

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**  
**BOARD OF DIRECTORS**  
**THURSDAY 28 OCTOBER 2021**

<b>Title:</b>	<b>BOARD ASSURANCE FRAMEWOK REPORT QUARTER 2 2021/22</b>
<b>Responsible Director:</b>	<b>David Burbridge, Chief Legal Officer</b>
<b>Contact:</b>	<b>Sarah Favell, Director of Corporate Affairs, Peter Moon, Corporate Risk Lead.</b>

<b>Purpose:</b>	To present an update to the BOARD OF DIRECTORS with information and assurance relating to high level strategic 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>- Each Executive owner has provided a narrative update on progress and improvements made in Q2.</li> </ul>
<b>Recommendations:</b>	The BOARD OF DIRECTORS is asked to review and approve the updated Board Assurance Framework (App A).

<b>Signed:</b> David Burbridge	<b>Date:</b> 28 OCTOBER 2021
--------------------------------	------------------------------

# **UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**

## **BOARD OF DIRECTORS**

**THURSDAY 28 OCTOBER 2021**

### **BOARD ASSURANCE FRAMEWORK REPORT QUARTER 2 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:

<b>SR1/18</b>	<b>Financial deficit in excess of planned levels</b>
<b>Owner – Chief Financial Officer</b>	
<b>Update:</b> <ul style="list-style-type: none"> <li>• Planning for 2021/22 has been split between the 2 halves of the financial year and is 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.</li> <li>• The envelope and allocation for the first half of the year has been sufficient and as such the Trust is expected to deliver a break even position as at month 6.</li> <li>• The envelopes for the second half of the year have recently been released and include an increased efficiency requirement compared to the first half .</li> <li>• The system allocation of the envelope to organisations has not yet been completed, however the Trust is not envisaging that a deficit plan will be necessary.</li> <li>• In the meantime the Trust continues to completely understand the underlying recurrent position following the pandemic so that we can clearly articulate the underlying position going into 2022/23.</li> <li>• The Internal Audit process for 2021/22 has begun and is ongoing.</li> </ul>	

<b>SR2/18</b>	<b>Cash flow affects day to day operations of Trust</b>
<b>Owner – Chief Financial Officer</b>	
<b>Update:</b> <ul style="list-style-type: none"> <li>• Block payments have remained in place for the first half of the 2021/22 financial year and are expected to continue into the second half. The current block payments allow the Trust to achieve a breakeven position and as such there should not be an impact on the cash balance.</li> <li>• The Trust continues to pay suppliers within 7 days as per national guidance in</li> </ul>	

order to support suppliers. Delivery of this is assessed in each weekly cash management meeting.

- The Trust block payments / allocations for half 2 have not yet been agreed with the system however the system envelopes include a reduction in funding for COVID costs and an increased efficiency requirement.
- Cash management measures continue to be discussed in weekly cash meetings.

<b>SR3/18</b>	<b>Prolonged and/or substantial failure to meet operational performance targets.</b>
<b>Owner – Chief Operating Officer</b>	
<p><b>Update:</b></p> <ul style="list-style-type: none"> <li>• Restoration and recovery of elective services continues and quarter 2 saw a revised theatre plan being implemented which increased capacity by an additional 37 elective sessions per week across all sites.</li> <li>• Urgent care demand has remained extremely high throughout the quarter and Covid-19 related admissions and ITU bed occupancy have remained elevated. This has had a knock-on effect on elective recovery, with an increase in the number of short-notice cancellations. A task and finish work stream continues to identify and oversee actions to improve theatre utilisation at the Solihull site.</li> <li>• Recruitment is on-going for specific staff groups to support theatres and perioperative care and the first international recruits are now in the Trust. Across the system, staffing remains the most challenging aspect of delivering the recovery programme.</li> <li>• There is now a well-established process for the clinical prioritisation of patients on the inpatient waiting list and this has been supplemented by the expansion of the Health Status Check process which has progressed beyond the pilot phase.</li> <li>• During quarter 2 around 11,000 patients were issued a health status survey and plans are now being developed to apply the process to outpatients as part of the Trust's wider outpatient recovery programme. Feedback and learning from the roll-out is reported to the system-wide Operational Delivery Group. The subsequent harm review process has now been defined and going forward, the reporting of harm review / status check progress will also be made to CQMG.</li> <li>• A data quality improvement project was launched during quarter 2, aiming to improve the accuracy of Trust waiting list data and support elective recovery efforts. This work is being led by an executive oversight group and brings together a range of technical and operational improvement work-streams.</li> <li>• Despite the lasting effects of the pandemic, two week wait cancer performance has seen some significant improvements with the ongoing focus on bringing down the number of patients waiting for a first appointment.</li> <li>• The QEHB Enhanced Perioperative Care Unit (EPOC) is now well established in a new footprint with a larger floor space and specific dedicated staffing model. This innovative model of care has already proven extremely successful in easing ITU pressures for a number of surgical specialties including Cardiac, Neuro and Liver.</li> </ul>	

