

None

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 23 JULY 2020**

Title:	RISK REPORT QUARTER 1 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 and operational) risks within the Trust.
Confidentiality Level & Reason:	None
Board Assurance Framework Ref: / Strategy Plan Ref:	BAF – All Strategic Risks
Key Issues Summary:	<ul style="list-style-type: none">• 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 (Appendix A)• There are 20 red operational risks on the Corporate Risk Register, 5 of which are reported as “Off Track” (Appendix B)• Operational areas have identified a range of risks relating to the impact and management of COVID-19 (Appendix C)
Recommendations:	The BOARD OF DIRECTORS is asked to: <ol style="list-style-type: none">1. Review and accept <i>SR13/18 Failure to realise the opportunities and benefits of merger.</i>2. Review and approve the Board Assurance Framework (Appendix A)3. Review and approve the Corporate Risk Register Report (Appendix B);4. Note the details of Operational Risks related to the impact and management of COVID-19 (Appendix C).

Signed: David Burbridge	Date: 16 JULY 2020
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None

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BOARD OF DIRECTORS

THURSDAY 23 JULY 2020

RISK REPORT QUARTER 1 2020/21

PRESENTED BY CHIEF LEGAL OFFICER

1. Introduction

This report provides information and assurance to the Board of Directors in relation to the management of high level strategic and operational risks within the Trust. Information regarding strategic risk is provided through the Board Assurance Framework (BAF), information regarding operational risk is provided through the Corporate Risk Register report. Both of these documents are 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.

None

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.	CTO	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.	MD	25 (5x5)	16 (4x4)	4 (2x2)	↔
SR4/18	Increasing delays in transfer of care from UHB sites in excess of agreed targets.	COOO HS	25 (5x5)	12 (3x4)	9 (3x3)	↓
SR13/18	Failure to realise the opportunities and benefits of merger.	CWIO	20 (5x4)	12 (3x4)	8 (2x4)	↔
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)	↔
SR6/18	Material breach of clinical and other legal standards leading to regulatory action.	CLO	16 (4x4)	8 (2x4)	4 (1x4)	↔
SR1/18	Financial deficit in excess of planned levels.	CFO	20 (5x4)	6 (2x3)	6 (2x3)	↓
SR2/18	Cash flow affects day to day operations of Trust.	CFO	15 (5x3)	6 (2x3)	6 (2x3)	↓

- **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).

None

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

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

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 – CFO	
<p>Update:</p> <p>The Trust delivered the agreed 2019/20 financial plan and has a good track record of achieving its agreed financial plans. This however relied on one-off savings and gains, which meant the Trust were facing significant financial challenges in 2020/21.</p> <p>Due to the COVID-19 pandemic an emergency financial regime was introduced for the first 4 months of the 2020/21 financial year which meant the Trust will deliver a breakeven position each month. It also suspended the need to make efficiencies/CIPs for this period.</p> <p>However the regime for month 5 onwards is less clear. It is anticipated that a block payment arrangement will continue but that there will be some incentive payments based on the levels of performance and activity that are delivered.</p> <p>At the point the detailed guidance is released, the impact will be assessed and the Trust will plan and budget accordingly.</p> <p>The cumulative impact of this financial regime has meant that the Current Score has reduced. Whilst it has now met the Target Score, the recommendation is not to Accept the Risk until the Trust has confirmation of the situation at month 5.</p>	

SR2/18	Cash flow affects day to day operations of Trust
Owner – CFO	
<p>Update:</p> <p>The Trust finished the 2019/20 financial year with £61.0m of cash, a favourable variance of £6.9m against the planned level.</p> <p>All of the 2019/20 PSF and MRET has been received.</p> <p>An emergency financial regime was introduced for April to July which is designed to facilitate timely payments to suppliers through this period.</p>	

None

Two block payments were received in April in order to allow this. Current guidance suggests that no block payment of cash will be received in July in order to pay back the dual payment in April.

This period is being used to clear old debt with other NHS organisations across the region.

Sales ledger and treasury management teams and processes are aligned.

Cash management measures are discussed in weekly cash meetings.

The Trust is currently paying suppliers within 7 days where invoices are approved.

DHSC have confirmed that the Trust's working capital loans of £31.8m will be converted to PDC around September 2020.

