

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**  
**BOARD OF DIRECTORS**  
**THURSDAY 22 OCTOBER 2020**

<b>Title:</b>	<b>RISK REPORT QUARTER 2 2020/21</b>
<b>Responsible Director:</b>	<b>David Burbridge, Chief Legal Officer</b>
<b>Contact:</b>	<b>Berit Reglar, Deputy Foundation Secretary, ext. 14324</b> <b>Peter Moon, Corporate Risk Lead, ext. 13661</b>

<b>Purpose:</b>	To present an update to the BOARD OF DIRECTORS with information and assurance relating to high level (strategic and operational) risks within the Trust.
<b>Confidentiality Level &amp; Reason:</b>	None
<b>BAF Ref: / Strategy Plan Ref:</b>	BAF – All Strategic Risks
<b>Key Issues Summary:</b>	<ul style="list-style-type: none"> <li>• 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)</li> <li>• There are 19 red operational risks on the Corporate Risk Register, 9 of which are reported as “Off Track” (App B)</li> <li>• Operational areas have identified a range of risks relating to the impact and management of COVID-19 (App C)</li> </ul>
<b>Recommendations:</b>	<p>The BOARD OF DIRECTORS is asked to:</p> <ul style="list-style-type: none"> <li>• To review and approve the increased current score of strategic risk SR1/18 <i>Financial deficit in excess of planned levels</i>;</li> <li>• To review and approve the increased current score of strategic risk SR2/18: <i>Cash flow affects day to day operations of Trust</i>;</li> <li>• To review and approve the new strategic risk SR1/20 <i>Ability to provide the highest quality of treatment and care in maternity services</i></li> <li>• To review and approve the updated Board Assurance Framework (App A);</li> <li>• To review and approve the updated Corporate Risk Register Report (App B);</li> <li>• To note the details of operational risks related to the impact and management of COVID-19 (App C).</li> </ul>

<b>Signed:</b> David Burbridge	<b>Date:</b> 22 OCTOBER 2020
--------------------------------	------------------------------

# UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

## BOARD OF DIRECTORS

THURSDAY 22 OCTOBER 2020

### RISK REPORT QUARTER 2 2020/21

#### 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.

### 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)	↔
SR8/18	Adverse impact of BREXIT on Trust innovation agenda.	CIO	16 (4x4)	12 (4x3)	8 (4x2)	↔
SR1/19	Prolonged and/or substantial failure to deliver standards of nursing care.	CN	20 (5x4)	12 (3x4)	6 (2x3)	↔
SR1/20	Ability to provide the highest quality of treatment and care in maternity services	CN	25 (5x5)	12 (3x4)	8 (2x4)	NEW
SR1/18	Financial deficit in excess of planned levels.	CFO	20 (5x4)	9 (3x3)	6 (2x3)	↑
SR2/18	Cash flow affects day to day operations of Trust.	CFO	15 (5x3)	9 (3x3)	6 (2x3)	↑
SR6/18	Material breach of clinical and other legal standards leading to regulatory action.	CLO	16 (4x4)	8 (2x4)	4 (1x4)	↔

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

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

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

#### 4. Strategic Risk Updates

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

<b>SR1/18</b>	<b>Financial deficit in excess of planned levels</b>
<b>Owner – CFO</b>	
<p><b>Update:</b></p> <p>The emergency financial regime introduced for months 1-6 as a result of the COVID-19 pandemic has ensured that the Trust has delivered a breakeven position each month. It also suspended the need to make efficiencies/CIPs for this period. However the regime for month 7 onwards moves to a prospective block payment arrangement the calculation of which does not accurately reflect the Trusts cost base going forwards. The Trust is currently planning for a deficit in the latter part of the year based on the current monthly run rate. In addition, there are some incentive payments based on the levels of performance and activity that are delivered in excess of the nationally prescribed activity levels. These incentives though also include a clawback for under-delivery. The Trust is currently forecasting under-delivery against the prescribed targets and as such is anticipating a clawback of funding which will increase the financial deficit from the level planned.</p> <p>The ongoing uncertainty around the month 7-12 financial regime has meant that the Current Score has been increased. Further work is required to ensure the Target Score can be met, the recommendation is not to Accept the Risk until the Trust has confirmation of the position for months 7-12 and is clearer about the expectations for 2021/22.</p>	

<b>SR2/18</b>	<b>Cash flow affects day to day operations of Trust</b>
<b>Owner – CFO</b>	
<p><b>Update:</b></p> <p>The emergency financial regime introduced for April to September was designed to facilitate timely payments to suppliers through this period.</p> <p>Two block payments were received in April in order to allow this. Currently the national team has not clarified the point at which the dual payment will be clawed back but they have committed to giving organisations at least 2 months' notice.</p> <p>The block payment going forwards for months 7-12 is lower than that received in</p>	

the earlier part of the year and assumes a level of efficiency/reduced cost pressures which the Trust does not expect to be delivered.