Plans are being developed to expand the service capacity further over time at QEH and Solihull.

- Diagnostic performance continues to be significantly affected by the reduced capacity, resulting from adherence to social distancing and infection control measures. The majority of diagnostic testing taking place continue to be for clinically urgent and cancer patients, with work continuing to increase the number of diagnostic tests being provided overall. Longer term plans, such as the implementation of diagnostic hubs and the opening of the Ambulatory Care and Diagnostics Centre (ACAD), will help to alleviate pressure in regards to capacity and accelerate the rate of recovery.

<b>SR4/18</b>	<b>Increasing delays in the transfer of care (DTC) from UHB sites in excess of agreed targets</b>
---------------	---

**Owner – Chief Officer for Out of Hospital Services**

**Update:**

- 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 implemented by system partners in response to COVID-19 it records and reviews these key metrics:
  - 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 continues to provide video consultations to West Midlands Ambulance Service (WMAS) with paramedic teams assessing patients on scene. The OPAL team can 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. As part of proposals to enhance the BSOL urgent community the EICT will provide first line response to category 3/4 999 calls as an alternative to WMAS from Q3. It is envisaged that they will carry remote diagnostic equipment allowing direct connection of community responders to multi-disciplinary specialist teams in hospital such as OPAL with a live diagnostic feed. WMAS are also keen to use enhanced remote diagnostics to enable ambulance crews responding to category 2 calls to connect with a broader range of live diagnostic feeds to specialist teams in hospital, minimising conveyance and admission.
- 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 post hospital discharge funding for H2 21/22 has now been agreed. Whilst this is welcomed recurrent funding for the new models such as EICT and OPAL (across all acute sites) 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
<b>Owner – Director of Workforce</b>	
<p><b>Update:</b></p> <ul style="list-style-type: none"> <li>• The COVID-19 Absence Reporting Tool has been actively deployed for 6 months. COVID-19 and Non-COVID-19 absence data combined provides a daily view of absence and isolation exemptions to the Director Workforce and the senior operational leadership group. The Employee Relations Team continues to monitor and review sickness absences, providing a weekly report to the Director of Workforce, highlighting actions and progress in week. 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• UHB is hosting the project lead for the NHSEI Retention Programme across BSOL. The programme commenced in Q2 and will deliver an action plan in Q3.</li> <li>• The STP Workforce Planners Group continues to meet on a monthly basis. A workforce dashboard has been established for the BSOL People Board, reflecting an aggregated view of each Trust's provider workforce return including staff in post and vacancies by staff group.</li> <li>• Work is on-going in relation to the projected capacity at BSOL level. In addition a Nursing forecast tool will be piloted in Q3. The tool was devised by BWCH.</li> <li>• 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 April 2022.</li> <li>• Other workforce updates during Quarter 2 include:</li> </ul>	



- Midwifery staff in post and vacancies are now reported through the monthly Provider Workforce Return (PWR) to NHSE/I in conjunction with Corporate Nursing and the Head of Midwifery.
- 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.
- A Project Team is now in place for the Applicant Tracking and Recruitment System. The roll out of the Oleo Recruitment system scheduled to take place during Q2 2021/22 has been deferred while additional user acceptance testing takes place. The new roll out date is TBC.

