

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 29 JULY 2021

Title:	BOARD ASSURANCE FRAMEWOK REPORT QUARTER 1 2021/22
Responsible Director:	David Burbridge, Chief Legal Officer
Contact:	Berit Reglar, Head of Corporate Governance, 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:	<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 (App A). - The current score of risk <i>SR8/18 - Adverse impact of BREXIT on Trust's innovation agenda</i>, has been reduced (p14 of this report refers).
Recommendations:	The BOARD OF DIRECTORS is asked to review and approve the updated Board Assurance Framework (App A).

Signed: David Burbridge	Date: 29 JULY 2021
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UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 29 JULY 2021

BOARD ASSURANCE FRAMEWORK REPORT QUARTER 1 2021/22

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.	DoW	20 (5x4)	16 (4x4)	12 (3x4)	↔
SR7/18	Failure of IT systems to support clinical service and business functions.	CDO	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)	↔
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)	↔
SR8/18	Adverse impact of BREXIT on Trust innovation agenda.	CIO	16 (4x4)	9 (3x3)	6 (3x2)	↓
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	
Update: <ul style="list-style-type: none"> Planning for 2021/22 has been split between the 2 halves of the financial year and are more system based. Envelopes (both revenue and capital) have been set at a system level for allocation to organisations within it using a proposed financial framework which will be refined as the 2021/22 financial year progresses. At this point the envelopes have only been released for half 1 of the financial year, April to September 2021. In light of the system allocation to the Trust, and the known cost pressures, a breakeven plan has been submitted by the Trust as discussed by the Board of Directors on 24 June 2021. For quarter 1, the Trust has delivered a slightly improved position to the phased plan for this point of the year. Planning guidance and envelopes for half 2 of the financial year have not yet been released and so latter half of the year remains unclear. In the meantime the Trust continues to completely understand the underlying recurrent position following the pandemic so that once the guidance / envelopes are released, the impact to the Trust can be quickly ascertained. The Internal Audit process for 2021/22 has begun and is ongoing. 	

SR2/18	Cash flow affects day to day operations of Trust
Owner – Chief Financial Officer	
Update: <ul style="list-style-type: none"> Block payments remain in place for half 1 of the 2021/22 financial year and the current agreed block payments are anticipated to allow the Trust to achieve a breakeven position and as such there should not be an impact on the cash balance. 	

- The Trust continues to pay suppliers within 7 days as per national guidance in order to support suppliers. Delivery of this is assessed in each weekly cash management meeting.
- The block payments / allocations remain unclear for half 2 with guidance muted to be due for release in September. It is anticipated though that there will be an expectation of reduced COVID costs, increased efficiency delivery and increased delivery of non-COVID activity.
- Cash management measures continue to be discussed in weekly cash meetings.

SR3/18	Prolonged and/or substantial failure to meet operational performance targets.
Owner – Chief Operating Officer	
<p>Update:</p> <ul style="list-style-type: none"> • Quarter 1 saw the implementation of elective theatre plans as part of the system-wide approach to elective recovery and the phased reintroduction of elective services. However, as national lock down measures have eased, Emergency Department (ED) activity has significantly increased towards the end of the quarter with the high emergency take having an associated impact on elective care. • The BSol Operational Delivery Group (ODG) and sub groups are now well established, with regular reporting in place. System engagement continues to be effective with collaborative working in multiple areas. • The Q1 theatre plan is delivering capacity as expected, but utilisation remains below target in a number of areas. The main challenge currently at the QEHB and GHH sites is inpatient bed availability, leading to short notice cancellations of elective care. A task and finish group has been established to identify and deliver the necessary actions to improve utilisation on the Solihull site. • The Capacity and Demand model continues to inform the planning for the system. Paediatric modelling by sub specialty is now also in use across BSol. The theatre plan for Q2 has also now been agreed across the system, but will be modified in line with moves of trauma services across BSol and within UHB. Overall, there will be a significant uplift in available theatre hours for elective care across BSol and it is anticipated that the service moves will help to reduce pressure on Inpatient beds at QEHB, with further benefits for elective care. • Whilst performance against the operational targets remained below the national standards in most areas, there have been improvements made in some key areas including cancer. Both the cancer 62 day and 104 day backlogs have reduced significantly since April and remain ahead of the respective recovery trajectories. • There is an ongoing process of clinical prioritisation for patients on the inpatient waiting list. The agreed BSol surgical prioritisation framework is now embedded and in use across all providers, with modifications made in line with Federation of Surgical Speciality Associations (FSSA). 	

- The Health Status Check process commenced for UHB with the first cohort of letters going to patients in June. A centralised customer service team has been established in order to support this process and ensure that patients have a single point of contact. The Trust has now sent letters to c1000 maxillofacial and paediatric patients on the inpatient waiting lists, with further cohorts of patients to follow as part of an accelerated roll out programme.
- Recruitment is on-going for specific staff groups to support theatres and perioperative care and the first offers for international recruits have started. Insourcing options have been detailed and now approved to commence. These staff will support the wider opening of capacity – including weekend capacity- at the Solihull site.
- The Enhanced Perioperative Care Units (EPOCs) are now established and continue to work well on both the QE and SH sites. A booking system is in place and ongoing audit of utilisation and any adverse events is in place.
- The re-establishment of paediatric surgical services at BHH will also be a significant positive step in restoring services and will also bring wider benefits to the system.

