Trust Board Meeting 19 May 2021
Agenda - Public Meeting

For a meeting to be held at 9.30am Wednesday 19 May 2021, via Microsoft Teams

		Lead	Action	Report Format
	Standing Items			
1.	Apologies for Absence	SM	To note	verbal
2.	Declarations of Interest	SM	To receive & note	√
3.	Minutes of the Meeting held on 28 April 2021	SM	To receive & approve	√
4.	Action Log and Matters Arising	SM	To receive & discuss	√
5.	Staff Story – Our Leadership Programmes	SMcG	To receive & note	√
6.	Chair's Report	SM	To note	verbal
7.	Chief Executives Report	MM	To receive & note	√
	Performance & Finance			
8.	Performance Report	PBec	To receive & note	√
9.	Finance Report	PBec	To receive & note	√
	Assurance Committee Reports			
10.	Workforce & Organisational Development Committee Assurance Report & 24 March 2021 Minutes	DR	To receive & note	√
11.	Mental Health Legislation Committee Assurance Report	MS	To receive & note	√
12.	Audit Committee Assurance Report	PB	To receive & note	√
13.	Commissioning Committee Report - Humber Coast and Vale Specialised Mental Health, Learning Disability and Autism Provider Collaborative	PB	To receive & note	√
14.	Annual Committee Effectiveness Reviews & Terms of Reference	MH	To receive & approve	√
	Corporate			
15.	Freedom to Speak Up Guardian - Annual Report 2020/21	MM	To receive & note	√
16.	Annual Declarations 2020/21 Report	PBec	To receive & approve	√
17.	Health Stars Strategy Annual Review – Andy Barber, Chief Exec Smile/ Victoria Winterton, Head of Smile attending	MC	To receive & note	√
18.	Humber Coast & Vale 2020/21 Annual Report	MM	To receive & note	√
19.	Items for Escalation	All	To note	verbal
20.	**Any Other Business**			

21.	**Exclusion of Members of the Public from the Part II Meeting**			
22.	**Date, Time and Venue of Next Meeting** Wednesday 30 June 2021, 9.30am by Microsoft Teams			

Caring, Learning
& Growing Together

Title & Date of Meeting:	Trust Board Public Meeting – 19 May 2021			
Title of Report:	Declarations of Interest			
Author/s:	Name: Sharon Mays Title: Chair			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	

Purpose of Paper:	The report provides the Board with a list of current Executive Directors and Non Executive Directors interests. The following changes have been made:- • Prof Cooke is no longer a Trustee of Yorkshire Wildlife Trust		

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Monthly Board report	✓

Key Issues within the report:	• Contained within the report

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*				
√ *Tick those that apply*				
✓	Innovating Quality and Patient Safety			
	Enhancing prevention, wellbeing and recovery			
✓	Fostering integration, partnership and alliances			
	Developing an effective and empowered workforce			
✓	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			
Legal	√			To be advised of any future implications as and when required
Compliance	√			
Communication	√			

Financial	√			by the author
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Directors' Declaration of Interests

Name	Declaration of Interest
Executive / Directors	
Ms Michele Moran Chief Executive (Voting Member)	• Appointed as a Trustee for the RSPCA Leeds and Wakefield branch • Chair of Yorkshire & Humber Clinical Research Network • SRO Mental Health/Learning Disabilities Collaborative Programme. • HCV CEO lead for Provider Collaboratives

Mr Peter Beckwith, Director of Finance (Voting Member)	• Sister is a Social Worker for East Riding of Yorkshire Council • Son is a Student at Hull York Medical School
Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals (Voting Member)	No interests declared
Dr John Byrne, Medical Director (Voting Member)	• Executive lead for Research and Development in the Trust. No personal involvement in research funding or grants. Funding comes into the Trust and is governed through the Trust's Standing Instructions • Senior Responsible Officer for the Local Health Care Record Exemplar (LHCRE).which is governed through Humber Teaching NHS FT standing orders and procedures
Mrs Lynn Parkinson, Chief Operating Officer (Voting Member)	No interests declared
Mr Steve McGowan, Director of Workforce and Organisational Development (Non Voting member)	No interests declared
Non Executive Directors	
Mrs Sharon Mays – Chair (Voting Member)	• Trustee of Ready Steady Read • Sister is Head of Compliance Standards and Information at Tees Esk and Wear Valley NHS Foundation Trust
Mr Peter Baren, Non Executive Director (Voting Member)	• Non Executive Director Beyond Housing Limited • Son is a doctor in Leeds hospitals
Prof Mike Cooke, Non Executive Director (Voting Member)	• Independent Executive Mentoring Coach • Chair, Cochrane Common Mental Disorders Expert Advisory Board
Mr Mike Smith, Non Executive Director (Voting Member)	• Director MJS Business Consultancy Ltd • Director Magna Trust • Director, Magna Enterprises Ltd • Sole Owner MJS Business Consultancy Ltd • Associate Hospital Manager RDaSH • Associate Hospital Manager John Munroe Group, Leek • Non Executive Director for The Rotherham NHS Foundation Trust • Chair of Charitable Funds Committee at The Rotherham NHS Foundation Trust
Mr Francis Patton, Non Executive Director (Voting Member)	• Non Executive Chair, The Cask Marque Trust • Treasurer, All Party Parliamentary Beer Group • Industry Advisor The BII (British Institute of Innkeeping) • Managing Director, Patton Consultancy • Non Executive Director of SIBA and Chair of SIBA Commercial, The Society of Independent Brewers

	• Director, Fleet Street Communications Limited
Mr Dean Royles, Non Executive Director (Voting Member)	• Director Dean Royles Ltd • Owner Dean Royles Ltd • Advisory Board of Sheffield Business School • Strategic Advisor Skills for Health • Associate for KPMG

Trust Board Meeting
Minutes of the virtual Public Trust Board Meeting held on Wednesday 28 April 2021
by Microsoft Teams

Present:	Mrs Sharon Mays, Chair
	Mrs Michele Moran, Chief Executive
	Mr Peter Baren, Non Executive Director
	Prof Mike Cooke, Non Executive Director
	Mr Francis Patton, Non Executive Director
	Mr Dean Royles, Non Executive Director
	Mr Peter Beckwith, Director of Finance
	Dr John Byrne, Medical Director
	Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals
	Mr Steve McGowan, Director of Workforce and Organisational Development
	Mrs Lynn Parkinson, Chief Operating Officer
In Attendance:	Mrs Michelle Hughes, Head of Corporate Affairs
	Mrs Jenny Jones, Trust Secretary
	Mr Adam Dennis, Communications Officer
	Ms Sarah Chew, Band 6 RMN, Inspire (for item 74/21)
	Mr Liam Smith, Psychology Assistant, (for item 74/21)
	Ms Clarissa Thompson, Autism Access Lead (for item 86/21)
	Mrs Trish Bailey, General Manager (for item 86/21)
	Mrs Victoria Winterton, Head of Smile (for item 90/21)
	Mrs Rachel Kirby, Communications and Marketing Manager (for item 91/21)
Apologies:	Mr Mike Smith, Non Executive Director

Due to the Government guidance for the Coronavirus, the Board meeting was held by Microsoft Teams. Board papers were available on the website and an opportunity provided for members of the public to ask questions via e mail. Members of the public were also able to access the meeting through a live stream on Youtube.

71/21   **Declarations of Interest**
The declarations were noted. Any further changes to declarations should be notified to the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest, they declare their interest and remove themselves from the meeting for that item.

72/21   **Minutes of the Meeting held 31 March 2021**
The minutes of the meeting held on 31 March 2021 were agreed as a correct record

73/31   **Matters Arising and Actions Log**
The actions list was discussed and noted.

62/21 Strategy Refresh
The Chief Executive asked for the timeline to be provided as it has been agreed.

53/21(a) Chief Executive's Report
Mr Patton reported that dates have been provided for the MAPPA training.

36/21 Audit Committee Assurance Report
Mr Patton confirmed that the Internal Audit plan was discussed at the Finance and Investment Committee and that it had been circulated to Board members.

74/21   **Patient Story – Inspire One Year On**
Due to confidentiality the patient story was not live streamed. The Board heard from staff about the patient's journey and the experiences of the family and heard about the impact that Inspire Unit has had for the patient. Board members found the story inspirational and thanked them for sharing it.

The unit has been opened for over a year and Mrs Parkinson asked if there was anything that the Board could help with or if there was anything that could have been done differently. Liam said it had been difficult to open in January and then go into lockdown with the processes in place having to change due to restrictions. This had particularly impacted on home leave and outside activities. He hoped that now these are being eased that some out of the unit activities could be done. Sarah felt there could be a better transition pathway for people who move from children's services into adult services. Mrs Parkinson will take these issues forward. Professor Cooke suggested that there could be an exchange of key workers from each of the services to help with transition arrangements and perhaps a visit to the new environments.

The Board asked to be kept updated on progress. The Board expressed its thanks to all at Inspire Unit for the work they do to support the young people.

75/21   **Chair's Report**
The Chair provided an update in relation to the work she has undertaken since the last meeting which included:-

- The Council of Governors approved an extension to the term of office for Mr Smith, Non-Executive Director at its recent meeting. His term of office will run until 31 August 2022
- Recruitment for the Associate Non-Executive Director (NED) post is progressing.
- The Chair has met with Public Governors and the Lead Governor. The Governor development session was well attended and included a session on Trust finances and an opportunity to discuss areas with the Medical Director and the Director of Nursing and Allied Health Professionals.
- An Integrated Care Services (ICS) session was held recently for Governors, jointly hosted by the Chief Executive and the Programme Director for Mental Health
- The Chair has continued to meet and have discussions with members of staff
- The Chair attended the Humber Advisory Board where there was a focus on inequalities and it was agreed that there will be an upcoming session focussing on mental health.
- A meeting was also held with the Chair of Tees, Esk and Wear Valley (TEWV) NHS Foundation Trust.

    Resolved: The verbal updates were noted

76/21   **Chief Executive's Report**
The report provided updates from each of the Directors along with a summary of activities undertaken by the Chief Executive who drew the Board's attention to the following areas:-

- The Chief Executive continues talking with staff virtually. Morale remains high although staff report being tired and fatigued. Work is being led by Mr McGowan around recovery and restoration and asking staff what they need to help them

recharge.

- Dr David Harvey has been appointed as the Clinical Director within the Humber Coast and Vale Provider Collaborative Commissioning Team and will be joining the team later in the year.
- Mental Health Awareness week is taking place 10 – 16 May and lots of events are taking place. More details are available on the website.
- A letter was received from Health Education England during the month thanking the organisation for all our health and support developing the educational programmes during such a challenging period.
- Matthew Taylor currently the Chief Executive of the Royal Society for Arts, Manufactures and Commerce (RSA), will be joining the NHS Confederation as the new Chief Executive.
- The Chief Executive was pleased to be able to spend time with the Community Mental Health Team (CMHT) which is fully recruited to and links into Primary Care. The team is seeing capacity and demand issues across the services and the transformation work should alleviate the pressures.
- Social Values sessions have held and have been well received across the organisation
- A quarterly staff survey will be sent out and the results will help with the rewarding of and engagement of staff.
- The Communications and Health Stars updates provided significant information on what is happening in and around the Trust
- Relocation packages have helped with recruitment for hard to fill posts and interest is being expressed. This forms part of the Humbeleivable campaign. Targeting in specific areas is being done including Inspire Unit to maximise staffing.
- 12 May 2021 is International Nurses Day and the organisation will be celebrating staff on this day
- Work continues on the Integrated Care Service (ICS) and geographical partnership are being developed. The Chief Executive continues to lead the Provider Collaborative work which is developing across the patch.

Mrs Gledhill provided an update on the Quality Accounts. The quality priorities were approved at the last Quality Committee after consultation with patients and carers. Progress is being made with the priorities and an update will be provided in the next Chief Executive's report. This year may be the last time that the organisation is expected to produce the report and in future years, it will go into the annual report to show quality and performance. The Quality Account report will come to the July meeting.

Mrs Hughes drew the Board's attention to the communications update explaining that the investment in the Poppulo system for targeting and tracking staff engagement is coming to fruition. Evidence has shown that 71% of internal emails are read by staff which is above the national average and there are good statistics for the Humbeleivable and website hits too. The brand centre is started to become embedded and there were 1200 views in March alone. Dr Byrne recognised there had been significant improvement in communications over the last few years and important topics may only result in certain people opening e mails. There are 10 – 15% of hard to reach group in the organisation and a change of approach may be needed eg visual or texting to ensure these people are reached and Mrs Hughes stated this is something the team continue to consider.

Professor Cooke thanked everyone for their updates and for a good report. He referred to the CMHT programme and waiting times of four weeks are impressive and that the work by the Deputy Chief Operating Officer was seeing the benefits. He was interested to know how the learning from this will be maximised across the community services that will add resilience in these services so there are less waiting times. Mrs Parkinson said that learning and good practice is being shared to make waiting times better and resilience to address the demand pressures. She was pleased that the Trust was successful in being an early implementer for the CMHT Primary Care integration as it is proving to be an asset. There are

general pressures in Primary Care and the stepped change is being seen. It also supports CMHTs with extra capacity and resilience and changed the service user experience around integrated care and community support CMHT to maintain the waiting times and focus on the complex interventions that are being seen. Professor Cooke was pleased to hear this.

Professor Cooke asked what the objective is and who was leading the education review across the organisation. Mr McGowan said it was a good time to review the provision in the Trust and is being led by Karen Bellor from Leeds Teaching Trust who will be talking to individuals in the organisation. A report will be provided to the Executive Management Team with some proposals to move forward.

Mr Patton referred to Mental Health Awareness week and wondered if there was an opportunity to have a competition if pictures are submitted to produce a calendar. It was agreed this would be discussed outside of the meeting. Mr Patton was impressed with the CMHT work that has been undertaken. He noted that the quality priorities did not seem to be SMART in the measures and assessment of achievement. As previously mentioned an update will be provided at the next meeting on this area. Mr Patton found the Social Values session interesting with good presentations and he extended his congratulations to the team for these sessions. He felt the apprenticeships work looked really good and was growing

Mr Baren was interested to read the Older People's Acute Community Service update and the pilot. He asked if this would mean there would be extra capacity in the future and whether out of area beds would be a thing of the past. The Chief Executive explained capacity and demand is increasing and there are still Covid 19 restrictions around beds. Mrs Parkinson confirmed that there are further increases in demand to functional Older People's services during Covid 19. Early findings from the community services pilot are encouraging and have been introduced. The plan is to increase the capacity within Covid 19 safe working arrangements to increase capacity although there is some hesitation around the ongoing impact of Covid 19 for older people. The increase in capacity is getting closer to meet demand and hopefully continue to see this benefit on out of area beds and for service users and their families.

Mr McGowan reported that he has been contacted by NHS Employers with a view to showcasing the work that has been done on the staff survey which is positive for the organisation. The Chair asked if an update could be included in the next report on this which is fantastic recognition for the Trust.

The ambitious capital programme and the amount allocated was noted with works due to start on the Humber Centre imminently. The Chair acknowledged that this is the first time the capital programme has looked like this in years and it was great news t that the organisation is in a position to do this.

The Chair thanked Dr Morris for the work she has done in medical education for the organisation and wished Dr Soraya Moret well in her new role as Director of Medical Education.

The Board ratified the Covid Vaccination Handling and Management policy.

Resolved: The report was noted and the policy ratified as detailed.
Quality Accounts priorities and update to be included in the next report **Action HG**
Quality Account report to come to the July meeting **Action HG**
Update on showcasing the staff survey work for NHS Employers to be included in the next report **Action SMcG**

77/21   **Publications and Highlights Report**
The report provided an update on recent publications and policy with updates provided by the Lead Executives.

Professor Cooke drew the Board's attention to a further publication "The Covid Generation – A Mental Health Pandemic in the Making" which he felt was worth a look. The link will be shared with the Board. Professor Cooke felt the report may stimulate strategic discussion at a future development session.

Mr Baren referred to the "New dedicated mental health services for new expectant and bereaved mums" document asking if the timelines for our area were known. The Chief Executive said this was positive news for the area being one of ten sites and builds on the work of the perinatal service. There are detailed plans and the links will be circulated.

Resolved: The report was noted.
Links to the "New dedicated mental health services for new expectant and bereaved mums" to be circulated to Board members **Action MM**

78/21   **Performance Report**
Mr Beckwith, Director of Finance, presented the report which informed the Board on the current levels of performance as at the end of March 2021. Indicators that have fallen outside of the normal variation range included :-

- Training
- Sickness
- Cash in Bank
- Waiting Times
- Early Intervention in Psychosis (EIP)

Positive performance in training and sickness were reports and cash remains high due to year end although there will be some payments to come out. The underlying cash position is £22m which is positive for the Trust. An oversight group to look at waiting times is being established to look at performance information to ensure it is accurate.

Mrs Parkinson provided additional information on waiting times. Details have been provided to the Quality Committee on the forensic work that is being undertaken for over 52 week waits. The Deputy Chief Operating Officer is working with teams and is identifying that there are issues with the service user/patient pathways and it is as much about the cultural and different approaches and sharing some principled learning. It is a very engaging piece of work and at the level of individual patient detail for those waiting over 52 weeks.

Some data quality issues have been identified for ASD, however with some changes improvement is being seen and reductions noted in the number of patients waiting in East Riding and Hull demonstrating that pathway changes are having an effect. Capacity has been added to support diagnosis and comes into force at the end of the month using Helios. Additional capacity will come on stream which will be incorporated into the trajectories. More momentum is needed, but there is confidence the actions are in the right place.

Mr Baren commented about the units that were showing as red on the dashboard for sickness absence. He also noted that clinical supervision for Inspire Unit and Townend Court had reduced. Mrs Gledhill reported that the sickness was from February and a time when there were pressures on the service due to Covid 19. The levels have now reduced and continue to go in the right direction. This may also have had an impact on clinical supervision, however the figures are increasing with Ullswater at 92% and Townend Court at 75%. Interviews have also taken place so all RMN posts are filled. CAMHS is at 91% for clinical supervision.

Mr Patton noted the growing gap for out of area placements which seemed to be a gap between target and he wondered if it needed reviewing. Mrs Parkinson explained that due to building works at Maister Lodge a small number of beds have been provided by NAVIGO for older people. It is a time limited arrangement and will stop when the new beds are available.

Some of the beds will be reopened before the pod at Maister Lodge is completed. Mill View Court is the cohort ward for Covid 19 and has no patients currently. The organisation is not using more beds, it is due to the impact of Covid 19 and the restrictions for safe working and also the demand. Over the Easter weekend there was an increased level of demand which has now reduced and is being monitored.

Mr Royles commented there were lots of good things being progressed particularly around workforce. Vacancies are falling as it turnover and sickness is coming down. He noted that agency spend continues to rise despite these reductions and wondered if there is any opportunity to convert agency into bank or substantive posts. Mr McGowan reported there are 220 more staff at the end of March than last year in the organisation including 37 nurses. Agency spend for nurses is coming down but pressures are due to medics and consultants which remain high. It was noted that five consultants have been offered posts recently.

The Chair asked if there was any information around mortality. Dr Byrne explained that a report will come to the Board giving a six monthly update for the June meeting.

Resolved: The report and verbal updates were noted

79/21   **Finance Report**
Mr Beckwith presented the report which showed the financial position for the Trust as at March 2021. He extended his thanks to the Finance team for their work in getting the Trust to its current position and drew the Board's attention to the following areas:-

- An operational surplus of £0.029m was recorded at the end of March 2021 and the financial targets were met.
- Annual leave accrual has been funded by NHSE
- Provision made in the accounts for staff working regular overtime which is expected to continue. Funding will be provided and is expected by the end of September.

Professor Cooke commented that if agency and waiting times are taken out, performance and finance is in the best position it has ever been. The Board thanked the Finance team

Resolved: The report was noted.

80/21   **Finance & Investment Committee Assurance Report**
Mr Patton presented the assurance report and drew attention to the following areas:-

- After adjustments the Humber Coast and Vale Integrated Care Service had a surplus of £5.6m
- NHSE/I is consulting on a new Oversight Framework on a system basis
- NHS trusts are struggling to appoint external auditors to audit accounts and this will be an issue for trusts going forward.
- Mr Patton complemented the Trust on it work on the Budget Reduction Strategy (BRS) which has delivered savings in a difficult year when other organisations stopped this work.
- Plans for next year will go to the Quality Committee at the earliest opportunity to consider the quality impact assessments.
- Draft budget – the Committee asked questions around the recruitment and vacancy element to ensure it was set at the right level
- The Estates Strategy and Sustainable Development Management Plan were reviewed and discussed.
- The capital plan detail was reviewed and the Humber Centre investment. All of which will go through the usual governance processes

Mr Beckwith added that the sale of Hallgate has been completed and the sale of Victoria House is due to complete this week. Works have finished at Cottingham Clinic which is a

positive achievement for the Trust.

Mrs Hughes explained that the effectiveness review referred to in the report will come to the May meeting as a composite document containing the reviews from all of the Committees.

Resolved: The report was noted

81/21   **Quality Committee Assurance Report and 10 February 2021 Minutes**
The report from the 7 April meeting was presented by Professor Cooke. He explained that discussion had taken place on minimising self-harm in the built environment and how creative and better environments can be built and have a balance between therapeutic interventions and in patient environments around ligature points. The Deputy Director of Nursing is involved in a national group and early findings of the group will help with the design of the adult mental health inpatient build.

Discussion and debate took place around waiting lists and it will take time but an understanding of the unintended consequences of actions can undermine progress.

Clinical policies are up to date and there has been real success with the vaccination and immunisation programme and Dr Chong has done fantastic work on the programme

Quality priorities were discussed and with four in place the organisation and it was agreed that we should try and do more of the same to follow progress in a difficult year.

The Terms of Reference of feeder groups were reviewed. The Quality and Patient Safety Group does majority of the work as does the Drugs and Therapeutic Group.

Mrs Gledhill explained that the national work that the Deputy Director of Nursing is involved with is to minimise self harm in a clinical environment. This work also includes the Care Quality Commission (CQC).

Dr Byrne recognised that the work completed at Cottingham Clinic to combine three surgeries into one was fantastic creating an appropriate environment for patients. The work of the Estates team in this achievement was acknowledged supported by the clinicians who have had to move from site to site whilst the work was being undertaken. The Chair agreed this was a big undertaking and a great achievement.

Resolved: The report and minutes were noted.

82/21   **Charitable Funds Committee Assurance Report & 19 January 2021 Minutes**
Mr Baren chaired the recent meeting and presented the report. Discussions started on Whitby and the plans of the Committee around fundraising, but these were deferred so that a deeper discussion around the operational detail could take place. A good report on the BAME wellbeing programme was received funded by Sir Tom Moore's charity.

The Committee noted that low numbers of the Circle of Wishes requests are being reported. Mr McGowan reported that since the meeting a total of 93 Wishes have been received in the last week to support staff and patients. A further update will be provided at the next Committee meeting.

Resolved: The report and minutes were noted.

83/21   **Humber Coast & Vale Specialised Mental Health, Learning Disability and Autism Provider Collaborative Commissioning Committee Assurance Report**
Mr Baren, Mr Beckwith and the Chief Executive drew attention to their role as Chair and attendees respectively in HFTs Lead Provider Collaborative Commissioning Committee acting as a commissioner for Inpatient CAMHS, Adult Secure and Adult Eating Disorders services for any matter being discussed at this meeting.

Mr Baren reported that it was a good meeting and the go live date remained at 1 July 2020. Updates were received from the work streams and future plans are clear for 0 – 6 months and 6 – 12 months.

A quality dashboard is still to be developed and recruitment is underway for a quality lead with limited success.

The Chief Executive thanked Mr Baren for his chairmanship of this Committee which is starting to embed.

Mr Royles suggested that the wording in the assurance report should be reconsidered as it read as if the lead provider is established. The Chief Executive agreed this was a valid point and will look at different wording. Consideration is being given to whether the name of the Committee should also be changed.

Resolved: The report was noted.

84/21   **Covid 19 Update**
Mrs Parkinson presented the report which provided an overview of the ongoing arrangements and continuing work in place in the Trust and with partner organisations to manage the Covid- 19 emergency.

Mrs Parkinson explained that operational planning guidance has been published and is covered in the report around the recovery and restore element of Covid 19. Particular focus is around the acute hospital restoration of elective and the direct impact of this on Trust services. Infection rates are reducing although there has been some increase as restrictions ease. There are some areas of increased demand across service areas such as Mental Health Services and Scarborough & Ryedale community services.

Primary care services continue to undertake the vaccination programme. There continues to be a surge in East Riding Eating Disorders and discussions with commissioners continue. Demand continues for tier 4 beds.

Resolved: The report and updates were noted

85/21   **Emergency Preparedness, Resilience and Response (EPRR) Annual Assurance Report**
The annual report provided the Trust Board with assurance that the Trust has met the EPRR duties and obligations as set out in the Health and Social Care Act (2012) as a responder during the period 1st April 2020 to 31st March 2021.

The report provided an overview of EPRR activities including its response to the Covid19 pandemic and sets out EPRR priorities for 2021/22. The Trust is now fully compliant following undertaking of joint decision making training for Directors on call.

Mr Smith is the Non Executive Director lead for this area and has been involved in the creation of the report.

Mr Baren felt this was a good report in what has been a difficult year. He asked if training is done for cyber attacks on the IT system. An update was included in the report and Mr Beckwith reported that testing is part of the audit programme and done on a regular basis. This includes the recent Cyber Operational Readiness Support that has been to the Audit Committee.

Mr Patton is the Non Executive Director champion for cyber security and added that this is also discussed at the Finance and Investment Committee.

Resolved: The Board noted the report

86/21   **Autism Strategy**
The first strategic framework for autism has been produced in consultation with staff, patients, carers and experts by experience which aims to deliver excellence in care for autism, and was developed alongside a service improvement project reviewing health services for autistic people across Hull and East Riding.

The framework applies to all services with expectation that all divisions will develop plans to take forward aspects that are relevant to their services included in their specific quality improvement plans.

Ms Thompson gave a short presentation to the Board showing the work that has been done and how the data has been gathered from autistic people, Matthew's Hub and service users of the Trust about users of the health service in general and the information has been used to form the core themes for the strategic framework.

Mrs Bailey said additional funding has been received from the Transforming Care Programme board to help with training which will have an impact on children's services.

Mr Baren enjoyed reading the strategy. He asked if it there were employment opportunities within its remit to help people with autism. Mrs Bailey confirmed that we do employ some autistic people and some who have gained part time and interim employment. It is part of the ICS North East Lincs work with the Trust and is an established area employing people with LD and autism. Mrs Bailey mentioned that champions are being sought across the services. The Chair said the Board will take forward this suggestion and discuss further. The Chief Executive said she would be happy to be a champion. It is an exciting opportunity for the system and how can use this people working in autism and other organisations.

