit from additional services and facilities.

- To support the provision of services to ACAD the Estates Department are managing projects to improve the site infrastructure capacity, including an increase in High Voltage supply, an additional VIE bulk oxygen store and an extension to the existing Energy Centre, with all projects due to be completed by 2022
- The Shared Hospital Facility is currently under construction by VINCI Construction and continues to be closely monitored by the Estates Team. This is a joint venture project between the Trust and HCA Healthcare UK to provide 138 new beds for patients, a new radiotherapy unit and new state-of-the-art operating theatres. Construction is expected to be complete in 2022.
- The Estates team are currently discussing multiple capital ventures with partners, to provide facilities across the city that will provide continued improvement in choice and accessibility. This includes facilities at the new University Station, Grand Central Station and within community hubs.
- The £7 million project to refurbish the Welcome Theatres at QE Heritage Site is complete and the area is supporting the provision of COVID-19 care.
- The QEHB PFP fire survey is currently being worked through with the PFI Contractor, with all wards and 85% of levels -1, 0 & 1 complete. The associated remedial work programme continues with all Hospital Streets and Escape Stairways repaired. Further meetings have been held, with industry specialists, in respect of the proposed misting solution, with further analysis currently being undertaken.
- Fire strategy drawings on the high risk areas on the Heritage Site have been completed with survey work continuing.

SR1/19	Prolonged and/or substantial failure to deliver standards of nursing care
Owner – Chief Nurse	
<p>Update:</p> <p>The Management of COVID-19 during Q4 continues to challenge the provision of services across Trust. With the majority of elective and outpatient activity postponed to manage an escalating surge of critically unwell patients, Corporate Nursing staff have joined the reservist workforce, to support the management of patients in frontline roles.</p> <p><u>Inclusion and Wellbeing</u></p> <p>The health and wellbeing of all staff has remained a focus over the last year during our response to COVID-19. The Wellbeing hubs continue to offer rest and recovery support and guidance for staff.</p>	

Time to Talk Day 2021 was celebrated on 4th February. The day and events promoted the importance of taking time to have small conversations about the importance of kindness and consideration.

February also marked LGBT+ History month. As well as celebrating diversity throughout the month, a range of support and educational resources were made available to all staff to educate and better understand the issues that may be facing LGBT+ patients and staff. This was led by the Chief Nurse and other members of staff who support the Proud to be @UHB message.

The creation of LGBT+ role model storyboards to provide visible role models for lesbian, gay, bi and trans people, The role models are designed to act as inspiration, motivation and encouragement for others to be their authentic selves while at UHB. The role models' storyboards hear from LGBT+ professionals from a range of backgrounds and intersecting identities, during LGBT+ History Month.

UHB is working in partnership with other West Midlands NHS Healthcare Providers to bring you a Regional LGBT+ Conference on Thursday 25 March. The conference will be hosted virtually with a line-up of renowned guest speakers covering topics such as LGBT+ history with a twist; the impact of COVID-19 on the LGBT+ community; mental wellbeing: looking after yourself and others; and much more. The event is open to all staff.

Our inclusion packages include courses which explore: communicating in the workplace, culture and race, disability, gender, inclusion essentials, inclusion in action, mental health, sexual harassment, sexual orientation and Transgender awareness. As well as our wellbeing pages which include: communicating at work, responding to challenges and solutions focused brief therapy. Ranging from 20 minutes to 2 hours, there are packages available to suit your needs. New courses, available on Moodle for all staff, include:

- Diversity Challenges - looks at the practicalities of managing diversity in the workplace and the benefits that a diverse workforce can bring
- Understanding unconscious bias takes an in-depth look at the nature of bias and its impact in the workplace, providing useful psychological insights into how our own behaviour might be affected by bias and what we can do to reduce or eliminate its influence on our working relationships and the decisions that we make.
- Sexual Orientation, Transgender Friendly Workplace for Managers and Transgender Awareness.