SR4/18	Increasing delays in the transfer of care (DTC) from UHB sites in excess of agreed targets
Owner – Chief Officer for Out of Hospital Services	
<p>Update:</p> <ul style="list-style-type: none"> • As highlighted in the last SR4/18 at a national level the COVID – 19 Hospital Discharge Service Requirements’ guidance led to the suspension of DTC 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 those patients each day that have a ‘right to reside’ in hospital, the number of people leaving hospital, 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 the data requested relating to ‘right to reside’ 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. In addition, the Trust has concerns that the method to measure ‘right to reside’ is flawed and is not helpful in identifying accurately those patients who should not be in an acute bed. The Trust has raised concerns with NHSE/I regarding the current reporting requirements. • To enable the BSOL system to understand the effectiveness of the Discharge to Assess (D2A) model implement by system partners in response to COVID it records and reviews these key metrics: <ul style="list-style-type: none"> - Numbers of medically fit for discharge patients in acute beds on a daily basis. - The average number of days a patient takes from ward referral to the complex discharge hubs on each site to discharge. - The proportion of patients being discharged on each D2A pathway with an 	

emphasis of 'home first' wherever possible. Pathways are:

- Pathway 1 – Short term rehabilitation/enablement provided in the patient's home to support recovery.
 - Pathway 2 – Short term rehabilitation/enablement in a bedded setting.
 - Pathway 3 – Long term placement / support package.
- As such a new set of metrics are now included in the Board of Directors Performance Report to cover the discharge pathways that require input from both Local Authority and CCG professionals.
 - System partners continue to work together in the delivery of the BSOL D2A model through the Birmingham Early Intervention Steering Group and in Solihull the Ageing Well Board.
 - The roll out of the Early Intervention Community Teams (EICT) across the 5 Birmingham localities during Q1 20/21 has resulted in an increase in the number of patients that can be discharged home and through a more effective rehabilitation/reablement offer deliver a reduction in long term care needs and associated cost. 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.
 - OPAL, the front door multi-disciplinary team for older people work, continues to provide video consultations to West Midlands Ambulance Service (WMAS) with paramedic teams assessing patients on scene. The OPAL team can also now directly access community rehabilitation beds and each locality EICT team, therefore reducing the need for inpatient admission. Work has also commenced with BT, one of our digital partners, in digitally linking up our intermediate care bed centres with our front door OPAL service. Links to locality EICT teams to follow.
 - 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. Additional national hospital discharge funding has in part supported this improvement and whilst this funding has been confirmed for Q1/2 21/22 it still remains unclear whether this will be made recurrent. As a result whilst new models such as EICT and OPAL (across all acute sites) have demonstrated either a material reduction in delays in acute settings or an increase in the number of older people admitted to hospital recurrent funding has yet to be secured.
 - 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 Q1 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.

SR5/18	Unable to recruit, manage and retain adequate staffing to meet the needs of patients
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Owner – Director of Workforce

Update:

- On 1 April 2021, the COVID-19 Absence Reporting Tool was launched. This is an electronic web form which enables wards/departments to record COVID-19 related absence at source, thus making the process more efficient. The Employee Relations Team continues to monitor and review sickness absence reporting. A supporting resource package has been developed for managers and staff to enable positive and constructive Return to Work discussions and to allow flexibility and fluctuations during the COVID-19 recovery process.
- 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 Trust is also able to refer staff to the Long COVID-19 clinics if appropriate.
- The end to end recruitment process commenced on 1 May 2021. This will provide a structured, consistent and efficient way of managing all non-medical recruitment activity. Each Division and Corporate area now has a dedicated Team Leader who is responsible for the co-ordination of recruitment clearances. The Recruitment Manager and Team Leaders have already met with Managing Directors, with the Team Leaders attending Divisional meetings on an ad-hoc basis to update on recruitment activity.
- Staff turnover is reported through the Chief Operating Officer's Group each month. This allows for early intervention where retention initiatives can be targeted in areas of concern.
- The STP Workforce Planners Group continues to meet on a monthly basis. A draft workforce dashboard has been established for the BSOL People Board. Additionally work is on-going in relation to the projected capacity as BSOL level in conjunction with CCG data analysts. Agreement has also been reached with Corporate Finance to include workforce changes as part of the annual planning round, thus building workforce intelligence.
- Guidance issued by the Home Office has confirmed that there is no requirement for the Trust to retrospectively check the Right to Work of employees appointed, using the COVID-19 adjusted Check Guidance. This is in response to the Internal Audit recommendation that all scanned documentation should be checked against the originals within a reasonable timeframe. This arrangement will remain in place until 31 August 2021.

- Other workforce updates during Quarter 1 include:
 - Nursing Associate and Trainee Nursing Associate staff in post are now reported through the monthly Provider Workforce Return (PWR) to NHSE/I in conjunction with Corporate Nursing.
 - In relation to the recruitment and retention package, it has agreed that staff pay will not be deferred during 2021/22.
 - There is an expected delay to the planned pay progression changes which were scheduled to be implemented in Q1 2021/22.
 - The PAYE pay-roll merge as part of ESR was completed in April 2021.
 - A Project Team is now in place for the Applicant Tracking and Recruitment System. The roll out of the Oleo Recruitment system is scheduled to take place during Q2 2021/22.
 - The Phase 4- 6 month workforce plan was submitted in June 2021. This forms part of the overall BSOL ICS workforce plan.
 - The First cohort of the Clinical Management Development Programme commenced in June 2021. This is aimed at Band 5/6 Clinical Leaders.
- The closing date to register for the EU Settlement Scheme has passed. Regular Comms were sent out to staff providing advice and support in applying for settled or pre-settled status.