The Chair felt that this is a really fantastic piece of work. She thanked Ms Thompson and Mrs Bailey for attending the Board to share the strategy.

Resolved: The report was noted.

87/21   **Executive Summary of Our Recovery Strategic Framework – What Matters to Me? 2021-2026**
The executive summary of the Our Recovery Strategic Framework – What Matters to Me? 2021 – 2026 was presented. Mrs Parkinson explained that the full document is available. This is a new strategic framework for recovery based on the previous strategy "Bridging the Gap" There is a national focus on developing the Recovery College further and this has been included. Progress has been made and brings the Recovery College into focus in Covid 19 and how we continue to make this offer accessible and visible. The new strategic framework broadens out the work around recovery and underpinning framework for working with service users across service areas.

The strategy has been produced by Natalie Belt and Lauren Saunders using the principles of co-production engaging with service users, stakeholders and staff. There have been step changes in the organisations with a number of our own staff in paid roles with lived experiences of mental health issues. The next steps are to undertake a number of approaches to embed this further across the organisation. Toolkits are being developed, training plans and workshops are in place. A focus on the outcomes and how we measure the impact of this work and connects with other areas particularly Patient and Carer Experience. The Strategy has not yet been to the Quality Committee for discussion.

Mr Patton noted this was excellent and was impressed with the consultation with people and the workshops. He congratulated all involved in the work.

Professor Cooke liked the strategy and asked that now it has been produced that the

organisation commits to it. He would like to see it at the June Quality Committee meeting. In relation to priority five, he felt some time was needed for this and that service users like to see staff having an enabling attitude and can facilitate recovery, which in Professor Cooke's experience can be a big block. He was pleased to see it however he found the word "agency" a bit odd. Mrs Parkinson accepted the point explaining that some of the language has been part of the co-production process.

The Chief Executive agreed it was good to see the strategy and the work done through co-production. She supported Professor Cooke's view about it being an enabler for staff and the patients are experts. The Quality Committee can debate how it is embeds and becomes an intrinsic to everyone and to see how it is making a difference as it is important that the Board knows how it is making a difference to community and population.

Dr Byrne said there was a real move between recovery and not just the Recovery College which has been developing over recent years. He felt it would make a managed difference to people's lives. He thanked Mrs Parkinson and the team for the opportunity to provide feedback on the strategy.

The Chair liked the way the strategy was presented and supported the views of Professor Cooke around the organisation committing to the strategy. She felt it read well and looked forward to hearing the outcomes of discussions at the Quality Committee and how it becomes embedded.

Resolved: The report was noted.

88/21	**NHS Operational Plan Summary**

The paper provided the Trust Board with a summary of the NHS Operational Plan that was published on 25 March 2021. Six key areas were detailed in the report and the plan will be submitted at an ICS level in June. It is also being discussed in various forums.

Resolved: The Board noted the summary

89/21	**Report on the Use of the Trust Seal**

The report provided an update on the use of the seal for the period 1st April 2020 to 31st March 2021. In line with the Trust Standing Orders (8.3.1) a report of all sealings is made to the Trust Board on an annual basis. Over the period 1st April 2020 – 31st March 2021, the Trust Seal has been used nine times and details were provided in the report.

Resolved: The report was noted by the Board

90/21	**Health Stars Key Performance Indicators 2021/22**

The report provided the Board with a proposed suite of KPIs for 2020/21 against which Health Stars performance will be measured. To provide consistency and the opportunity to benchmark performance, the KPIs are the same as for 2021/22.

Mr McGowan explained that discussions have taken place at the Charitable Funds Committee to look at the key performance indicators. Mrs Winterton said that it is an exciting year ahead with Whitby and was looking forward to the Circle of Wishes increasing. Work is taking place with the Communications team to produce a communications plan.

Professor Cooke explained that further discussions will take place when the annual report has been received at the Committee.

The Chief Executive thanked Health Stars for the work that is being done. She felt that some of the targets could be stretched for example 10 Wishes from patients a year and six case studies a year. She welcomed discussion at the next meeting.

The Chair was pleased to see that Wishes from patients had been added in.

Resolved: Trust Board approved the KPIs on the basis that they are reviewed when the annual report has been discussed and with the proviso that they are considered as stretch targets

91/21   **Marketing and Communications Operational Plan**
The current Trust Strategy was developed in 2017 and Objectives were refreshed for the period 2019-2022. In line with that refresh an update to the Marketing & Communications Strategy was approved by the Board in February 2020. The report provided an overview of performance to date against the 2019-2022 Refresh and the operational plan for 2021-2022, the final year of the strategic plan.

Mrs Kirby explained that since the Board signed off the strategy significant progress has been made. There were some big objectives which were impacted on by Covid 19 and changes in the communications and delivery approaches over that time. There are some areas that have not had as much progress as was planned including the website bounce rates and improving the search facility on the website. Work on internal communications continues and trying to engage with bank staff and other harder to reach groups.

Next steps include embedding transformation changes and continuing to look at moving forward the programme. The brand needs nurturing and engagement with staff continues alongside monitoring of the brand usage. Work is underway with Health Stars to develop a communications plan.

The redevelopment of the GP websites has been successful and has been brought in-house with the King Street Medical Centre being the first. The patient information platform produced in conjunction with Hull University was also a success. There have also been a number of campaigns including World Mental Health Day.

The Chair thanked Mrs Kirby for the plan adding that it did not do justice to the amount of work the team has done.

Mr Baren congratulated the team on the work they have done over the last 12 months. He asked about the Annual Members Meeting (AMM) for this year and whether there would be any relaunching of the brand. The Chief Executive said the format of the AMM will follow previous years however consideration is being given to having market stalls and a video. The AMM itself will be online. Professor Cooke supported the blended approach and that presentations could help to put the organisation on show. He asked how recruitment has been helped by communications activities and whether there was any feedback on this. Mrs Kirby explained that the team supported the work of the organisation with the website and the promotional side including a survey for new starters.

Dr Byrne asked about the feasibility of sending out membership magazines due to the cost and whether there are plans to take this online. The Chair explained that the Governor group is looking at this but there remain a number of members who have not provided e mail addresses despite a survey being sent out. It was noted that a limited number of annual reports are printed to save money. Mrs Hughes is leading a piece of work with the Engaging with Members Governor group to look at increasing the links with the Patient and Carer Experience team which may help with digital formatted moving forward.

    Resolved: The report was noted.

92/21   **Items for Escalation**
No items were raised

93/21   **Any Other Business**
No other business was raised.

94/21   **Exclusion of Members of the Public from the Part II Meeting**
It was **resolved** that members of the public would be excluded from the second part of the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.

95/21   **Date and Time of Next Meeting**
Wednesday 19 May 2021, 9.30am by Microsoft Teams

Signed ……………………………………………………… Date ……………….
                         Chair

Action Log:
Actions Arising from Public Trust Board Meetings

Summary of actions from April 2021 Board meeting and update report on earlier actions due for delivery in May 2021						
Rows greyed out indicate action closed and update provided here						
Date of Board	**Minute No**	**Agenda Item**	**Action**	**Lead**	**Timescale**	**Update Report**
28.4.21	76/21(a)	Chief Executive's Report	Quality Accounts priorities and update to be included in the next report	Director of Nursing, Allied Health and Social Care Professionals	May 2021	Item included in May report
28.4.21	76/21(b)	Chief Executive's Report	The Quality Account report will come to the July meeting	Director of Nursing, Allied Health and Social Care Professionals	July 2021	Item not yet due
28.4.21	76/21(c)	Chief Executive's Report	Update on showcasing the staff survey work for NHS Employers to be included in the next report	Director of Workforce and Organisational Development	May 2021	Meeting on 14th May. Update will be provided in the next report.
28.4.21	77/21	Publications and Highlights Report	Links to the "New dedicated mental health services for new expectant and bereaved mums" to be circulated to Board members	Chief Executive	May 2021	E mailed 11.5.21
Outstanding Actions arising from previous Board meetings for feedback to a later meeting						
Date of Board	**Minute No**	**Agenda Item**	**Action**	**Lead**	**Timescale**	**Update Report**

27.1.21	08/21(c)	Performance Report	Mortality report to go to the Quality Committee then to a future Board meeting	Medical Director	June 2021	Item not yet due
24.2.21	35/21	Mental Health Legislation Committee Assurance Report	Data around detention and diversity to be included in future reports. Timing to be discussed for when this can come to the Board via the assurance report	Medical Director/Mr Smith	May 2021	This will be discussed at the next MHLC meeting. Reports of this type are annual in nature.
24.2.21	36/21	Audit Committee Assurance Report	A consistent approach across all of the Committees to be taken. Mrs Hughes to liaise with Committee chairs and Executive leads to ensure this happened	Head of Corporate Affairs	March 2021	28/4 Noted the plan had been shared and had been to a number of committees
31.3.21	53/21(a)	Chief Executive's Report	Arrangements to be made for Mr Patton and Mr Smith to observe a MAPPA meeting	Chief Operating Officer	April 2021	This is being progressed with Dr K Yorke, Dates provided.
31.3.21	62/21	Strategy Refresh	Dates for discussion at a Board Time Out and for Governor updates to be identified	Director of Finance/ Chief Operating Officer	June 2021	Update on the first part of this, the stock take of where we are with the current strategy at the Board time out in June and then to Governors after that.

A copy of the full action log recording actions reported back to Board and confirmed as completed/closed is available from the Trust Secretary

Board Public Workplan 2021/2022 – *(no August or December meeting) (v4)*

Chair of Board: ___Sharon Mays_____
Executive Lead: _____Michele Moran_____

Reports: / Board Dates:-	Strategic Headings	LEAD	28 Apr 2021 (Strategy)	19 May 2021	30 June 2021 (Strategy)	28 Jul 2021	29 Sep 2021	27 Oct 2021 Strategy)	24 Nov 2021	26 Jan 2022	23 Feb 2022 Strategy)	30 Mar 2022
Standing Items - monthly												
Minutes of the Last Meeting	Corporate	SM	x	x	x	x	x	x	x	x	x	x
Actions Log	Corporate	SM	x	x	x	x	x	x	x	x	x	x
Chair's Report	Corporate	SM	x	x	x	x	x	x	x	x	x	x
Chief Executives Report includes:- Policy ratification, Comms Update, Health Stars Update, Directors updates	Corporate	MM	x	x	x	x	x	x	x	x	x	x
Publications and Highlights Report	Corporate	MM	x	x	x	x	x	x	x	x	x	x
Monthly Items												
Performance Report	Perf & Del	PBec	x	x	x	x	x	x	x	x	x	x
Finance Report	Perf & Del	PBec	x	x	x	x	x	x	x	x	x	x
Bi Monthly Items												
Finance & Investment Committee Assurance Report	Committees	FP	x		X		x	x		x	x	
Charitable Funds Committee Assurance Report	Committees	MC		x		x	x		x	x		x
Workforce & Organisational Development Committee	Committees	DR		x		x	x		x	x		x
Quarterly Items												
Quality Committee Assurance Report	Committees	MC	x				x	x		x		
Mental Health Legislation Committee Assurance Report	Committees	MS		x			x		x		x	
Audit Committee Assurance Report	Committees	PB		x			x		x		x	
Board Assurance Framework	Corporate	MM			X		x	x		x		x
Risk Register	Corporate	HG			X		x	x		x		x
6 Monthly items												
Trust Strategy Refresh/Update	Strategy	MM						X update				x
Freedom to Speak Up Report (def to May)	Quality & ClinGov	MM	x						x			
MAPPA Strategic Management Board Report inc in CE report	Strategy	LP						x				x
Safer Staffing 6 Monthly Report	Quality & ClinGov	HG				x				x		
Research & Development Report	Quality & ClinGov	JB				x				x		
Annual Agenda Items												
Review of Strategic Suicide Prevention Strategy	Strategy	JB										**x**

Board Dates:- / Reports:	Strategic Headings	LEAD	28 Apr 2021 (Strategy)	19 May 2021	30 June 2021 (Strategy)	28 Jul 2021	29 Sep 2021	27 Oct 2021 Strategy)	24 Nov 2021	26 Jan 2022	23 Feb 2022 (Strategy)	30 Mar 2022
Recovery Strategy Update	Strategy	LP	x				x					
Mental Health Managers Annual Progress Report **inc in Assurance Report**	Quality&ClinGov	LP		x								
Patient & Carer Experience Strategy	Quality &ClinGov	JB			x							
Presentation of Annual Community Survey – Quality Health	Quality &ClinGov	JB								x		
Guardian of Safeworking Annual Report	Quality &ClinGov	JB					x					
Patient & Carer Experience (incl Complaints and PALs) Annual Report	Quality &ClinGov	JB			x							
Quality Accounts (update inc in CE report)	Reg.Comp	HG		x							x	
Risk Management Strategy	Strategy	HG							x			
Infection Control Strategy (moved to Sept)	Strategy	HG					X					
Infection Prevention Control Annual Report	Quality &ClinGov	HG					x					
Safeguarding Annual Report	Quality &ClinGov	HG					**X**					
Annual EPRR Assurance Report	Quality &ClinGov	LP	x									
EPRR Core Standards	Corporate	LP					x					
Patient Led Assessment of the Care Environment (PLACE) Update – was Sept 18, but 2019 visits took place Oct	Quality &ClinGov	LP										
Health Stars Strategy Annual Review (moved to May in Apr 21)	Strategy	MM	x									
Health Stars Operations Plan Update	Perf & Delivery	MM										x
Annual Operating Plan	Strategy	MM									xdraft	x
Report on the use of the Trust Seal	Corporate	MM	x									
Review of Standing Order Scheme of Delegation and Standing Financial Instructions	Corporate	MH							x			
Annual Fire and Health and Safety Report (moved to June – Apr 21)	Corporate	PBec		X def	X							
Annual Declarations Report	Corporate	PBec		x								
Charitable Funds Annual Accounts	Corporate	PB/ MC							x			
Equality Delivery Scheme Self Assessment	Corporate	SMcG							x			
Gender Pay Gap	Corporate	SMcG			X							
WDES Report – added after July 19 meeting – reports into Workforce & Organisational Development Committee , but separate report to the Board	Reg. Compl	SMcG			X							
Equality Diversity and Inclusion Annual Report	Corporate	SMcG			X							
Board Terms of Reference Review	Corporate	SM		x								
Committee Chair Report	Corporate	SM										x
Annual Committee Effectiveness Reviews & Terms of Reference (one paper)	Corporate	MH		x								
Reaffirmation of slavery and human trafficking policy statement in Chief Executive report	Corporate	MM									X	
Disciplinary Case Review (added March 21)	Corporate	SMcG										x
Workplan for 2021/22: To agree	Corporate	SM/ MM		x								
Deleted /Removed Items												

Board Dates:- Reports:	Strategic Headings	LEAD	28 Apr 2021 (Strategy)	19 May 2021	30 June 2021 (Strategy)	28 Jul 2021	29 Sep 2021	27 Oct 2021 Strategy)	24 Nov 2021	26 Jan 2022	23 Feb 2022 Strategy)	30 Mar 2022
Digital Plan Annual Update – reports into Finance and Investment Committee		PBec		x	x	x						
Estates Strategy Review –reports into Finance and Investment Committee		PBec				x				x		
Estates Annual Update - reports into Finance and Investment Committee		PBec				x						
Procurement Strategy Annual Review – reports into Finance and Investment Committee		MM				x				x		
Workforce & OD Strategy including an Annual Refresh – reports into Workforce & Organisational Development Committee		SMcG		x					x			
Guardian of Safeworking Quarterly Report – reports into Workforce & Organisational Development Committee		JB	x			x		x		x		
Sustainable Development Management Plan Update –reports into Finance and Investment Committee		PBec										
Equality Diversity and Inclusion Public Sector Duties- reports into Workforce & Organisational Development Committee		SMcG										
Safeguarding Annual Report (internal) – reports into Quality Committee		HG					x					
Internal Audit Annual Report – reports into Audit Committee		PBec										
Review Risk Appetite moved to July as per previous year and moved to part II July		HG				x						

Title & Date of Meeting:	Trust Board Public Meeting – 19 May 2021				
Title of Report:	Staff Story				
Author/s:	Katy Marshall – Head of Learning and Organisational Development				
Recommendation:	To approve		To receive & note		
	For information	X	To ratify		
Purpose of Paper:	To share the story of four leaders who have attended and completed the first cohort of our leadership programmes.				

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date			Date
	Audit Committee		Remuneration & Nominations Committee		
	Quality Committee		Workforce & Organisational Development Committee		
	Finance & Investment Committee		Executive Management Team		
	Mental Health Legislation Committee		Operational Delivery Group		
	Charitable Funds Committee		Other (please detail)	✓	

Key Issues within the report: *Please ensure you also complete the monitoring and assurance framework summary below:*	The positive impact of the leadership programmes to our culture

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*				
√ *Tick those that apply*				
	Innovating Quality and Patient Safety			
	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
✔	Developing an effective and empowered workforce			
✔	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			

Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			
Legal	√			To be advised of any future implications as and when required by the author
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			

Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Title & Date of Meeting:	Trust Board Public Meeting – 19 May 2021				
Title of Report:	Chief Executive's Report				
Author/s:	Name: Michele Moran Title: Chief Executive				
Recommendation:	To approve	✓	To receive & note	✓	
	For information		To ratify	✓	
Purpose of Paper:	To provide the Board with an update on local, regional and national issues.				

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Monthly report to Board	✓

Key Issues within the report:	• Identified within the report • The Board are requested to approve the refreshed quality priorities for 2021/22 • Ratification of policies identified in the report

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*				
√ *Tick those that apply*				
√	Innovating Quality and Patient Safety			
√	Enhancing prevention, wellbeing and recovery			
√	Fostering integration, partnership and alliances			
√	Developing an effective and empowered workforce			
√	Maximising an efficient and sustainable organisation			
√	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			
Legal	√			To be advised of any future implications as and when required by the author
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			

Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Chief Executive's Report

1 Around the Trust

1.1 Gold Command
It was agreed at Gold command that from 1st May, Gold meetings will be stood down. The decision was made as the NHS reduced to level 3, covid numbers are reducing and national restrictions are being eased. A Covid working group will replace silver command and escalation will be via the Executive Management Team. I will remain gold command for on call as I have previously.

1.2 Blended Approach to working
Following conversations and feedback with staff around our productivity and performance it has been agreed to progress with a blended approach to working. Microsoft Teams (MST) will be the main meeting tool with staff meeting for smaller supportive or supervision sessions. Covid safety will be maintained and rooms bookable, with no staff returning to offices. This has been positively received.

1.3 International recruitment
Our work on international recruitment continues positively with several nurse expected in the summer. Details will be discussed in the Workforce & Organisational Development Committee.

1.4 Whitby
During the month I visited Whitby hospital. The development is progressing though there is a 3 week delay. This will not affect care or our plans. It was good to meet the contractors, staff and patients. Amazing work is being done by the team.

1.5 New Vans
Our newly designed vans and support cars have arrived and look really impressive. Thanks to the communications team for the design and the estates team.

1.6 Breast feeding
As the Board is aware, I am the Organisations Breast feeding guardian. It gives me great pleasure that even during our most challenging year in the NHS and Local Authority, that the team have been successfully re -accredited for the Breast Feeding Gold award. This is so difficult to achieve and I commend the team for their work.

1.7 Welcome
We continue our work on our website to attract new employees and it's great to see the landing page changes. There is still work to do on some pages but it is taking shape:

 https://join.humber.nhs.uk/welcome-hub/

1.8 Hull Daily Mail
I am pleased to inform the Board that we are supporting the Health and Care Awards. After a particularly challenging year, I believe it's more important than ever to celebrate the fantastic healthcare professionals in our area and take the time to acknowledge the amazing work they do.

1.9 Health Inequalities
Dr John Byrne has agreed to be the Trust lead, for Health Inequalities.

1.10 Publications and Policy Report
A period of purdah commenced on 15 April 2021. The pre-election period of Purdah is where specific restrictions are placed on the use of public resources and the communication activities of public bodies, civil servants and local government officials.

There are no significant policy or publications to highlight to the Board this month. Any policy or publication issues that exist or may arise will be discussed in the executive team and a full publications and policy report will be provided to the next Board meeting.

1.11 External Governance Review
At the May 2020 Board, support was gained to postpone the external governance review using the flexibility allowed in the NHSI guidance 'developmental reviews of leadership and governance using the well-led framework'. The guidance says that Trusts should carry out an external review of their governance every 3 years. However, in keeping with the Single Oversight Framework NHSI use to identify the level of support providers need, they provide extra flexibility based on individual circumstances. This means they can agree longer timeframes for review up to a maximum of five years on a 'comply or explain' basis.

As reported previously to Board, as the last review was undertaken in May 2017 we have until May 2022 to undertake an external governance review. This is now being progressed and an external auditor will be sought to undertake the review around December/January time.

1.12 Police and Crime Commissioners and Newly Elected Councillors
Following elections in May 2021 a summary of councillors and police and crime commissioners in our area can be found below::

Police and Crime Commissioners
Humberside - Jonathan Evison – Conservative
North Yorkshire - Philip Allott – Conservative
South Yorkshire - Alan Billings – Labour

Hull Wards
- Avenues John Robinson – Liberal Democrat
- Beverley and Newland Mike Ross – Liberal Democrat
- Boothferry Alison Collison – Liberal Democrat
- Bricknell Peter North – Labour
- Derringham David Woods – Liberal Democrat
- Drypool Tracey Neal – Liberal Democrat
- Holderness Linda Tock – Liberal Democrat
- Ings Alan Gardiner – Labour
- Kingswood Mark Bisbey – Liberal Democrat
- Longhill and Bilton Grange Julia Conner – Labour
- Marfleet Sharon Belcher – Labour
- Newington and Gipsyville -Tracey Dearing – Labour
- North Carr Jan Loft – Liberal Democrat
- Orchard Park Rosie Nicola – Labour
- Southcoates Hester Bridges – Labour
- Sutton Rhys Furling – Liberal Democrats
- University Steve Wilson – Labour
- St Andrews and Docklands Daren Hale – Labour
- West Carr Chris Randall – Liberal Democrat

East Riding
- South East Holderness – Claire Homes – Conservative
- South West Holderness – David Winter - Conservative

Full details of Councillors can be found on City Council web pages:
Hull City Council -
https://cmis.hullcc.gov.uk/cmis/CouncillorsandSeniorOfficers/CouncillorsandSeniorOfficers.aspx
North East Lincolnshire Council - https://www.nelincs.gov.uk/your-council/councillors-mps-and-meps/find-your-councillor/
Doncaster Council -
https://www.doncaster.gov.uk/services/the-council-democracy/member-support

2 Around the Integrated Care System

2.1 North Yorkshire and York
North Yorkshire and York geographical partnership has appointed two interim posts:

- Jane Hawkard as Director Finance and Planning
- Wendy Balmain as Director of Integration and Primary Care Transformation.

The two roles are interim until 31 March 2022 and are in addition to their existing roles.   Their priorities will be to support delivery of the 2021/ 22 planning guidance and to continue to facilitate cross-system working to ensure ICS objectives are delivered.

3 National News

3.1 Simon Stevens
Simon Stevens has formally confirmed to the NHS England Board the decision to stand down this summer after seven years as NHS Chief Executive.

3.2 Nursing Students

This year has seen a substantial increase across all intakes for Nursing Students. What is impressive is that despite lower uptakes in the previous year, Mental Health Nursing has had the largest increase with 5113 applications which is 335 more than last year.

4 Covid-19 Summary Update – May 2021

This update provides an overview of the ongoing arrangements and continuing work in place in the Trust and with partner organisations to manage the ongoing Covid-19 emergency. The NHS national incident level was downgraded to Level 3 on 25th March 2021 due to hospital admissions and the number of deaths reducing.

As of the 6th May 2021 the confirmed cases of Covid-19 for Yorkshire and the Humber are:

Positive Test and Trace Update – Case increase and latest 7-day rate per 100,000.		
Area	**Actual increase in positive tests in latest 7 days** **(27 April – 03 May)**	**7 day rate per 100,000 for 7 days previous*** **(03 May)**
East Riding of Yorkshire	86	25.2
Hull	100	38.5
North East Lincolnshire	22	13.8
North Lincolnshire	94	54.6
Yorkshire and Humber	2,247	40.8
England	11,466	20.4
Source: PHE Daily Briefing *Test results are updated every day and so rates are liable to change.*		

For the same period the 7 day rate for 100,000 population for Scarborough is 11.0, for Ryedale is 16.0 and Hambleton is 13.0.

As of 5th May 2021, there have been 1,336 hospital deaths due to Covid-19 across the Humber area. This includes 858 deaths registered by HUTH, 450 deaths registered by NLAG, 26 deaths registered by CHCP (East Riding Community Hospital) and 2 death registered by HTFT. York Teaching Hospitals NHS Trust recorded 591 deaths over the same period.

The Trust has recorded no cases of Covid-19 positive inpatients during the last month and staff sickness absence related to Covid has reduced further. Due to this improved and now stabilised position, along with the wider reduction in Covid infection rates and the successful roll out of both the first and second dose of the Covid vaccine, our Emergency Preparedness, Resilience and Response (EPRR) Command arrangements have been stood down. A new Covid- 19 Task Group has been established to continue to coordinate and oversee our response to any ongoing requirements. The group meets fortnightly, is chaired by the Deputy Chief Operating Officer and reports to the Executive Management Team (EMT). The group is attended by general managers and department heads from all relevant areas. Twice weekly Sitrep reporting remains in place to monitor the ongoing impact of the pandemic on our services, the command arrangements will be quickly stood up again if required.

Operational service pressures remained high in some areas in April and May with the highest pressures seen in unplanned care within the mental health division due to ongoing high demand, in our community services in Scarborough, Ryedale due to high demand from the acute hospitals for

discharges to be supported and in our Children and Adolescent Mental Health services (CAMH's). This led to the Trust experiencing overall operational pressures escalation levels (OPEL) varying between 2 (moderate) and 3 (severe pressure) predominantly for periods during April and May.

CAMH's services are continuing to experience increased demand for both community and inpatient services in line with the nationally anticipated surge due to the direct impact of the pandemic on children, young people and their families. Work continues to focus on reducing waiting times in these services, particularly in relation to autism diagnosis. The community service in the East Riding of Yorkshire is continuing to experience significant increase in referrals relating to eating disorders and work is ongoing to enhance this provision with the Clinical Commissioning Group (CCG).

We continue to have a contingency plan through a mutual aid arrangement with Navigo to access additional mental health beds when required. Work on the new capital scheme at Maister Lodge is progressing well and will provide up to five new functional older peoples beds from early summer 2021. The new day treatment services continues to be effective at avoiding admission for some older people. Our overall bed occupancy has remained above its usual level in April and May with the pressures especially high for mental health beds and our community beds at Malton and Whitby Hospitals, it has been between 75-82%. The overall number of available beds is reduced due to the need to provide isolation/cohort beds for covid symptomatic and positive patients and infection control requirements. To address this shortfall and ensure beds are available when required the Trust has block booked independent sector and the position is continuing to be monitored.