As such the Trust is forecasting a financial deficit which will impact on the Trust cash reserves at the point the dual months payment is recovered.

This first 6 months of the year have been 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.

The Trust's working capital loans of £31.8m have been converted to PDC during September 2020.

The cumulative impact of these has meant that the Current Score has been increased. The recommendation is not to Accept this Risk at this stage, but to continue to monitor for the remainder of the financial year.

**SR3/18**

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

**Owner - COO**

**Update:**

A number of essential measures were put in place during Quarter 1 to address the significant increases in urgent and emergency care demand resulting from the Covid pandemic. These measures had a significant and sustained impact on the organisation's treatment and diagnostic capacity and during Quarter 2 the focus has been on restoring elective services as safely, quickly and effectively as possible.

Whilst operational performance has generally deteriorated across Q2, there has been a notable increase in the volume of elective activity being undertaken as recovery and restoration plans have been enacted across the divisions. This primarily involved the conversion of Solihull Hospital to a Covid-secure elective centre alongside a complete pod within the Queen Elizabeth site. These facilities are essential in order to provide a safe environment for prioritised surgical activity to continue.

In line with national and regional guidance, there remains a focus on ensuring that all available capacity is prioritised for the most clinically urgent cases. Quarter 2 saw an extensive, clinically-led validation of the inpatient waiting list, to ensure that all patients have an up-to-date priority category and that treatment capacity can be prioritised for the most clinically urgent, time sensitive cases. The Trust's waiting list monitoring and escalating processes were also amended to support this approach. The Trust is also actively working with commissioners to support the surgical and medical prioritisation of elective care across the STP and has refreshed its mutual aid arrangements to ensure the continued utilisation of wider system elective capacity, including the independent sector.

September has though seen a significant increase in the number of Covid cases within the Trust and it is clear that the combination of a potential second wave and expected winter pressures, may impact on the organisation's ability to maintain current levels of non-essential activity.

SR4/18

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

**Owner – COOOHS**

**Update:**

DTOC performance for the Trust in June was 0.3%. This is lower than the 1% delivered in April which itself was the lowest ever recorded.

This has been primarily delivered through:

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, there was a balance between the need for emptying acute bed capacity with providing appropriate support to the care home sector. For UHB, for example, this meant providing PPE mutual aid to care homes and domiciliary care providers to facilitate discharge.

At a system level the national requirements were supported by changes to patient long term funding arrangements during COVID-19 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-19 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. In addition extra intermediate care beds were commissioned from Birmingham Community Healthcare NHS Foundation Trust and private sector care homes.
3. OPAL, the front door multi-disciplinary team for older people work, is now providing video consultations to West Midlands Ambulance Service (WMAS) paramedic teams assessing patients on scene. Approximately 120 crews are connected to date and approximately 50 consultations per week are occurring. Conveyance rate is c30%. The OPAL team can also now directly access community rehabilitation beds and the home EICT team, therefore reducing the need for inpatient admission.

These changes have reduced LOS in both acute and community beds 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-19 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.

In August/September the Care Act easements were removed and CHC funding assessments whilst a patient is receiving intermediate care were reintroduced. In addition the number of intermediate care beds has reduced to the pre COVID-19 baseline as staff who supported the additional capacity have returned to their own service as part of Restoration & Recovery. Whilst delays have increased they remain significantly below pre COVID-19 norms.

The BSOL System Discharges & Care Homes Group chaired by the Chief Executive of Birmingham Community Healthcare NHS Foundation Trust which was established as part of the COVID-19 response, continues to meet and is currently coordinating a system response in the event of a second surge.