SR6/18	Material breach of clinical and other legal standards leading to regulatory action
Owner – Chief Legal Officer	
<p>Update:</p> <ul style="list-style-type: none"> • During June a number of Care Quality Commission core services inspections took place across sites as follows: <ul style="list-style-type: none"> ○ On the 7th June 2021 the CQC commenced an unannounced inspection of the Urgent and Emergency Care Core Services at Heartlands Hospital and Good Hope Hospital. The Queen Elizabeth Hospital was subsequently included in the inspection on the 14th June; ○ On the 9th June, the CQC commenced another unannounced inspection of the Medicine Core Service at Good Hope Hospital following on from their inspection of the service in December 2020; ○ On the 15th June, an inspection of Cancer Services at Queen Elizabeth Hospital took place; ○ On the 24th June, the CQC commenced an inspection of Surgical Services at Queen Elizabeth Hospital; ○ An inspection of the Well Led Trust Wide Domain took place 29th and 30th June. • We are still awaiting the formal report from these inspections which is expected in Q2 21/22. • There are 3 outstanding actions from earlier CQC inspections relating to ED staffing, Nurse staffing and VTE. Progress is reviewed by members of the Executive team 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 address operational requirements relating to COVID-19.

- Conflict of Interest declarations for specific staff groups are mandated by NHSI guidance to be made on an annual basis. The current compliance figure for declarations shows an ongoing improvement with the highest reported return over the last 12 months in Q1.
- Following the discussion at the Board of Directors Seminar in March 2021 around the recommendations made by the Good Governance Institute as part of their Well-Led Review, the action plan will be circulated to members of the Board for final approval by 31st July 2021.
- The annual Data Security and Protection Toolkit (DSPT) 20/21 submission took place at the end of June. Prior to submission evidence was reviewed by KPMG who have confirmed 4/110 items of non-compliance. An action plan has been developed to address the areas identified with target dates for completion.

SR7/18	Failure of IT systems to support clinical services and business
Owner – Chief Digital Officer	
Update: <ul style="list-style-type: none"> • The priority of the IT improvement works during Q1 2021 continues to focus on infrastructure, transition and EPR programs to provide reliable Trust wide systems that support the delivery of care. Programs include: <ul style="list-style-type: none"> • The integration of the HGS and UHB domains is due for completion in mid-June. To make this integration as smooth as possible IT have identified core/critical systems that are being tested to ensure there will be no impact on operational work once the single network is in place. Work is currently being completed to identify staff and systems, to ensure that all staff listed on the divisional structure have access to the systems equivalent to those they already have, across both of the networks. • The deployment of Windows 10 across the Trust has progressed with approximately 2000 devices being migrated each month. It is now >94% complete (16,542 of 17,581 devices). While the remainder will largely be completed by end of June 2021, there are 184 devices that will remain on a controlled Windows 7 environment so that remedial work can be carried out on applications which are not yet Windows 10 compliant. (This includes QE theatres PCs which are dependent on a Galaxy upgrade due in September 21). • The national N365 project is the implementation of Microsoft Office 365 across the NHS. The project, led by NHS Digital, aims to replace legacy versions of the popular business software to standardise how we work, providing applications that are Cloud based and are supported by vendors. This project is in the scoping and design phase, an overview plan is drafted and a more detailed PID is being developed. 	

- The procurement of the Trust's central backup solution has been concluded and the implementation of it has started. The new setup will replace a number of legacy tools in use at QEHB and HGS and consolidate these into a single service. This setup will be able to support backups for on premise and cloud application/data (including N365) as well as managing an immutable off-site backup (in cloud). We aim to make use of the new service from September onwards.
- The Trust's Prescribing Information and Communication System (PICS) is now live on eight wards at Heartlands Hospital (wards 7, 10, 17, 21, 24, 26, 29 and 30). PICS will continue to be rolled out across the hospital over the coming months. There are currently discussions considering potential reconfiguration of the site which may impact on the roll out plan and potentially lead to some delays. Any delays will be accommodated into a re-planning exercise should the need arise but it is important to acknowledge that the implementation would not be completed to the agreed timeline. To ensure that users are competent and confident in using the new system all nurses, doctors and AHPs are receive face-to-face training before PICS goes live in their areas. Early life on site support is maintained across the go-live week and week 2 to ensure users have easy access to advice/guidance.
- Detailed planning work has been carried out at the Specialist Hospital Facility to review the requirements of multiple SLAs describing the relationship between UHB and HCA services. HCA have set up a series of joint meetings to agree on the preferred options and sign the SLAs off. It is likely that HCA will be asked to provide additional funds, and/or UHB will need a business case to secure additional resources to carry out significant integrations and infrastructure work to meet opening dates of September 2022.
- UHB joined the Birmingham and Solihull Shared Care Record (ShCR) initiative in May 2021. The ShCR – previously called the Health Information Exchange – is a system that enables health and social care professionals to see a holistic view of a person's care and treatment across all care settings. Working with other local partners, we're bringing together people's health and social care records across our local area. As health and social care organisations in the neighbouring areas of Coventry and Warwickshire, and Herefordshire and Worcestershire are involved in a similar programme, soon we will be able to view their data for the purpose of giving patients from those areas direct care where necessary. Professionals in our partner organisations will also be able to see the information we hold on patients. This two-way availability of data between partner organisations will enhance collaborative working and help improve care outcomes.
- External assessments have recently been carried out by KPMG and Deloitte regarding the Trust's Cyber Security posture and IT Controls, which identified a number of vulnerabilities and recommendations. An action plan has been developed identifying key activities to be taken to address these vulnerabilities. While virtual patching has been deployed to protect legacy OS servers across the Trust, further investment may be required to fully mitigate risks. A paper will be presented to the Chief Executive's Advisory Group to make clear the current status and resource requirements relating to improvements which include Cyber Security, Cloud Solutions and the legacy IT Estate.