Our primary care practices are also continuing to experience a rise in pressure and activity due to undertaking Covid vaccinations alongside higher than usual demand.

During April and early May the position relating to sickness absence has remained stable, therefore business continuity plans have not needed to be enacted and all services have remained available.

Testing and Isolation Arrangements
The Trust continues to carry out swab or polymerase chain reaction (PCR) tests for any patients in our inpatient beds that have symptoms of Covid-19. Isolation areas remain in place for all of our inpatient services. Mill View Court, our Covid-19 positive isolation cohort ward for our mental health and learning disability patients remains operational and isolation beds remain available on Darley ward at the Humber Centre.

Lateral Flow (asymptomatic staff testing)

The Trust continues to encourage all staff to undertake twice weekly Lateral Flow Antigen Testing. Over 47,305 tests have been reported since December with 58 positive results which have been followed up by PCR tests and normal infection control procedures.

LAMP (loop-mediated isothermal amplification) tests are increasingly being utilised by NHS Trusts to replace lateral flow testing, this test is considered to be more effective in detecting coronavirus in asymptomatic staff. It has the benefit of requiring staff to undertake it once per week and is less invasive than a swab test, however the test needs to be undertaken by a lab with the result being returned within 24 hours. The Trust is currently considering how this test should be deployed.

Covid-19 Vaccine
The Trust vaccination centre at Willerby Hill has continued to operate as a Primary Care Network

Site for Harthill PCN since the second dose programme for delivering vaccine to our staff was completed. The uptake for the 2nd dose remains around 85% of all Trust staff with a consistently high uptake across all services and divisions. A key area of focus has remained on bank colleagues where uptake has been lower to date but is improving.

Personal Protective Equipment (PPE) and Infection Prevention and Control (IPC)

Our established robust systems to ensure that staff have access to the appropriate Personal Protective Equipment (PPE) remain in place. Stock continues to be received via a PUSH delivery system from the NHS Supply chain and SITREPS are used to determine the content and frequency of deliveries. Currently, the supplies of PPE are at good levels and we have not had any shortages of equipment.

Safe Working in our Environments

In accordance with the Government published guidance 'Working safely during coronavirus (COVID-19)" Covid safe working measures remain in place across the Trust. As the Government restrictions are now reducing staff have understandably asked for further guidance about how this applies in the work place. To address this, a new poster has been produced which clarifies the arrangements for those working remotely with making safe decisions as to when to use Trust sites with the following key messages:

- MS teams should be the first option for all meetings
- Travel to base should only be done where remote working is not possible
- Workstations can be booked if there is a specific need to work from a Trust location
- Meetings in person should be irregular and for a specific purpose e.g. clinical supervision, colleague contact and support.
- Back to basics guidance must be followed throughout, including social distancing, excellent hand hygiene and mask wearing.
- Travel home after your meeting or concluding your task.

The programme of works being undertaken to install mechanical ventilation in clinical areas that have been identified as requiring it, is progressing well. Risk assessments and mitigating actions were already in place in those areas prior to the work commencing.

Staff Health and Wellbeing

We continue to recognise that for all of our staff, this is a unique and challenging time. Since the start of our response to this pandemic help and resources have been shared and built on through the Trusts Health and Wellbeing Hub on our intranet and through developments led by our Staff Health, Well Being and Engagement Group. Feedback from our staff continues to be positive and they value the support that has been provided.

Our staff have now experienced and worked through a second wave of the virus and in some areas service demand and operational pressures remain very high, they are continuing to tell us that they are feeling fatigued. Staff continue to have access to our psychologists for support and the Trust continues enhance its offer of wellbeing resources via the "ShinyMind" app. The Humber Coast and Vale Resilience Hub to support frontline staff is now operational and providing an increased offer of psychological and emotional wellbeing support for our staff.

Our communications team have continued their efforts to maintain a focus on staff health and wellbeing. Frequent "Ask the Exec" sessions continue and the last one took place on 29th April, these continue to be received well.

Focus has been maintained on those groups of staff that are more vulnerable to Covid-19, such as those with underlying health conditions, older staff, pregnant women, people from Black, Asian and Minority Ethnic (BAME) backgrounds and men. The guidance requires managers to liaise frequently with staff in any of the increased risk groups in order to support them and to consider if adaptations are needed to their roles. Uptake of the use of the risk assessment continues to be monitored closely to ensure that it has been offered to all vulnerable staff. This is a dynamic process and reviews of completed assessments are required to ensure that mitigation being taken to reduce risks and work role adaptations are effective.

Support remains in place for our staff who are experiencing long covid and this has been developed further. The Executive Management Team have undertaken further work and engagement to develop a "Reset and Recovery" plan which will be implemented over the next 12 months. Engagement with staff has been taking place through a range of forums to ensure that it will meet their needs including the Senior Leaders Forum.

Covid-19 Clinical Advisory Group
The Covid-19 clinical advisory group continues meet fortnightly to consider and address any clinical implications of the impact of the pandemic on our services. In April and May the group has continued to focus on:

- Continuing to ensure that our covid related changes and interventions do not increase restrictive practices.

- Considering the government "roadmap out of lockdown" and implications for our services.

- Continuing to review clinical pathways to ensure that use of digital technologies promotes inclusion and maintains recovery rates.

Operational Planning - Recovery and Restore
The NHS Priorities and Operational Planning Guidance 2021/2022 published on 25th March sets out the following priorities:

- Supporting the health and wellbeing of staff and taking action on recruitment and retention.

- Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19.

- Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services.

- Expanding primary care capacity to improve access, local health outcomes and address health inequalities.

- Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay.

- Working collaboratively across systems to deliver on these priorities.

The Trust has focused its work on these areas utilising a range of forums with partners to contribute to place and Integrated Care System (ICS) plans. A number of submissions are now required by the Trust to set out the workforce, financial and activity projections for 2021/2022 to demonstrate how the requirements in the guidance will be met.

These priorities need to be supported through the use of data and digital technologies, including the introduction of a minimum shared care record in all systems by September 2021. We continue to make progress and enhance our use of digital tools and technology.

The Trust continues to manage effectively the impact of Covid-19 within its ongoing arrangements. The current ongoing phase of delivery and planning is crucial to ensure that we can sustain our services supported with adequate capacity to manage the ongoing anticipated increase in demand. Staff health, wellbeing and engagement continues to be paramount to our successful ability to achieve our plans and continued focus will remain on this. The efforts our staff make to keep our

patients, their colleagues and themselves safe remains highly impressive and therefore we continue to demonstrate our appreciation for that.

5 Director's Updates

5.1 Chief Operating Officer Update

5.1.1 Individual Placement Support (IPS)
The Trust delivers IPS (Individual Placement and Support) provision across Hull and the East Riding of Yorkshire (ERY). Initially the Hull service was delivered by HTFT employment support advisors and the East Riding provision delivered by Hull and East Yorkshire Mind (HEY Mind). The IPS service supports people with severe mental health difficulties into employment. It involves intensive, individual support, a rapid job search followed by placement in paid employment, and time-unlimited in-work support for both the employee and the employer. IPS is a national programme and providers are subject to annual externally led fidelity reviews by IPS Grow to ensure that providers are delivering against core standards and meeting targets to support people into employment. Following the fidelity review for 2019/2020 our model was updated and now the Hull and ERY services are fully integrated and delivered fully by HTFT.

Employer engagement sessions are key to the success of this programme and regular contact is now taking place with over 60 local employers across a variety of sectors. As the Covid restrictions reduce we expect engagement with employers to flourish further through activity and events from the local employment markets, wider stakeholders and Department of Work and Pensions (DWP) services, ultimately resulting in improved job outcomes for our service users. DWP links have been built and remain strong, having scheduled regular team meetings with Disability Employment Advisors', work coaches and DWP managers and via DWP involvement within our steering group is developing this further.

The team can now also offer support to individuals who are at risk of losing jobs. To support this the IPS service is in the process of joining a newly developing Northern Job Retention Network to share good practice and all staff have received training in this new element of the service.   This has specifically been put in place in view of the pandemic and its impact on employment.

Covid- 19 restrictions have continued to have an adverse effect on the local labour market. A recent report from a cross-party think tank, The Social Market Foundation (SMF) revealed that Hull faces the worst economic impact and the slowest recovery from coronavirus in the country. The report said: "Areas of Yorkshire and the Humber as well as London are likely to see severe impact on jobs in a local economy where unemployment was already high. These findings suggest that the coronavirus crisis could exacerbate inequalities (loss of skills and potential earnings) for workers in already sluggish labour markets".

Regular attendance by the service continues in Community Mental Health Teams (CMHT) Multidisciplinary Team (MDT) meetings and CMHT managers meetings, feedback from the CMHT's remains positive with success stories being shared. Recovery stories have been submitted to IPS Grow for a national employment recovery booklet for IPS providers.

IPS staff are now regularly collecting service user feedback via the Friends and Family Test and the results of these will be available in the coming weeks.

5.1.2 Mental Health Inpatient Redesign Programme
Our Redesigning Inpatient Mental Health Services programme is progressing well in developing the final strategic outline case (SOC) to provide new facilities for all of the mental health inpatient services in scope.

The work to better understand and reduce the capital cost of the building aspects of the scheme has started and will be delivered within the next 12 weeks. It is expected this will also enable us to gain a more robust position of the affordability of the scheme. Also during this time the information

in the Strategic Outline Business Case will be strengthened in relation to workforce, engagement, consultation and clinical pathways.

5.2 Director of Nursing, Allied Health and Social Care Professionals

5.2.1 Quality Accounts: Quality Priorities.

At its April meeting the Quality Committee reviewed progress against the Board approved clinical priorities identified in the 2019/20 Quality Accounts. The priorities were developed in collaboration with a range of stakeholders. Subject to Board approval the Quality Committee agreed that due to the transformational nature of the priorities and with progress being impacted upon due to the Pandemic that we will keep the same priorities for the 2021/22 financial year but will add a 'stretch' to the priorities for 2021/22.

1.1.   Progress in 2020/21 and Proposed Stretch for 2021/22

Priority One: To work towards an approach to recruitment across clinical services and senior roles that involves patients, service users and carers in the recruitment process

Progress:

- The working group has identified the specifics to help develop the training programme for panel volunteers. The Training Team has identified a lead to develop the training package.

- The Information Governance team have agreed the consent form for sharing panel volunteer details with Trust staff and details of panel volunteer information required for the database (the storing of personal information and how staff can access the database).

- A first draft leaflet has been developed to share with patients, service users and carers. The purpose of the leaflet is to provide information on how to get involved in the Trust recruitment process and also highlights demographical information about the Trust to give Panel Volunteers an insight in how and where they can get involved in recruitment.

Priorities 2021/22

- Ensure staff are familiar with the framework for involving patients, service users and carers in the recruitment process and the case for change

- Actively recruit patients, service users and carers to join a recruitment network

- Develop a co-produced training package for patients, service users, carers and staff to support them through the process

- Deliver the training package through a variety of different mediums; e.g. on-line training presentation, virtual training sessions, face to face training sessions and using the Recovery College platform wherever possible

- Commence roll out across service areas

Measurable outcomes

Increasing numbers of patients, service users, carers and staff accessing the training.

An increase in teams implementing the framework for involving patients, service users and carers in recruitment

Priority Two: Each Division will identify key NICE guidance where there are known gaps in compliance and have clear plans for addressing these gaps

Progress:

- Work has been undertaken with Health Assure to refine the reporting and allow us to provide reports at an organisation level and at a divisional level showing the position against published guidance in terms of applicability and levels of compliance

- Due to the pausing of the Clinical Networks subsequent to the C19 pandemic the prioritisation of guidance has been variable. Some networks have identified guidance that they are developing action plans to drive improvement in compliance and the clinical audit facilitator has been supporting all the networks to progress the development of these plans

- The Audit and Effectiveness Group has superseded the NCAR group and will monitor and review progress against the development of prioritised guidance and aligned action plans

Priorities 2021/22

- Each Division will review and report the applicability and compliance of published NICE guidance using HealthAssure.

- Each Division will review progress via re audit for the identified prioritised NICE guidance/Quality Standards

- Each Division will review and update local action plans to address the gaps in compliance and report progress/exceptions via the Audit and Effectiveness Group and Quality and Patient Safety Group (QPaS).

Measurable outcomes
Complete accurate reports of applicability and compliance in relation to published NICE guidance will be available to review from Health Assure

Action plans will be developed and evidence of ongoing review, completed actions and escalation where required will be present in clinical network minutes and work plan

Year-end compliance with NICE guidance will have improved

Priority Three: Develop an inventory of skills that is specific to individual roles which clearly outlines essential training and assessment requirements. This will include the frequency and means of reviewing and refreshing competency.

Progress

- Skills inventory has been created and shared with clinical areas responses have been limited despite being sent out twice.

- Skills identified in the new nursing curriculum have been included in the skills inventory tool. The benchmarking of our ability to deliver training against these competencies has not yet been completed.

- A fixed term post has been recruited to take this work forward over the next 18 months

Priorities 2021/22

- Confirm existing skills that are being utilised across the services at a team and practitioner level

- Confirm new skills identified in the new nursing curriculum and benchmark our ability to deliver training and assess competence against these skills

- Publish an inventory of skills with baseline training and assessment requirements and frequency and means of ongoing means of reviewing and refreshing competency

- Benchmark teams and practitioners in terms of compliance with required competencies and develop local action plans to address any gaps.

Measurable outcomes

Evidence of new and refreshed training provision and staff uptake of training.

A reduction in the number of incidents leading to patient harm as a result of poor practice and lack of clinical skill.

Improved compliance with best practice.

Priority Four: Ensure teams have access to patient safety data and we can demonstrate improvements based on the data.

A dashboard module has been developed to allow teams to review and monitor patient safety data held on the Trust's Datix system, so each team / service can access their own data and monitor themes and trends locally allowing for transparency of patient safety information within Trust services.

A tiered approach to dashboard implementation for the Trust Operational Divisions has been used to enable appropriate patient safety data to be accessible in line with the roles and responsibilities of staff members, so that data can be used effectively and appropriate learning / actions can be derived.

Dashboards have been developed and access enabled for all teams. Training has been delivered to clinical leads, divisional managers and service leads at divisional governance meetings

Priorities 2021/22

- DATIX training package to be reviewed and online e-learning package to be developed in conjunction with Trust Learning Services.

- Divisional level dashboards to be utilised by each Division at their operational and clinical network meetings.

- Fully embed use of the dashboard at team / service level to ensure benefits are being fully embraced and effectively learning / development actions are being undertaken.

- Training for divisions/ services/teams to enable them to improve their knowledge of how to use data to identify themes and trends and improve care.

- Further bespoke dashboards developed such as Mortality and to support current forums such as the Clinical Risk Management Group and Operational Delivery Group.

- Co-produce a training package and ensure staff have access to quality improvement methodology to enable them to undertake quality improvement informed by the data

Measurable outcome/s

Evidence of staff using data effectively to inform quality improvements

Increased numbers of quality improvement initiatives from frontline teams arising from identified themes in data

Reduction in recurring incident themes.

1.2 Quality Accounts Development- Next Steps

The first draft Quality Accounts will be presented to the Quality Committee in June following approval by EMT. Stakeholder feedback on the accounts will be sought following Quality Committee approval with the final draft being presented for approval to the July Trust Board. We have been informed that there is no requirement for the accounts to be audited.

Going forward the NHS foundation trust annual reporting manual 20/21 updated in March 2021 states that from 2021/22 onwards the quality report will be replaced with focused reporting on

quality priorities and performance in the annual report incorporated directly into the performance report section.

The Board are requested to approve the refreshed quality priorities for 2021/22

5.3 Medical Director

5.3.1 Armed Forces Awareness Week
The Patient and Carer Experience is hosting an Armed Forces Awareness week form the 21st to the 25th of June which precedes Armed Forces day on June 26th. We will be hosting a series of virtual events where we will be explore the work being done by the Trust as well as our system partners such as SAFFA, Hull Help for Hero's and Hull City Council. The team has also developed the concept of an 'Armed Forces Community Navigator' role within clinical teams which will work along the same model as Patient and Carer Experience champions. A bespoke training profile and package is being developed and will be hosted a trust wide ESR profile.

5.3.2 City of Research Conference
The research team are continuing to work on the program for the City Of Research Conference V on November the 18th/19th. Prof Calum Semple, Chief Investigator of the ISARIC/CCP COVID-19 inpatient study, which we contributed to, has agreed to speak at our conference. As well as leading on this WHO study in the UK, Prof Semple is also a member of NERVTAG, a Senior Government Clinical Advisor on SAGE and received an OBE in 2020 for his role in the COVID-19 response

5.4 Director of Workforce & Organisational Development

5.4.1 Reset and Recovery
Work continues on the Trust reset and recovery plan. An update was presented to Workforce and OD Committee on 12th May.

5.4.2 Health Education England (HEE) Returners Programme for Doctors
Health Education England (HEE) has launched a Career Refresh for Medicine programme (CaReForMe) to help support doctors who have had a break in practice return back to work. To be eligible for the programme, doctors must be registered with the GMC and been out of practice for at least three months, or new to the NHS.

5.4.3 Health and Wellbeing Funding
Funding has been provided to ICS to help the improvement of health and wellbeing of the workforce within Humber, Coast and Vale. This funding has been split into two separate pots, one to be given directly to individual organisations (amount based on size) and the other to fund joint work across the whole ICS. Our Trust were successful in securing a total of £40k, which has been used to recruit an employee wellbeing co-ordinator for 12 months and to fund the Physiomed offer. In addition, the wellbeing of our workforce, and that of the ICS, will benefit from the three streams of work; coaching and mentoring; holistic and practical based interventions and traumatic stress training and support for frontline staff. Each stream has a dedicated task and finish group with our Trust being represented on all three. A collaborative approach is being taken with all the organisations within the ICS as the details and offers are developed and implemented.

5.4.4 New Learning
Two new courses have been developed and released, Responding to Domestic Abuse and safety planning and Food hygiene. Both are eLearning courses.

5.5 Director of Finance Update

5.5.1 Reviewing the Working Arrangements of Non-clinical Staff
The Executive Management Team have received a report on phase one of the project. The report sets out a vision for more agile working, supported by the results of staff engagement, a review of space requirements, and an options appraisal. Going forward the vision is for staff to undertake

desk work at home where possible and collaborative work within an office environment where TEAMS is unsuitable.

Work has started on pursuing the preferred option and setting out a timetable for implementation.

5.5.2 Budget Upload
Following Board approval last month the budget has now been uploaded to the ledger to enable managers and budget holders to monitor expenditure against plan.   Work is continuing on the system plan and confirmation of block values for the first half of the year, the final ICS plan submission is due on the 3rd June.

5.5.3 Care Certs
There are two types of CareCert notifications,

High priority notifications cover the most serious cyber security threats, these notifications are sent to the IT Service desk with requirements for acknowledgement to NHS digital within 48 hours and remediation applied within 14 days.   Any high priority notifications that cannot be resolved within 14 days require a signed acceptance of the risk by the CEO and SIRO to be submitted to the NHS Digital portal.

Other CareCert notifications are part of a general weekly bulletin and these are general awareness items with most issues identified requiring no action as the Trusts patching process has normally already deployed the updates required

Details of notifications received during 2021 are summarised in the table below:

	Issued	Deployed or no Action required	Awaiting deployment, action or testing	Not Applicable (do not use the system the Care Cert relates to)
High Priority	3	2	0	1
CareCert Bulletins	20	18	2	0

There were no Distributed Denial of Service (DDoS) attacks against the Trust's internet connections during April

6 Trust Policies
The policies in the table below are presented for ratification. Assurance was provided to the Committee that the correct procedure has been followed and that the policies conform to the required expectations and standards in order for Board to ratify the following policies.

Policy Name	Approving Committee	Date Approved	Lead Director
Access to Health Records Policy	Audit Committee	11/5/21	Director of Nursing, Allied Health & Social Care Professionals
Human Rights and Equality Policy for Service Provision and Practice in relation to the Mental Health Act 1983	Mental Health Legislation Committee	6/5/21	Medical Director

Section 117 Policy	Mental Health Legislation Committee	6/5/21	Medical Director
Lease Car Policy	Workforce & Organisational Development Committee	12/5/21	Director of Finance

7 Communications Update

12th April – 7th May

Please note the below reporting period includes two key periods where our communications was limited by national directives; Duke of Edinburgh period of mourning and Purdah. A limitation on what we are able to communicate over this period has impacted our ability to meet KPI's due to restrictions on proactive communications.

Key Projects

Digital Development Plan 2021-22
Our twelve month digital development plan outlines how we will continue to improve and develop our current digital platforms as well as how we will take advantage of new and emerging digital communications platforms. This work is key to ensuring that we maximise the opportunities these technologies offer for our patients, carers and their families as well as our staff. Key projects of note include;
- Completed relaunch of all Trust GP website
- Launch of new staff intranet
- Launch of staff social media channel
- Trust photography library launched
- Patient Information Platform launched
- Development of dedicated service sites within central Humber website
- Growth and development of stakeholder newsletters

- **Brand Centre**

The Brand Centre continues to be used regularly by members of staff, with high numbers of first-time visitors accessing it monthly. Feedback and methods of usage from staff indicate that the templates are useful, easy to complete and are beneficial for the viewer. Although the commonly used page contains templates for corporate usage, we have seen an increase in service templates and in those downloading the Trust and Brand logos. The brand centre has proved a useful tool in helping to educate staff on the Trust and NHS brand, as well as promoting correct usage.

Brand Centre analytics	Users	Page views	Avg Session Duration	Most viewed page	Most used Templates
February	130	635	1:19 mins	/home/ (327 *views*)	Corporate
March	223	1,246	1:14 mins	/home/ (632 *views*)	Corporate
April	181	889	1:12 mins	/home/ (464 views)	Corporate

- **Humbelievable – recruitment campaign**

Users	Page views	Avg Session Duration	Most viewed page
2,949 (-10%)	6,013	01:02 mins	/jobs/ (2,251 *views*)

join.humber.nhs.uk performance.

There has been a significant increase of users accessing the website through means of mobile devices, with tablet usage increasing above 76% since the last period. We continue to see improvements in the Search Engine Optimisation of the recruitment website, as well as the direct links between this website and the Trust website. The Digital Development Plan for 2021/22 will outline plans to develop this digital platform, along with our other sites.

External Communications

- **Media Coverage**

Due to a high number of high quality proactive PR campaigns, media interest remains high. This demonstrates improved engagement with the wider Trust team who now understand to come to us to share their news and celebrations.

We have worked closely with teams to develop stories that attract positive media attention and promote timely Trust and national key messages such as the launch of our new Pharmacy Wellbeing Service and the opening of our newly renovated Cottingham GP Practice.

Positive new stories published		Negative new stories	
Local media	6	Local media	1
Humber website	5		
TOTAL	**11**		**1**

The negative media this month was around the Crisis Line wait times. In response worked with Mind to promote their 24/7 advice and information line, and responded to media enquiries from BBC Look North with reactive statements. These enquiries inspired the focus of our mental health awareness week campaign coming up next week, which is based around understanding your mental health needs and which service is best suited to you.

- **Awareness Days**

This period has seen us mark a number of important dates including; Experience of Care Week (26 April).

The week commencing 10th May is Mental Health Awareness Week, one of our largest campaigns of the year. Results of this campaign will be shared in the next board report.

- **Trust Website Update**

	Target	Performance over period
Bounce Rate	50%	63%
Social Referrals	12% (a 10% increase in 2019 position)	11%

In preparation for Mental Health Awareness Week (w/c 10th May) we have worked with clinical services to create a new 'Check In' page. The page itself adopts a new and improved traffic light system that was first introduced across social media for last year's World Mental Health Day. The page guides visitors to how to access the right care for their needs. The page will be made live

prior to Mental Health Awareness Week and will be shared as part of a Trust campaign across the website and social media channels with the aim of increasing engagement and supporting the public.

- **Social media**

Due to national restrictions all non-essential social media activity during this period.

	Target	Performance over period
Engagement Rate	4%	2.5%
Reach	+50,000 p/m	155,470
Link Clicks	1500 p/m	324

Internal Communications

Poppulo – Internal Emails

Our internal communications system continued to support us to roll out the second COVID-19 vaccination programme. A new video was also produced interviewing staff, our vaccination team and volunteers to highlight the success of the programme.

Between the 13 April and 6 May we issued 18 internal communications to staff. The engagement rates still remain above the national average as outlined below.

	Trust average engagement rates	National Average
Open Rate	71%	65%
Click Through Rates	11%	10%

Intranet

With staff input and engagement, the team have developed a new site layout and have completed a navigation system that will allow staff to find services and items on the intranet easier when the new platform is launched. The team have created a standardised layout for various pages and are working with all teams to transfer content to the new site.

Current performance:

	Target	Performance over period
Bounce Rate	40%	55.1%
Visits	+20% on 2019 average	+16.38%

8 Health Stars

Whitby Appeal
This month the announcement of the Mulgrave 10k will shared publicly to announce that Loftus and Whitby Athletic Club have kindly gifted Health Stars 20 free places for the Mulgrave Estate 10k run which will take place on 8 August 2021. Participants will be asked to raise £100 in sponsorship fees for the Appeal, if anyone would be interested in participating please email

hello@healthstars.org.uk. Our Whitby Hospital Appeal Coordinator met with the group members to take some photographs which will support the press release (after PURDA).

Whitby Football club have kindly pledged a £1000 donation to support the Appeal and our Whitby Hospital Service Manager is working closely with the Health Stars team to continue the fantastic fundraising and community engagement surrounding this.

Community relationships continue to develop with the Local Women's Institute groups finalising plans to host their own 'Teddy Bears Picnic' to celebrate the NHS 73rd Birthday. WI members will knit or crochet teddies with an NHS theme and, on the weekend of 3rd and 4th July, host their own tea parties in their local villages with the proceeds going to support the Whitby Hospital Appeal. There is a great sense of community spirit with more local groups within the voluntary sector such as U3A wanting to participate by hosting their own events.

Events
Health Stars continue working hard behind the scenes on fundraising events developing a range of virtual opportunities alongside 'in person' events later in the year as we transition though each stage of the COVID19 road map. The charity is keen to explore diverse ways of generating charitable income alongside the support of local businesses to collaboratively host a range of events which will be available across the full geography patch.