The cumulative impact of these has meant that the Current Score has now met the Target Score. However, the recommendation is not to Accept this Risk at this stage, but to continue to monitor for the short term.

SR3/18	Prolonged and/or substantial failure to meet operational performance targets.
Owner - COO	
Update:	
<p>The organisation's delivery against operational performance targets was severely impacted during Quarter 1 2020/21 by the COVID-19 pandemic. During the initial response phase, theatre, diagnostic and ITU capacity was appropriately prioritised in order to deal with the anticipated surge in COVID cases and avoid the emergency departments, assessment areas and ITUs being overrun. UHB experienced the highest number of COVID cases of any Trust within the UK and this early repurposing of capacity, coupled with a model of senior clinical leadership at each hospital and 24/7 consultant medical cover across ward areas, enabled the Trust to cope with unprecedented demand on urgent and emergency care pathways.</p> <p>Elective services during the initial response phase were correspondingly significantly scaled back. A model of clinical prioritisation was adopted, with only the most clinically urgent cases, where the risk of deferring treatment outweighed the risk of coming into hospital, were undertaken. This was managed via a clinically-led coordinated process to ensure maximum utilisation of all available urgent elective theatres and was run in collaboration with independent sector providers to ensure that all system-wide capacity was utilised. This approach enabled more than 1,000 urgent elective operations to still take place during Quarter 1.</p> <p>The impact on operational performance has been manifold. Performance against the 4hr A&E standard has improved significantly during Quarter 1 due to a combination of reduced attendances (but heightened acuity) and enhanced senior medical capacity leading to quicker turnaround times, faster decision making and improvements in discharges. Elective performance has however, deteriorated, owing to the significant reductions in diagnostic and treatment capacity and on-going requirement to prioritise capacity according to clinical need rather than time waiting.</p> <p>Comprehensive restoration and recovery plans have been enacted from early June 2020 as part of the Trust's 'Phase 2' operational response to the pandemic. These include the continuation of a senior clinician leadership model to support effective</p>	

None

urgent care, delivery, maintain flow and avoid congestion in ED. Elective recovery plans have focused on a model of clinical prioritisation and stratification in line with NHSE/I requirements and regional guidance. This has involved the repurposing of Solihull hospital and a designated area within QEH as COVID-secure elective facilities in order to enable the recommencement of urgent elective surgery and diagnostics.

It should be noted that there is likely to be further pressures as elective services recommence, including the need to maintain safe social distancing and infection prevention measures in all areas which will further impede capacity and throughput in clinic and diagnostic settings.

SR4/18	Increasing delays in the transfer of care from UHB sites in excess of agreed targets
Owner – COOOHS	
<p>Update:</p> <p>DTOC performance for the Trust in April was 1%. This is the lowest ever recorded.</p> <p>This has been primary delivered through:</p> <ol style="list-style-type: none">1. 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, we balanced 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.At a system level the national requirements were supported by changes to patient long term funding arrangements during COVID as well as the introduction of easements to the Care Act by both, Birmingham and Solihull Councils. These changes meant that the majority, if not all, historic delays relating both to securing patient funding approval and funding disputes between Local Authority and CCGs were removed. Delays relating to patient choice were also removed. In addition, housing delays have been reduced significantly through COVID funded initiatives by both Councils.2. The roll out of the Early Intervention Community Teams (EICT) across the 5 Birmingham localities 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.3. OPAL the front door multi-disciplinary team for older people work are 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 50 consultations per week are occurring.	

None

Conveyance rate is c30%. The OPAL team also can now directly access community rehabilitation beds and the home EICT team reducing the need for inpatient admission.

These changes have reduced LOS in both acute and community beds with approximately 200 beds freed up across the system and as a result a material reduction in DTOC. Whilst this is welcome news it is important that partners focus on retaining and embedding as much of the recent changes as possible. There is a commitment from all partners not to simply return to the pre COVID model with key risk areas being a:

- (i) Return to traditional health and social care funding mechanisms for long term care.
- (ii) Return to the original processes relating to patient choice.
- (iii) Loss of additional temporary housing capacity to support discharge.

These changes have also been reflected in the Current Score which has reduced from 16 (4x4) to 12 (3x4).