<b>SR6/18</b>	<b>Material breach of clinical and other legal standards leading to regulatory action</b>
<b>Owner – Chief Legal Officer</b>	
<p><b>Update:</b></p> <ul style="list-style-type: none"> <li>• During Q1 a number of Care Quality Commission core services inspections took place across the Trust. The draft CQC report based on these inspections has been shared with the Trust and a response has been provided to the CQC. The final report was published on 8th October with an overall rating of “Requires Improvement”. In response, the Trust is required to submit an action plan for the ‘Must Do’ actions. This is currently being drafted and will be presented to the Board of Directors for approval before being submitted to the CQC.</li> <li>• There are 3 outstanding actions from earlier CQC inspections. 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 addresses operational requirements relating to COVID-19.</li> <li>• 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 has decreased in Q2 as large numbers of declarations have lapsed. Staff members are reminded to submit declarations through regular communications and support provided by the Corporate Governance team.</li> <li>• The action plan to respond to the recommendations made by the Good Governance Institute as part of their Well-Led Review was circulated to members of the Board for final approval in July 2021. Monitoring of progress against the actions will be at CLOGG.</li> <li>• The annual Data Security and Protection Toolkit (DSPT) 20/21 submission took place in Q1 2021/22. An action plan was developed with multiple corporate specialties to address the 4 areas that required improvement. 1 action was completed in Q2 with the outstanding actions due for completion in Q3.</li> <li>• Health and safety assurance is provided to Trust Health, Safety and Environmental Committee. Managing Directors are required to provide</li> </ul>	

assurance of Trust standards including audits and inspections, leadership interventions, self-assessments, incidents, RIDDORs and mandatory training. Non-compliances with external standards (UKAS, CQC etc.) or legislative standards must also be notified. From January 2022 (Quarter 3), Managing Directors will also be required to report all outstanding/overdue health and safety risks. There are currently no external regulatory or legislative changes scheduled.

<b>SR7/18</b>	<b>Failure of IT systems to support clinical services and business</b>
---------------	--

**Owner – Chief Digital Officer**

**Update:**

- The priority of the IT improvement works during Q2 2021 continues to focus on infrastructure, transition and EPR programs to provide reliable Trust wide systems that support the delivery of care.
- Windows 10 is the latest Microsoft operating system to be installed on devices across the Trust. Deployment is now >95% complete with approximately 2000 devices being migrated each month. The remainder of devices are scheduled to be completed by the end of September 2021; however there is a dependency on a delivery of replacement PCs from Dell. Disruption in the international supply chain for microprocessors has led to Dell reporting additional delays of 8 weeks for all deliveries. This risk has been reported on the Trust's Corporate Risk Register.
- Microsoft Edge is the default web browser on Windows 10 replacing Internet Explorer which will be discontinued in June 2022. The scoping work for Edge compliance for all web-based systems is continuing and all applications that require testing and including those that require third party involvement have been identified. One area of concern has already been highlighted linked to Oceano PAS not being Edge compatible. This has been escalated to the supplier, Servelec, to request a plan for ensuring compatibility.
- The N365 programme is the implementation of Microsoft Office 365 across the NHS. Following a procurement exercise the Trust have now chosen a partner to work with the Trust in delivering N365 into UHB. We are currently working through application testing for N365 with key Trust personnel. The N365 team are engaging with all divisions on the impact of N365 and encouraging and seeking N365 Champions to work with the programme team.
- A new IT and Health Informatics Strategy is being developed. The new strategic document covers key areas relating to Workforce, Technical Architecture, Engagement and Governance and Oversight and will be vital in clarifying the vision to ensure seamless access to IT and Informatics services for the Trust.
- The new Harborne Hospital will provide a full range of healthcare services, including acute and complex care for private patients in the region, as well as extra capacity and access to specialist facilities for NHS patients. Detailed planning work reviewing the requirements of multiple SLAs describing the relationship between UHB and HCA Healthcare has been completed. HCA have

set up a series of joint meetings to agree the preferred IT options to support signing the SLAs off. All SLAs are planned to be agreed with HCA by end of September, which will support IT and operational planning. An estimated IT Resource plan has been completed for the agreed IT interfacing requirements between UHB and HCA, and it is planned for HCA to be asked to provide additional funds to support this at a Joint Executive level meeting on 14th September. UHB will also likely need a business case to secure additional resources to sustain the additional on-going support for this large commitment to meet the planned opening date of September 2022.