This month Health Stars are working in partnership with White Rabbit Chocolatiers to deliver a Virtual Spring Chocolate Workshop, during this event You will be guided through decorating your own Springtime chocolate bar using chocolatier techniques, then sit back and enjoy a delicious chocolate tasting session with an award winning chocolatier which includes three very special single origin dark chocolates, The workshop will be available to partake in at your own leisure until the end of May 2021. The link for more information and to sign up is included here:

[Spring Virtual Chocolate Workshops - White Rabbit Chocolatiers – White Rabbit Chocolate Company Limited](#)

Also through May Health Stars are encouraging people to get involved in 5k May. This is a national event organised by JustGiving building on a campaign that started last year in lockdown. Last year people ran 5k and nominated 5 other people to give to charity. The idea is the same for this year but it doesn't have to be a run, it can be a walk or any activity where people do 5k in distance and donate £5 to charity. Everyone is encouraged to take part and nominate others to take on the challenge as well.

Wider 'in person' event plans continue as we see the lockdown restrictions ease and the team are looking forward to sharing what they have planned over the coming months.

BAME 'Dost' Project
The Dost project is Smile Health's befriending and signposting service for our Black, Asian, and Minority Ethnic (BAME) communities in the East Riding, Hull, North Lincolnshire, and North East Lincolnshire areas. The project is funded through Health Stars and sister charity Health Tree Foundation utilising NHS Charities Together grant funding. The project launched in January 2021, and the service can be accessed through a helpline number, a dedicated referral form, and the project email dost@heysmilefoundation.org

During March and April, the team saw an increase in the referrals and enquiries being made to the service, for example from organisations that work with refugees where referrals were made into the Mental Health Response Service, working closely with members of staff from Miranda House and the Let's Talk service. They have also taken some proactive approaches to engaging with the

community, particularly around COVID19 given reports of the reduced confidence in the vaccine among BAME communities. On the evening of March 2nd, the Dost project hosted a free webinar where a panel of experts from healthcare and faith-based organisations came together with members of the public to discuss the myths surrounding the COVID19 vaccine.

Work behind the scenes has been ongoing producing a monthly newsletter to be distributed amongst our community groups where the team will provide clinical features and articles talking about improving health and wellbeing for BAME communities as well as increasing awareness about local resources and services. The first issue was sent out on Friday 30th April.

Wishes

Health Stars contributes to a thriving healthcare environment for our NHS teams and their patients, by embracing generosity and investing in innovation. They promote the development of exceptional healthcare, which goes above and beyond NHS core services, through the investment in people; environments; resources; training and research.

Health Stars have been working with a number of Trust teams over the last few months to increase the number of wishes received to the Charity to enable them to use Charitable Funds held to make a lasting impact to staff and their patients across the services of which Humber Teaching NHS Foundation Trust spans.

Following a piece of work in collaboration with the Patient and Carer Experience team an incredible 93 wishes were received in the month of April alone.

Teams are encouraged to submit any wishes using the link below:
Submit Your Wish — Health Stars

Michele Moran
Chief Executive
May 2021

Title & Date of Meeting:	Trust Board – 19th May 2021				
Title of Report:	Performance Report - Month 1 (April)				
Author/s:	Name: Peter Beckwith/Richard Voakes Title: Director of Finance/Business Intelligence Lead				
Recommendation:	To approve		To receive & note	✓	
	For information		To ratify		
Purpose of Paper:	This purpose of this report is to inform the Trust Board on the current levels of performance as at the end of April 2021. The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format.				

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date			Date
	Audit Committee		Remuneration & Nominations Committee		
	Quality Committee		Workforce & Organisational Development Committee		
	Finance & Investment Committee		Executive Management Team		
	Mental Health Legislation Committee		Operational Delivery Group		
	Charitable Funds Committee		Other (please detail)		

Key Issues within the report: *Please ensure you also complete the monitoring and assurance framework summary below:*	Commentary is included below for those indicators that have fallen outside of the normal variation range. **Training -** The Trust has seen further improvement in the uptake in training compliance, the overall compliance rate for April stands at 90.9% which is above the upper control limit and exceeds the Trust Target for training compliance, which is 85%. **Waiting Times** - the report demonstrates that the number of over 52 week waits (ww) has reduced overall, with the most significant improvement being in Autism Spectrum Diagnosis (ASD), improvement plans continue to be developed, implemented and monitored in each area. The appendix attached demonstrates the further ongoing reduction in 52ww for ASD. The next phase of this project is to increase throughput using current resources and digital solutions to expedite the rate of improvement. Weekly performance monitoring is in place across those

Caring, Learning
& Growing Together

services with the longest waiting patients. Whilst Memory Service was an area previously with over 52 ww, it can now be reported that the service has zero patients waiting beyond 52weeks and the service is reporting performance of 90.1% against the 18ww target a further improvement from the previous month.

A further area of focus is the Department of Psychological Medicine. The 18ww performance improved significantly this month with a 5.1% improvement overall to 66.3% and an overall reduction in 52ww patients. Work has commenced with the clinical and medical leads in this area to make further improvements to address this. Whilst focus has been on over 52 ww it also remains on over 18 week waits too and plans are also in place to improve that.

Out of Area Placements - The trust has procured additional out of area bed capacity to secure bed availability to deal both with increased demand and also reduced capacity due to the impact of covid on available beds within the Trust (isolation beds and infection control requirements). Measures are in place to ensure that any of our patients admitted to out of area beds have close clinical oversight and are either returned to a Trust bed or their discharge is effectively and safely managed with input from our community services by care coordinators. Focus remains on achieving reduction in the use of out of area beds.

The increase in April is primarily due to the reduction in available beds at Maister Lodge as a consequence of the works taking place to increase the bed base. Additional beds have been provided by Navigo to address this short term position.

Cash in Bank - has returned to within normal variation and as at the end of April the Cash in Bank totalled £28.340m. The reduction in Month related to timing differences between cash received for specific commitments and cash transacted.

Friends and Family Test (Involvement) - Due to the small number of FFT returns for other areas data can become distorted and the Patient Experience Team continue to work closely with services to encourage proactive uptake of the survey in line with COVID precautions.

In terms of the **Safer Staffing Dashboard** the following should be noted:

Newbridges - have had a number of staff vacancies and maternity leave for 3 RNs. Have recently employed 4 new RNs. Two Band 4 Nursing Associates who both assume second qualified are not pulling through into the RN numbers-this is being actioned.

	The Resuscitation Officer has targeted the unit during April/May for ILS training. 3 sessions for staff undertaken at the time of writing the report.
	Clinical Supervision - Millview Lodge (MVL), Derwent, Westlands and Townend Court are all flagging for clinical supervision compliance in March. April figures for Clinical supervision show Derwent and Townend Court are complaint with improvement in MVL to 67% and Westlands to 77%.

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*				
√ *Tick those that apply*				
	Innovating Quality and Patient Safety			
	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
	Developing an effective and empowered workforce			
√	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			To be advised of any future implications as and when required by the author
Quality Impact	√			
Risk	√			
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

NHS
Humber Teaching
NHS Foundation Trust

INTEGRATED BOARD REPORT

This document provides a high level summary of the performance measures stemming from the Integrated Quality and Performance Tracker.

The purpose of this report is to present to the Board a thematic review of the performance for a select number of indicators for the last 24 months including Statistical Process Control charts (SPC) with upper and lower control limits.

Chief Executive: Michele Moran

Prepared by: Business Intelligence Team

Reporting Month:
Apr-21

Caring, Learning and Growing

Humber Teaching NHS Foundation Trust
Integrated Board Report

For the period ending:	Apr 2021

Purpose	This paper provides a summary on the progress being made against a basket of NHS performance indicators together with executive summary and underpin the Trust's Strategy 2017-2022. A sample of the strategic goals are represented in this report. Particular attention is drawn to the new format and the use of Statistical Process Control (SPC) in the following charts. SPC charts contain upper and lower control limits which are based on 2 standard deviation points above and below the 2 yearly average.
What are SPCs?	Statistical process control (SPC) charts can help us understand the scale of any problem, gather information and identify possible causes when used in conjunction with other investigative tools such as process mapping. SPC tells us about the variation that exists in the systems that we are looking to improve: S – statistical, because we use some statistical concepts to help us understand processes. P – process, because we deliver our work through processes ie how we do things. C – control, by this we mean predictable. SPC should be used to help to get a baseline and evaluate how we are currently operating. SPC will also help us to assess whether service changes have made a sustainable difference. They give an indication as to whether there is relatively stable variation over time or whether there are special causes creating exceptional variance. This is done by analysing the chart looking at how the values fall around the average and between or outside the control limits. The average and control limits do not indicate whether the indicator is achieving the target that has been set, but they allow us to better understand how stable the performance is and whether or not it is changing.

Strategic Goal 1	Innovating Quality and Patient Safety		Strategic Goal 4	Developing an effective and empowered workforce
Strategic Goal 2	Enhancing prevention, wellbeing and recovery		Strategic Goal 5	Maximising an efficient and sustainable organisation
Strategic Goal 3	Fostering integration, partnership and alliances		Strategic Goal 6	Promoting people, communities and social values

Key Indicators	The following is a list of indicators highlighted within this report and the Goal to which they are set against. Other than the Safer Staffing dashboard, each indicator uses SPC charts

| Dashboard	Safer Staffing	A dashboard to provide overview on a number of clinical indicators for the Trust's inpatient units across all services
Dashboard	Mortality	Learning from Mortality Reviews
Goal 1	Incidents	Total number of incidents reported on Datix
Goal 1	Mandatory Training	A percentage compliance for all mandatory and statutory courses
Goal 1	Vacancies	Proportion of posts vacant when compared to the budgeted establishment. This information is taken from the Trust financial ledger.
Goal 1	Clinical Supervision	Percentage of staff with appropriate clinical supervision taken place within the last 4-6 weeks
Goal 1	FFT - Patient Recommendation	Results where patients would recommend the Trust 's services to their family and friends
Goal 2	FFT - Patient Involvement	Results where patients felt they were involved in their care
Goal 2	72 hour follow ups	Percentage of patients who had a follow up within 72 hours (3 days) of discharge from hospital
Goal 2	CPA - Reviews	Percentage of patients who are on CPA and have had a review in the last 12 months

Humber Teaching NHS Foundation Trust
Integrated Board Report

For the period ending:	Apr 2021

Goal 2	RTT - Completed Pathways	Based on patients who have commenced treatment during the reporting period and seen within 18 weeks of their referral
Goal 2	RTT - Incomplete Pathways	Based on patients who are waiting for assessment and/or treatment and are waiting less than 18 weeks since referral.
Goal 2	RTT - 52 Week Waits	Number of patients who have yet to be seen for treatment and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - Adult ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Adult and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - Paediatric ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Children and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks
Goal 2	RTT - Early Interventions	Percentage of patients who were seen within two weeks of referral
Goal 2	RTT - IAPT 6 Weeks and 18 weeks	Percentage of patients who were seen within 6 weeks and 18 weeks of referral
Goal 3	Recovery Rates - IAPT	Recovery Rates for patients who were at caseness at start of therapeutic intervention
Goal 3	Out of Area Placements	Number of days that Trust patients were placed in out of area wards
Goal 4	Delayed Transfers of Care	Results for the percentage of Mental Health delayed transfers of care
Goal 4	Staff Sickness	Percentage of staff sickness across the Trust (not including bank staff)
Goal 4	Staff Turnover	Percentage of leavers against staff in post
Goal 5	Finance - Cash in Bank	Review of the cash in the Bank (£000's)
Goal 5	Finance - Income and Expenditure	Review of the Income versus Expenditure (£000's) by month
Goal 6	Complaints	The number of Complaints Responded to and Upheld
Goal 6	Compliments	Chart showing the number of Compliments received by the Trust by month

PI RETURN FORM 2021-22

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Apr 2021**

Indicator Title	Description/Rationale		KPI Type
Mandatory Training	A percentage compliance based on an overall target of 85% for all mandatory and statutory courses	**Executive Lead** **Steve McGowan**	WL 5

Narrative

Mandatory Training - Overall Compliance

Legend: Covid Period — Target ---- — In Month ■ — CL (Mean) — UCL — LCL

Above target, an increase of 0.5% when compared to March.

Target:	85%
Amber:	75%

Current month stands at 90.9%
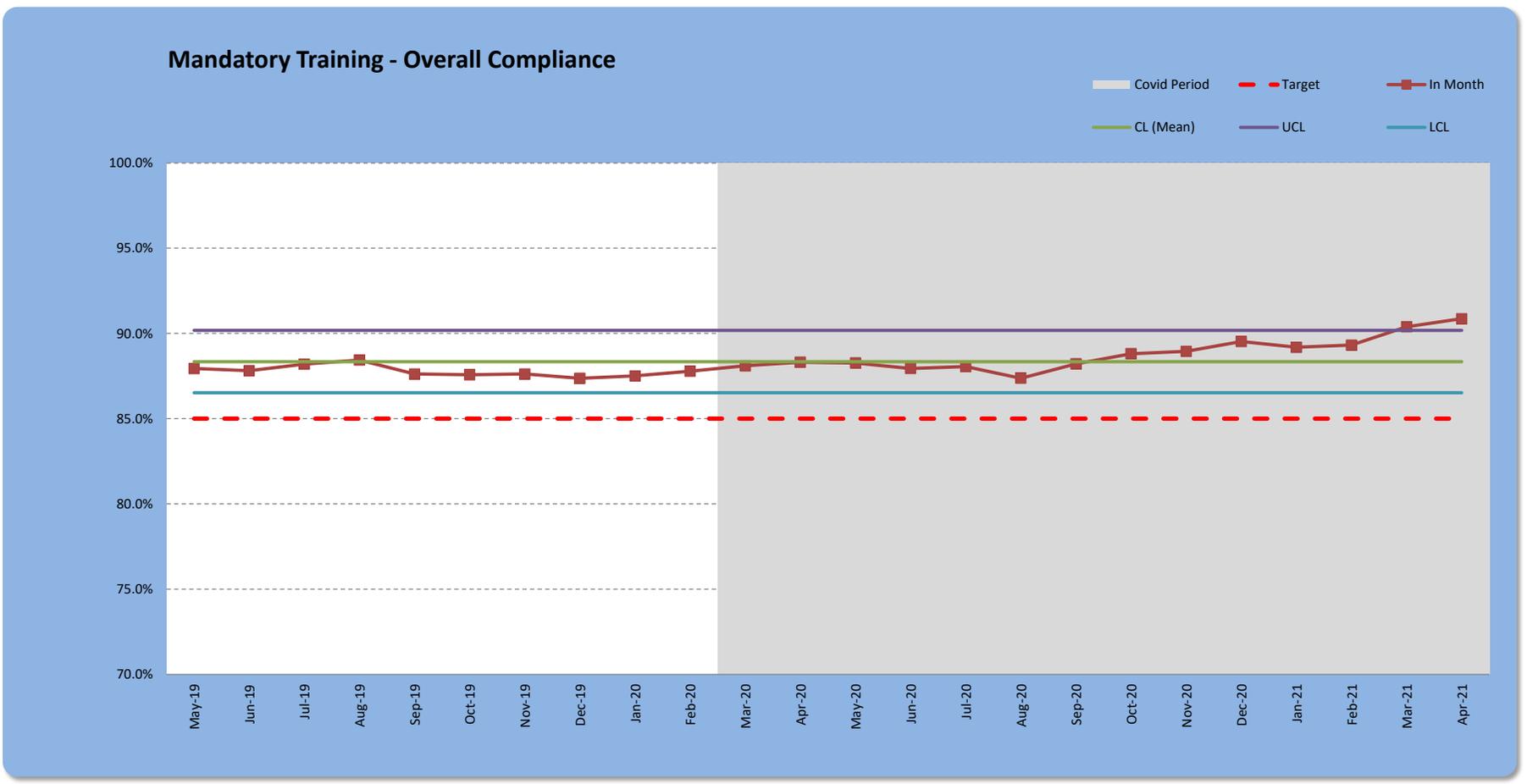
PI RETURN FORM 2021-22

Goal 1 : Innovating Quality and Patient Safety

For the period ending: Apr 2021

Indicator Title	Description/Rationale		KPI Type
Vacancies (WTE)	Proportion of posts vacant when compared to the budgeted establishment. This information is taken from the Trust financial ledger.	**Executive Lead** **Steve McGowan**	WL 2 VAC

Narrative

Vacancies remain the same when compared to the previous reporting period.

Nursing Vacancy rate has increased nby 0.3% when compared to on the previous month.

Breakdown for Month

	Trustwide	Nursing
Est	2998.28	838.58
Vac	297.34	101.47
	9.9%	12.1%

Current month stands at
9.9%
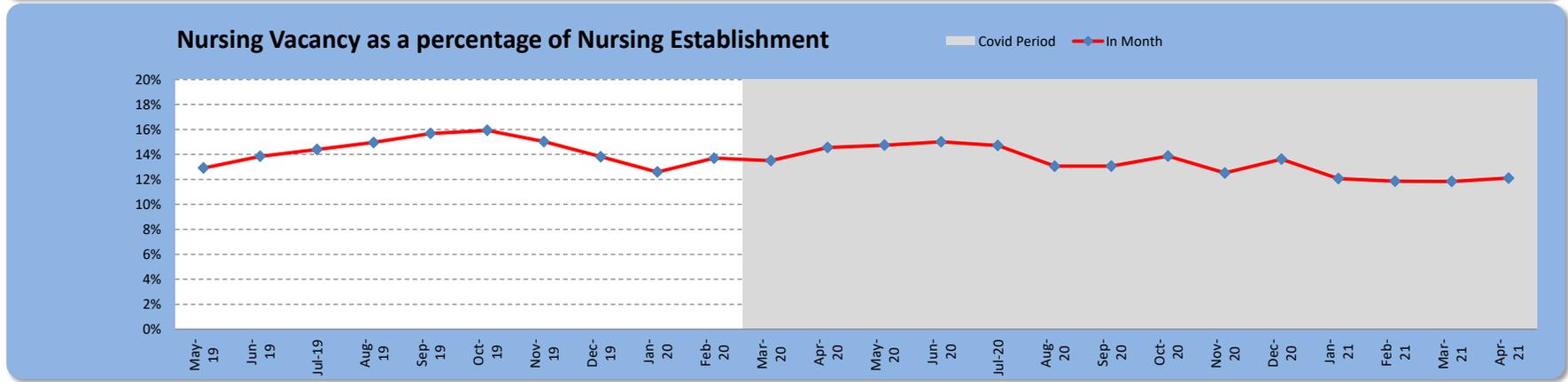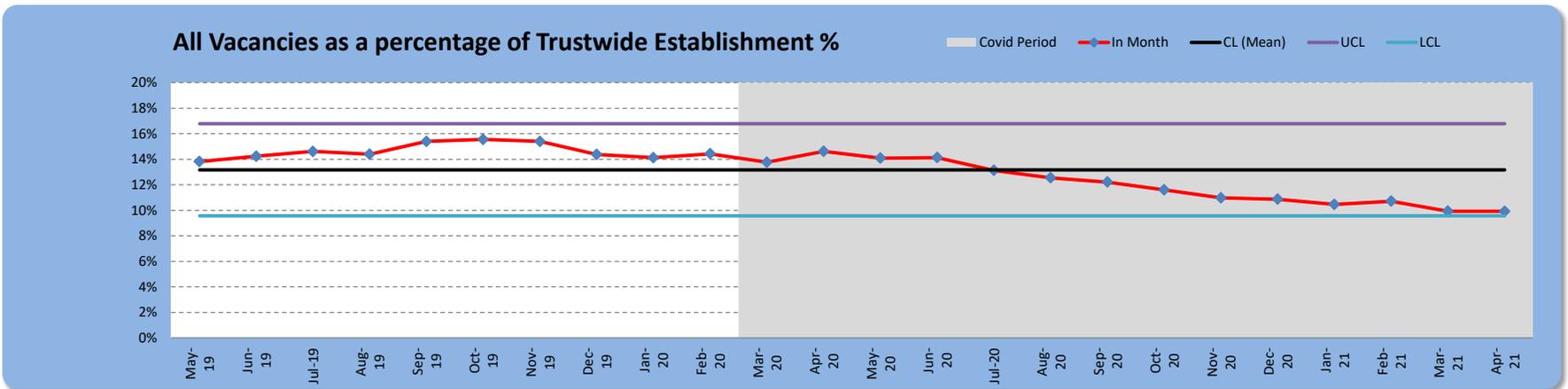
All Vacancies as a percentage of Trustwide Establishment %

Nursing Vacancy as a percentage of Nursing Establishment

PI RETURN FORM 2021-22

Goal 1 : Innovating Quality and Patient Safety

For the period ending: Apr 2021

Indicator Title	Description/Rationale		KPI Type
Incidents	Total number of incidents reported on Datix	Executive Lead Hilary Gledhill	IQ 6

Narrative

Decrease of -4 when compared to the previous month

UCL: 844

LCL: 433

Current month stands at 793

Severity of incidents reported in the current financial year (YTD)
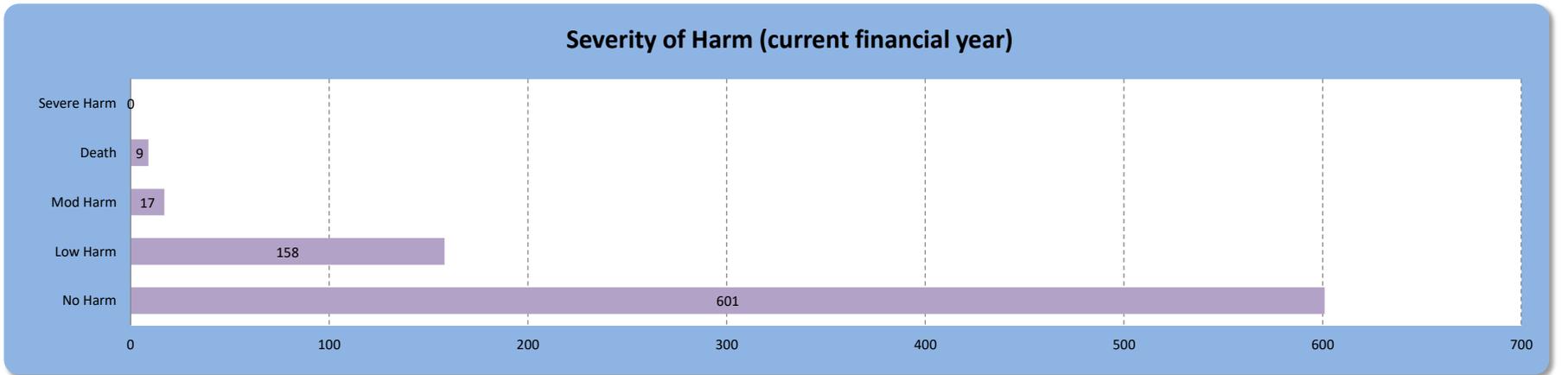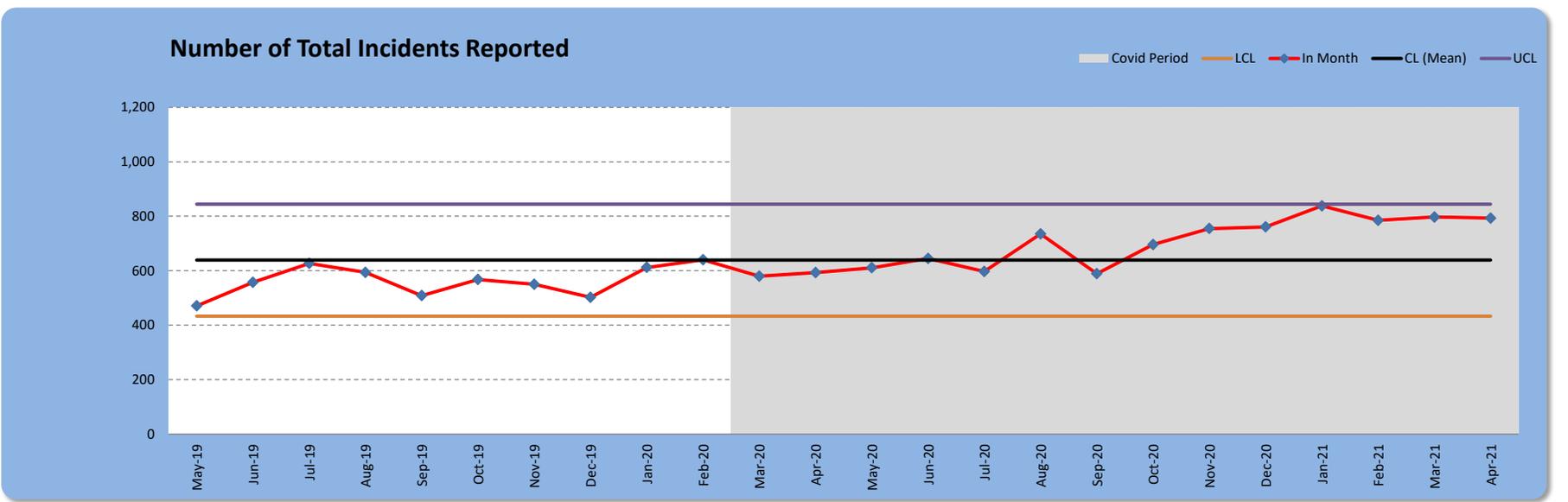
Number of Total Incidents Reported

Legend: Covid Period — LCL — In Month — CL (Mean) — UCL

Severity of Harm (current financial year)

- Severe Harm: 0
- Death: 9
- Mod Harm: 17
- Low Harm: 158
- No Harm: 601

PI RETURN FORM 2021-22

Goal 1 : Innovating Quality and Patient Safety

For the period ending: Apr 2021

Indicator Title	Description/Rationale		KPI Type
Clinical Supervision	Percentage of staff with appropriate clinical supervision taken place within the last 4-6 weeks	**Executive Lead** **Hilary Gledhill**	WL 9a

Narrative	
Performance has increased in April by 0.6% No data for Mar-20 for any teams as the data collection was suspended due to COVID-19 planning.	
Target: 80%	
Amber: 75%	
Current month stands at 85.9%	