Safeguarding Adults and Children

Safeguarding referrals for 16-18 yr olds have increased consistently during 2020-21. A SOP for admission for children was developed and implemented with a risk assessment for clinical staff to complete for 16 and 17 year olds. Their attendance is monitored so in reach support can be offered from the safeguarding team, to ensure safeguarding is considered. The risk assessment template is being developed to sit in PICs and will require completion within 6 hours of admission.

Adherence to the Safeguarding Child and Adult Procedures is monitored routinely through scrutiny of safeguarding activity and the safeguarding audit programme. There is increased effort in relation to improvement around consistent use of CPIS in PAU/ CAU and Delivery Suite and the ED at QE where some improvement is noted.

There has been successful recruitment to the associate Named Doctor role increasing resilience of the Named Doctor for Child Protection service across the organisation. This will be further enhanced with a session from a new Community Paediatrician once appointed.

There is increased triangulation of the intelligence seen by safeguarding in relation to safeguarding alerts/ allegations/ complaints and CQC queries which is shared with Divisions /Wards and drives targeted safeguarding support to areas requiring it.

There is a consistent compliance at 100% in relation to Deprivation of Liberty Safeguards applications being accompanied by a current mental capacity assessment. Intelligence from a variety of sources indicates that the Mental Capacity Act is not always utilised consistently to enhance the experience of patients and reviews continue to highlight missed opportunities to complete capacity assessments where they are indicated for patients with fluctuating capacity. Plans for a Trust wide education programme on the Mental Capacity Act and Best Interest Assessment to support the Consent Policy are being developed.

The mechanisms for making safeguarding referrals continue to vary across sites. A secure web based referral system for adults and children across all sites is the aim. This is dependent on the UHB email being accredited as being as secure as NHS net. The accreditation work slowed during the COVID-19 pandemic but mitigation in the meantime involves staff using a variety of referral forms and sending them via nhs.net team accounts on the GHH, BHH and Solihull sites.

There is currently work underway to explore how the risks associated with an increased number of mentally ill patients (including under 18s) being inpatients in our Acute Medical settings should be captured and this includes the need to have oversight and assurance of use of restraint for these patients. This risk will be assessed and reported on the Safeguarding risk register.

Training compliance with safeguarding is being monitored closely and the on-line training and blended learning offer has been enhanced to ensure we maintain compliance. Overall we are continuing to remain compliant however there are some areas where there will be a fall in compliance at level 3 (these include ED and critical care). This is as a result of the pandemic management and remedial action plans for these areas are being developed and will be implemented when clinical workload allows for this.

Vulnerable Patients

Works continue in support of our most vulnerable patients and progress during the quarter has included:

- Learning Disability and Autism Standards continue to be embedded into clinical areas, during Q4 the vulnerabilities team have been implementing the

standard's to support the clinical areas.

- Reducing restrictive interventions – a report has been produced of where the Trust needs to improve over the next 6 months.
- The Policy for Vulnerabilities has now been signed off and is now available on the intranet. The associated procedure has been signed off and is available on the intranet.
- Patient satisfaction leaflet has been produced so the vulnerabilities team can obtain feedback to ensure the LD standards are implemented within the clinical areas and the care they are receiving. Easy read documents have been produced for this vulnerable group of patients.
- Mental health patients and the support to the clinical areas is now in the vulnerabilities team portfolio.

Nutrition and Hydration

Fine bore nasogastric feeding tubes are in widespread use in order to meet the nutritional and medication needs of patients. Misplacement of nasogastric feeding tubes into the respiratory tract can have serious consequences. A task and finish group was set up following a number of Serious Incidents relating to nasogastric tube misplacement, to review current evidence and amalgamate practice across the four sites. Current actions include to:

- Develop and implement education programmes for medical, nursing and therapy staff for NG tubes
- Develop and implement process to provide assurance that staff completing insertion, management and position checking of NG tubes are competent/credentialed.

A multidisciplinary Moodle package for the insertion and ongoing care of fine bore nasogastric feeding tubes was developed and launched across all sites in 2020. The package includes an interactive video allowing learner engagement (using overlay of interactions by 5HP technology) and is followed up by a practical assessment. Once deemed to have passed the practical, the practitioner must log back into Moodle and complete self-declaration allowing clear monitoring of numbers of staff who are competent. Core trainers were identified to support the process.