- Informatics are progressing the purchase of replacement hardware for warehousing of clinical, operation and performance data. As has been mentioned, timelines for the purchase of infrastructure have been delayed due to unavailability of hardware from Dell, with receipt of equipment now not anticipated until January 2022. The Informatics team are currently working with IT colleagues to identify any potential mitigation available.
- The rollout of PICS across the Trust continues. We are now live across all 170+ beds in Acute Medicine areas and are also now using PICS to clerk patients at the start of their episode of care by the Gen Med doctors in the Emergency Department. The clinical teams have embraced the use of PICS and have been supported by the PICS team who have had a visible presence across all areas until 10 pm across the week. We are extending this early life support across the weekend (until midnight Saturday and Sunday) to ensure the clinical teams continue to feel well supported and to proactively deal with any issues as they arise. Other Q2 updates include:
  - The project to implement Oceano ED and PICS into ED at BHH and GHH continues to progress. The team continue to request clinical representation for the project and now have regular attendance at the agreed meetings which is a positive step. The introduction of the clerking element for Acute Medicine into ED is also a positive step forward and will streamline the ED process further when PICS is live.
  - HGS Digital Dictation (Dragon (was Winscribe)) Rolling implementation programme underway from Feb 21. There have been some technical challenges encountered which have resulted in a delay in the roll out. These technical issues have now been resolved and the roll out resumed. The indicative completion date is December 2021, although the roll out to ED may be deferred to the new year to plan around the ED Oceano and PICS deployment.
  - Theatres Galaxy Expansion across all sites. The division are planning to extend the use of the Galaxy Theatres system in use at QEB, across all sites. They are working with the supplier and IT to define the project approach and costs involved. IT planning involvement is proposed to start in November 2021.
  - The review of PAS requested by Jonathan Brotherton is complete. The issues identified are being addressed in collaboration with the operational performance team, outpatient team and informatics. As a result of the review there are now Task and Finish Groups focusing on enhancements to e-Outcome Form/OPTIMS and ERHA to improve usability and encourage compliance.

- The team are also a key part of the planning and delivery of the site expansion work to reopen wards in the East Block at QEHB site and create 4 additional modular wards across BHH and GHH sites. This includes an extensive decant and relocation programme of existing teams at QEHB and expanding the home working footprint for teams that have previously been working in East Block at QEHB site.
- The Trust rolling PC replacement programme continues across Heartlands, Good Hope and Solihull and we have completed over 6000 PC's nearing 100% on starting figures.
- The refresh of the WIFI infrastructure has been completed and while most devices have been migrated over to the new network, we are working with 3rd parties for them to have their devices moved across.
- The voice infrastructure at QEHB was updated in early September with the HGS update to follow. The tender process for a consolidated contract covering the services for in/outbound telephone calls Trust wide has started and we are currently evaluating the supplier responses with a view to award a contract over the next few weeks.
- The newly procured backup solution has been implemented for the on-prem workloads. It handles already the backups of our virtual server platforms covering most of the Trust's servers.
- Work continues to progress the removal of weak active directory passwords across the Trust. From Monday 18 October, there will be new rules that users will need to meet in order to make network passwords more secure. A Trust wide communications was sent to all staff in September to highlight the changes.
- Following the review of IT Services late last year a Cyber Strategy timeline is being formulated which will be shared the with the Board and CEAG shortly.
- Telephone calls to the Service Desk remain high with over 182K forecast for 2021/22. Transactions raised via the Service Portal have significantly increased year on year with circa 90K forecast over the same period. Delays in the work programme and the shift to increased Homeworking continues to be the catalyst for increased demand resulting in many thousands of users requiring access to systems and additional support.

Q2 updates from the BSOL STP Digital Enablement Group Programme include:

- The shared care record continues to be rolled out across three ICS's. We have asked the communications team to help us promote including an update to Team Brief.
- DEG is being reconfigured and realigned to support national themes and enable local digital agenda with a re prioritisation of data and tech ICS projects under new work streams.
- A business case is being developed for a productivity and efficiency scheme for telephony.
- A business case will be coming to CEAG for an idea for an RPA ICS service
- A communications app for care homes and remote monitoring for care homes programme is well underway.