Clinical Supervisions carried out in Timescale
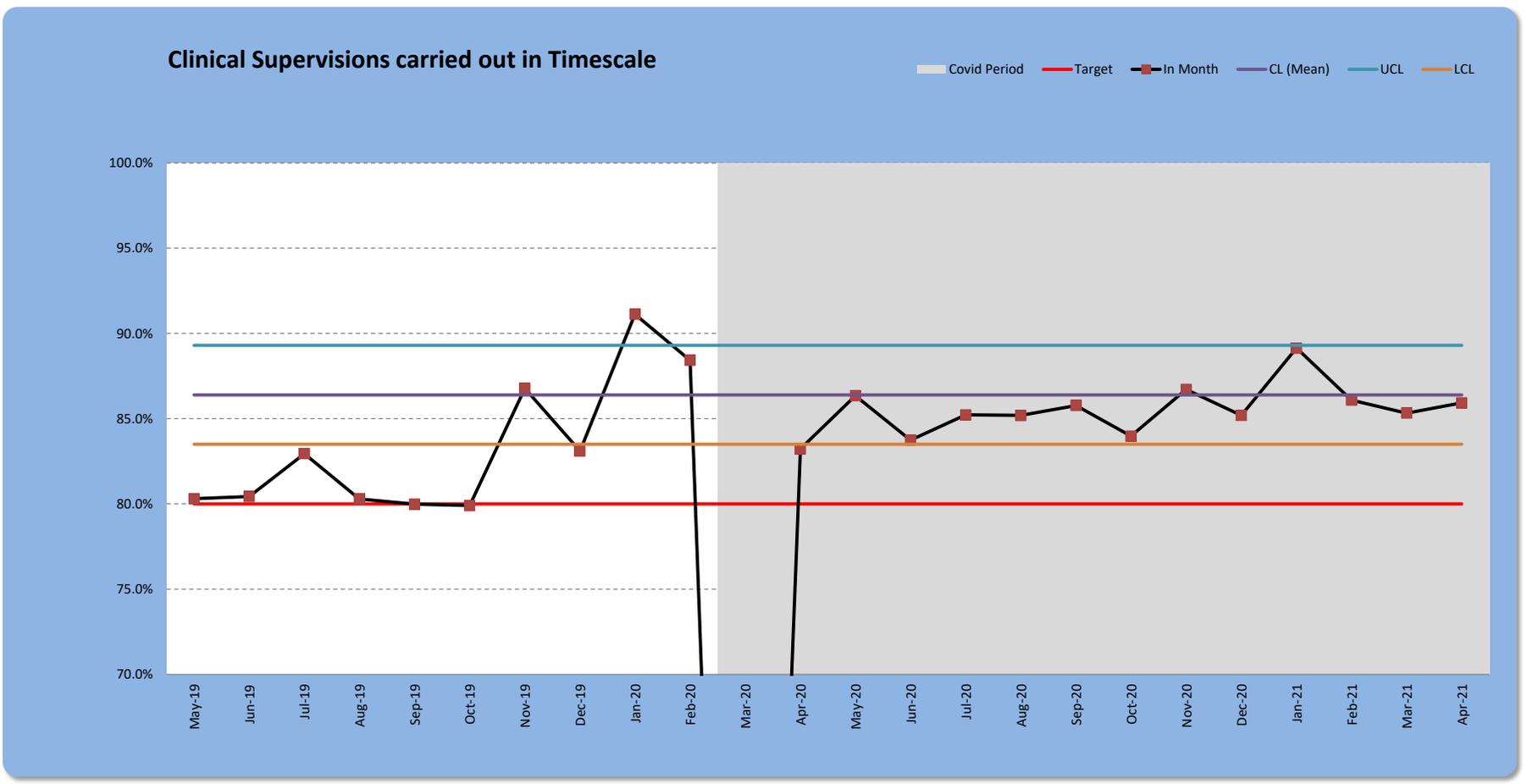
HUMBER TEACHING NHS FOUNDATION TRUST
SAFER STAFFING INPATIENT DASHBOARD

NHS Humber Teaching NHS Foundation Trust

Staffing and Quality Indicators	
Contract Period:	2020-21
Reporting Month:	Mar-21

Shown one month in arrears

						Bank/Agency Hours				Average Safer Staffing Fill Rates				QUALITY INDICATORS (Year to Date)				STAFF QUALITY INDICATORS						Indicator Totals	
										Day		Night													
Speciality	Ward	Speciality	WTE	OBDs (inc leave)	CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Registered	Un Registered	Registered	Un Registered	Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ partly upheld)	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	Sickness Levels (clinical)	WTE Vacancies (RNs only)	Feb-21	Mar-21
Adult MH	Avondale	Adult MH Assessment	37.6	79%	17.88	34.7% ↑		0.0% ↑		86%	68%	100%	99%	0	23	2	0	79.4%	92.8%	92.3%	88.9%	7.5%	0.2	2	2
	New Bridges	Adult MH Treatment (M)	41.6	102%	9.06	18.8% ↑		9.1% ↑		75%	114%	77%	135%	5	35	1	0	81.1%	92.6%	33.3%	85.2%	3.9%	1.3	5	3
	Westlands	Adult MH Treatment (F)	40.3	84%	10.14	29.2% ↑		0.0% ↑		83%	106%	84%	140%	5	79	0	0	75.0%	87.7%	78.6%	78.6%	4.4%	1.0	2	0
	Mill View Court	Adult MH Treatment	38.8	30%	Millview Court continues to be used for COVID patients only. Therefore, we have excluded the ward from this section for this reporting period.									0	32	1	0	83.3%	94.3%	100.0%	76.5%	7.6%	3.8	0	1
	PICU	Adult MH Acute Intensive	36.6	76%	23.88	22.4% ↑		12.9% ↑		92%	105%	92%	118%	1	125	0	0	100.0%	87.6%	61.5%	90.0%	9.1%	4.0	1	2
OP MH	Maister Lodge	Older People Dementia	34.8	54%	23.44	32.4% ↑		0.0% ↑		66%	82%	100%	99%	0	71	0	0	100.0%	93.1%	66.7%	85.2%	6.7%	3.0	1	2
	Mill View Lodge	Older People Treatment	26.1	100%	11.85	32.0% ↑		0.0% ↑		79%	145%	97%	100%	0	12	3	0	58.3%	94.5%	80.0%	100.0%	2.3%	-0.1	1	2
Specialist	Pine View	Forensic Low Secure	28.7	99%	7.37	29.1% ↑		0.0% ↑		63%	92%	50%	102%	1	2	0	1	93.3%	97.7%	87.5%	100.0%	7.4%	3.0	2	4
	Derwent	Forensic Medium Secure	25.9	100%	10.42	40.6% ↑		0.0% ↑		68%	87%	97%	96%	3	17	0	0	78.0%	93.5%	100.0%	83.3%	7.1%	1.4	1	2
	Ouse	Forensic Medium Secure	25.1	74%	8.61	40.6% ↑		0.0% ↑		75%	86%	97%	98%	1	4	0	0	100.0%	98.5%	100.0%	100.0%	10.9%	1.0	2	1
	Swale	Personality Disorder Medium Secure	26.2	74%	13.03	53.2% ↑		4.3% ↑		91%	93%	100%	165%	7	7	0	0	84.0%	92.0%	72.7%	81.3%	2.4%	1.2	0	0
	Ullswater	Learning Disability Medium Secure	32.7	83%	11.09	50.9% ↑		0.0% ↑		81%	127%	100%	101%	0	15	1	0	91.7%	94.2%	77.8%	93.8%	5.8%	2.4	3	1
Child & LD	Townend Court	Learning Disability	43.0	53%	26.83	22.3% ↑		0.0% ↑		58%	102%	100%	119%	1	75	0	0	75.0%	89.0%	57.1%	96.2%	8.6%	3.0	4	3
	Inspire	CAMHS	42.6	83%	27.72	0.0% ↑		0.0% ↑		55%	79%	79%	103%	9	41	0	0	91.1%	87.4%	46.7%	96.4%	4.1%	6.0	2	1
	Granville Court	Learning Disability Nursing Treatment	54.7	Not Avail	n/a	38.0% ↑		5.4% ↑		81%	79%	100%	96%	3	3	0	0	90.2%	90.8%	88.9%	64.1%	7.7%	2.0	2	2
CH	Whitby Hospital	Physical Health Community Hospital	45.0	86%	10.39	1.0% ↑		0.0% ↑		92%	86%	100%	105%	0	1	0	n/a	83.3%	95.8%	84.2%	89.5%	4.6%	1.6	0	0
	Malton Hospital	Physical Health Community Hospital	23.4	72%	17.12	Malton Hospital →		Malton Hospital →		82%	106%	100%	98%	1	5	1	n/a	92.3%	88.9%	90.0%	87.5%	0.1%	7.5	0	0

Exception Reporting and Operational Commentary

RAG ratings for Inspire have been removed until all beds are available. Planned establishment has been set at both Orion and Nova wards being fully operational. Until both units are open and functioning, the RAG rating has been stepped down.

The national average CHPPD which we currently benchmark against is based on data across all wards and does not differentiate and report on the different functions of wards

The Mental Health Optimal Staffing tool includes model data based on the national database from services involved in the development of the tool. The average CHPPD for MH rehab services is 7.7. This is the closest ward function to Ouse and Pine View and Ouse is clearly above this benchmark and Pine View would be just below this figure. We are looking to review the threshold from April 1st to take account of this.

The CHPPD RAG ratings are based on the National Average Benchmark of 8.9. More than 8.9 = Green, 8.0 to 8.9 = Amber, Less than 8.0 = Red
Community Hospitals are NOT RAG rated currently.
In respect to the low CHPPD position for Pineview and Ouse wards, this is due to the patients on these wards being low acuity and therefore need less staffing that a normal ward/unit.

OBD RAG ratings for Safer Staffing (exc Specialist) are: Less than 87% = Green, 87% to 92% = Amber, More than 92% = Red
OBD RAG ratings for Safer Staffing for Specialist are: Less than 50% = Red and More than 50% = Green

Registered Nurse Vacancy Rates

May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
12.80%	12.64%	12.50%	9.60%	9.10%	11.20%	10.60%	10.60%	11.16%	11.90%	10.30%	8.40%

Slips Trips and Falls

Rolling 3 months	Feb-21	Mar-21	Apr-21
Maister Lodge	5	7	3
Millview Lodge	4	3	9
Malton IPU	3	3	4
Whitby IPU	2	3	2

Malton Sickness % is provided from ESR as they are not on Health Roster

PI RETURN FORM 2021-22

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Apr 2021**

Indicator Title	Description/Rationale		KPI Type
Friends and Family Test	Results of the overall surveys completed where patients would recommend the Trust 's services to their family and friends	**Executive Lead** **John Byrne**	FFT %

Narrative

Friends and Family - Recommendation - Trustwide

GP Recommendation is below target for Apr-21 at 86.3%

Non GP is above target at 97.2% for April which is a decrease of 0.3%.
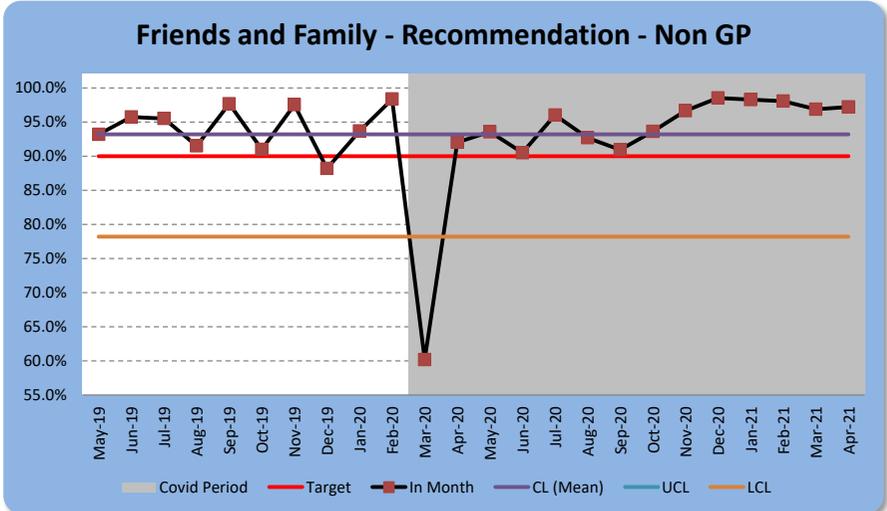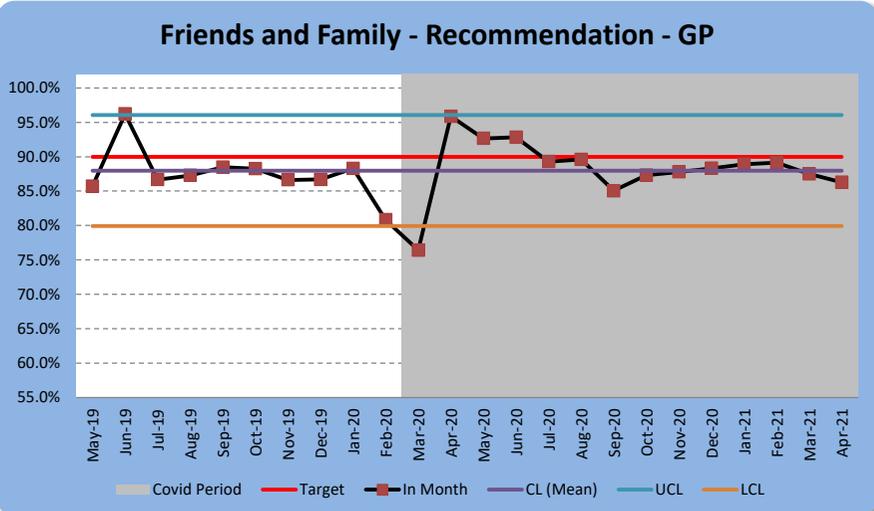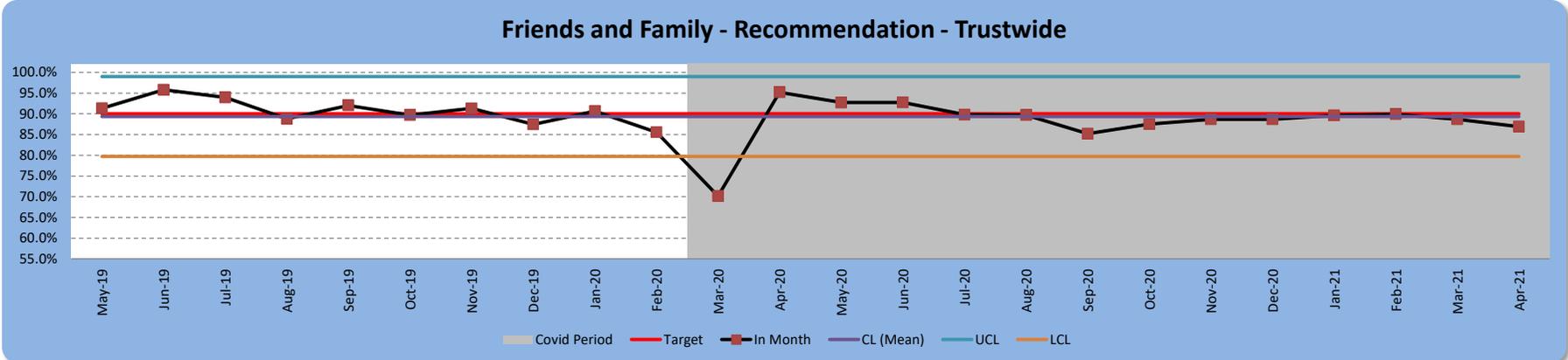
Friends and Family - Recommendation - GP

Friends and Family - Recommendation - Non GP

Target:	90%
Amber:	80%

Current month stands at 86.9%

PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Apr 2021

Indicator Title	Description/Rationale		KPI Type
Friends and Family Test	Results of the overall surveys completed where patients felt they were involved in their care	**Executive Lead** John Byrne	CA 3c %

Narrative
Performance has decreased by 4.9% when compared to the previous month but remains above the Trust threshold of 90%
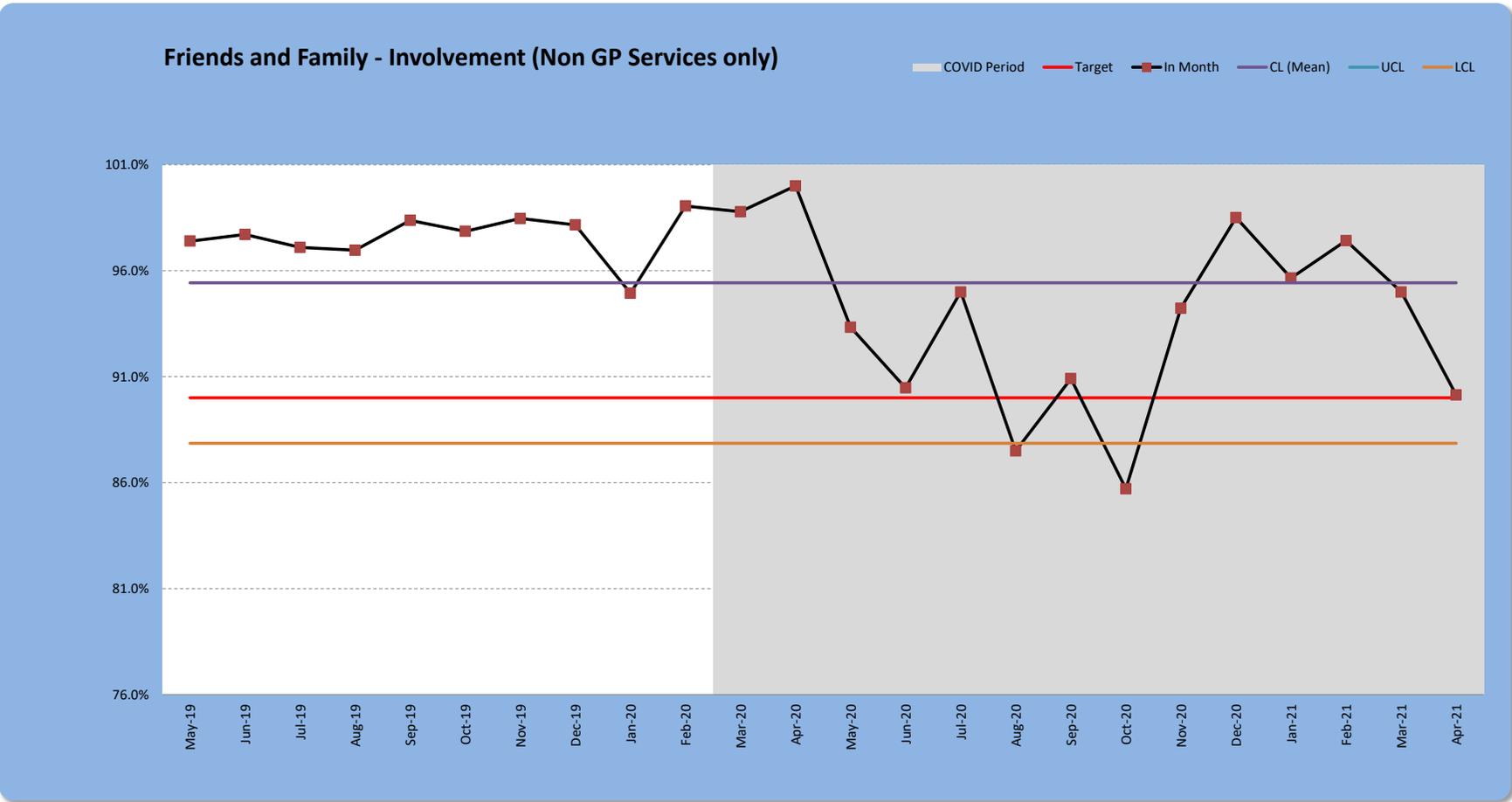
Friends and Family - Involvement (Non GP Services only)

Legend: COVID Period — Target — In Month — CL (Mean) — UCL — LCL

Target: 90%
Amber: 80%

Current month stands at 90.1%

PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Apr 2021

Indicator Title	Description/Rationale		KPI Type
72 Hour Follow Ups	This indicator measures the percentage of patients who were in the CQUIN scope and had a follow up within 72 hours of discharge	Executive Lead Lynn Parkinson	OP 12

Narrative

Both 72 hours and 7 day indicators are above target for April.

CQUIN 72 Hour Follow Ups

Legend: COVID Period — Target — In Month — CL (Mean) — UCL — LCL

CPA 7 Day Follow Ups

Legend: COVID Period — Target — In Month — CL (Mean) — UCL — LCL

Target: 80%
Amber: 60%

Current month stands at 87.8%
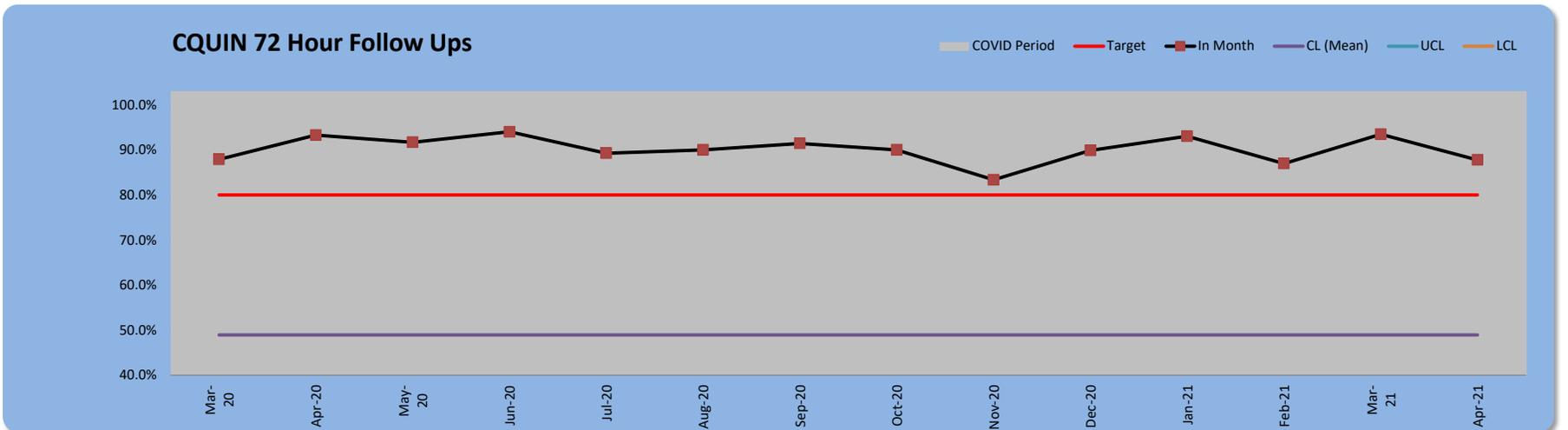
PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Apr 2021

Indicator Title	Description/Rationale		KPI Type
Care Programme Reviews	This indicator measures the percentage of patients who are on CPA and have had a review in the last 12 months	Executive Lead Lynn Parkinson	OP 7

Narrative
Performance has decreased by 0.2% when compared to the previous month.

CPA Reviews

Legend: COVID Period — Target — In Month — CL (Mean) — UCL — LCL

Target: 95%
Amber: 85%

Current month stands at 97.0%
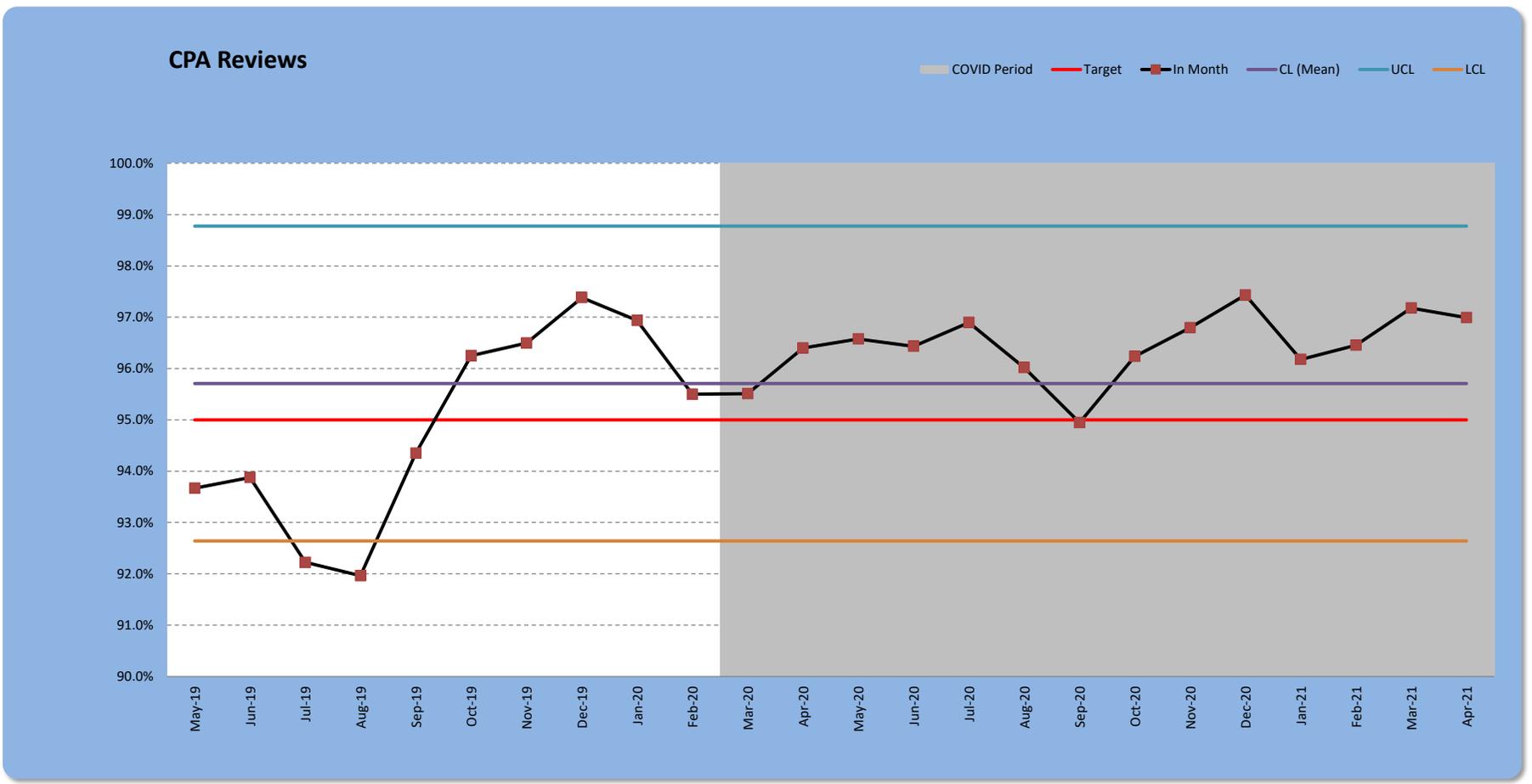
PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Apr 2021

Indicator Title	Description/Rationale		KPI Type
RTT Experienced Waiting Times (Completed Pathways)	Referral to Treatment Experienced Waiting Times (Completed Pathways) : Based on patients who have commenced treatment during the reporting period and seen within 18 weeks	**Executive Lead** **Lynn Parkinson**	OP 20

Narrative

Decrease by 0.1% when compared to the previous month.
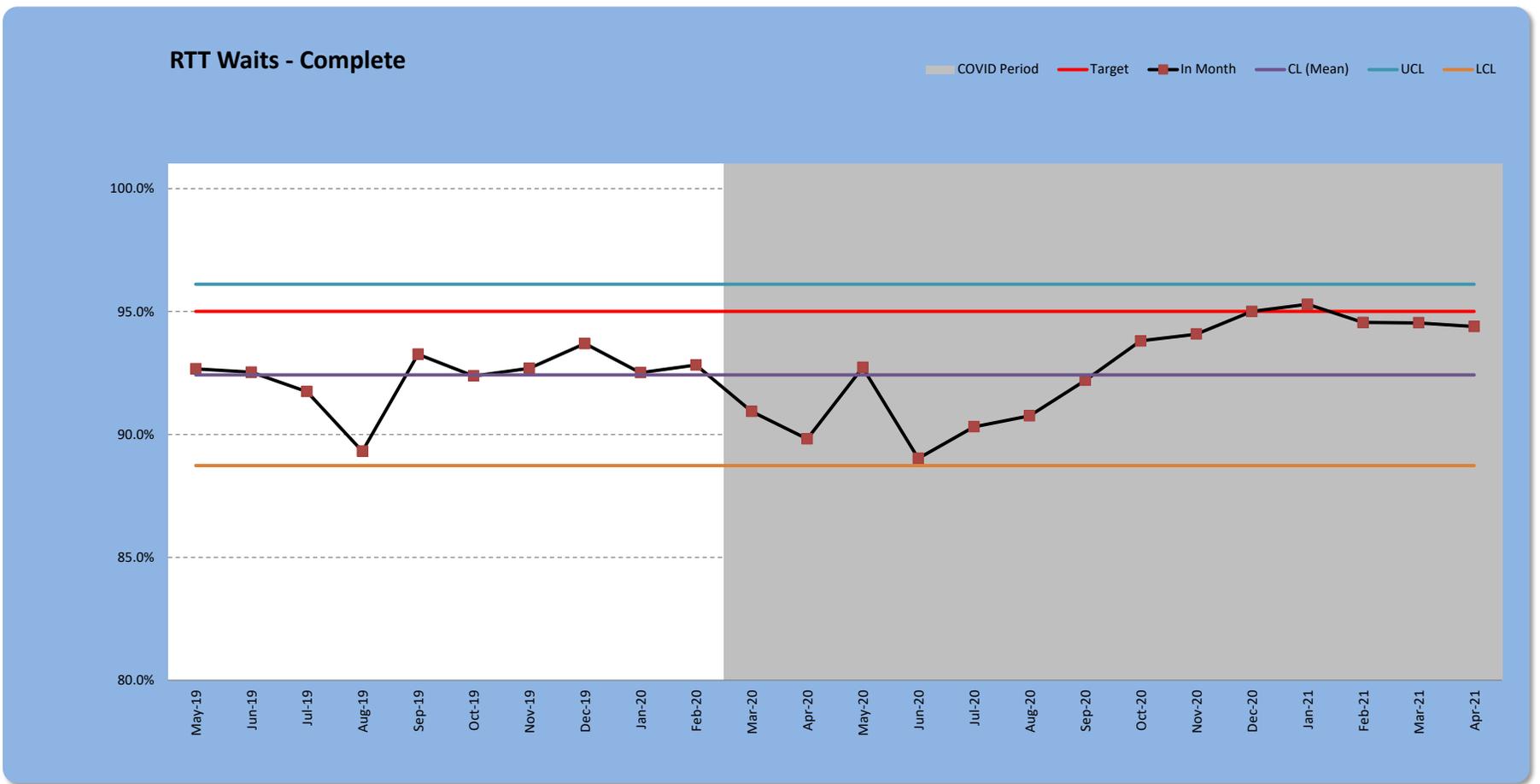
RTT Waits - Complete

Legend: COVID Period — Target — In Month — CL (Mean) — UCL — LCL

Target:	95%
Amber:	85%

Current month stands at 94.4%

Page 13

PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Apr 2021

Indicator Title	Description/Rationale		KPI Type
RTT Waiting Times (Incomplete Pathways)	Referral to Treatment Waiting Times (Incomplete Pathways) : Proportion of patients who have had to wait less than 18 weeks for either assessment and or treatment.	**Executive Lead** **Lynn Parkinson**	OP 21

Narrative	
Performance has decreased by 0.5% when compared to the previous month.	