SR5/18	Unable to recruit, manage and retain adequate staffing to meet the needs of patients
Owner – CWIO	
Update: <ul style="list-style-type: none">• The Trust staff turnover (including EU workforce) continues to remain consistent.• The Trust Pay Policy was approved by the Board of Directors in March 2020. The policy and its associated procedures are now live. The Work Life Balance Policy is awaiting approval. All associated Procedures will be published to coincide with the policy.• The alignment of the non-medical recruitment teams has been proposed and is currently being consulted on. The standardisation of approach and processes continues.• A date for the functional ESR merge has been confirmed with IBM. This is scheduled to take place in February 2021. The merge of pay-rolls will follow on from this.• A project team has been recruited to, to deliver the implementation a single ESR system. Scoping work has actively commenced. The completion of the project is scheduled to be in line with the functional ESR merge in February 2021.• A preferred recruitment system option has been identified. Costings and further issues are currently being considered. This project is interlinked with the merging of ESR so the delay in the functional merge is impacting upon the delivery of the recruitment system.• The Trust participates in the STP Workforce Planners Group, reviewing demand and supply across the BSOL footprint. In 20/21 the Group is developing an STP wide dashboard based on progress towards the Annual Plan. In addition the Group has produced modelling to inform decisions around the future supply of	

None

<p>Registered Nursing and Midwifery staff.</p> <ul style="list-style-type: none">• Changes were made to Trust recruitment processes due to Covid-19 and the requirement to 'fast-track' applicants. The process changed as follows:<ul style="list-style-type: none">○ Occupational health forms triaged within recruitment and all other checks completed electronically.○ References – Trust decision to request references but not to 'hold up' the recruitment process. Potential risk of employing staff without obtaining a reference and once received this may provide cause for concern. If this is the case it will be managed through a process or termination of contract.○ Face to face interviews suspended and video interviewing undertaken.○ DBS check accepted from another employer – or use of newly set up fast track DBS.○ Memorandums of Understanding signed up to by local Trusts and providers to share workforce without need to undertake separate employment checks in host location.• Roll out of home working due to social distancing requirements.• Maximisation of staff to other areas to support Covid-19 work.

SR6/18	Material breach of clinical and other legal standards leading to regulatory action
Owner - CLO	
Update: <ul style="list-style-type: none">• The Trust is planning for the next CQC inspection which is anticipated shortly. In readiness for the inspection, a review of previous data requests has been undertaken to prepare areas not previously inspected.• The required improvements from the last CQC inspection are being implemented.• 80% of decision making staff (Band 8d, plus Consultant grades) have made a conflict of interest declaration by end Q4 19/20. The Corporate Compliance team continue to support staff in completing these mandatory returns.• A draft report following the Well-led review carried out by GGI was presented to the Board of Directors in November 2019. Subject to receipt of the final report NHSI will be informed.• The submission of the Data Security and Protection Toolkit (DSPT) for 2019/20 has been delayed until the 30 September 2020. NHSX has extended the deadline for all NHS organisations in recognition of the pressures that the NHS is facing in managing the response to COVID-19.• The Internal Audit of Health and Safety Procedures within Estates has been undertaken.• The Good Governance Institute report has been finalised. This will now be sent to NHSI as assurance	

None

SR7/18	Failure of IT systems to support clinical services and business
Owner - MD	
<p>Update:</p> <p>The focus of IT services during the last quarter has been to support staff and patients in working safely throughout the COVID-19 pandemic. This has required the adoption of new ways of working across the whole workforce and the services that we provide. Changes have included:</p> <ul style="list-style-type: none">• The widespread use of remote telephone and video clinics to keep both patients and staff safe.• Support of the home working agenda to empower staff to work from home in a secure and seamless way.• Development of new dashboards and consolidation of information by Health Informatics to support colleagues in the Trust's COVID-19 Coordination Centre to meet national reporting requirements. <p>To provide a fit for purpose IT environment, 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:</p> <ul style="list-style-type: none">• A new patient administration system, Oceano PAS, will be rolled out at Birmingham Heartlands Hospital, Good Hope Hospital, Solihull Hospital and Birmingham Chest Clinic in the next few months with training for the new system available to staff on Moodle.• Upgrade of the Radiology Information System to have a combined system between all four hospital sites.• QEHB's Prescribing Information and Communication System (PICS) has been updated and will further support colleagues with clinical decision making and provide extra support with looking after patients and prescribing the correct drugs and quantities.• Solihull Hospital and Good Hope Hospital have both been migrated from N3 to HSCN which will support the delivery of shared and integrated ICT services. Birmingham Heartlands Hospital will be migrated by mid-July 2020.• Works with AI specialist Skin Analytics to pilot a new skin cancer community assessment service to safely reduce delays in skin cancer detection and treatment during the COVID-19 pandemic.• Support for colleagues in Education to roll out Easy Learning across the Trust. The new system links to UHB Moodle accounts to provide a single solution in the administration of training records. <p>Birmingham Heartlands, Good Hope, and Solihull Hospitals will receive more than 800 new mobile computer and laptop carts between April and December 2020, following an investment by the Trust. The Trust's IT department has been working closely with clinicians on multiple wards to audit existing equipment and identify where new equipment is required at the three hospitals.</p>	