Additionally a Moodle package for the interpretation of nasogastric x-ray interpretation is in the final stages of development. It should be piloted before the end of March 2021. Divisional Directors have been approached to help facilitate identification of which doctors will need training.

Infection Prevention and Control

There were no Trust Apportioned MRSA bacteraemia identified during January and February at UHB. Currently, for the financial year 2020/21, UHB have had two Trust apportioned bacteraemias.

The annual objective for Clostridioides difficile infection (CDI) for 2020-21 at UHB is 250 Trust Apportioned cases. The Trust numbers of C. difficile remain below the

target trajectory and will be in part due to the COVID-19 pandemic with community cases not presenting to the Trust. Antimicrobial stewardship remains the biggest challenge in C. difficile prevention. The Trust wide Antimicrobial Stewardship Group has developed its strategic intentions to deliver effective antimicrobial stewardship across UHB. A new antimicrobial pharmacist has been employed by the Trust and antimicrobial prescribing guidelines have been updated and these are now available on a user friendly mobile application called micro guide.

The fight against COVID-19 over the last 12 months has challenged all of us. As of the 16th March 2021, the Trust position is as follows:

- 13,507 total cases of COVID-19, more than any other Trust within the UK
- 226 inpatients positive for COVID-19, with 35 patients across all of our critical care units
- 1 ward is currently closed due to COVID-19, with another 12 bays affected, with 43 closed beds across the sites

The Trust continues to put in interventions to reduce COVID-19 transmission and this has been the main area of focus during February. These include the following measures:

- Within haematology at QEHB, we have looked at reducing the number of beds within the bays on W625 to conform with NICE guidelines for BMT patients and COVID-19
- Use of new technologies including air scrubbers is also being explored to optimise ventilation in haematology.
- Health and safety have taken a more prominent role in UHBs outbreak meetings, undertaking retrospective reviews on wards where there have been outbreaks. These reviews include both clinical and non-clinical areas. This has resulted in less staff outbreaks as evidenced in the December staff outbreak numbers. The health and safety reviews are also prospective now additional staff have been employed into the team.
- The Trust has recruited COVID-19 marshals in light of the increased issues identified from the outbreaks relating to staff wearing PPE inappropriately. These posts are now in place on the QE and BHH site to help monitor and improve PPE and social distancing compliance across the Trust.
- The Trust is utilising new more rapid COVID-19 testing platforms to provide results within 20 minutes on the front door areas. Informatics work continues on the COVID-19 dashboard to provide real time monitoring of the Trust's COVID-19 status.
- The Trust has created new Ambulance off load areas to help with Ambulance hand over times.
- A substantial proportion of the Trust's COVID-19 variants have been sequenced by the University of Birmingham, enabling us to pick up the new variants within the community. This has also helped outbreak management.

Furthermore, the Trust has picked up the new South African variant which has helped the government's Operation Eagle.

Mouth care is a priority for inpatients across the Trust and strongly related to general health and wellbeing, linking in turn to quality of life and dignity. The team is keen to explore views on the attitudes and training of staff in regards to mouth care for inpatients, as well as the potential impact the COVID-19 pandemic may have had on delivery of mouth care.

Falls

Age, frailty and multiple co-morbidities continue to be the contributory factors to falls, with confusion being the most prevalent. 75% of all the patients who suffered a severe/catastrophic harm had varying levels of cognitive decline.

The removal of oxygen therapy by COVID-19 positive patients resulting in hypoxia has been highlighted as a contributory factor for several falls. This can be attributed to delirium in several cases and intolerance of wearing the oxygen masks.

The Falls Team continues to support clinical areas by undertaking clinical shifts and continuing to complete investigations. Investigations have identified improving compliance with completing lying and standing blood pressures, and also evidence of how clinical staff are communicating the most at risk patients across their team so that everybody is aware of the patient's needs.

In addition the team are providing bespoke one to one/small group teaching sessions on an adhoc basis when training needs have been identified.