SR8/18	Adverse impact of BREXIT on Trust's innovation agenda
Owner – Chief Innovation Officer	
<p><b>Update:</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>In June 2021 the European Commission 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 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 in the EU or EEA.</li> <li>The UK Medicines and Healthcare products Regulatory Agency (MHRA) has published guidance on the regulation of medical devices following Brexit. Different types of devices are subject to different requirements, similar to other international regulatory landscapes. Some have a grace period and do not require immediate registration whilst others (such as Class I devices) must be registered immediately. This has an impact on how software (with an embedded</li> </ul>	

decision making tool such as PICs) will have to be treated in future.

- On 10 September 2021, the government published the consultation on 'Data: a new direction' which is looking to reduce barriers to innovation by:
  - i. Clarifying the legal basis in UK GDPR and the application of the 'fairness principle'
  - ii. Providing a pathway for AI systems
  - iii. Introduce new standards for data minimisation
  - iv. Reform breach reporting requirements
  - v. Provide alternative mechanisms for international data transfer.

<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 – Chief Financial Officer</b>	
<p><b>Update:</b></p> <ul style="list-style-type: none"> <li>• The Estates teams continue to reconfigure areas of the hospital environment to meet COVID-19 recovery requirements, including capacity expansion projects such as, Modular Wards at BHH and GHH, repurposing areas of the Heritage Building and the 2 additional Vanguard Theatres at Solihull Hospital.</li> <li>• The Ambulatory Care and Diagnostics Centre (ACAD) is on track for completion in Q3 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.</li> <li>• To support the provision of services to ACAD the Estates Department are managing projects to improve the BHH site infrastructure including a joint project with Western Power Distribution to increase the capacity and resilience of the Electricity network.</li> <li>• The project to install a new primary VIE bulk oxygen store and distribution network at BHH has commenced. This will increase the volume of oxygen that can be supplied to wards / departments - up to 5,000 litres / min compared to the current 3,000 litres / minutes - and also improve the resilience of the system.</li> <li>• The project to 'de-steam' the BHH site, and replace with a Low Temperature Hot Water system is due to commence in November 2021. Co-funded by the Public Sector Decarbonisation Scheme and the Energy Performance Contract, this project will include replacing the current steam pipework and associated plant with a 'greener' more efficient heating system. Similar schemes are also being planned for the GHH and QE sites.</li> <li>• 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 Q3 21/22.</li> </ul>	

- 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 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.

<b>SR1/19</b>	<b>Prolonged and/or substantial failure to deliver standards of nursing care</b>
<b>Owner – Chief Nurse</b>	
<p><b>Update:</b>  <b><u>Assessment of Patients</u></b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul> <p><b><u>Falls</u></b></p> <ul style="list-style-type: none"> <li>• The Trust inpatient falls rate increased in July 2021 to 7.04 falls per 1,000 occupied bed days. This represents the first increase on month since December 2020. 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.</li> <li>• A trust wide falls audit was undertaken in Q1 2021/22 to ascertain current compliance with falls prevention and management standards. A total of 452 patients across 47 clinical areas were included in the audit.</li> <li>• The findings show that overall compliance with some standards (such as completing falls risk assessments on admission; updating these every 7 days or sooner where patients condition had changed; and importantly the accuracy of the assessment); was found to be high at above 97% for each. Compliance in other areas (such as assessments of bed rail assessments and blood pressure) was found to be lower and require improvements to be made.</li> </ul>	

- Compliance with the completion of the enhanced risk assessment was also seen to be low although 96% of the patients were noted to have the correct level of supervision in place at the time of the audit. This provides some assurance that although we are seeing this as a common theme within falls with harm investigations, that overall the correct levels of supervision are being provided in the majority of cases.
- The Trust was recently issued with a Regulation 28 (report to prevent future deaths) following a falls related Inquest, where the Coroner was not assured that the action plan from the RCA (root cause analysis) investigation was being effectively implemented. The issues centred around the lack of provision of walking aids to patients in the Emergency Department at GHH following OPAL (Older Persons Assessment and Liaison) Team assessment of their mobility.
- Since the Inquest, the actions identified in the investigation have been fully implemented, and also standardised across all sites. The OPAL team at GHH have been auditing compliance with the provision of walking aids since the inquest, and preliminary data is so far showing a 100% compliance with their provision.

### **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. A task and finish group was set up following a number of Serious Incidents relating to nasogastric tube misplacement, to review current evidence and amalgamate practice across the four sites.