<b>SR5/18</b>	<b>Unable to recruit, manage and retain adequate staffing to meet the needs of patients</b>
<b>Owner – CWIO</b>	
<p><b>Update:</b></p> <ul style="list-style-type: none"> <li>• The alignment of the non-medical recruitment teams across the Trust will be commencing from October 2020. The merging of the teams will improve consistency and efficiency in recruitment practice.</li> <li>• The support for the Nursing Associates Programme continues.</li> <li>• There is an expected delay to the planned pay progression changes which were scheduled to be implemented in Q1 2021/22.</li> <li>• The functional ESR merge remains on track for February 2021. The merge of pay-rolls will follow on from this.</li> <li>• A Business Case for the new recruitment management system is scheduled to be presented to CEAG in October 2020. If approved, the preliminary work including procurement and IT will commence.</li> <li>• The Trust’s Director for Workforce has been appointed as the Interim Workforce Systems Lead for the STP. The STP Phase 3 Restoration and Recovery Plan has been submitted to NHSE and sets out workforce risks and challenges together with the opportunities to work collectively as an STP. Further STP developments include: <ul style="list-style-type: none"> <li>○ An STP-wide Dashboard has been approved by the STP People Board. A prototype will be ready in November</li> <li>○ The STP has agreed to scope out a ‘reservist model’ for resourcing on demand.</li> <li>○ The STP has committed to invest in the Health &amp; Well Being of staff. The plan will include a single system approaches to risk assessment, access to psychological support and enhancing the wellbeing offer</li> <li>○ The development of a tailored support and engagement package for BAME</li> </ul> </li> </ul>	

- staff which will include an Inclusion Leadership Development Programme
  - System wide workforce transformation in Critical Care, Cancer, and Primary Care pathways
  - Career opportunities and development for staff. A Memorandum of Understanding has been signed across the STP, allowing the opportunity for so staff to move across the STP.
  - The STP has joined up with the West Midlands Combined Authority to address the economic impact of COVID through the creation of employment opportunities and career development.
- Changes made to the Trust’s recruitment processes in response to COVID-19 continue, these include:
  - DBS checks are now accepted from another employer for ‘fast-track’ applicants only. Applicants for substantive posts continue to require a full DBS check.
  - Memorandums of Understanding are in place between local Trusts and providers to share workforce without need to undertake separate employment checks in host locations. This is specific to certain cohorts of posts, i.e. student nursing.
- Staff turnover has reduced to 9%. It is unclear at this stage whether this is because of COVID-19. This is continually being monitored in the event of a second wave leading to staff leaving/retiring early. Reasons given for leaving continue to evidence that a lack of work life balance plays a large role. However, the Trust flexible and home working initiatives do appear to have had a positive impact on staff who are able to use these.
- Internal Audit are scheduled to review the Bring Back scheme in October. They will be specifically looking at verifying the ‘right to live and work’ checks.

<b>SR6/18</b>	<b>Material breach of clinical and other legal standards leading to regulatory action</b>
<b>Owner – CLO</b>	
<b>Update:</b> <ul style="list-style-type: none"> <li>● There are currently 2 outstanding actions from the 2019 CQC Inspection which relate to staffing in ED. Progress is reviewed by the Chief Nurse and Chief Legal Officer with regular updates provided to the Board of Directors and Audit Committee in the quarterly compliance reports. Completion of these actions has been delayed while the Trust continues to addresses operational requirements relating to COVID-19.</li> <li>● All of the improvement actions have been completed to address the conditions (under section 31 of the Health and Social Care Act 2008) on the Trust’s licence that relate to Radiology Services. The Trust is currently completing the paperwork to request that these conditions are removed from our licence. Regular updates are provided to the Board of Directors and Audit Committee in the quarterly compliance reports.</li> <li>● Clause 27 of the CCG contract now requires the publication of names of those qualifying staff that have not made a Conflict of Interest declaration at the end of each Financial Year. 40% of decision making staff (Band 8d, plus Consultant</li> </ul>	

grades) have made a conflict of interest declaration by end Q2 20/21.