Target: 92%
Amber: 85%

Current month stands at 69.9%
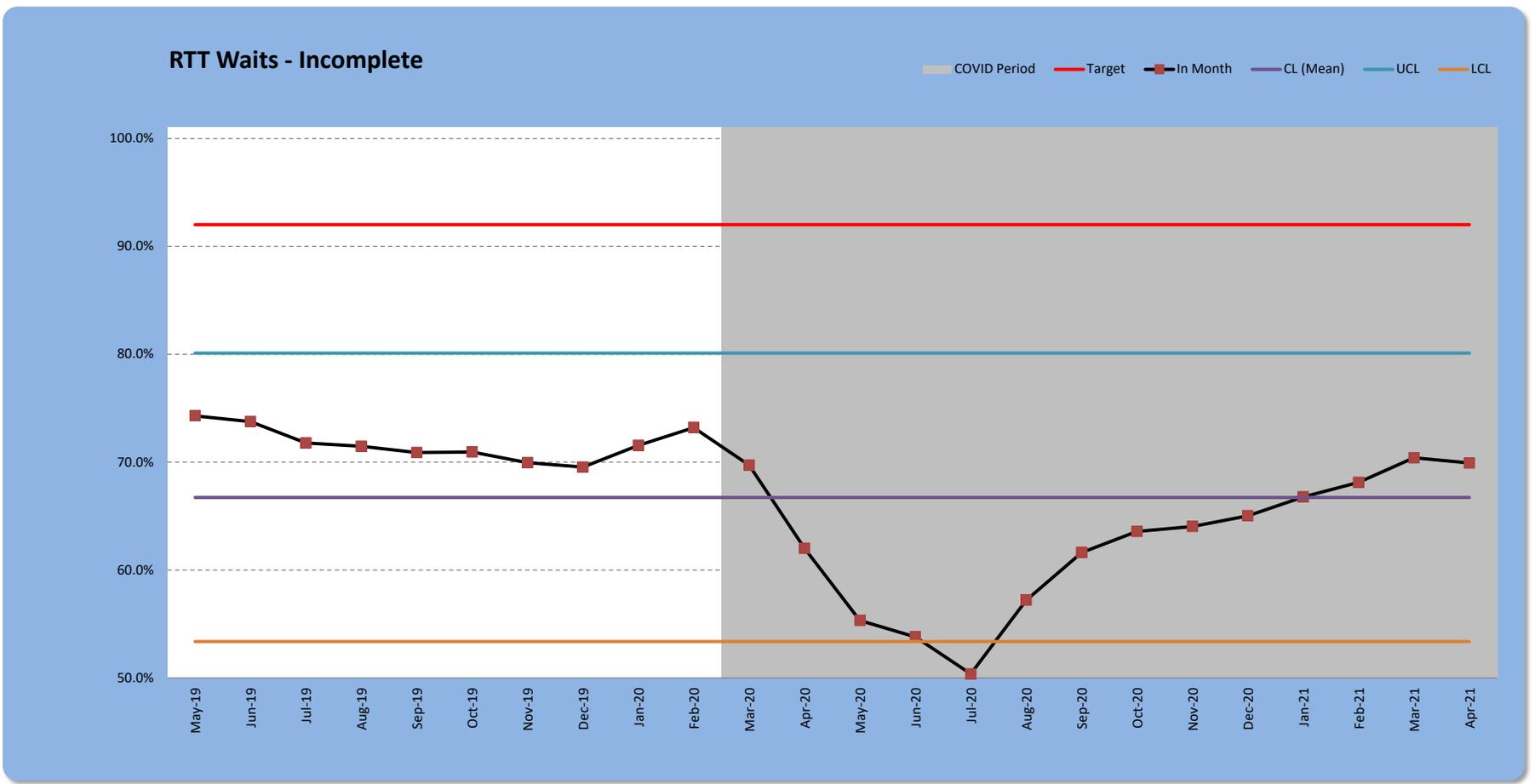
PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Apr 2021**

Indicator Title	Description/Rationale		KPI Type
52 Week Waits	Number of patients who have yet to be seen for treatment and have been waiting more than 52 weeks	**Executive Lead** **Lynn Parkinson**	OP 22x

Narrative	
Decrease of 17 when compared to the previous month.	
Target: 0 Amber: 0	
Current month stands at 382	

PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Apr 2021

Indicator Title	Description/Rationale		KPI Type
52 Week Waits - Adult ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Adult and have been waiting more than 52 weeks	**Executive Lead** **Lynn Parkinson**	OP 22u

Narrative

Number of patients waiting 52 weeks for assessment and Diagnosis for Adult ASD

COVID Period — Target (0) — In Month — CL (Mean) — UCL — LCL

Decrease of 12 when compared to the previous month.

Target: 0

Amber: 0

Current month stands at 158

PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Apr 2021

Indicator Title	Description/Rationale		KPI Type
52 Week Waits - Paediatric ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Children and have been waiting more than 52 weeks	**Executive Lead** Lynn Parkinson	OP 22s

Narrative	
Decrease of 26 when compared to the previous reporting period.	

Number of patients waiting 52 weeks for assessment and Diagnosis - Paediatric ASD

Legend: COVID Period — Target (0) — In Month

Target: 0
Amber: 0

Current month stands at 767

Page 17
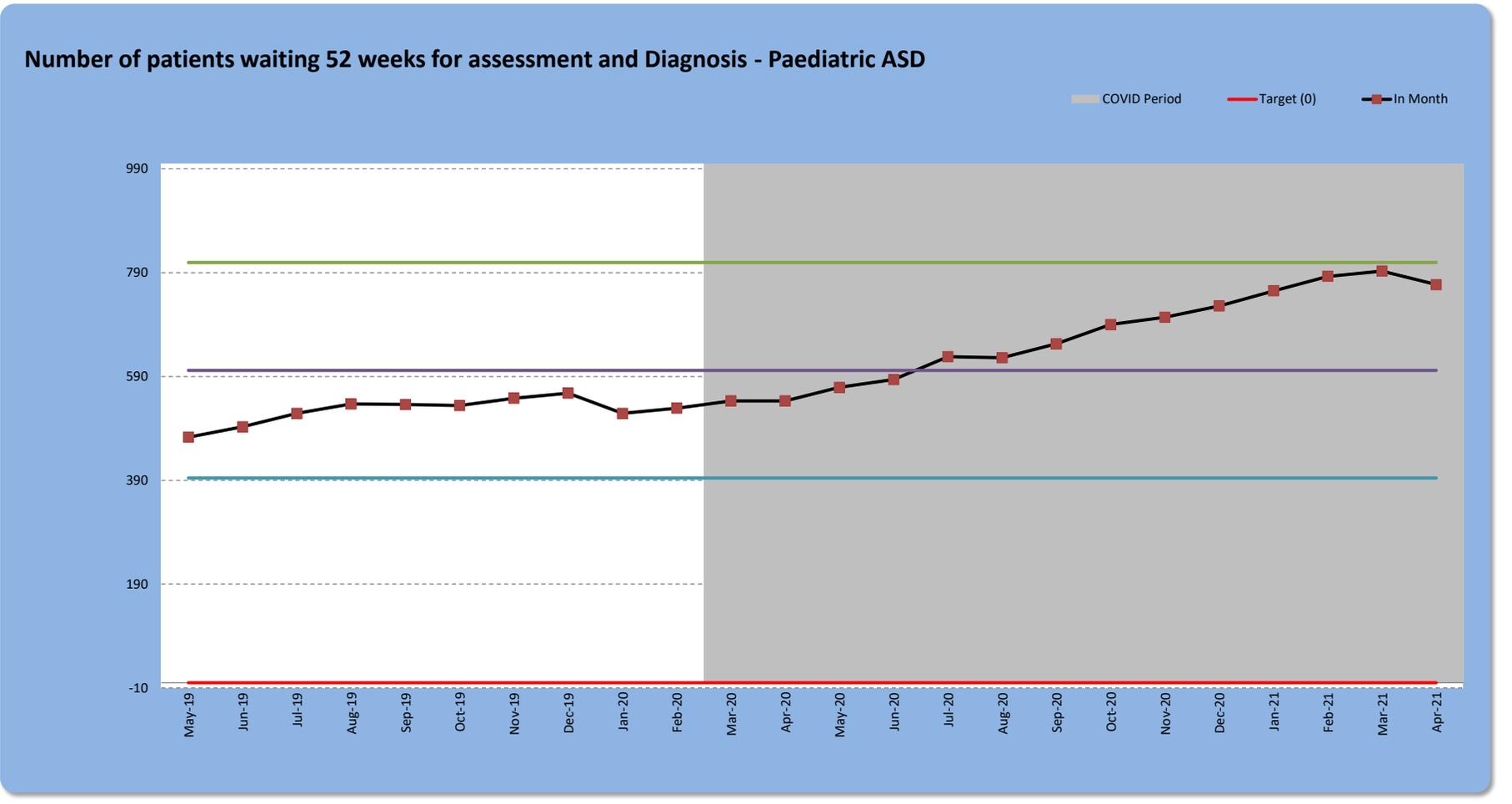
PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Apr 2021

Indicator Title	Description/Rationale		KPI Type
52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks (excluding paediatric ASD)	**Executive Lead** Lynn Parkinson	OP 22j

Narrative	
Decreased of 13 when compared to the previous month.	
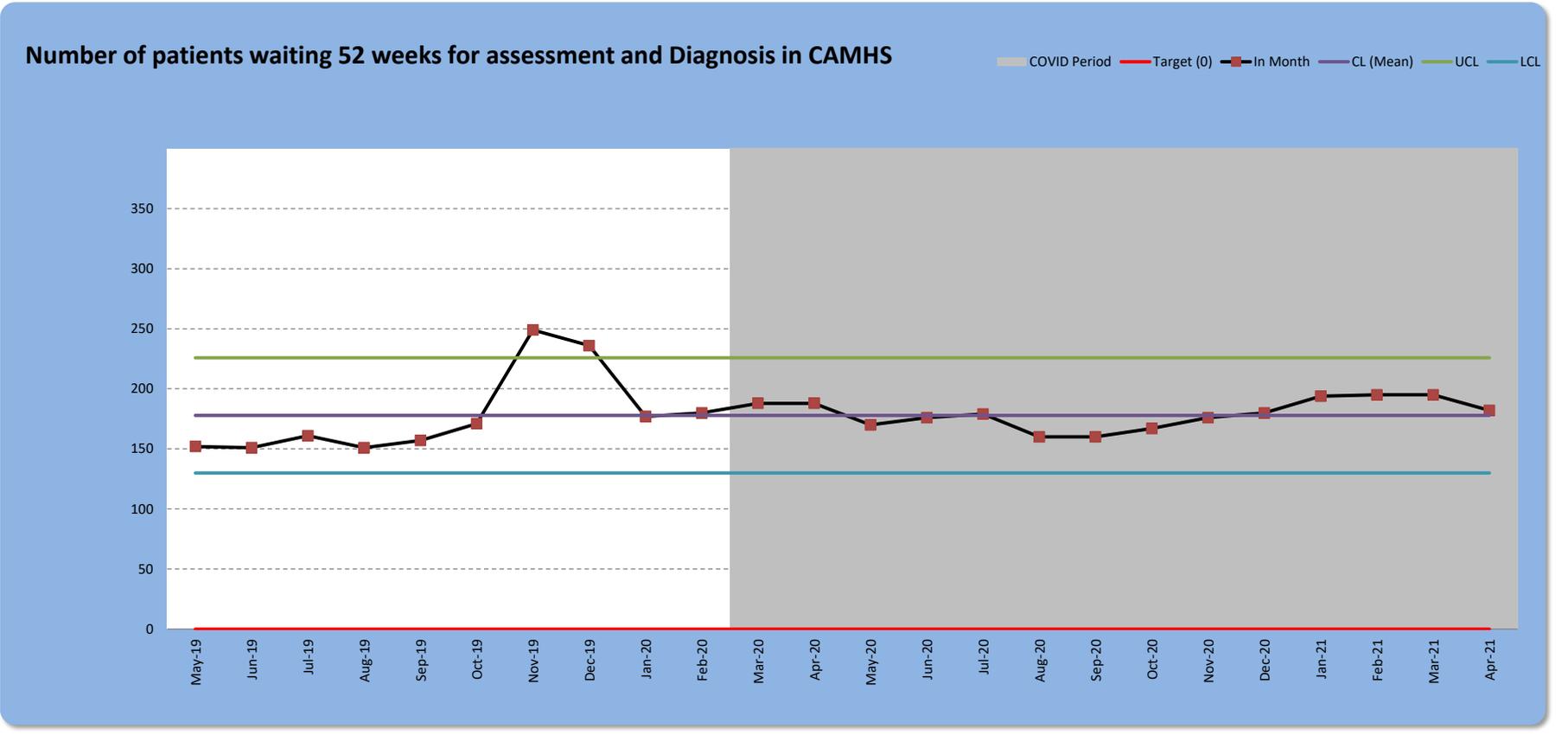
Number of patients waiting 52 weeks for assessment and Diagnosis in CAMHS

Legend: COVID Period — Target (0) — In Month — CL (Mean) — UCL — LCL

Target: 0
Amber: 0

Current month stands at 182

PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Apr 2021

Indicator Title	Description/Rationale		KPI Type
Early Intervention in Psychosis	Percentage of patients who were seen within two weeks of referral	**Executive Lead** **Lynn Parkinson**	OP 9

Narrative	
	EIP - Seen within 14 days

Increase of 8.9% when compared to the previous month and remains below target.

COVID Period — Target — In Month — CL (Mean) — UCL — LCL

Target:	60%
Amber:	55%

Current month stands at 22.2%
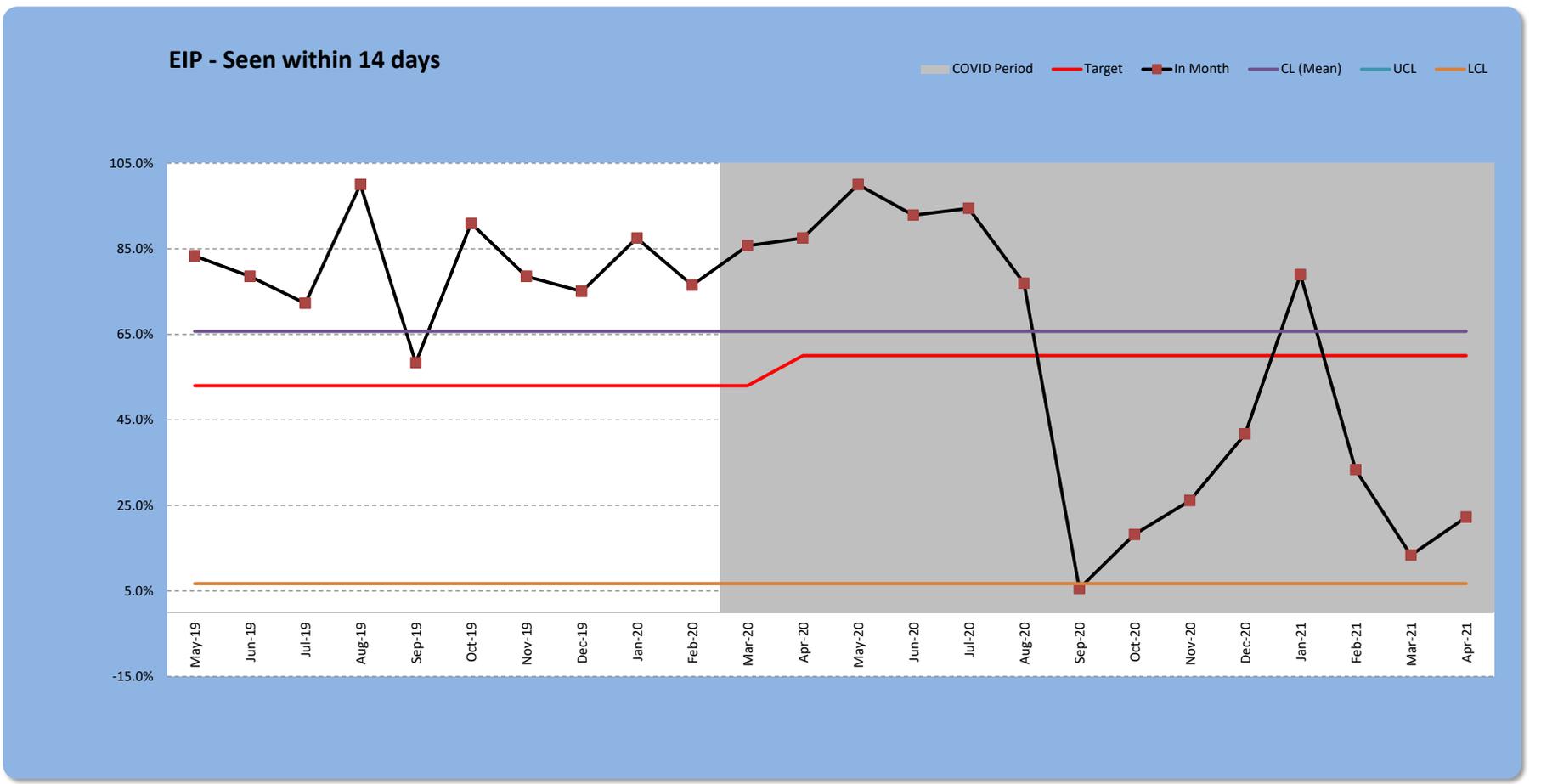
Page 19

PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Apr 2021

Indicator Title	Description/Rationale		KPI Type
Improved Access to Psychological Therapies	Two graphs to show percentage of patients who were seen within 6 weeks and 18 weeks of referral	Executive Lead Lynn Parkinson	OP 10a

Narrative

Performance has decreased by 6.6% but remains above the target of 75%

Target: 75%
Amber: 70%

Current month
91.6%

IAPT - 6 weeks
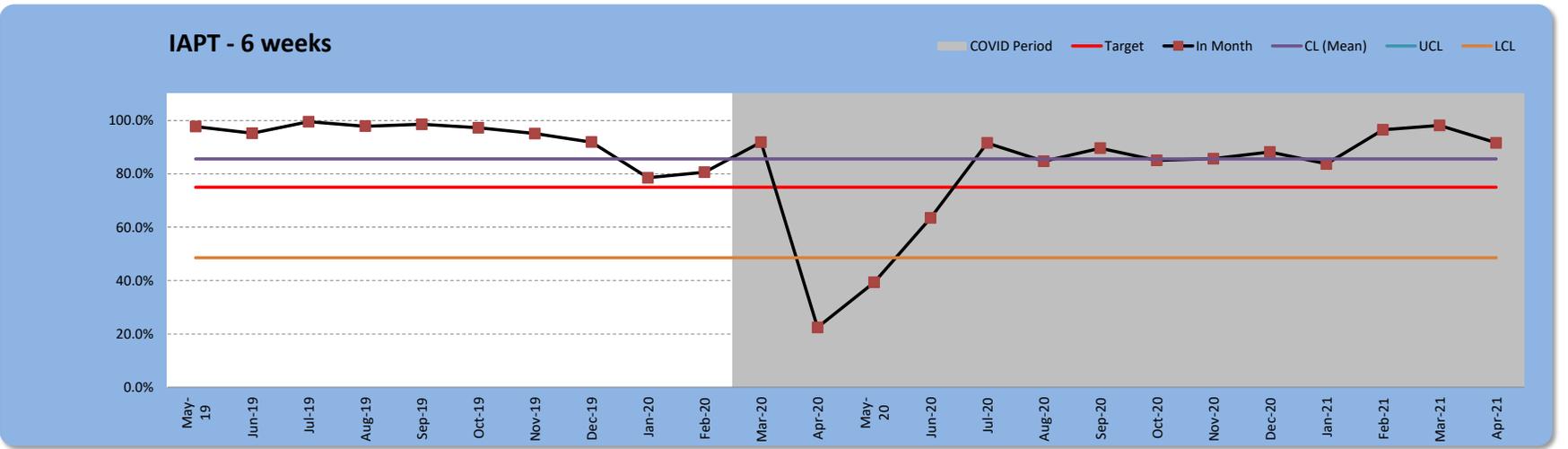
Narrative

Performance stands at 100% for April and remains above target.

Target: 95%
Amber: 85%

Current month
100.0%
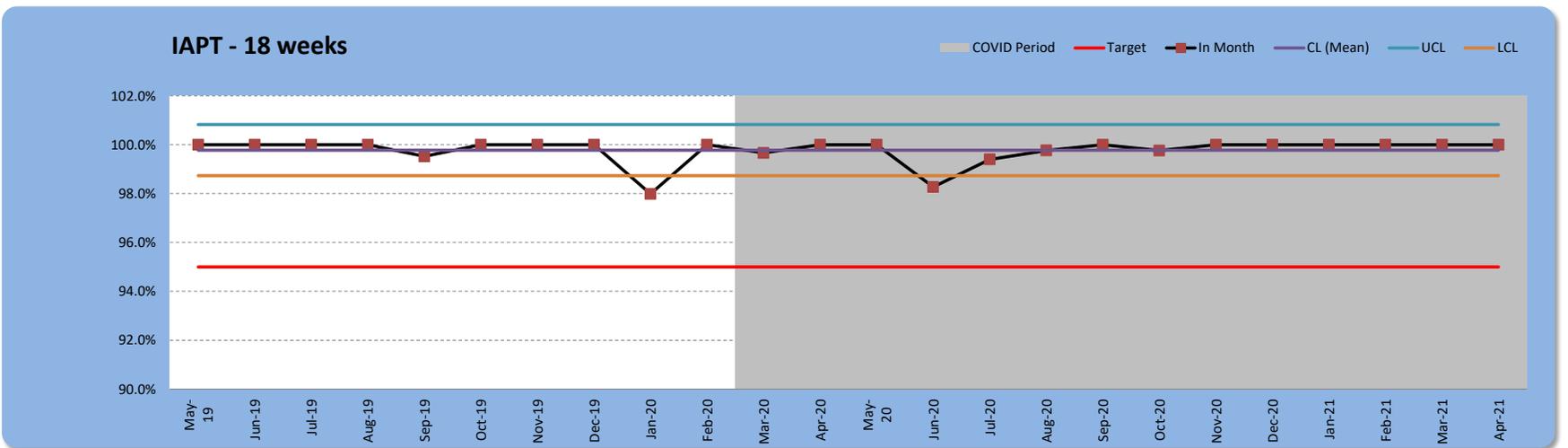
IAPT - 18 weeks

PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Apr 2021

Indicator Title	Description/Rationale		KPI Type
Improved Access to Psychological Therapies	This indicator measures the Recovery Rates for patients who were at caseness at start of therapeutic intervention	Executive Lead Lynn Parkinson	OP 11

Narrative

Performance has increased by 1.3% and remains above the 50% target.