Current actions include to:

- Develop and implement education programmes for medical, nursing and therapy staff for NG tubes.
- Develop and implement process to provide assurance that staff completing insertion, management and position checking of NG tubes are competent/credentialed.
- 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, piloted and is being launched in partnership with the Trust Medical Education Team.
- The PICS specification for the insertion of a fine bore NG feeding tube and the associated x-ray interpretation 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 have been updated to include the LocSSIP.

- Audit of NG care continues every 6 months with action plans developed and completed at each point.

### **Vulnerable Patients**

- Hospital passports are a key development in how we provide bespoke patient care to make our patients feel as comfortable as possible by sharing useful information with staff, not only about a patient's condition but also their likes and dislikes reducing the variance and transition between home and a hospital stay. There are three patient groups that the trust is working to ensure have access to a hospital passport;
  - Learning Disability
  - Dementia
  - Health and wellbeing (Mental Health)
- The Trust currently records compliance with the Learning Disability passport and moving forward will audit compliance with the other two passports.
- 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 with 452 during August 2021 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:
  - The Trust's LD/ASD Standards continue to be embedded across the Trust with monthly compliance data being provided to the Vulnerabilities Steering Group (VSG) chaired by the Deputy Chief Nurse and to the Operational Vulnerabilities Group (OVG).
  - The Trust's Vulnerabilities Team continues to support clinical staff across all sites by reviewing patients and implementing the LD/ASD Standards. The Team received 452 advice calls during August 2021 compared to 151 in April, 93 in March and 63 in February .
  - A children's and young person's LD/ASD hospital passport has been implemented for children and young persons.
  - Patient feedback survey continues during Q2 for 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.

### **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.

- The Therapeutic Observations and Engagement (TOE) tool is being launched 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.
- Other developments during the quarter have included:
  - a health and wellbeing passport in development for children and young people with mental health problems,
  - Mental health standards are being developed for inpatients at UHB and a TNA has been completed
  - Audit completed in September to determine compliance of use of *All About Me* document
  - Dementia standards are being developed
  - Policy and Procedure regarding restrictive intervention is being updated
  - Patient safety alert developed and disseminated to Trust around completion of Datix
  - Monthly report completed around use of restraint
  - Scoping exercise in development on training re restraint
  - Scoping paper completed of the Trust's compliance in accessible information standard(AIS)

### **Safeguarding Adults and Children**

- Training in a range of safeguarding subjects has continued during quarter 2 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, are due for release.
- The Trust has an annual safeguarding audit programme for adults and children. The audit programme is driven by:
  - The need to monitor compliance with safeguarding policies and procedures
  - The need to ensure that best practice is embedded at the frontline.
  - The need to ensure that learning from incidents and reviews (including statutory safeguarding reviews) is implemented and embedded in practice.

The audit programme for 2021-22 was agreed at the start of the year. Additional

audit activity may be agreed at Safeguarding Board in relation to new reviews, introduction of new policies/ procedures etc. Key learning and areas for improvement include:

- The need to drive compliance with safeguarding assessments in ED across all sites (with special focus on CPIS at the QE)
- The need for consistency with CPIS checks in CAU/PAU
- The need to improve our practice in identifying safeguarding concerns in children and taking appropriate action to safeguard them.
- The need to ascertain our compliance with notifications to the Local Authority regarding 90 day stay for infants

### **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 5 MRSA bacteraemia identified at UHB during August 2021, 2 of which were Trust Apportioned while in July we have identified 2 MRSA bacteraemia, 1 of which was Trust Apportioned. Learning around these cases include the basics of Infection Prevention and Control from hand hygiene, to environmental cleanliness and appropriate MRSA screening. A local action plan is in place to address these issues.
- For this financial year, we have had 5 Trust apportioned MRSA bacteraemia to date. The number of MRSA bacteraemias has increased and UHB are above trajectory. The majority of cases are all community cases presenting to the Trust, which will be a cause of the COVID-19 pandemic with many patients not presenting to hospitals early enough to treat these infections. Only the Good Hope case has been linked to the hospital and even with this case the community as a source could not be ruled out.
- The annual objective for Clostridioides difficile infection (CDI) for 2021/22 at UHB is 233 Trust Apportioned cases. In August, UHB have had 14 Trust Apportioned cases, which is a decrease compared to July where 21 cases were Trust Apportioned. The Trust numbers of C. difficile are above the target trajectory and will be in part due to the COVID-19 pandemic, with community cases now presenting to the Trust. Learning from the Post Infection Reviews includes antimicrobial prescribing, timely stool sampling, environmental factors related to cleaning, delayed clinical recognition of C. difficile when patients are symptomatic with C. difficile and overuse of laxatives.
- UHB saw six outbreaks of COVID-19 during August 2021. Daily outbreak