None

The investment has been possible due to the Trust being granted Global Digital Exemplar and Fast Follower status as part of NHS England's internationally-recognised programme which champions innovation in healthcare. Recognised as being digitally mature, UHB's 'Exemplar' status unlocks funding to help progress projects which improve the quality of patient care through digital technologies - with a view to sharing these advances with other NHS Trusts.

The IT Security team has developed a comprehensive plan in response to the Cyber review conducted earlier in the year. A number of actions have already been completed with the remainder of the works ongoing. Solutions require close partnership working with the STP and discussions are taking place on how Cyber Security can be taken forward across the STP harmonising technology, process and strategy. Key activities are being identified which will help provide a baseline assessment for each organisation and the understanding of maturity levels for Cyber Security provision in each organisation.

In order to comply with the national data opt-out scheme, immediate changes have been made to the Health Informatics Service Portal request form (also known as Landesk). The opt-out scheme allows patients to decide whether their personal data may be shared for purposes other than direct care, for example for research and planning purposes.

SR8/18	Adverse impact of BREXIT on Trust's innovation agenda
Owner – CIO	
Update:	
<ul style="list-style-type: none">• Access to research drugs continues to be a major concern and logistical solutions for time limited drugs may be especially vulnerable.• MHRA discussions with the European Drugs Authority (EDA) to look into a consistent approach have been delayed due to COVID. Uncertainty remains regarding clarity of the processes to be followed.• Potential impact on quality control at borders and the ability to rely on the timely supply of drugs is unknown.• The supply of fluids in areas such as Renal Dialysis is of particular concern.• Funding agreements for research until the end of Horizon 2020 will be honoured in full, the situation beyond this time remains uncertain.• MDTEC ventilator assessments and development of local PPE suppliers by the WMAHSN during the initial COVID 19 outbreak will provide some further resilience in the UK market.• A Memorandum of Understanding between Birmingham Health Partners with the Association of British Pharmaceutical Industries has been agreed.	

None

SR12/18	Unable to maintain and improve the quality and quantity of physical environment to support required level of service
Owner – CTO	
Update: <ul style="list-style-type: none">• The Estates team at UHB has been heavily involved in the delivery of the NEC Nightingale project. The works, completed in just weeks, consisted of the conversion of 7 Exhibition Halls to form a fully equipped COVID-19 field hospital with a capacity of up to 4000 beds, including an ITU facility. Although the facility has been put on standby, with no patients yet admitted, a planned maintenance and 24/7 emergency breakdown response service is in place through a hard facilities management contract. The contract is managed through the UHB Estates team with the NEC Group, with works sub contracted to their onsite provider, CBRE limited.• Funding is now in place for the Ambulatory Care and Diagnostics Centre (ACAD), the four-storey building at Birmingham Heartlands Hospital which will house services including outpatients, ambulatory imaging, day case surgery and endoscopy. The enabling work is due to start in late spring 2020 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.• The Shared Hospital Facility is currently under construction by VINCI Construction and is being 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 power supplies to the nurse call system across the QEHB site are being upgraded from February 2020. The improvements will ensure a more resilient service for patients who require more immediate attention in the ward areas.• A Theatre Estates compliance and condition review has been completed. Site visits have been carried out across all 4 sites with Estates and Theatre management. An issues paper is being prepared by General Manager in Theatres for Executive consideration.• Capital bids have been submitted for 20/21 to support the estate improvement program.• The fire hydrant ring main within the Heritage Site has been upgraded to ensure a consistent supply of water for fire service intervention. West Midlands Fire Service has attended the site to verify completion of works.• The QEHB PFP fire survey is scheduled to commence in March/April. The programme is currently being worked through with PFI Contractor. Meetings are held on a bi weekly basis to track progress. Initial meetings have also been held with the Fire Service and Local Authority Building Control with further meetings to be held as necessary.	