- The Data Security and Protection Toolkit (DSPT) for 2019/20 was submitted in September. The Trust has received the 'Standards Met' compliance. There remains one assertion outstanding. The national deadline has been revised to the end of the financial year, by which time the Trust will work to ensure all assertions are met.
- A range of 19 new online Health and Safety risk assessments have been developed to support Nominated Managers in their role. The new assessments, covering subjects such as COSHH, Stress at Work, Security and Young Workers are available on Datix and will improve visibility and consistency in the way the Trust undertakes the assessment of risk under the Health and Safety at Work Act 1974 and associated regulations.
- The Good Governance Institute report following their NHSI Well-Led Review has been finalised. Following agreement of the action plan, NHSI will be contacted in accordance with the requirements of the Well-Led Framework.
- Monitoring of compliance with the Trust's Consent to Examination or Treatment Policy and soon-to-be published procedure is under review. The newly established Mental Health and Mental Capacity Group will receive compliance reports relating to the implementation of the Mental Health Act (1983).

<b>SR7/18</b>	<b>Failure of IT systems to support clinical services and business</b>
<b>Owner – MD</b>	
<p><b>Update:</b></p> <p>The focus of IT services during quarter 2 continues to be 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"> <li>• The widespread use of remote telephone and video clinics to keep both patients and staff.</li> <li>• Introduction of Microsoft Teams as the default video conferencing app to support staff working remotely. MS Teams offers greater functionality than initial solution, with a chat function and collaboration space where departments can work together on projects and feed into shared documents. The use of Vidy, which is the current application for patient consultations, is also being reviewed.</li> <li>• 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.</li> </ul> <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"> <li>• A new patient administration system, Oceano PAS, will be rolled out at Birmingham Heartlands Hospital, Good Hope Hospital, Solihull Hospital and</li> </ul>	

Birmingham Chest Clinic in the next few months with training for the new system available to staff on Moodle. Implementation is planned for early October 2020.

- 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.
- Ongoing improvements through the "Big Picture" transformation program to ensure technology supports the delivery of care.
- Upgrade and replacement of hardware for Solihull Community Services which includes the distribution of more than 300 new devices
- Upgrade to Network of On-Call Referrals Service (NORSE). This new development means colleagues working in specialties that use NORSE can receive alerts direct to their mobile, which reduces the dependency on Switchboard and could reduce the time it takes for specialties to respond to urgent referrals.
- The implementation of Office 365, the migration of historical domains and support for the Ambulatory Care and Diagnostics Centre (ACAD) build with advanced technologies and the aim of being a paperless building.

IT Services continue to work through the risks identified by the DIONACH and PENTest People report. IT Services are currently engaged with MTI who have been commissioned by NHD Digital to support the Trust in addressing the critical risks identified. We are working through MTI's statement of works and implementing the solutions identified or supporting deep dive assessments of existing solutions as to whether they have been configured correctly to remediate the identified risks. Additional capital funding is being sought from NHS Digital/X to support solutions identified to address those critical/high risks identified.

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, this includes:

- NHS Secure Boundary - This service is a centrally funded solution provided and commissioned by NHS Digital. NHS Secure Boundary provides a software perimeter security solution offering protection against security threats for in-bound and out-bound traffic. Work commenced with Accenture in mid-August 2020 in the deployment of NHS Secure Boundary. The Trust is aiming to go live with the new solution in October 2020.
- Secure Backup Validation - The assessment was carried out by MTI in early September 2020 and we are waiting to receive the formal report. This assessment will validate our existing backup and recovery solution and highlight gaps in line with NCSC guidelines. It identify any shortcomings or issues with our current backup process and recommend changes and potential mitigation of cyber threats in the recovery of backup. It will also highlight technical remediation and improvements to the current backup function

<b>SR8/18</b>	<b>Adverse impact of BREXIT on Trust’s innovation agenda</b>
<b>Owner – CIO</b>	
<p><b>Update:</b></p> <ul style="list-style-type: none"> <li>• Access to research drugs continues to be a major concern and logistical solutions for time limited drugs may be especially vulnerable.</li> <li>• 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.</li> <li>• Potential impact on quality control at borders and the ability to rely on the timely supply of drugs is unknown.</li> <li>• The supply of fluids in areas such as Renal Dialysis is of particular concern.</li> <li>• Funding agreements for research until the end of Horizon 2020 will be honoured in full, the situation beyond this time remains uncertain.</li> <li>• 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.</li> </ul>	