meetings were held to review actions around the outbreak. All outbreaks have been reviewed in detail and are summarised in Table 1. During August, the Trust saw 24 definite and 19 probable hospital onset cases. This was an increase in the number of Hospital Onset cases of COVID-19 compared to July. In July we had 9 hospital onset cases. The Trust saw 1211 patient positives for SARS-CoV-2 during August which was identical to that of July, where we had 1215 cases. This equates to 3.5% of the total number of our positive patients in August being healthcare associated, compared to July which was under 1.5%.

- The most frequently identified root cause for all the outbreaks 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), 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.
- In July and August we have seen an increase in COVID-19 cases. This will be in part due to the numbers of cases increasing in the community and the easing of lockdown measures. In addition there will be elements of waning vaccine immunity. Slightly different root causes have been identified for example visitors have been identified as a source for a couple of the outbreaks. Similar root causes include inappropriate placement of patients COVID-19 patients onto wards, staff transmission, inappropriate usage of PPE and having mixed economy wards.
- The NHS standard contract for minimising *Clostridioides difficile* and Gram negative bloodstream infections has been published with targets pertaining to the amount of healthcare associated infections the Trust can have. This is the first time Gram negatives have been included. The Gram negatives include *E. coli*, *Pseudomonas aeruginosa* and *Klebsiella* spp. The majority of these are commensals of the gut. We have established work streams to reduce the numbers of Gram negative bloodstream infections already in place. This is why we are currently under trajectory for the majority of these infections.

### **Tissue Viability**

- There has been a decrease from June to July in the number of category 3 and 4 acute Trust acquired pressure ulcers, however the number of category 2 acute Trust acquired non-device related pressure ulcers has increased slightly compared with previous months. The high numbers continue to be attributed to the data not being verified by the Tissue Viability Team (TVT) and skin damage often being misclassified as pressure ulcers. Divisions have been asked to check the process for pressure ulcer verification as all pressure ulcers should be verified by 2 registered nurses prior to submitting a Datix report. The TVT have circulated a poster demonstrating the differential diagnosis between moisture associated skin damage and pressure damage.
- Category 2 device related injuries have reduced slightly in July compared with June's figures. The most common reason for device related injury for July was AES and ET tubes.

- The annual foam mattress audit (FMA) that was delayed due to Covid took place in July at Solihull Hospital. The key findings were similar to those of the FMA at QEH in June in that a relatively large number of mattresses were condemned but also a relatively large number of covers needed changing both of which suggest mattresses are not being checked between patients. The FMA is planned for September at Heartlands and Good Hope hospitals as funding has now been agreed.
- Trust-wide and Divisional education has been provided where social distancing allows. Division 5, with the support of their divisional TVN, is planning a TV link nurse study for September. Other education has been provided on an informal basis when clinically reviewing patients and resources have also been provided to clinical areas in conjunction with RCA action plans.
- The pressure ulcer steering group has continued to be held monthly with the Divisions, Therapies, Medical Engineering and Solihull Community Services presenting in a cycle of alternate monthly reporting and key learning outcomes discussed and shared. The TVT have attended divisional preventing harm forums to provide relevant updates.

### **Nursing Workforce**

- The Trust achieved staffing compliance of 76% for registered nurses during the day and 82% overnight indicating an decrease in July. 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 showed a decrease in July to 7.69.
- 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.
- There are now 102 qualified Nursing Associates across the Trust with a further 49 due to qualify in October 2021. There are 368 TNA's on programme and an anticipated cohort of 70 TNA's to commence in the next cohort (October 2021). Recruitment for the February 2022 cohort has commenced
- The divisional nursing vacancy dashboards have been re-structured and operationally sensitive vacancies can now be monitored monthly together with a forecast position.
- The forecast position for RN recruitment is increasing month on month as the final placement 3rd year student nurses from local universities engage with the guaranteed job scheme for newly qualified nurses; the majority of these will start in the Trust during September and October 2021.