None

- Fire strategy drawings on the high risk areas on the Heritage Site have been completed with survey work continuing.

SR13/18	Failure to realise the opportunities and benefits of merger
Owner – CWIO	
Update: <ul style="list-style-type: none">• Post COVID-19 Phase 1, it has been agreed that the Strategic Operations Steering Group will now be closed down as will the work of service integration.• An end of project closure report will be presented to the Board of Directors. <p>The CWIO recommends that this risk therefore be accepted with consideration to be given to a new strategic risk regarding transformation at a future date.</p>	

SR1/19	Prolonged and/or substantial failure to deliver standards of nursing care
Owner – CN	
Update: <p>Much of the activity during the quarter has been in response to the changes required to manage COVID-19 while maintaining standards in other areas. Resources were focussed on establishing the Nightingale Facility at the NEC and making our hospitals as safe as possible to deal with the COVID-19 pandemic. The temporary hospital offered an inpatient service to treat up to 500 Level 0 and Level 1 patients. The hospital was put on standby from May 5th, and as yet no patients have been admitted to the facility.</p> <p><u>Governance and Assurance</u></p> <p>To ensure that clinical teams were supported as much as possible during phase 1 of the COVID-19 response; an amended procedure for the investigation of Level 1 serious incidents relating to falls and pressure ulcers was implemented. The procedure saw the specialist teams in Corporate Nursing completing the Level 1 SI RCA investigations on behalf of ward staff; freeing up the Divisional and clinical teams to meet the challenges of the pandemic. The work of NIQAM during phase 1 was also suspended, with interim approval measures put in place, this will now resume as we enter phase 2.</p> <p>Work towards the Trust wide Ward Accreditation project has resumed. The project, led by the Lead Nurse for Quality and Clinical Assurance, aims to provide a structured approach to support change and improvement within the clinical environment and celebrate success. Accreditation is based on a set of ambitious but realistic goals that triangulate quantitative, qualitative and leadership evidence to give an objective level of assurance.</p> <p><u>Falls</u></p> <p>The Trust successfully achieved a 5% reduction in falls rate for 2019/2020 where we met the Trust target of 5.65. However, due to the COVID-19 pandemic and the impact on patient falls themes and trends, we have yet to forecast a realistic falls reduction target for 2020/21.</p>	

None

March, April and May have resulted in significantly higher falls rates due to the reduction in bed days, whilst at the same time a significant reduction in falls resulting in severe harm. This is forecast to change yet again over the forthcoming quarter as we see elective surgery resume. Until we understand the short to longer term forecast for patient activity, under the threat of a second peak of the pandemic, in addition to observing how patient falls rates perform against changes in speciality and Divisions, it will be difficult to suggest a realistic falls reduction target that is based on existing performance.

The falls team are adapting to new ways of working required to support the Trust in managing the spread of the virus whilst keeping our colleagues and patients safe. Therefore we are increasingly utilising more virtual methods of maintaining our visibility and levels of communication with clinical teams, so that we can continue to support and guide our staff in falls prevention and management. This in particular relates to training and education (Moodle), Root Cause Analysis investigation and staff/patient advice and support.

Infection Prevention and Control

Over the past quarter the Trust's operational activity has focused on the management of patients and staff affected by the worldwide coronavirus pandemic. We have seen dramatic changes in the number of COVID-19 positive inpatients from 708 on 10 April to 145 on 9 June with COVID-19 related deaths in the same period changing from 37 on 5 April to 0 recorded on 7 June. As of 9 June the Trust had recorded 884 deaths related to COVID-19.

The Trust has undertaken multiple initiatives in response to coronavirus that have included:

- increased laboratory testing;
- multi-disciplinary COVID outreach teams;
- specialist expert groups;
- dedicated Trust micro-site;
- robust informatics dashboard,;
- automated processes for alerting of results on PICS;
- novel ways of working and repurposing of staff groups; and
- the NEC Nightingale project, ensuring appropriate IPC procedures are in place.