<b>SR12/18</b>	<b>Unable to maintain and improve the quality and quantity of physical environment to support required level of service</b>
<b>Owner – CTO</b>	
<p><b>Update:</b></p> <ul style="list-style-type: none"> <li>• Works are underway to meet the NHSE mandate to reconfigure the NEC Nightingale facility. The works will reduce the current capacity to 400 beds in conjunction with the NEC Group and Interserve to ensure the Trust is in a position to meet seasonal pressures and respond to Covid-19.</li> <li>• Funding is now in place for the Ambulatory Care and Diagnostics Centre (ACAD), the four-storey building at Heartlands Hospital that will house services including outpatients, ambulatory imaging, day case surgery and endoscopy. The enabling work is due to be completed on 21st September 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.</li> <li>• The Estates team are currently discussing multiple capital ventures with partners, to provide facilities across the city that will provide continued improvement in choice and accessibility.</li> <li>• 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.</li> </ul>	

- The Estates team continue to reconfigure the hospital environment to meet Covid-19 requirements and are due to fully resume the planned maintenance schedule that was curtailed during the peak of the pandemic.
- A £7 million project to refurbish the Welcome Theatres at QE Heritage Site has commenced and is due for completion in November 2020.
- The Estates team completed work to ensure resilience of the Energy Centre at BHH for the winter season.
- The QEHB PFP fire survey 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.
- Fire strategy drawings on the high risk areas on the Heritage Site have been completed with survey work continuing

<b>SR1/19</b>	<b>Prolonged and/or substantial failure to deliver standards of nursing care</b>
<b>Owner – CN</b>	
<p><b>Update:</b>  Much of the activity during the quarter continues to be in response to the ongoing changes required to manage COVID-19. Planned recovery and restoration activity has created an elective centre at Solihull Hospital and in a POD of the QE with strict infection prevention protocols. An STP wide approach to prioritisation of elective procedures is in place to ensure a population wide approach is applied. To address the recent surge in COVID-19 infection, the ITU have a 10 stage escalation protocol with associated action cards. This is supported through the establishment of a Critical Care Reservist Workforce to assist in caring for our critically ill patients at times where it is most needed.</p> <p><u>Falls</u>  During quarter 2 the falls team have resumed normal ways of working, increasing visibility in person as opposed to virtual methods, and are back up to full establishment which is enabling us to reach into specialities not previously focussed on. We are now able to provide a more consistent service to areas with low falls incidence such as obstetrics and gynaecology, as well as children’s and neonates who are reporting falls in visiting mothers, instead of focussing primarily on the higher incidence areas alone. This is supporting both the falls and UHB Strategy to ensure that we provide a high quality service to our patients that is consistent, regardless of which speciality, department or hospital they are attending.</p> <p>Falls rates for July, August and September have remained unsettled in response to a slightly reduced activity compared to pre COVID-19 months, and also a slow rise in falls numbers due to a gradual increase in patient cohorts considered to be at an increased risk of falling. This is resulting in fluctuating falls rates month on month. Whereas pre COVID-19 the UHB falls trend showed a consistent reduction over the year (2019/20), instead since March we have seen a continuous increase overall, with more pronounced peaks and troughs. Likewise, we have seen an increase in falls resulting in severe harm albeit not as many as we were averaging pre COVID-</p>	

19, but again this reflects the increase in more frail elderly patients being admitted who are more at risk of sustaining a severe harm if they do fall.

Falls incident investigation demonstrates that UHB have effective and targeted input from Therapy teams, assessing individual patient needs and advising on mobility plans to enable the patient to regain their independence as far as possible. However what is also apparent is risk taking by the individual patient as they build confidence in meeting their mobility goals, but not necessarily equal competence at the same rate. Therefore the Trust falls steering group are this year focussing on strengthening patient education regarding identifying their own risks, and taking preventative ownership to reduce their own risk of falling. Thus tackling falls prevention not only from a staff education point of view, but also strengthening this with our service users themselves.

### Infection Prevention and Control

The majority of the work during Q2 has continued to address the COVID-19 pandemic and the next phase of the Trust's response. There has been a continued focus on hospital onset COVID-19, with close monitoring of numbers and detailed investigation of cases. A formal Trust process has been developed in line with latest NHSI/E guidance. The senior IPC leadership team is working closely with external partners, including PHE and the CCG, to facilitate a system-wide approach to management of COVID-19 outbreaks and incidents. The Deputy Director of Infection Prevention and Control has presented at a national NHSI educational meeting showcasing the Trust's COVID-19 response.