- Cyber and security improvements during Q1 include:
 - IT Services are taking advantage of a number of products/services provided by NHS Digital to ensure the Trust security posture and perimeter is fully protected and secure. We have enabled 3 external Trust facing web applications that hold identifiable information into the Imperva Cloud Web Application Firewall (WAF). This provides protection to applications presented outside the Trusts network, and protects us from malicious online attacks. We will be deploying a further 3 applications over the coming months.
 - NHS Digital has also approved the Trust to be part of a review on the Microsoft Active Directory set-up/configuration. This will be carried out by an external company who have been commissioned centrally, to provide this service to a number of Trusts. Work is likely to be scheduled in towards the end July 2021.
 - The Trust has committed to renewing its Darktrace solution for a further 5 years which provides the capability to detect and alert the Trust to cyber-attacks or any insider security threats using Artificial intelligence (AI) analysis of user behaviour from network data. The department is working closely with Darktrace, and continues to refine and develop our instance to support the identification of any suspicious activity or potential breaches requiring further investigation.
 - We have also invested in a new solution called Night Watchman which will enable the Trust to reduce its carbon footprint by scheduling, a set time for end point shutdown thus saving money on energy costs. It will also enable IT Services to better support and remotely wake-up end points for software patch management.
 - We are about to deploy the IT Health Dashboard which was procured centrally by the STP. This will give us the ability to understand what we have by way of assets, what is connected to the network and their state of compliance. There will be a small test deployment on a cohort of end point devices at Yardley Court before we then start the phased deployment across the whole Trust. The full deployment should be completed by July/August 2021.
 - To protect and monitor end point devices the Trust continues to use Sophos Anti-virus software in conjunction with Advanced Threat Protection (ATP). The Trust has reached around 96% coverage in deploying ATP across the estate, which is above the national average. The percentage coverage is based on our initial submission of end point devices and is periodically reviewed by NHS Digital.
 - All UHB staff will soon be able to access Govroam, a free and secure network access roaming service available via the government's G-Cloud Framework. As well as being able to connect to Govroam on any Trust site, colleagues will be able to connect to the network in a number of other public sector locations that form part of the BSOL STP. Govroam provides reliable, secure wi-fi connectivity and has been designed to help public-sector organisations reduce costs associated with providing guest connectivity, whilst aiding collaborative, multi-agency working within the public sector.

- Other improvement updates include:
 - A range of ready-made reports are now available for staff to access through the Health Informatics Reports Catalogue.
 - Following feedback from users, a number of improvements are being made to NORSE (Network of On-call Referral Services) to make the site easier to navigate.
 - The Trust rolling PC replacement programme continues across Heartlands, Good Hope and Solihull and we have completed over 5446 PC's (91%).
 - New hardware, Computers on Wheels (COWS) and Laptops on Wheels (LOWs) commenced in April 2020, with around 583 units rolled out across HGS and circa 217 still to be deployed.
 - The new VoIP based system at HGS is in place and used by all members of staff across HGS. The links to various updated/upgraded auxiliary systems (e.g. contact centre/call recording-logging/etc.) have been established. The Stanley Blick and BHH SIP and Switchboard migrations have been carried out.
 - We are about to go out to tender for a consolidated contract covering the services for in/outbound telephone calls Trust wide. This will also include the replacement of the soon to be end-of-life ISDN services in use at QEHB.
 - Telephone calls to the Service Desk continue to be high with over 171K received in 2020/21. Transactions raised via the Service Portal have also increased significantly year on year with over 87K received in 2020/21. Delays in the work programme and more recently priority support provided to the Vaccination Programme and Homeworking continue to contribute to the additional demand resulting in many thousands of users requiring access to systems.

SR8/18	Adverse impact of BREXIT on Trust's innovation agenda
Owner – Chief Innovation Officer	
Update: <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. • Key points identified within the Agreement include the UK continuing to have access to the Horizon Europe Research and Innovation programme as a paying third country. • 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.
- The European Commission has recently adopted an adequacy decision in relation to the transfers of personal data from the EU and EEA to the United Kingdom. Whilst the UK was a member of the EU, personal data could flow freely between the UK and the EU/EEA. After the Brexit transition period has ended, the EU needed to assess whether the UK’s data protection legislation was equivalent to that of the EU in safeguarding personal data. The EU’s adequacy decision of the UK’s data protection legislation confirms that transfers can be made in the same way as prior to BREXIT (i.e. without the need to put in place any additional safeguards such as binding corporate rules, standard data protection clauses, approved codes of conduct or approved certification mechanisms). This is particularly relevant in the research context where personal data might be exchanged with other public bodies based in the EU or EEA. The EU’s adequacy decision of the UK GDPR is set to expire in 4 years, but can be extended by the EU following a further adequacy assessment. It is expected that the ICO will be looking to the European Data Protection Board (EDPB) when developing future guidance and codes of conduct such as the framework on the use of artificial intelligence on personal data.
- The Current Score has been reduced from 12 to 9 to reflect this, along with a reviewed Target Score.
 - 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	
<p>Update:</p> <ul style="list-style-type: none"> • The Estates teams continue to reconfigure areas of the hospital environment to meet COVID recovery requirements, including Modular Wards at QE, BHH and GHH and 2 additional Vanguard Theatres at Solihull. • Other improvement works completed during the period include the A&E Paediatric extension at GHH, the refurbishment of the Richard Salt Entrance (GHH) and the environmental upgrade of Ward 3 at BHH. 	