Target: 50%
Amber: 45%

Current month stands at 59.9%
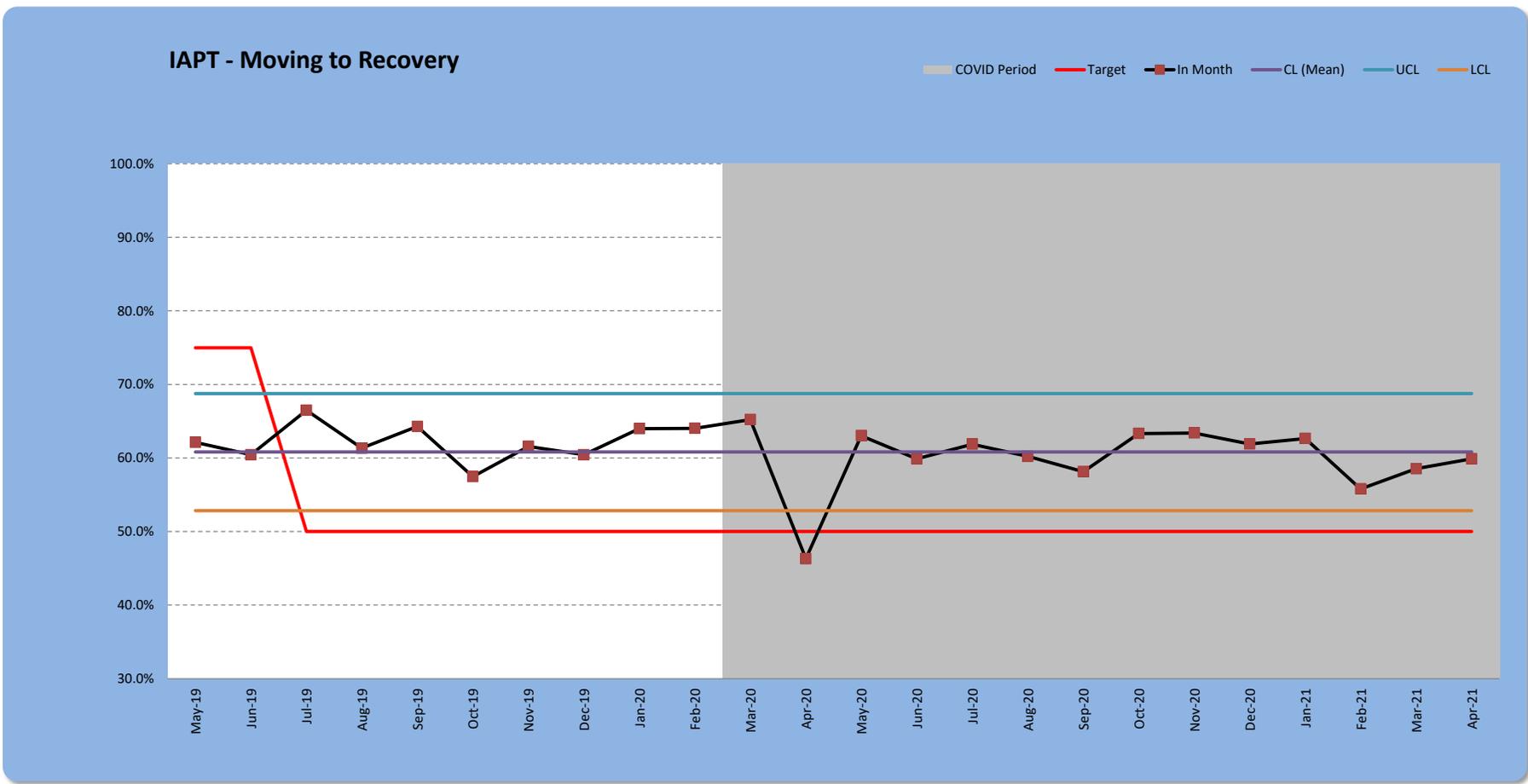
IAPT - Moving to Recovery

Legend: COVID Period — Target — In Month — CL (Mean) — UCL — LCL

PI RETURN FORM 2021-22

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: Apr 2021

Indicator Title	Description/Rationale		KPI Type
Out of Area Placements	Number of days that Trust patients were placed in out of area wards	**Executive Lead** Lynn Parkinson	ST 4b

Narrative

Out of area days has increased by 229 days when compared to the previous month.

In recent times additional Beds have been purchased from NAVIGO and CYGNET but these remain within the data.

Target: 0
Amber:

Current month stands at 672
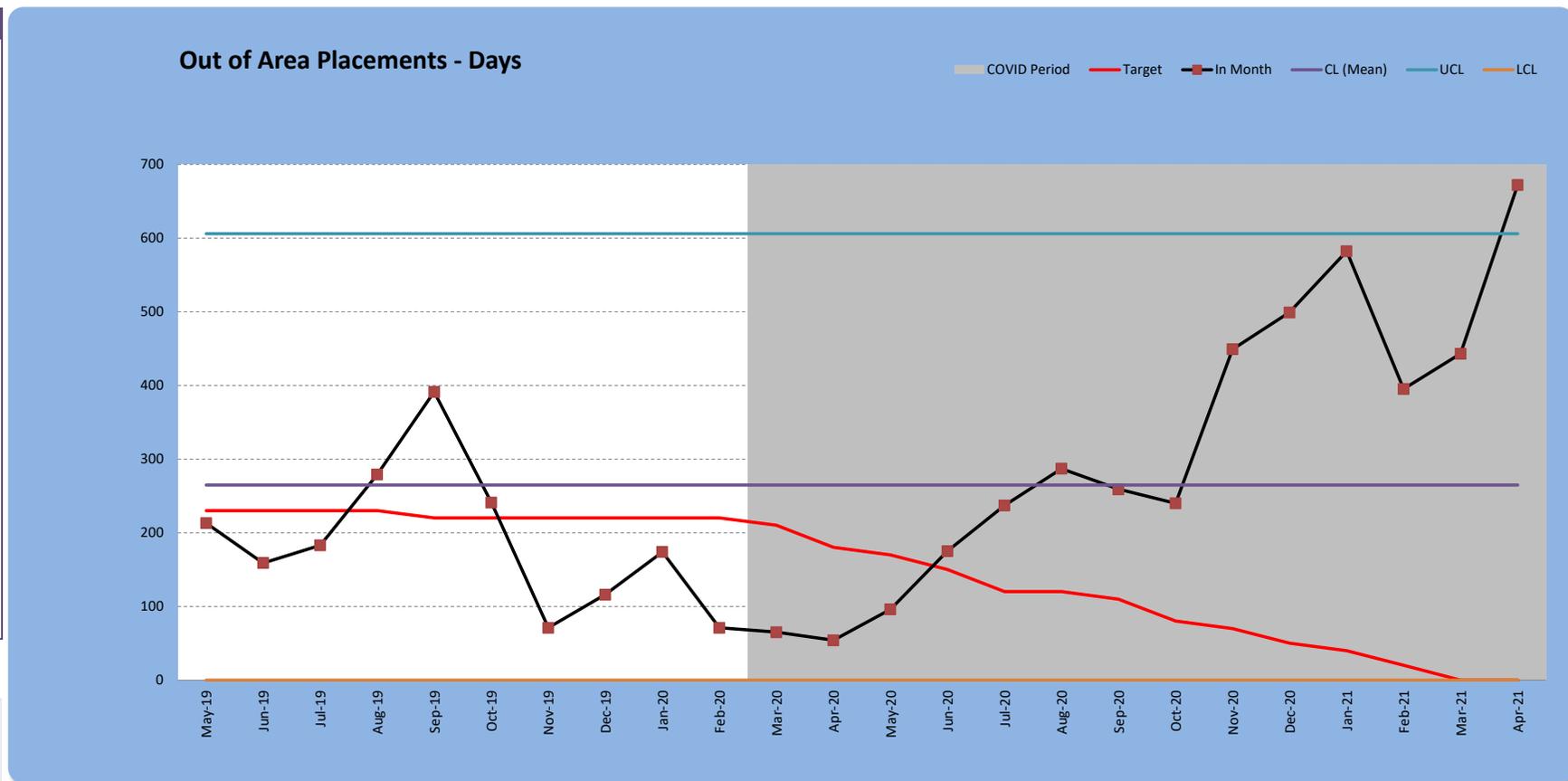
Out of Area Placements - Days

Legend: COVID Period — Target — In Month — CL (Mean) — UCL — LCL

PI RETURN FORM 2021-22

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: Apr 2021

Indicator Title	Description/Rationale		KPI Type
Delayed Transfers of Care	Results for the percentage of Mental Health delayed transfers of care	**Executive Lead** **Lynn Parkinson**	OP 14

Narrative
No change performance when compared against previous month and remains within target.
Low performance is Good.

Delayed Transfers of Care - Mental Health

Legend: COVID Period · Target · In Month · CL (Mean) · UCL · LCL

Target:	7.5%
Amber:	7.0%
Current month stands at 5.5%	

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Apr 2021**

Indicator Title	Description/Rationale		KPI Type
			WL 1
Sickness Absence	Percentage of staff sickness across the Trust (not including bank staff). Includes current month's unvalidated data	**Executive Lead** **Steve McGowan**	

Narrative

Sickness/Absence Rate has increased by 0.2% when compared to the previous month.

Apr-21 Rolling 12 month figure is within target reporting at 4.4%

Target:	5.0%
Amber:	5.2%
Current month	
4.1%	

Sickness Absence

Legend: COVID Period — Target — In Month — CL (Mean) — UCL — LCL — Rolling 12M

Trustwide Covid Sickness

Mar-21: 0.3%, Apr-21: 0.2%, May-21: 0.0%, Jun-21: 0.0%, Jul-21: 0.0%, Aug-21: 0.0%, Sep-21: 0.0%, Oct-21: 0.0%, Nov-21: 0.0%, Dec-21: 0.0%, Jan-22: 0.0%, Feb-22: 0.0%, Mar-22: 0.0%
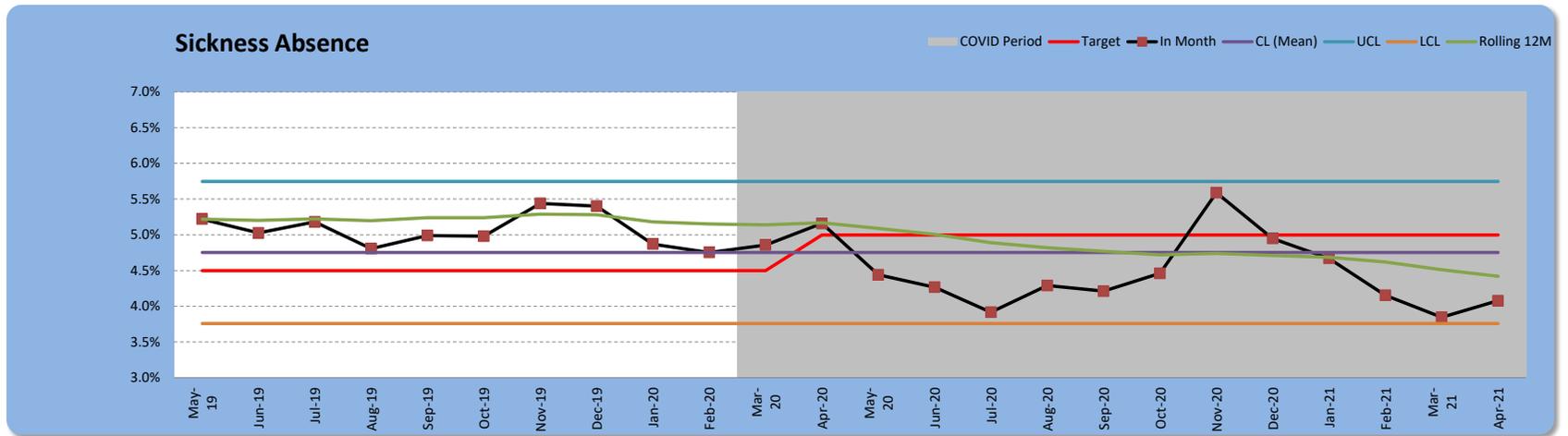
PI RETURN FORM 2021-22

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: Apr 2021

Indicator Title	Description/Rationale		KPI Type
Staff Turnover	The number of full time equivalent staff leaving the Trust expressed as a percentage of the overall full time equivalent workforce employed. Leavers include resignations, dismissals, retirements, TUPE transfers out and staff coming to the end of temporary contracts. It doesn't include junior doctors on rotation	**Executive Lead** Steve McGowan	WL 3 TOM

Narrative

Staff Turnover has decreased by 0.4% in the reporting period.

Low Performance is good.

Target: 0.83%
Amber: 0.70%

Current month stands at 0.8%

Staff Turnover - Monthly
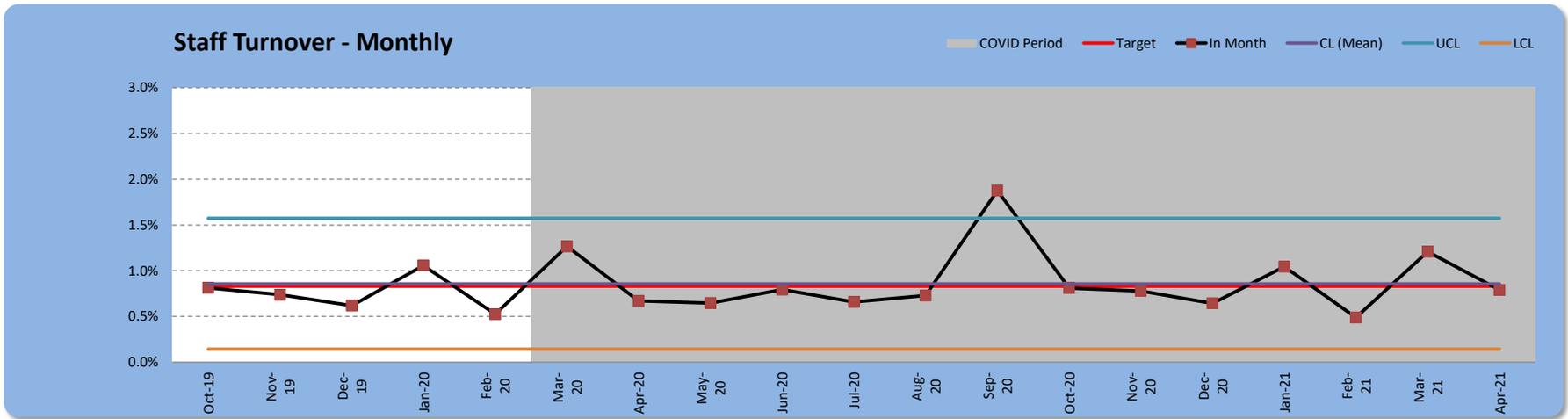
Narrative

Exceeds Target.

Low Performance is Good.

Target: 10%
Amber: 9%

Current month stands at 10.7%
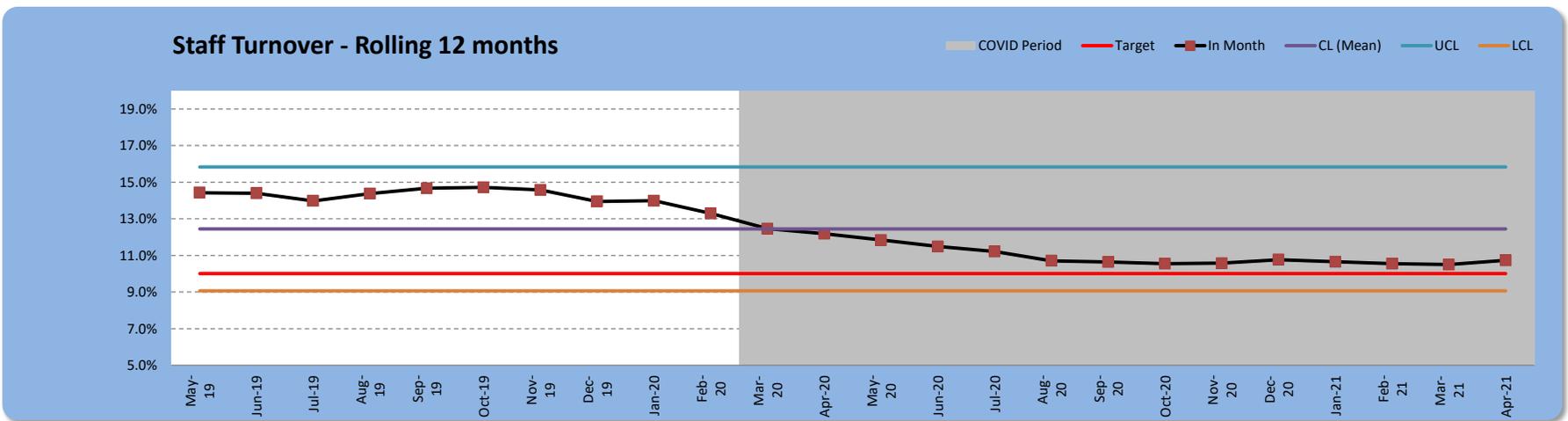
Staff Turnover - Rolling 12 months

PI RETURN FORM 2021-22

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Apr 2021**

Indicator Title	Description/Rationale		KPI Type
Cash in Bank (£000's)	Review of the cash in the Bank (£000's)	**Executive Lead** **Peter Beckwith**	F 2a

Narrative	
	Cash in Bank (£000's)
The Trust has no target for cash set.	COVID Period — In Month — CL (Mean) — UCL — LCL
Current month stands at £28,340 ,000	
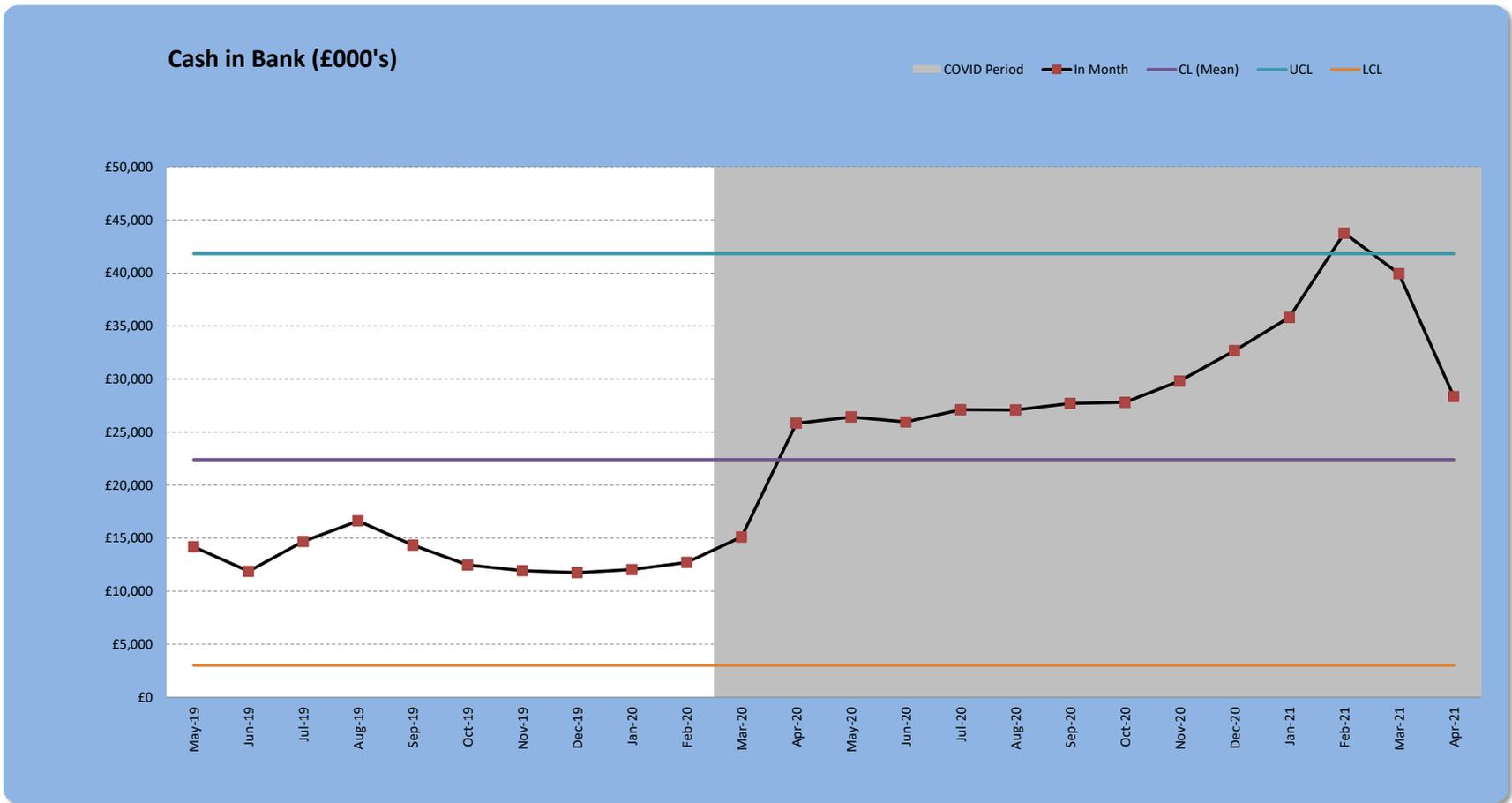
Cash in Bank (£000's) chart showing monthly values from May-19 to Apr-21, with UCL (~£41,500), CL (Mean) (~£22,500), and LCL (~£3,000) lines. The COVID Period is shaded from Mar-20 onwards. Values rise from around £14,000 in May-19, dip to ~£12,000 by late 2019, then climb steeply after Mar-20 to a peak of ~£44,000 in Feb-21 before declining to ~£28,340 in Apr-21.

PI RETURN FORM 2021-22

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: Apr 2021

Indicator Title	Description/Rationale		KPI Type
Income and Expenditure (£000's)	Review of the Income versus Expenditure (£000's) by month	Executive Lead Peter Beckwith	F 4b

Narrative
The Trust is at +£7k for the reporting period.

Income and Expenditure - Actual (£000's)

Legend: COVID Period — Target — In Month — CL (Mean) — UCL — LCL

Target:
Amber:

Current month stands at £7,000
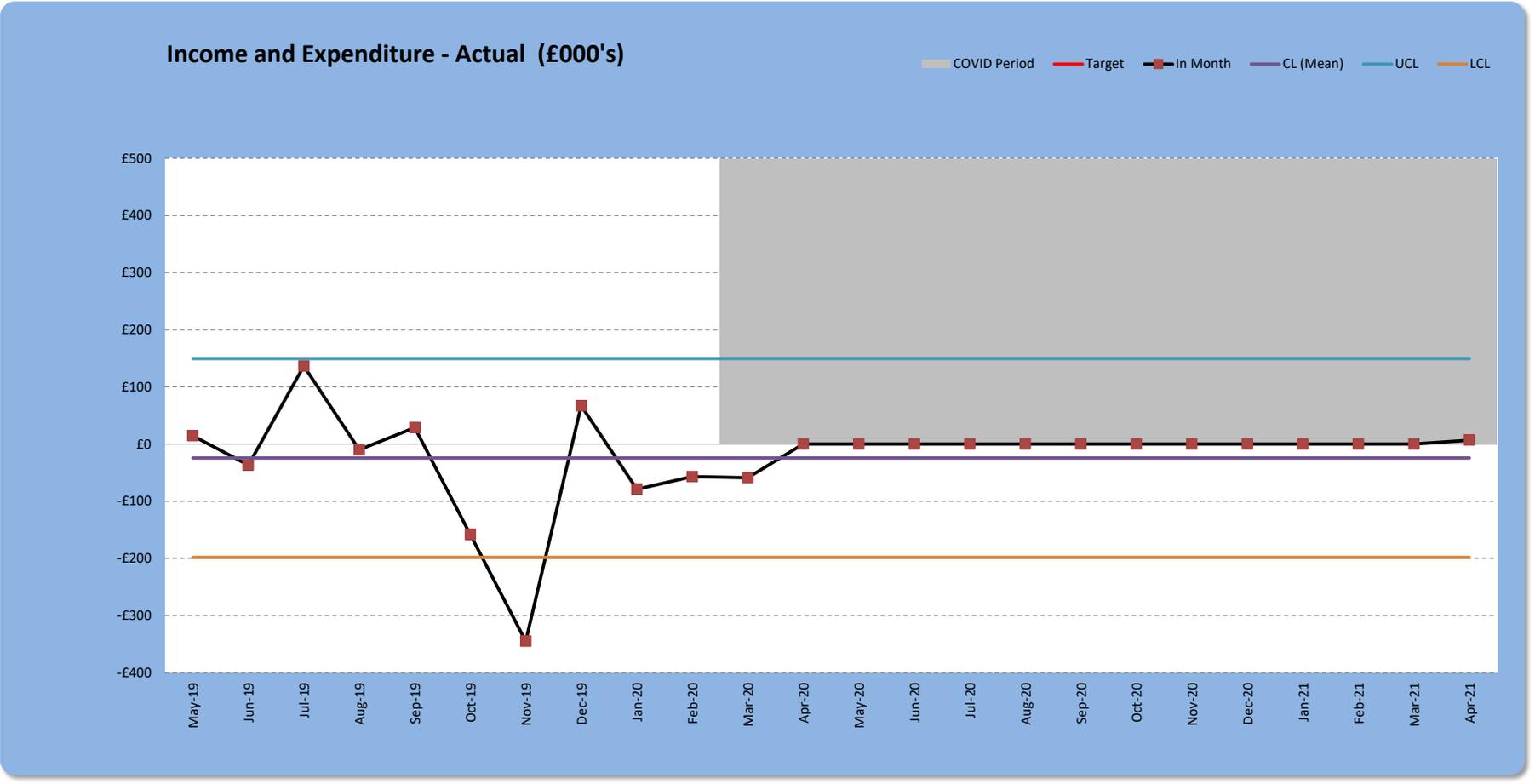
PI RETURN FORM 2021-22

Goal 6 : Promoting People, Communities and Social Values

For the period ending: Apr 2021

Indicator Title	Description/Rationale		KPI Type
			IQ 1
Complaints	The number of Complaints Responded to and Upheld.	Executive Lead John Byrne	IQ 1

Narrative
Upheld Results
During the month, the following number of complaints was responded to
25
Of the number of complaints responded to in the month 8 were upheld which equates to
32.0%

YTD Upheld
50.0%
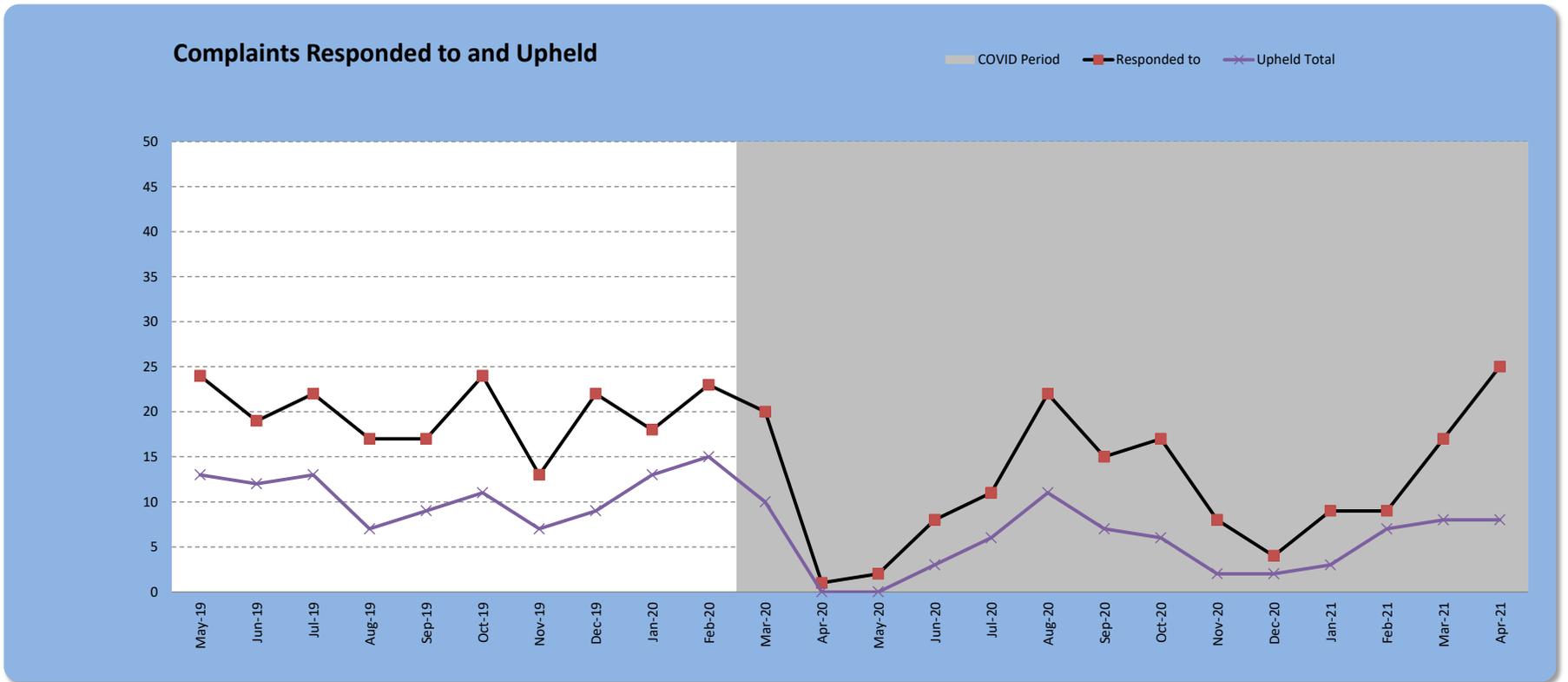
Complaints Responded to and Upheld

Legend: COVID Period — Responded to — Upheld Total

PI RETURN FORM 2021-22

Goal 6 : Promoting People, Communities and Social Values

For the period ending: Apr 2021

Indicator Title	Description/Rationale		KPI Type
Compliments	Chart showing the number of compliments received into the Trust	**Executive Lead** **John Byrne**	IQ 7

Narrative
16 compliments received in the month

Target: 0
Amber: 0

Current month stands at 16

Number of Compliments

Legend: COVID Period, Target, In Month, CL (Mean), UCL, LCL

Title & Date of Meeting:	Trust Board Public Meeting– 19th May 2021				

Title & Date of Meeting:	Trust Board Public Meeting– 19th May 2021
Title of Report:	Finance Report 2021/22: Month 1 (April)
Author/s:	Name: Peter Beckwith Title: Director of Finance

Recommendation:	To approve		To receive & note	X
	For information	X	To ratify	

Purpose of Paper:	This report is being brought to the Trust Board to present the financial position for the Trust as at the 30th April 2021 (Month 1). The report provides assurance regarding financial performance, key financial targets and objectives. The Board are asked to note the financial position for the Trust and raise any queries, concerns or points of clarification.