In addition, the Trust has created a process to support COVID-19 testing for those members of staff who are displaying symptomatic signs, or who are sharing a household with an individual who is symptomatic, resulting in self-isolation for a Trust employee. The aim of the testing is to support individuals to return to work with the confidence in knowing it is safe for them to do so.

In the midst of this additional activity, the Trust has maintained testing and treatment regimes for the range of other infectious disease. There were no Trust Apportioned MRSA bacteraemia identified during April at UHB. Currently, for the financial year 2020/21, UHB have had no Trust apportioned bacteraemias.

The annual objective for Clostridium difficile infection (CDI) for 2020/21 at UHB is 250 Trust Apportioned cases. In April, UHB have had 10 Trust Apportioned cases. Antimicrobial stewardship remains the biggest challenge in C. difficile prevention.

None

The Trust wide Antimicrobial Stewardship Group is developing its strategic intentions to deliver effective antimicrobial stewardship across UHB.

During April, at UHB there has been an outbreak of LVRE on Ward 18 at Birmingham Heartlands Hospital. Following the initial case, there has been subsequent transmission to eight other patients, resulting in a bacteraemia in one case. A contributory factor to this was a failure in the microbiology laboratory surveillance processes resulting in a significant delay in identifying patients with LVRE. A robust action plan has been developed. Actions taken to date include: A whole ward deep clean, screening of all patients on Ward 18, a review into the laboratory process at the site for identifying such cases, review of surveillance of nosocomial alert organism; re-structuring of the haematology services is also being explored across UHB. Since these initiatives have been put in place no further cases of LVRE have been identified.

Vulnerable Patients

- Staff from Birmingham Healthcare Community Trust are now supporting the Lead Nurse for Vulnerabilities in the triaging of LD and Autistic patients.
- Improved data collection is providing a better picture regarding the care of this patient group.
- A staff tool kit is now available on the intranet to support the care of this patient group. These patients are triaged with assistance from Birmingham Community Healthcare Trust (BCHC) staff who have been redeployed to support the Lead Nurse for Vulnerabilities.
- External partners in nursing or residential homes caring for LD patients, have been emailed and provided with information regarding COVID-19, social stories and a copy of the Trust Hospital Passport and pain scale.
- The Trust has received notification of a successful bid for funding in relation to a 12-month project based upon Reducing Restrictive Interventions in relation to LD and Mental Health patients. Burdett Trust Funding received regarding Reducing Restrictive Interventions Programme.

Tissue Viability

- Proning guidelines have been updated, agreed and distributed;
- A poster has been developed to guide staff in how to manage endotracheal tubes and tapes when proning patients;
- Advice on equipment to redistribute pressure has been given;
- The Lead Tissue Viability Nurse is meeting regularly with the ITU matron to support and manage tissue viability needs as they arise;
- The TV Team are supporting and educating a team of ITU nurses who are undertaking administration roles to complete concise RCAs for ITU patients;
- A poster has been developed to guide staff on what to do regarding skin care and management of skin damage to the face from wearing FFP3 masks;
- The lead Tissue Viability Nurse is linking in regularly with the TVNs in the Shelford group. The pattern of ulcers is the same for the organisations within the group for both patients and staff. Shared guidance is being developed; and

None

- Teaching on equipment, PU prevention, and management has been provided for staff in preparation for the Nightingale hospital.

Safeguarding

The Trust's Safeguarding Strategy was presented to the Safeguarding Steering Group in May. The Strategy demonstrates the Trust's ongoing commitment to Safeguarding Adults and Children, in line with statutory requirements. The framework identified the strategic priorities, statements and objectives that are intended to be delivered alongside an operational plan highlighting the actions, resources and timings delivering the strategy. Other updates include:

- The Safeguarding Team working with the Corporate Team to ensure that there is a robust approach to the implementation of the MCA Policy and Procedure. This includes Master classes for senior staff, enhancing the learning offer on line, and increased audit activity.
- The Trust is working with external multi-agency partners to ensure that there is a coordinated response to safeguarding interventions and additional support to vulnerable groups during COVID. There are weekly meetings with multi-agency partners to expedite problem solving and these meetings are being built in to the local governance arrangements.
- The Trust is cascading learning in relation to bruising and non-mobile infants following recent SIs to all staff working with infants.
- In June 2020 a thematic review of DHRs/SARs was presented at Safeguarding Board and this will help track progress in ensuring that key learning becomes embedded.