- Following the Ockenden Report, 900k of funding is available for an environmental upgrade of the Prince of Wales Unit at BHH with the programme of work commencing in Q2 21/22
- The Ambulatory Care and Diagnostics Centre (ACAD) 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 £7 million project to refurbish the Welcome Theatres at QE Heritage Site is complete and ready to accept patients from July 2021.
- The QEHB PFP fire survey is currently being worked through with the PFI Contractor. 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.
- The Planned Maintenance Programme has returned to schedule following the risk prioritised approach during the pandemic.

SR1/19	Prolonged and/or substantial failure to deliver standards of nursing care
Owner – Chief Nurse	
<p>Update:</p> <p><u>Assessment of Patients</u></p> <ul style="list-style-type: none"> • Baseline observations and risk assessments are required to be undertaken for all patients at the point of admission. These initial assessments are vital in informing care plans and key nursing interventions and are required to be completed and reviewed within specified timescales. • Performance against the percentage of patients receiving observations and assessment for the Queen Elizabeth Hospital (QE) and Solihull Hospital (SH) sites is monitored via the Prescribing and Information Communication System (PICS). At the Heartlands and Good Hope Hospitals this is monitored each 	

month as part of the Care Quality Metrics. Whilst some wards at BHH have started to migrate to PICS, the majority of BHH and all GHH hospital sites will continue with Care Quality Metrics until PICS is available across the Trust in July 2021.

Falls

- The Trust inpatient falls rate decreased in May 2021 to 6.22 falls per 1,000 occupied bed days. This is the lowest rate in the last 12 months and considerably lower than the high reported in January 2021 of 8.58. Reasons for this include that wards are resuming their usual cohorts of patients, usual staffing numbers and Covid-19 positive inpatient numbers have significantly reduced.
- As staff return from their seconded roles Back to the Floor visits are highlighting areas requiring enhanced focus regarding staff understanding of Falls prevention, in particular managing cohorts of patients with cognitive impairment who are at an increased risk of falling.
- Falls Training on clinical areas has been undertaken where Ward Managers have requested extra support for updates, ensuring that the Staff are up to date with Falls prevention and interventions. This is also an excellent opportunity to share learning and preventative actions adopted by other clinical areas. It also gives staff the opportunity to raise any concerns/issues relating to their clinical area where solutions/ideas can be put forward and discussed. This encourages staff to take ownership and put in place innovative interventions that relate directly to their patient cohort.
- The Falls and Therapy teams are working collaboratively undertaking joint Back to the Floor visits, which is helping to address the absence of clear mobility advice behind the bed space. Following discussion at the Falls Steering Group meeting, the Therapy teams are reviewing their assessment tools to see how they can incorporate walking aid assessment for different parts of the day (e.g. to further highlight the mobility needs of patients over a 24 hour period in response to how these may change due to fatigue).
- The Trust Enhanced Care Task and Finish Group has resumed which aims to review current practice around enhanced care and address gaps in knowledge around how to deliver this safely and effectively.

Nutrition and Hydration

- Fine bore nasogastric feeding tubes are in widespread use in order to meet the nutritional and medicational needs of patients. Misplacement of nasogastric feeding tubes into the respiratory tract can have serious consequences. The task and finish group was set up 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.
 - Develop PICS documentation to prompt robust, accurate documentation of NG tube insertion and care.

- A multidisciplinary Moodle package for the insertion and ongoing care of fine bore nasogastric feeding tubes was developed and launched across all sites in July 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 has been developed and piloted. A meeting is arranged to plan the launch and targeted education for doctors. Divisional Directors have been approached to help facilitate identification of which doctors will need training.
- The PICS specification for the insertion of a fine bore NG feeding tube has been developed and is waiting for programmer time to develop. Additionally a Local Safety Standard for Invasive Procedures (LocSSIP) has been developed and launch is being planned. The associated Trust procedures and education will be updated to include the LocSSIP. Meetings are planned to develop the specification for x-ray interpretation documentation to ensure all four safe criteria are documented clearly.

Vulnerable Patients

- The Trust's Vulnerabilities Team continues to support clinical staff across all sites by reviewing patients and implementing the LD/ASD Standards. As staff have returned to their normal roles the Team has received an increasing number of support calls, 320 in May compared to 151 in April, 93 in March and 63 in February. Monthly compliance data for LD/ASD Standards is reviewed at the Vulnerabilities Steering Group (VSG) chaired by the Deputy Chief Nurse and to the Operational Vulnerabilities Group (OVG). Other updates for the quarter include:
 - A children's and young person's LD/ASD hospital passport has been developed and is in line with that for this adult patient group.
 - An updated awareness leaflet (Tier 1 training) on Learning Disabilities/Autism was sent out by email to all staff on 27th April 2021.
 - The Face-to-Face training (Tier 2) package now reflects national and regional updates and local lessons learnt. Training commenced in March in those areas caring for high numbers of LD/ASD patients and those areas identified by the Vulnerabilities Team. Tier 2 training by webinar continues twice weekly to reach an increased number of staff.
 - In April 2021, the Team conducted the first Patient Feedback Survey of patients with a Learning Disability to assess the Team's performance, identify areas of good practice and areas where improvements could be made to improve the patient experience.
- The Learning Disability Mortality Review (LeDeR) Programme has published their 'Learning from lives and deaths – People with a learning disability and autistic people (LeDeR) policy 2021'. This policy made changes to the LeDeR process from 1st June 2021 and this now includes:
 - Focused reviews will be completed for every person from a Black, Asian or Minority Ethnic background.