Tissue Viability

During Q4 the Tissue Viability team have been providing clinical support for colleagues on the wards during the second wave of the pandemic. All meetings and formal education were cancelled and projects put on hold to free up the time to support the areas in need. The team continue to assist with any complaints, clinical negligence claims and coroners reports.

Due to an increase in patients with COVID-19 needing to be nursed in a prone position there has been an inevitable increase in facial damage from the use of essential devices e.g. ET tubes and tapes due to facial oedema and instability. Patients have required nursing in this position for up to 16 hours.

The Tissue Viability team have worked closely with the reservist critical care workforce to provide education and training on using standardised products and techniques to help lessen the severity of pressure damage from proning. The team have also continued to monitor and review patients with damage to assess any longer lasting effects and developed an SOP regarding the concise RCAs for patients that have been nursed in a prone position to relieve the workload on critical care staff whilst continuing to provide assurance.

The community Tissue Viability team continues to work with the District Nurse bases to identify any recurrent themes and support the staff with learning and pressure area care. The updated categorisation tool has been widely shared together with bite size education to all District Nurse bases.

The TV team has worked closely with Podiatry colleagues to complete a pathway for the management of all foot ulcers in the community regardless whether a patient has diabetes or not. This will improve patient care while supporting the nurses.

Nursing Workforce

In January 2021 the Trust achieved staffing compliance of 79% for registered nurses during the day and 84% overnight indicating a minimal reduction in month. Staffing levels remain affected by the continuing pandemic, both in terms of staff sickness/ isolation and increasing requirements for inpatient capacity. Care Hours per Patient Day remained stable in month.

Compliance with HCA staffing remains above 100% for both day and night shifts, this assists in mitigating the registered nurse vacant shifts and is part of the workforce plan.

Work continues to establish the most accurate vacancy calculation and to use this for all internal and external reporting. This work involves a significant amount of re-coding and calculation of headroom and reporting of this information will commence from the 1st April 2021. To ensure some stability of monitoring in the interim the previous calculation has been used which broadly indicates that our vacancy figure remains stable at around 460-500wte.

We continue to have 3 cohorts a year of TNA's with a mix of internal (current HCA's seconded onto the TNA programme) and external TNA's recruited on fixed term contracts to complete the programme.

The guaranteed job scheme for newly qualified nurses is underway to maximise the recruitment of nurses qualifying in Autumn 2021. 174 3rd year student nurses are currently undertaking paid placements across the Trust as part of the COVID-19 pandemic response and are being contacted to ensure they are aware of the scheme and are given encouragement to apply.

We have 40 planned Band 5 starters in February 2021 and 76 in March 2021.

Midwifery

The birth to midwife ratio is calculated monthly using Birth Rate Plus methodology and the actual monthly delivery rate and this has now been added to the maternity dashboard so that it can be monitored alongside clinical data. In line with NICE recommendations BirthRate Plus were commissioned to undertake an assessment over a three month period however, this was delayed due to Covid 19. The assessment is now completed and the Trust anticipates the results in April 2021.

The percentage fill rates for the inpatient areas fluctuate between 77-88% during the day and 89-94% at night. When fill levels are below 100% particularly in the day for a number of reasons; Covid related absence, maternity leave, short and long term sickness. This is monitored on a daily basis and staff redeployed based on the acuity. There have been a number of new starters recently which will improve these in Quarter 4. When staffing is less than optimum, the following measures are taken in line with the escalation policy:

- Request midwifery staff undertaking specialist roles to work clinically
- Elective workload prioritised to maximise available staffing
- Managers at Band 7 level and above work clinically
- Relocate staffing to ensure one to one care in labour and dedicated supernumerary labour ward co-ordinator roles are maintained
- Activate the on call midwives from the community to support labour ward
- Request additional support from the on call midwifery manager
- Liaise closely with maternity services at opposite sites to manage and move capacity as required

All the above actions are designed to maximise staffing into critical functions to maintain safe care for the women and their babies. It is preferable to have higher fill rates during the night time when there is less support available from specialist midwives and managers. Actions taken to support safe staffing are captured in the live birth rate plus acuity tool. In addition a number of bank hours have been used across the service to cover maternity leave and long and short term sickness.