Workforce

While recruitment activity has been ongoing, the main focus in the quarter has been to ensure that all staff are as safe as possible in the COVID-19 work environment. The Trust led on the establishment of the Nightingale facility at the NEC which required strategic and operational plans to be implemented for safe staffing and patient management. Staff came from a number of Trusts across the region and the UHB Corporate Nursing team led on the production of the staff handbook and the subsequent training. Phase 1 of the Trust's response to COVID-19 has included:

- Under the direction of the CWIO, senior nursing staff undertook leadership and coordination roles in responding to the workforce needs across the organisation and led on the nursing redeployment and repurposing of staff in response to exceptional staffing requirements associated with the Pandemic.
- As services were scaled down or halted, the repurposing of staff commenced based on creating workforce capacity in high demand and core services, the greatest response was to deploy non-critical care trained health care staff to work in critical care as part of an integrated health care team.
- Internal deployment of staff included both those deployed to inpatient practice settings and those who have provided vital support to maintain and expand core business functions including Bereavement (Compassionate Follow Up team), UHB+ Temporary Staffing (supporting Recruitment), IPC, and the Safeguarding & Vulnerabilities Teams.

None

- Support has been given to the Education Teams to rapidly develop on line training and education materials to enable rapid and flexible redeployment of staff and ensure accessibility to resources and training platforms both on and off site.
- One of the Lead Nurses for Workforce led the Nursing/HCSW Workforce Development and planning activities at the NHS Birmingham Nightingale Hospital, including the delivery of site specific local induction and training as well as the development of policy and procedure to underpin workforce deployment at the Nightingale.
- The workforce leads coordinated the UHB Nursing/Midwifery and AHP response to the National Bring Back scheme aimed at supporting the rapid recruitment of unemployed or ex regulated NMC/HCPC registrants to support local workforce sustainability during the Pandemic. The Trust has successfully recruited a number of registered Nurses and AHP's on to the Temporary staffing Bank via this process.
- NMC registered Nurses were successfully seconded as part of the Department of Work & Pensions secondment framework for the temporary provision of privately employed health care professionals to NHS providers. This has included induction and placement based on skills and knowledge.
- Deployment of Student nurses into paid placements across UHB under the Health Education England arrangements. Under this arrangement students in a range of nursing /midwifery and AHP professions could opt into paid placement using their education programme to support NHS service during the pandemic, 477 students have been deployed to date across the Trust.

As the Trust moves to Phase 2 of COVID-19 there are a number of workforce activities to enable the Divisions to undertake restructuring across sites/services and specialities, including:

- Developing new workforce plans associated with realignment and Phase 2 reconfiguration of in and outpatient services across a number of specialties.
- The development of a Skills based approach to rostering to support the reconfiguration of multiple speciality wards and workforce utilisation in the future.

The initiatives to support staff in their work as we restart services are wide ranging and include:

- Providing help and guidance in reviewing the COVID-19 risks for vulnerable staff which includes specific assessment for risk associated with our BAME staff.
- A new UHB Staff support telephone line became available in April to provide advice and support for staff members.
- Established health and wellbeing hubs on each of the hospital sites. These offer a safe space for clinical and non-clinical staff to get refreshments, relax, obtain self-care resources and a chance to speak to someone. Psychology and staff supporter teams are available for drop-in sessions.
- UHB Staff counselling service providing all Trust employees direct access to a free professional and structured counselling service.

None

- Chaplains are members of hospital staff, trained to provide a high standard of spiritual, religious and pastoral care to staff as well as patients. There are Christian chaplains (Church of England, Free Church and Roman Catholic), Muslim, Sikh, Buddhist, Jewish, Hindu chaplains and volunteer chaplains representing other faiths and denominations.
- Extra help for staff through a partnership between UHB and Health Assured. The Trust has secured an Employee Assistance Programme (EAP) to provide additional 24/7 health and wellbeing support for our staff at all UHB sites. An EAP is a confidential employee benefit designed to help you deal with personal and professional problems that could be affecting home life or work life, health and general wellbeing.
- Providing guidance for staff who were working through Ramadan through the COVID-19 pandemic.
- International Nurses day was marked on 12 May and National Operating Department Practitioner Day on 14 May 2020.
- Pop-up 'honesty' shops are staffed and are convenient for staff to take a few essential items (2-5) from a range of donated dry goods, tinned foods and toiletries. This made it a little easier for staff and removed some of the pressures and anxieties of balancing work and home life. These shops work on the goodwill, consideration and respect of our staff and, of course, the donations we receive.