- Developed to drive change within local systems so that local learning can be put into action to improve services and reduce inequalities.
- The inclusion of autism into the programme from late 2021.
- Reviewers will no longer make recommendations for each review, instead they will present areas of learning, good practice and areas of concern to the local governance group/panel established by the Integrated Care System (ICS).

Mental Health

- After the Trust's Mental Health strategy was approved earlier this year a Mental Health operational implementation plan has been developed with progress reported at quarterly Mental Health & Mental Capacity Steering Group and the Operational Mental Health Group.
- Developments during the quarter have included the launch of the Therapeutic Observations and Engagement (TOE) tool across the Trust from 6th June 2021. The tool primarily maximises safety and minimises harm to patients and staff through effective risk assessment. The process aims to provide a holistic view of a patient's mental health and to foster, as far as practicable, a therapeutic environment to support their care needs.
- The Vulnerabilities Team delivered face to face training in the use of the TOE to staff and it was piloted on Acute Medical Units (AMU) across the Trust during April 2021; it has been well received by staff. Further training for clinical staff, through webinars, took place before the launch to enable staff to understand and be able to complete the tool.
- An awareness leaflet (Tier 1 training) on Mental Health was distributed via email across the Trust at the beginning of May 2021.

Inclusion and Wellbeing

- The health and wellbeing of all staff has remained a focus over the last year during our response to COVID-19. The Trust has developed a range of initiatives to help support the mental and physical health of staff, these have included:
 - Wellbeing hubs/"Hub to You" (H2U) model. The Wellbeing hubs continue to offer rest and recovery support and guidance for staff. The hubs are used by approximately 600 staff each day and qualitative feedback indicates how imperative the hubs have been for staff support. A business case is being developed for the permanent location of the wellbeing hubs and the associated staff.
 - 198 staff have completed training in Psychological first aid training. NHSE funding has been extended for 2021 for BSMHFT Mental health Hub for bespoke specialist care for staff from specialist psychologists.
 - 'Step back and breathe' calls. All deployed staff were contacted before they returned to their "home team".
 - Additional faith and spiritual leaders have been provided by BSoL Trust to support a variety of clinical areas.
- Updates on other initiatives and celebrations during Quarter 1 include:

- International Nurses Day and International Midwives Day were not celebrated with the usual Chief Nurse's Conference this year due to the limitations in place. Despite not being able to get together to celebrate their hard work, we still wanted to recognise all they have done, and continue to do, in helping to care for our patients. The different format meant we shared stories from some of our colleagues about what inspired them to become a nurse, what they love about their jobs and what has been challenging for them over the past 12 months.
- May 17th was international day against homophobia, transphobia and biphobia. As an inclusive organisation, UHB is committed to removing discrimination in all its forms. This year we wanted to highlight our LGBT+ Staff Network. Our network offers staff a space to discuss what is important to them, to work with the Trust to make positive change, remove stigma and raise awareness.
- Monday 24th May was Pansexual Awareness and Visibility Day, which was an opportunity to bring to light the stories and experiences of Pansexual people in society and look at how we can work to improve inclusivity for Pansexual people. UHB supports staff and patients who identify as Pansexual, as well as all other identities.
- In terms of compliance, the Trust submits the Workforce Disability Equality Standard and Workforce Race Equality Standard on an annual basis. For 2021 the data will be reviewed not only as the Trust as a whole but also by Division. An improvement plan will be developed to address any area of concern.

Safeguarding Adults and Children

- Training in a range of safeguarding subjects has continued during quarter 1 as staff have returned to their usual roles and this has included:
 - Prevent - Prevent aims to protect those who are vulnerable to radicalisation and supporting terrorism or violent extremism from those who seek to recruit people to support their cause. The training is required as part of the Prevent Statutory Duty 2015 by all clinical facing staff.
 - Level 3 Adults - All Safeguarding Adults training is currently available only via Moodle. Plans are in place to commence a face to face scenario based session for all new Unregistered Clinical staff during their induction period commencing 1st July. This is in addition to completing the current required Moodle training. A further training plan to deliver a 3.5hr face to face safeguarding training for all TNA's currently in training and a whole day for all new TNA new starters from October is also in development.
 - MCA and DoLS - A new Moodle training for all clinical staff is in development, Consent, Capacity and Best Interests, due for release June.
- The Trust has an annual safeguarding audit programme for adults and children with an established sub group that meets quarterly for safeguarding children audits and a newly formed sub group for adults that meet quarterly to review audit activity. The sub groups report into the Operational Safeguarding Groups for Adults and Children. While audit has shown areas of good practice, such as the consistent use of the safeguarding children procedure, it also shows area for improvement and these include:
 - compliance with safeguarding assessments

- the timeliness of referrals to social care
- the quality of safeguarding information to be shared in the referral process to elicit the correct response
- Improvement plans are developed for all areas where compliance issues with safeguarding assessments are identified.