The UHB Professional Midwifery Advocate (PMA) SOP has now been implemented and standardises the PMA service within maternity services at UHB, to achieve the outcomes as outlined within the A-EQUIP model (NHS England, 2017). The PMA team are responsible for implementing and deploying the A-EQUIP model. The team is made up of 2.2WTE. Since January 2021 this has been reduced to 1.2WTE due to a role secondment. There is currently a recruitment drive for 1WTE to join the PMA team; interviews will take place in early April. The team have also been supporting new Professional Advocates (PA's) from nursing and allied health backgrounds, within the Trust and are now providing supervision for PA's in training.

To further support this, the PMA team are leading a new UHB PA network, to offer peer support and standardise the Trust implementation of the A-EQUIP model. The Trust PMA are also now receiving regular psychological supervision, to support their health and wellbeing whilst supporting others. A full evaluation of the service will commence this quarter, followed by an implementation pack containing templates to be shared on a regional platform. Several trusts within the region have already approached the team to share implementation templates.

Additionally during the quarter:

- The LMS MSW working party have completed phase 1 of the programme to review the Midwifery Support Worker role. In the next phase there will specific guidance from HEE. Once this guidance has been published the team will engage the maternity support staff to commence the training rollout.
- The substantive Director of Midwifery post has been advertised and shortlisting has taken place.

SR1/20

Ability to provide the highest quality of treatment and care in maternity services

Owner – Chief Nurse

Update:

The Trust continues to deliver a high standard of maternity care despite the continued Covid-19 pandemic. The Trust's maternity surveillance programme has been recognised as an example of best practice in the Department of Health 'Second quarterly report on progress to address COVID-19 health inequalities'. The report, published in February 2021, acknowledges the work of midwives at UHB in reducing maternal health disparities during the pandemic.

Work has progressed to support partners to attend key ante-natal appointments and scans, as this was ceased during the pandemic in line with National recommendations. Risk assessments of the clinic areas have taken place to ensure social distancing can be maintained, and Perspex screens have also been introduced in the Ultrasound rooms. Partners, or a support person are currently accommodated from the same household where there are specific circumstances, and this has been requested prior to attendance.

From the 9th of March 2021 Covid-19 testing began for both pregnant women and their support partners, to allow them to attend one of our sites for a 20 week scan. They are encouraged to attend one of the community testing hubs. All other appointments remain unaccompanied at this stage. However, plans are being developed for women to be accompanied to Early Pregnancy Assessment Unit dating scans. In addition, we continue to support women to have their one chosen birth partner with them on delivery suite at the beginning of labour and at the birth. Partners also now accompany women to the post-natal ward following birth for a short time before being asked to go home and return once discharge has been arranged.

The Healthcare Safety Investigations Branch (HSIB) carries out maternity safety investigations outlined in the national Safer Maternity Care action plan. HSIB investigate incidents that meet the Each Baby Counts criteria or their own defined criteria for maternal deaths. The Trust has received 6 HSIB reports following maternity investigations, with the safety recommendation that the placenta should be sent for histological examination. HSIB refers to the Royal College of Pathology Guidelines. The Trust has been unable to complete the placental histopathological examinations as outlined in this document due to lack of expertise in the specialist perinatal histopathology examination. They cannot recruit due to lack of funding and a national shortage of this expertise. In response, the Trust has explored the commissioning of this service within the Local Maternity System; however the specialist pathology service has suspended examining placentas from live births. This is most likely in part due to the nationwide shortage of perinatal pathologists. In response, a pathway has been developed to prioritise and triage placentas from cases that meet the HSIB criteria as outlined above. The Trust has also started to explore the provision of this service by a private company that are providing the service to another local Trust. A summary of the current situation has also been submitted to the CQC as requested.

5. Recommendations

The Board of Directors is asked to review and approve the updated Board Assurance Framework (Appendix A).

**DAVID BURBRIDGE
CHIEF LEGAL OFFICER
THURSDAY 29 APRIL 2021**