IPC project work has resumed and been reinvigorated in a number of important areas, including prevention of ventilator associated pneumonia in our critical care units and on-going research work on hospital acquired pneumonia and catheter associated urinary tract infection across the Trust. This project work is tailored to help the Trust deliver on key strategic objectives in IPC, for example, reduction in gram negative bacteraemias.

COVID-19 related IPC research work continues to progress well, including the COPE study, which has been successful in receiving substantial funding to look at COVID-19 occupational exposure and detailed follow up of healthcare workers. The Trust also continues to participate in the NHSI/E FFP3 mask fit testing national project for BAME staff in Secondary Care.

Influenza preparedness has become even more important in light of a second wave of COVID-19. The combination of influenza and COVID-19 could place a significant burden on the Trust both in terms of mortality and increased admissions. This year it is more imperative that there is uptake of the influenza vaccine from healthcare workers. The Trust Influenza Steering Group led by the Deputy Chief Nurse is working hard to address this. Specialist sub-groups are also being set up to address vaccination strategy for inpatients as well as point of care testing for emergency admission areas.

There were no Trust Apportioned MRSA bacteraemias identified up to the end of August at UHB. Currently, for the financial year 2020/21, UHB have had no Trust apportioned bacteraemias

The annual objective for *Clostridioides difficile* infection (CDI) for 2020/21 at UHB is 250 Trust Apportioned cases. In August, UHB have had 23 Trust Apportioned cases, which was a large increase compared to July. Common learning from this period of increased incidence included timely taking of stool specimens, antimicrobial stewardship and environmental cleaning. All wards affected have been placed on enhanced cleaning and deep clean of bays. The Trust has resumed 75% of normal activity and as a result has seen an increase in the number of community *C. difficile* cases being admitted to the Trust. The increase in numbers could potentially be explained by increased antimicrobial prescribing during the COVID-19 pandemic period. Antimicrobial stewardship remains the biggest challenge in *C. difficile* prevention. The Trust wide Antimicrobial Stewardship Group is developing its strategic intentions to deliver effective antimicrobial stewardship across UHB

### Vulnerable Patients

During Q2 a questionnaire has been distributed to clinical areas within the Trust to obtain a baseline assessment of the care of LD/ASD patients ahead of the launch of the new Standards, as below; this will be repeated in October 2020. The questionnaire focussed on:

- Confidence in caring for LD/ASD patients
- Mental Capacity
- Communication
- Reasonable adjustments
- Hospital Passports
- Patient care / family involvement, and
- Nutrition / Hydration

The Trust's LD/ASD Standards highlighting 'What Good Looks Like' - The Lead Nurse for Vulnerabilities has been developed and launched Medical and Nursing Standards to be used during the admission and care of patients with a Learning Disability and/or Autistic Spectrum Disorder within the Trust.

These Standards provide expectations of the care level and activity required in support of the patient group. The Standards are supported by forms specifically designed to assist staff with the care of this patient group and to achieve the Standards. The forms include:

- Admission Ward Checklist,
- Flowchart to support Admission Checklist,
- MDT proforma,
- Hospital Passport,
- Matrons' Checklist and,
- Pain scale tool to be used with patients who are not able to communicate verbally; the faces on the pain tool depict whether the patient is in pain and they can point to where on the body they are experiencing pain.

Burdett Trust Funding - The Lead Nurse for Vulnerabilities has recruited into posts to support the 12-month Quality Improvement project based upon Reducing Restrictive Interventions in relation to LD and Mental Health patients.

### Tissue Viability

- During quarter 2 the Tissue Viability (TV) Team resumed its full clinical remit providing expert clinical advice and support to staff caring for patients referred to the service.
- Educational events were postponed due to the COVID-19 restrictions and alternative platforms for training are being explored. A Moodle package for pressure ulcer categorisation is in the final stages of being developed.
- The Trustwide Pressure Ulcer Procedural Document was completed and uploaded onto the intranet.
- Simplified pressure ulcer categorisation cards were developed as a resource for staff.
- An action plan was devised to align TV practices at BHH.
- A TV newsletter was produced to keep staff up to date.
- A new equipment selection flowchart and posters to support the correct rental procedure and to standardise logging of equipment were circulated at BHH and GHH sites.
- Meetings have recommenced to explore the option of an equipment store modelled on the QE format.
- Competencies still require an update to reflect the new procedural document.
- The Tissue Viability Strategic plan was updated and shared at the Care Quality Meeting.
- The Pressure ulcer and wound steering group continues to meet virtually.