### **Midwifery Workforce**

- 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 has taken part in a table top review with NHSEI, who provided the Trust with a staffing tool kit to support future roll out. Next steps involve utilising national recruitment to attract midwives and the option for UHB midwives to join CoC teams on a seconded basis. The next cohort of newly recruited band 5 midwives will also be joining existing CoC teams.

- 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 final report has been received. A birth to midwife ratio for Heartlands and Solihull has been recommended as 1:22 and for Good Hope 1: 23.9. The staffing shortfall has been identified as 20.1 WTE midwives. Funding to support recruitment to these posts was requested as part of our Ockenden workforce bid and 10.9 WTE were supported.
- 20 WTE were converted from bank budget in to the overall establishment so that we were able to offer our student midwives substantive jobs when they qualified in September 2020. The senior team have been on a recruitment drive to work towards reaching full establishment. The recruitment process has been challenging during the pandemic and has taken longer than it usually does. Although the vacancy number has gone down slightly there are 29 WTE waiting to start in September and October 2021. Ongoing recruitment continues.
- 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.

<b>SR1/20</b>	<b>Ability to provide the highest quality of treatment and care in maternity services</b>
<b>Owner – Chief Nurse</b>	
<b>Update:</b> <ul style="list-style-type: none"> <li>• Year 3 of the Maternity Incentive Scheme was relaunched on October 1st 2020. The Trust proactively requested that auditors KPMG undertake an independent review to help support the accuracy of this declaration. In summary, KPMG were able to conclude that the Trust provided sufficient supporting documentation and evidence to support compliance against all ten safety actions per the Guidance. KPMG also raised recommendations from their review which they felt would further support the Trust going forward. The full declaration was successfully signed off by the board and submitted to NHSR on Thursday 15 July 2021. The completed Board declaration form was also discussed with the commissioner(s) of the Trust's maternity services.</li> <li>• To meet the requirements for safety action as outlined in year 4 of the CNST Maternity Incentive Scheme the full MDT training Obstetric Emergency Day</li> </ul>	

(OED) has continued in a COVID-19 safe manner. The training compliance was reduced during the month of July due to the impact of the COVID-19 pandemic, and the volume of staff that were required to self-isolate. Staff were redeployed to support the clinical areas. As a consequence the fetal Monitoring study day had to be stood down. The Practice Development Team has calculated the projected compliance for remainder of 2021. There will be some challenges in achieving full compliance by June 2022 and in response a plan has been formulated to mitigate any identified barriers. GROW training remains a priority and will be included on the fetal monitoring day thereby aligning the compliance.

- 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.
- Risks remain with the capacity for ultrasound in maternity, which is being regularly reviewed between the specialty and radiology to mitigate the risk. Long term solution in increasing midwife sonography posts has been agreed and training increased (4 third trimester midwives due to qualify this year)/PG Cert Midwife sonographer post out to advert/increase PG (Cert) midwife sonographer training. There is also an LMS maternity sonography strategy and we have a Specialist Midwife Sonographer (and deputy) in post to support and facilitate training.
- A full review of security has been completed by Estates and Security for maternity, neonatal and paediatric services at BHH and Good Hope (GHH) hospital sites. Improvements have included:
  - CCTV: new enhanced digital monitors, in increased numbers, have been installed at BHH. Installation to be implemented at GHH.
  - Roller shutter at front entrances for BHH and GHH to be installed.
  - "Push to Exit" buttons replaced with card readers in maternity and neonates.
- At the end of Q2, the total number of obstetric and gynaecology clinical guidelines was 119, 99 (83%) of these guidelines are in date on the SharePoint. Work continues to update the remaining documents.
- There have been challenges with sicknesses and rota gaps in medical staffing, in particular when it has come to covering on-calls due to last minute sickness of junior medical staff. The rota team has been working hard all the time to fill these gaps. Further gaps in the rota have been identified from August 2021 with the new junior doctors arriving and the team have been involved in forward planning. Advertisements for these jobs have gone out in July 2021 with a view to appointing in August 2021.

## **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 28 OCTOBER 2021**