Infection Prevention and Control

- For the majority of the year, the Trust has been adapting to the ongoing COVID-19 pandemic. The Trust has tackled this challenge with novel ways of working and repurposing of staff groups. Multiple initiatives have been undertaken, with key measures including increasing screening capacity within the main microbiology laboratories and decreased turnaround times for results achieved via the development of hot laboratories within the emergency departments and acute medical units on the different sites.
- Multiple staff interventions have included education around PPE, provision of appropriate PPE ensuring staff can deliver patient care safely, as well as support for our staff health and well-being. Adequate PPE stock has been maintained throughout and support has been provided to other organisations.
- There were 0 MRSA bacteraemia identified during April 2021 at UHB while in May we have identified 2 MRSA bacteraemia, 1 of which was Trust Apportioned. After conducting an RCA it was determined that there was nothing the Trust could have done to prevent the bacteraemia in this high risk patient.
- The annual objective for Clostridium difficile infection (CDI) for 2021/22 at UHB is 250 Trust Apportioned cases. In May, UHB have had 8 Trust Apportioned cases, which was a decrease compared to April where 11 cases were Trust Apportioned. 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.
- UHB has seen no outbreaks of COVID-19 during April and May 2021. During May, the Trust saw 4 definite hospital onset cases and 5 probable hospital onset cases. This was an increase in the number of Hospital Onset cases of COVID-19 compared to April. In April we had 1 hospital onset case. The Trust saw 123 patient positive for SARS-CoV-2 during this May a significant reduction as compared to April where we had 211 cases.
- The most frequently identified root cause for all the outbreaks since September is transmission from asymptomatic patients placed within a bay who subsequently test positive on their routine admission screening. Other contributory causes include staff practice, wandering patients, environmental issues, visitors, mixed economy wards (i.e. having both negative and positive cases on the ward), inappropriate transfer of patients from other sites, shared patient transport and community outbreaks. The frequent root causes for non-clinical outbreaks included: staff practice e.g. PPE compliance/lack of social distancing within confined office spaces.

- Recent national prevalence studies have shown that Non-ventilated hospital-acquired pneumonia (NV-HAP) is the most common healthcare acquired infection and is associated with longer length of stay and greater likelihood of death. The “Mouth Care Matters” project run across the Trust utilised the expertise of a dental nurse to improve mouth care for patients. Data suggests that this specialist intervention has resulted in a nine-fold reduction in HAP. Larger scale studies are now required to further validate the approach.

Tissue Viability

- During May there were no category 3 or 4 Trust acquired pressure ulcers. The reduction in reported severe incidents is very positive. However, the category 2 Trust acquired pressure damage has increased and is similar to data from the same time the previous year. The increase can be attributed to the rise in Trust activity and it is also recognised that moisture associated skin damage is often misclassified as category 2 pressure ulcers. Divisions have been asked to check the process for pressure ulcer verification as this should involve checking by 2 registered nurses prior to submitting a Datix report. Divisions were also asked to ensure that concise RCAs are completed and attached to Datix for all category 2, DTI and unstageable pressure ulcers so that themes can be shared at Divisional Preventing Harms meetings.
- Category 2 device related injuries have also increased. The most common reason for device related injury has changed from ET tapes to AES. The Lead Nurse for VTE has requested data for pressure damage related to AES on both sites and is planning a trial of a new manufacturer of AES in areas with a high incidence to try and reduced the associated damage. If successful this will lead to product standardisation across UHB. Increased risk of falls will also be monitored in case this presents as an issue. Other updates for the quarter include:
 - The Tissue Viability Team have produced a Datix handlers guide and a top ten tips guide to accurately completing Datix to help reduce user error and improve the turnaround time of date validation.
 - The next newsletter will focus on Leg Ulcers then Moisture vs pressure ulcer recognition and launch of the Moodle module.
 - The team have also been asked to support the Divisions with ward reviews and through attending Preventing Harms meetings. Due to service constraints it has been agreed that the team will identify any hotspot areas and make the reviews a priority to attend. For those areas unable to attend in person and TV audit tool has been devised and shared with the Divisional ADNs who can share with Matrons to complete and feedback any identified relevant concerns.
 - The annual foam mattress audit that was delayed due to Covid-19 is planned to take place in June 2021 at QE and funding is being sourced to enable this to take place at the other acute sites.
 - Small group face to face education has been provided where social distancing allows however the Moodle module for pressure ulcer categorisation is still awaiting finalisation by the blended learning team. A progress update meeting has been held and a deadline for pilot and completion set.
 - The pressure ulcer steering group recommenced during May and due to the increase in pressure ulcers it was agreed the meeting would be held monthly going forward with the Divisions, Therapies, Medical Engineering and Solihull

Community Services presenting in a cycle of alternate monthly reporting.

Nursing Workforce

- The Trust achieved staffing compliance of 81% for registered nurses during the day and 86% overnight indicating an increase in month. Staffing levels remain affected by the continuing pandemic recovery plan, 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 at or above 100% for both day and night shifts, this assists in mitigating the registered nurse vacant shifts and is part of the workforce plan.
- A further 20 TNA's have qualified as Nursing Associates bringing the Trust total to 96, with 358 TNA's on programme and an anticipated cohort of 90 TNA's to commence in the next cohort (October 2021).
- The divisional nursing vacancy dashboards have been re-structured and operationally sensitive vacancies can now be monitored monthly together with a forecast position.
- The School of Nursing, AHPs and Midwifery is introducing the Clinical Management Development Programme (CMDP) to aid those aspiring to become Band 6 practitioners, or those who are new to a Band 6 post. This programme is open to both NHS staff and our military colleagues and sessions will be held on each of our hospital sites. Attendees will spend four full days in a face-to-face setting and, at the end, completion will be recorded for Continuing Professional Development (CPD) purposes on Easylearning. The program includes:
 - Leading and managing in healthcare
 - Practical skills
 - The bigger picture and patient care
 - Feedback and evaluation