### Safeguarding

The Safeguarding team have worked to make a range of improvements over the last quarter, they include:

- A 'walkaround' with the CCG highlighted pockets of good practice but inconsistencies in staff knowledge around MCA when DOLs would be applicable. In response a Trust wide re-launch of MCA training, supported by an external provider is planned. Training will include MCA principles/ Best Interests and DOLs and will be in a modular format that allows for update when the new legislation around LPS is introduced.
- Work with Webmaster and the IG to review the on-line safeguarding referral forms with the aim of developing a web based referral to adult and child social care across all sites.
- Work with Divisional colleagues to agree the future funding and work plans for the Named Doctor for Child Protection
- A new SOP agreed to address safeguarding risks of 16-18 year olds across ED and inpatient areas. The new launch plan developed and will begin implementation in Quarter 3 20/21
- There has been development and launch of a Patient Safety Notice which increases 'safety netting' for infants with injuries/ bruising and requires oversight of all cases by a Paediatrician and (in hours) the Safeguarding Team.
- A paper has been submitted to the CCG highlighting the resource requirements given the national guidance on caseload size. The Trust's Contracts team continue to discuss this with the CCG.

## 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 as we work towards a resumption of services.

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

- Established health and wellbeing hubs in easy to reach locations on each of the hospital sites. These offer a safe space for 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.
- The introduction of Staff Safety and Wellbeing Officers to proactively provide support and advice
- The provision of re-usable face masks for staff in non-clinical areas
- Continuing series of lectures and webinars including LGBT+ health inequalities and the impact of COVID-19, transgender awareness and racial bias
- A series of end of life and bereavement seminars is being run for all staff to support discussion around difficult conversations
- A new programme of work is due to celebrate the work of our ward leaders and teams through our Ward Accreditation programme. Ward Accreditation is a national programme that takes staff on a quality improvement journey, it creates ownership at ward level and influences care delivery.
- The UHB Charity has funded 450 iPads which have been distributed to wards and departments across the Trust enabling patients across the Trust are able to stay in contact with their loved ones thanks to virtual visits.

The longer term work of workforce planning has continued with the successful appointment to the Head of School of Nursing, AHP's & Midwives. With a significant focus on partnership working the Head of School will advance the strategic and operational development of the School's curriculum and delivery models. While overall nursing vacancies have remained on the anticipated trajectory over the summer months, training of students and TNA's has continued and includes:

- All students who qualify in September 2020 will remain on paid placements until receipt of their PIN number when they will transition into Band 5 posts within the Trust or externally. Of the 202 students qualifying in September; 23 are military students who will be deployed by the MoD on qualification, and 149 of the remaining 179 students, will commence posts in the Trust on qualification (83%).
- There are 89 Band 4 3rd year students who qualify in January 2021 and are undertaking paid placements. 21 of these are military students and of the remaining 68, 54 have job offers in the Trust on qualification (80%). Funding from HEE ceases for these students at the end of August, the Chief Nurse has agreed to keep them in paid placements until the end of September 2020
- The April qualifying Trainee Nursing Associates are in the process of registration with the NMC and a further 30 TNA's are due to qualify in October 2020. Due to disruption in placements the October qualifying TNA's are currently undertaking a block placement to ensure there are no delays in qualification. Recruitment for the October 2020 TNA cohort is nearing completion with an anticipated cohort of 90, 70 of which are external.

## **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 19 open red risks, 9 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 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 have been reported for information since the outbreak began. An updated listing of these risks is included as Appendix C to this report for the information of the Board of Directors.

## **7. Recommendations**

The Board of Directors is asked:

- 7.1 To review and approve the increased current score of strategic risk *SR1/18 Financial deficit in excess of planned levels;*
- 7.2 To review and approve the increased current score of strategic risk *SR2/18: Cash flow affects day to day operations of Trust;*
- 7.3 To review and approve the new strategic risk *SR1/20 Ability to provide the highest quality of treatment and care in maternity services*
- 7.4 To review and approve the updated Board Assurance Framework (Appendix A);
- 7.5 To review and approve the updated Corporate Risk Register Report (Appendix B);
- 7.6 To note the details of operational risks related to the impact and management of COVID-19 (Appendix C).

**DAVID BURBRIDGE  
CHIEF LEGAL OFFICER  
THURSDAY 22 OCTOBER 2020**