The longer term work of workforce planning has continued with the successful appointment to the Head of School of Nursing, AHP's & Midwives and in advance of the post holder taking up her position has started a series of working groups across the organisation which will shape the workforce planning strategy for the represented professions. Colleagues from Education, Corporate Nursing and operational practice along with representative from external education providers have developed key lines of enquiry that will future shape the structure and operating model of the school. Other development includes:

- 273 Trainee Nursing Associates on programme across the Trust, with 52 on schedule to qualify between April and October 2020. Recruitment is underway for a cohort of 100 trainees to commence the TNA programme in October 2020.
- The Trust currently has 23 apprentices on 3 speciality pathways (Surgical Care/Per Operative Practice, diagnostic radiography and Maternity, 11 are due to complete in 2020 - 5 in Maternity, 3 in Theatres and 3 in diagnostic radiography.
- The Trust is an active member of the Birmingham & Solihull AHP Faculty which has been established in 2020 to explore and develop an AHP collaborative working across professions and groups and understand and set the direction for AHP apprenticeships.
- As part of this a 3 year Degree Operating Department Practitioner apprenticeship is being co-developed as part of this collaborative and includes practice and placement partners from the wider West Midlands. The ability to directly recruit apprentice ODP's in addition to supporting existing Assistant Theatre Practitioners to undertake additional training to become an ODP is a key concept supporting the development of the Theatre Workforce strategy.

None

- Substantive registered Nurse/Midwifery and Operating Department recruitment & selection has been ongoing and was rapidly transferred from a face to face interview and selection process to a Video interview at the beginning of the Pandemic.
- The June 2020 recruitment pipeline for external recruitment provides the information of staff who have been offered posts and are in clearing, a large number of these are students who qualify from Sept 2020 onward and many are undertaking a pre-registration Band 4 paid placement with UHB.

5. Corporate Risk Register

- 5.1 The Corporate Risk Register contains all approved risks with a Current Score of 15 and above that have been identified in the operational (both clinical and non-clinical) areas of the Trust. The Board of Directors requires assurance that these risks are being managed according to their expectations. Assurance regarding the management of risks on the Corporate Risk Register is provided to the Board of Directors by a member of the Executive Team.
- 5.2 Assurance is provided according to the following:
- 5.2.1 The number of red risks held by each member of the Executive Team.
 - 5.2.2 The Current Score of each risk on the Corporate Risk Register according to the likelihood and consequence.
 - 5.2.3 Details of each risk held (Initial, Current and Target Score and months open as red) and assurance as to whether the risk is on track or not.
 - 5.2.4 An explanation is provided for each red risk that is off track.
- 5.3 The report (Appendix B) shows that there are currently 20 open red risks, 4 of which are reported as “off track”.
- 5.4 Assurance regarding risks reported from the clinical specialties and divisions is provided by the Chief Operating Officer. In line with the Trust’s Risk Management Policy and Procedure, the governance facilitation teams have been working with all clinical areas to support the management of risk across the Trust and ensure practice in the new operational structures is aligned to the policy standards.
- 5.5 The governance facilitation teams are now supporting and advising the nominated risk leads to review all risks identified at specialty and divisional level, to ensure appropriate scrutiny is applied and assurance provided in the future.

6. COVID-19 Related Operational Risks – Update

- 6.1 Proposed and approved operational risks related to the impact and management of COVID-19 were reported for information in the Q4 2019/20 Risk Report. An updated listing of these risks is included as Appendix C to this report for the information of the Board of Directors.

None

7. Recommendations

The Board of Directors is asked:

- 7.1 To review and accept strategic risk *SR13/18 Failure to realise the opportunities and benefits of merger*,
- 7.2 To review and approve the updated Board Assurance Framework (Appendix A);
- 7.3 To review and approve the updated Corporate Risk Register Report (Appendix B);
- 7.4 To note the details of operational risks related to the impact and management of COVID-19 (Appendix C).

**DAVID BURBRIDGE
CHIEF LEGAL OFFICER
THURSDAY 23 JULY 2020**

None