Midwifery

- Progress to The national ambition suggests that each local maternity and neonatal system (LMNS) should be working towards having 35% of women booked for maternity care being placed on to a continuity of care (CoC) pathway. The Long Term Plan also added that 75% of Black and Asian women (BAME) should receive continuity of carer by 2024, and this has been made more urgent in light of the increased risk facing Black and Asian women of both poor maternity outcomes and outcomes from COVID-19. The Trust is working towards meeting these targets and the following actions have been agreed:
 - The team will revisit the possibility of recruiting midwives into the CoC model within the existing traditional community team. To support this, a TNA will be undertaken with all Community midwives to establish how we can best facilitate individualised support in order to fill any skill gaps.
 - The new Midwifery Led Birth unit provides an opportunity to support traditional community midwives to up skill in intrapartum care.
 - The senior midwifery team are exploring the feasibility of establishing a rotational programme for community midwives to 'shift in' and develop or refresh lost skills. They will also attend a forthcoming community forum event

<p>(virtual) to re-introduce the continuity ambition with the traditional community midwives.</p> <ul style="list-style-type: none"> ○ The Band 5/6 advertisement has been adapted to recruit integrated/continuity of carer midwives. ○ A CoC risk analysis is being completed to ensure that the risk of not achieving the national ambition is formally acknowledged and monitored. <ul style="list-style-type: none"> ● In line with NICE recommendations prior to the Covid 19 pandemic 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 shortly. The birth to midwife ratio is calculated monthly using Birth Rate Plus methodology and the actual monthly delivery rate. This has now been added to the maternity dashboard so that it can be monitored alongside clinical data. ● The first regional meeting has taken place, where phase 2 of the Midwifery Support Worker project was commenced. The band 3 MSW care certificates have also been completed and returned to HEE. LMS MSW working party have now completed phase 1 of the programme. The next phase will be to offer MSW's the opportunity to enrol in English and Maths GCSE equivalent competencies as there are currently 32 MSW's without a level 2 maths/English qualification. In-house training is available and this will require senior commitment to allow study time and attendance.
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SR1/20	Ability to provide the highest quality of treatment and care in maternity services
Owner – Chief Nurse	
<p>Update:</p> <ul style="list-style-type: none"> ● Year 3 of the maternity incentive scheme was relaunched on October 1st 2020. The guidance was revised for the final time in March 2021 to consider the ongoing impact of the Covid 19 pandemic, and recognised the challenges faced in implementing some of the standards. Despite a pause for reporting of some standards being outlined in the documents, UHB have continued reporting throughout the pandemic in line with the original document to ensure that the Board are sighted on key maternity and neonatal safety initiatives. Regular meetings take place with the meeting leads to monitor progress. Whilst the majority of actions are progressing the project is at risk of not achieving full compliance because of the impact of Covid -19 ● Trust auditors, KPMG, have been requested to review the CNST evidence prior to the board declaration and sign off for each of the ten actions. The signed Board declaration will then need to be submitted to NHS Resolution by 12 noon on Thursday 15 July 2021. The completed Board declaration form will also be discussed with the commissioner(s) of the Trust's maternity services. ● Following the recent Ockenden Report, the review panel identified important themes which were shared across all maternity services as a matter of urgency and have formed Local Actions for Learning and make early recommendations for the wider NHS Immediate and Essential Actions (IEA's). The Trust is making good progress in responding to the IEA's, as most of the 12 recommendations have now been implemented. A bid has also been submitted to NHSI for funding 	

to help the Trust respond to the Ockenden (IEA's). This bid has now been signed off by the Executives and LMS and submitted to NHS England.

- The mandated IEA's will be achieved upon successful appointment/sustained funding (transition from LMNS fixed term funding) of the essential roles as outlined above. It is also dependent on the expected steer from the national team on international recruitment. This is anticipated to be progressive with ambition to achieve all Immediate and Essential Actions by May 2022. The outcome is awaited from NHS England national team.
- The Trust is totally committed to the National Ambition and is taking part in all of the recommended national maternity projects. These projects include Saving Babies Lives Care Bundle introduced by NHS England, Each baby counts, RCOG, MBRRACE UK, Perinatal Mortality Review tool, Avoiding Term Admission to the NNU, Maternity and neonatal health safety collaborative and fully subscribe to the Maternity Data set project. Every Trust is required to develop a bespoke Maternity Safety Improvement Plan which brings together existing and new plans to progress these projects into one place. The plan sets out the organisation's plans for the next three to five years in relation to quality and safety. Progress against the Trust's plan is monitored through regular review at Specialty and Divisional level with a Maternity Services update presented to the Board of Directors.
- Other maternity updates during Quarter 1 include:
 - Neonatal cot reconfiguration will now not go ahead as commissioners would not make a commitment to this. An internal review will now take place to review if some cots can be relocated to GHH, though this will have some associated staffing implications. Despite many actions being completed there is no material improvement in the working environment in the POW building.
 - Risks remain with the capacity for ultrasound in maternity, which is being regularly reviewed between the specialty and radiology to mitigate the risk. Demand and capacity modelling is taking place to determine the resources required.
 - As of May 2021, the total number of obstetric and gynaecology clinical guidelines was 115, 92 (80%) of these guidelines are in date on the SharePoint. Work continues to update the remaining documents.
 - There is good Obstetric cover on delivery suite on both the sites (BHH and GHH) which satisfies minimum safe staffing in maternity services. Consultant hours (both resident and non-resident) have been increased on the GHH site in line with the requirements of the Ockenden report

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 JULY 2021