Governance: *Please indicate which group or committee this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	

Key Issues within the report: *Please ensure you also complete the monitoring and assurance framework summary below:*	• The Trust recorded a minor surplus of £0.007m at the end of April 2021. • Within the reported position at Month 1 is Covid expenditure of £0.439m and income top up of £0.205m. • Cash balance at the end of April was £28.340m.

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*					
√ *Tick those that apply*					
	Innovating Quality and Patient Safety				
	Enhancing prevention, wellbeing and recovery				
	Fostering integration, partnership and alliances				
	Developing an effective and empowered workforce				
√	Maximising an efficient and sustainable organisation				
	Promoting people, communities and social values				
Have all implications below been	Yes	If any action	N/A	Comment	

Caring, Learning & Growing Together

considered prior to presenting this paper to Trust Board?		required is this detailed in the report?		
Patient Safety	√			
Quality Impact	√			
Risk	√			To be advised of any future implications as and when required by the author
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

FINANCE REPORT – April 2021

1. Introduction

This report is being brought to the Trust Board to present the financial position for the Trust as at the 30th April 2020 (Month 1). The report provides assurance regarding financial performance, key financial targets and objectives.

The Board are asked to note the financial position for the Trust and raise any queries, concerns or points of clarification.

2. Position as at 30th April 2021

Under the planning guidance the period 1st April 2021 to 30 September 2021 is referred to as H1.

For the H1 period block arrangements will remain in place for relationships between NHS Commissioners (comprising NHS England and Clinical Commissioning Groups) and NHS Providers Trusts and Foundation Trusts.

Signed contracts are not required between NHS organisations for this period.

For the period ended 30th April 2021 the Trust recorded a minor surplus of £0.007m, details of which is summarised in the table below.

Table 1: 2021/22

Income and Expenditure

	Annual Budget £ 000's		In Month				Year to Date	
			Budget £ 000's	Actual £ 000's	Variance £ 000's		Budget £ 000's	TB Actual £ 000's	Variance £ 000's
Total Income	**145,340**		**12,515**	**12,847**	**332**		**12,515**	**12,847**	**332**
Total Expenditure	**143,665**		**12,467**	**12,377**	**(91)**		**12,467**	**12,377**	**(91)**
EBITDA	**1,675**		**48**	**471**	**423**		**48**	**471**	**423**
Depreciation	2,942		245	253	7		245	253	7
Interest	148		12	16	4		12	16	4
PDC Dividends Payable	2,341		195	195	0		195	195	0
Operational Position	**(3,756)**		**(405)**	**7**	**411**		**(405)**	**7**	**411**
BRS Contingency	(3,756)		(405)	0	405		(405)	0	405
Operating Total	**(0)**		**0**	**7**	**6**		**0**	**7**	**6**
Excluded from Control Total									
Donated Depreciation	70		6	5	(0)		6	5	(0)
Ledger Total	**(70)**		**(6)**	**1**	**7**		**(6)**	**1**	**7**
EBITDA %	1.2%		0.4%	3.7%				3.7%	
Surplus %	0.0%		0.0%	0.1%				0.1%	

2.1 Income and Expenditure

The Trust closed its ledger on the 10th of May, therefore detailed analysis on income and expenditure variances were not available at the time of writing.

2.2 COVID Expenditure

System funding envelops for the Trust include allocations for the H1 period to provider or income top up £2.791m and COVID expenditure £2.188m.

COVID COSTS	£m
Pay	0.172
Non pay	0.267
Expenditure	0.439
Income Top Up	0.205
Total	**0.644**

3. Cash

As at the end of April 2021 the Trust held the following cash balances:

Table 2: Cash Balance

Caring, Learning
& Growing Together

Cash Balances	£000s
Cash with GBS	28,104
Nat West Commercial Account	188
Petty cash	48
Total	**28,340**

4.   Recommendations

The Trust Board is asked to note the Finance report for April and comment accordingly.

Title & Date of Meeting:	Trust Board Public Meeting – 19th May 2021
Title of Report:	Workforce and OD Committee Assurance Report
Author:	Name: Dean Royles Title: Non-Executive Director and Chair of Workforce and OD Committee

Recommendation				
	To approve		To receive & note	✓
	For information		To ratify	

Purpose of Paper:	The Workforce and Organisational Development Committee is one of the sub committees of the Trust Board This paper provides an executive summary of discussions held at the meeting held on 12th May 2021 and a summary of key points for the Board to note. The minutes of the meeting held on 24 March 2021 are attached for information.

Governance		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Board report	✓

Any Issues for Escalation to the Board:	Contained within the report

Executive Summary - Assurance Report:

The aim of this report is to provide assurance to the Board around the workforce and organisational development within the Trust and raise any issues that it feels need escalating to the Board for further discussion.

A summary of the key areas within the Workforce Insight report and risk register were discussed. The committee received the Freedom to Speak Up annual report as well as a presentation on the 2020 staff survey results for the Finance Directorate. Updates from the reporting groups Equality, Diversity and Inclusion, Staff Health and Wellbeing and the Medical Education Committee were received as well as reports on the Recruitment Task and Finish Group, Trust Reset and Recovery plan and NHS People Plan update. The lease car policy was approved and the effectiveness review was signed off.

Key Issues:

The key areas of note arising from the Committee meeting held on 12ᵗʰ May 2021 were:

Minutes of the meeting in March were approved and action log updated.

The Freedom To Speak Up (FTSU) annual report was summarised to the Committee by the Freedom to Speak up guardian who attended the meeting. The positive work being undertaken and the plans going forward were well received by the Committee. The Committee looked forward to getting the FTSU profile raised across the Trust and the further collaboration work with organisational development to be undertaken.

A presentation on the staff survey results covering 2019/20 and 2020/21 from the Finance Directorate was presented to the Committee. Areas of strength and improvement were highlighted and the action plan for the coming year was discussed. The Committee could see significant improvements for the second year running and noted that there are similar challenges in other corporate areas which could be worked on collaboratively. The Committee agreed that the presentation gave a real insight into the work done to date and showed the directorate had a good awareness of their own performance. The positive work seen was something the Committee felt should be shared wider with Finance colleagues in neighbouring Trusts.

The lease car policy was approved. The Director of Finance agreed to do some benchmarking with other Trusts and the contribution made by the organisation.

The Committee welcomed the approach to the Reset and Recovery Plan and the commitment to the work being done. Lots of ideas and support to take through next year and the Committee recognised the huge importance of this issue to the sustainability of the organisation post Covid.

Received the assurance report from the Staff Health and Wellbeing group. Main focus continues to be on the work plan within group continuing to get good engagement and attendance for wide range of areas. The work plan will be presented to the next meeting of the Committee.

Received Equality Diversity and Inclusion Group update. Group continues to develop and grow using the data to guide conversations.

Medical Education Committee minutes and assurance report were taken as read. The Committee noted the new task and finish group focusing on higher trainees.

The Workforce Insight report was welcomed. The Committee welcomed the continued improvements in a number of areas and highlighted some areas of concerns including Mandatory training noncompliance, Mental Health Unplanned Metrics and turnover in Community and Primary Care division. Some assurance was given at the meeting with some areas needing further exploration an update on progress on Mandatory training compliance will be presented to the next meeting of the Committee.

The risk register was noted and a review is planned on the actions listed against the risks.

The positive position in respect of the NHS People Plan was noted.

Hard to Fill Recruitment task and Finish Group update was given to the committee covering

the last 12 months. The Trust has seen real progress in those focused areas with a number of trends going in the right direction. The work will continue on these areas as well as other hard to fill roles that are highlighted as well as continuing the work on international recruitment, higher trainees and multi-disciplinary approaches.

The committee effectiveness review was agreed and will be presented at Trust Board.

Minutes of the
Workforce and Organisational Development Committee
Held on
Wednesday 24th March 2021
14:00 – 16:08pm
Microsoft Teams

Present:
Members:

Dean Royles (DR)	Non-Executive Director Chair
Steve McGowan (SMc)	Director of Workforce and Organisational Development
Lynn Parkinson (LP)	Chief Operating Officer
Francis Patton (FP)	Non-Executive Director
Mike Cookee (MC)	Non-Executive Director
Hilary Gledhill (HG)	Director of Nursing

Other attendees:

Karen Phillips (KP)	Deputy Director of Workforce and Organisational Development
John Byrne (JB)	Medical Director
Sharon Mays (SM)	Chairman
Jessica Lees (JL)	HR Apprentice
Jessica Norton (JN)	Personal Assistant, (Note taker)

18/21	**Apologies for Absence**
	Michele Moran (MM) Chief Executive
	Katy Marshall (KM) Head of Learning & Organisational Development
	Mr McGowan introduced the current HR Apprentice, Miss Lees. Feedback received on the work Miss Lees has carried out so far has being fantastic. This is a new role for the directorate and is the first HR apprenticeship the Trust as ever had. Miss Lees added that she joined the Trust at the end of July 2020 and spent the first 6 months within the Recruitment team before moving into HR operations. She is currently enjoying all aspects of the apprenticeship so far. Upon successful completion of the apprenticeship she will have a Level 3 CIPD. Mr Royles and the committee welcomed Miss Lees and wished her a long and successful career. Introductions and welcomes were given to Miss Lees from those members and attendees she not met before.
19/21	**Declarations of Interest**
	None declared.
20/21	**Minutes of the meeting held on 20 January 2021**
	The minutes of the meeting held on 20th January were accepted as an accurate record.
21/21	**Action Log**
	Action Log was reviewed and discussed.
22/21	**Chairs logs from any groups reporting to this committee**
	a) Mrs Parkinson updated the committee on the progress of the Staff Health, Wellbeing Engagement Group.
	The last two meetings were really focused with the main priority being on reviewing and revising last year's work plan as well as looking at the staff survey results. The group are content with the objectives in plan and have set an agenda for the next 12 months. This was conducted in an engaged way. Those area leads that attend the meeting are taking

the plan back to their areas to ensure it represents all key areas of work. One plan which had some focus last and still this year is the upgrading of staff rest areas. Plans have been shared with the group with some members participating in the design work. This is a very engaged group which is looking forward to next year's work now the plan is in place.

Mr Cooke queried whether staff areas were being styled so can be recognised as a rest area. Mrs Parkinson confirmed that this forms part of the new branding. The communications team are participating in this. Mr McGowan further added that in terms of staff areas, charitable funds are aware of what the Trust is intending to provide so they can add in additions where required. Mr Cooke was further keen to hear about the Trust plans for resilience and recovery following the pandemic. Mrs Parkinson stated that, the group and the Executive Management Team have this as an area of focus. In terms of recovery, a meeting was held recently regarding what money is available, what can be provided and what is needed. The meeting took place with Mr McGowan, Mrs Parkinson and Mr Beckwith. Once a plan is established for recovery, a paper will be taken to the Executive Management Team before coming to this committee. This will include options for giving staff time away, allowing more breaks, flexible working and other initiative to aid and support recovery. This is also part of a wider retention piece.

b) Mrs Phillips updated the committee on the progress of the Equality, Diversity and Inclusion Group. Mrs Phillips took over as chair in January 2021. Consequently there has been a review of the agenda and renewed focus on the Equality, Diversity and Inclusion data to shape conversations going forward. There is awareness of activity in service areas and networks but this is not currently harnessed in the group. The EDI Lead is undertaking bespoke work to develop objectives with the operational areas with the view that this will be centralised and progressed reviewed in the group. In order to streamline discussion pertaining to EDI data a new EDI insight report has been developed to shape ongoing conversations. The Trust is in the top 10 in the benchmark group for EDI in the National Staff Survey which is really encouraging and representative of the work undertaken to date. Representatives from service areas do attend the meetings but are seemingly quiet at present. As such have created an agenda item so they speak up about their actions so they start owning equality, diversity and inclusion and the challenges they face specifically. Work has been underway since late 2020 to cleanse EDI workforce data; progress in this regard is good with 65% of records now up to date. As a result we have seen a much improved picture which gives a better representation of those with protected characteristics in the organisation. Mr Cooke highlighted that there seems to be a good approach to this now. As such, now need to concentrate on deployment. There is a lot of WRES data which can look at as part of the agenda item.

Mr Byrne gave an update in terms of COVID vaccine and hesitancy for those who are BAME. Mr Byrne shared the COVID daily reporting and first dose compliance on screen. The group were asked to note that the difference in figures is due to different reporting definitions for health care workers. Focus was drawn to page 21. This showed that some staff still need to complete the vaccination forms. Have 1919 BAME staff vaccinated which is 82% of the workforce. 1% opt out rate which is around 30 people. Report on all staff including active bank shows 3303 staff including active bank and 3064 without active bank. We have seen a slight increase in uptake figures since leads and managers started phoning people to fill out forms for them. Data shows that the Trust vaccination uptake is over 80% in all areas bar community and primary care as some of their staff have had theirs via the Primary Care Network. Now starting to capture those having their second dose. In terms of benchmarking, 80% is at the higher end which shows the Trust doing well comparatively. Not seen any league table yet though to be certain though from conversations with other Trusts, they are all somewhere between 80-90%. Important to get all those with first dose to have their second dose. In terms of BAME, aware from early data there is a perception of a national uptake within ethnic majorities. Overall compliance excluding bank sees the Trust have a 73% uptake but including bank staff this goes down to 68% with 56 not receiving the vaccine. Have support from BAME network but being able to report compliance for BAME bank staff is the challenge therefore working with BAME staff one by one to support them. Those not received the vaccine, the Trust has given them

	option to either opt out or support them getting the vaccine. Doing it through professional route to try and get them to have the vaccine. There are people coming in and out in terms of BAME due to doctors contracts transit in and out so figures will slightly fluctuate. There is however a cohort that, despite interventions, are still refusing the vaccine. Staff side have being very supportive but still some work to do. c) Mr Byrne updated the committee on the progress of the Medical Group. Minutes were attached for reference. There is a lot going on from medical to post graduates. Nothing new to note just highlight additional workload due to increasing size of hull medical school. This was done on tight resources; NHSE budget report was done and now seeing increase investment coming through for students in year three and four. This is an investment for future piece. Stella Morris is retiring in June and interviewing for her replacement takes place tomorrow. Mr Patton found this a great report. Mr Patton suggested having a story about training and development and how this has made a difference to them. Can bring it to this committee as well as Trust Board. Committee agreed this would be a good idea. Mr Cookee happy to see that things are moving forward. Mr Cookee queried whether the consultants to be appointed are up for supervision and training. Mr Byrne confirmed that of those recruited, everyone is on the higher training scheme and they will step into national training roles. He is yet to meet anyone who hasn't being prepared to pick up workload as part of their role. This has helped absorb increased demand. In terms of primary care, positives seen in getting medical students in but haven't GP trainees coming through but this is being addressed. Mrs Mays added that she has interviewed these consultants with Mr Byrne and some have trained elsewhere to a decent level. In terms of research, mixed view, but training came out strongly. In terms of staff stories, Mrs Mays highlighted that here already are staff stories which go to Trust Board quarterly. There consideration is needed as need to think how often these stories go to Board as they take time to organise. Committee requested that the assurance reports need to be more consistent in terms of content. Want more details in executive summary to give assurance. **Resolved:** Chairs logs were welcomed and noted. **Pull together report on staff, health and wellbeing funding and where it is for. To include in insight report.** **Action: LP and KM and KF** **Raise staff stories in terms of training and development and how this can be fed into board.** **Action: SMc**
23/21	**Workforce Insight Report** Highlights of the workforce insight report were given by Mr McGowan including: • Physio med went live on 1st March to fast track staff into physio support. This was one area in the staff survey which identified a negative score. This is funded through the Integrated Care System for 12 months. Will then review in 12 months to see what this has given us. • Moved to factual referencing to enable swifter recruitment. • Positive picture in terms of figures. • Statutory mandatory training remains above target • The first appraisal window demonstrated an improvement with new window commencing in April • Two things to look at are suspensions which have increased and rule breaks which is partially COVID related and the pressures services are under. Mr Cookee drew attention to the variations in some services such as Secure which, due to better leadership and other factors, has reduced their sickness levels whereas Mental Health Unplanned are struggling due to extra pressures and some management issues. Mr Cookee queried whether capacity is in the right place and if plans were in place to help those services struggling.

Mrs Parkinson stated that, in terms of secure services, this is a positive story showing how a good leadership team gets the results needed as well as being fully recruited to all psychiatry vacancies in the Humber Centre. Compared to where the service was two years ago, this is fantastic progress. Still more to do around the provider collaborative work which gives focus to the future. Staff are engaged in process and there is a cohesive leadership team focused in the right areas. Appointment of Paula in a leadership role is also instrumental in the positive progress this service has made. For Mental Health Unplanned, this is one area which has had seen extra demand on services as well as increase in sickness. The service has had a few COVID outbreaks which has made it even more of a challenge. Looking at activity and demand information, the combination has made the staff feel pressurised. Though the activity data shows that the demand for beds wasn't higher than previous winters, due to cohort, had to utilise block booked out of area beds which was an additional burden. In terms of leadership, this is an area which is being paid close attention to. Working on plans to restore and recover. Looking to see how the Trust can support the resilience of the team but also remove some of the stresses to give them a chance to recover. There are plans in terms of recovery for this division and capacity to manage is there. The Mental Health programme is starting to have an impact. Other area of major impact is CAMHS. Plans are in place and being implemented but ongoing positon and variation will continue for a while.

Highlight was drawn to the deadline to achieve zero vacancies for health care support workers by 31st March. Mrs Gledhill confirmed that there are vacancies but there is currently a piece of work underway to establish if these are true vacancies. Cannot see it getting to zero as will always be a turnover.

In terms of appraisals, now that the question has been removed from this year's staff survey, Mr Patton believes that it is important to understand that the Trust is having the right discussions and as such need to keep it under review. Mr McGowan confirmed that the staff survey is constantly being reviewed to ensure that those questions that link to appraisal are improving; we have assurance in these areas. Committee was aware of the stories in the press and on television of staff burnout and the likelihood that the workforce may consider leaving. The next appraisal window commences in April 2021 and will serve as a measure to gauge whether the feelings of staff have changed.

Attention was drawn to the Covid section on page 12 with positive focus on initiatives to support those with long Covid.

Further to a discussion which took place at Finance Investment Committee, a proposal to use Electronic Staff Record (ESR) to properly track holidays was made. Mr McGowan stated that, unfortunately, in terms of ESR, it is not good enough and too labour intensive to be a manageable system so won't be looking to move holiday recording into this until it improves.

Confirmation was given to Mrs Mays that turnover does include retirement. Turnover is good but the Trust remains highest in benchmark group.

Committee agreed that this is a fantastic report and is great to see this information shared with other areas of the Trust. Trajectories are going in right direction.

The committee discussed outstanding DBS checks. These are people who haven't renewed their DBS as per the Trust policy (3 years). For registered staff, if serious offence, police would inform the Trust.

For training, figures are better but still low. Training is still available but due to the pandemic, some has been on hold. There are regular reminders to staff for those courses that need completing. For Information Governance training, this used to have deadline of end of financial year. Mrs Gledhill confirmed that the deadline has now moved to 30th June. There is an overall issue with compliance.

The accountability reviews start again next week. Haven't taken foot off the pedal in terms of compliance and appraisals. Conversation is what we can do to support them. Not reducing

	standards but managing them. Mr Byrne highlighted that, one year post pandemic, looking at data and survey, to be in the position we are in, is a positive position. Need to focus on what is and isn't important in terms of rest and recovery. **Resolved:** The report was noted.
24/21	**Policies** The Relocation policy was brought to committee meeting for approval. This is an enhanced version to provide financial assistance when people relocate. This will help as a recruitment incentive also. Mr Cookee queried the enhanced scheme and expectation on tighter expectation of this. Mr McGowan confirmed it would be monitored. **Resolved:** Policy approved.
25/21	**Risk Register** Mrs Phillips presented the risk register showing those risks nine and above to the committee. Mrs Phillips highlighted the following changes to the risk register since the last meeting: • Workforce risk eight for staff engagement score had a target of 7. National average is 7.2 and the Trust is at 7.1 so we have exceeded target for this year. • Workforce risk nine for protective characteristics puts the Trust in top 10 for equality diversity and inclusion. This has gone up to 9.4 with the average being 9.1. Moving in the right direction. • Have made appraisals a priority in terms of external audit plan **Resolved:** The risk register was noted.
26/21	**National Workforce Race Equality Scheme Report** Mrs Phillips provided overview of the paper to the committee. The paper was published in February which details the Trust scores compared to the national position. Highlight drawn to table three. Overall it is a positive picture. Area of improvement is diversity at board level. Board is aware and encourage this during recruitment. **Resolved:** The report was noted.
27/21	**Recruitment Task and Finish Group** Mrs Phillips presented the updated plan for February which was circulated around the committee prior to the meeting. Highlights of the plan include: • Target for nursing was 123 and the Trust now has 139.03 which is over target but the issue remains in terms of retention and those retiring. • Consultant target was 13.14 and as of February, the Trust has recruited 4.1. Have a few more new recruits in March but have also had five consultants leave. • GP forecast was for 6 and the Trust currently has 5.78 in the establishment. There were 3.23 leavers. The recruitment of additional GPs is underway. • All on risk register. **Resolved:** The report was noted.
28/21	**Solutions Paper** Mr McGowan presented the paper which his team had pulled together to provide an overall plan of actions over the next 12 months in terms of strategic priorities. This was presented in the Executive Management Team meeting recently to share Workforce and OD areas of focus. Included in the report are actions from recruitment task and finish group as well as a wider focus on what Workforce & OD would be working on with Operations to make the Trust a better place to work.

	Attention was drawn to page five. Committee agreed this was a powerful table showing trust performance and transformation and demonstrates great progress. Proposal to take the table to the Trust Board as part of the assurance report was made as this demonstrates the fantastic job the teams have done to get the Trust into this position.

Mr Cookee added that the flexible working guide is great and that he would like to see the take up of this as part of reward and recognition packages. Mr McGowan highlighted that the people who were leaving due to inflexibility are now staying after having discussions with the team and being given options which allow them to stay. This is still more to do with a central point for flexible working requests to go to being considered. Any further ideas happy to take on board as don't want to lose people that the Trust could keep. This work ties in with the recovery piece. In terms of establishment review, this is being led by Claire Jenkinson and this should be completed by end of the month as connected to divisional workforce plans. Also working with Attain and that piece of work is also combined with the workforce plans. Will be finalised and signed off 31st March.

The paper demonstrates all the work gone into this. All worked hard in challenging circumstances. Aware that there is a lot in the plan and don't want to spread ourselves too wide.

Resolved: The report was noted. |
| 29/21 | **International Recruitment Paper**
Mrs Gledhill presented the international recruitment paper. The international recruitment piece is a collaborative endeavour with four other trusts. The paper details what needs to be done and also what we already have in place. The first cohort will be in place in June 2021. The first cohort will go into community services in North Yorkshire. Currently the RMN qualification doesn't exist aboard as there is no mental health act abroad. Looking at getting those working in these areas to gain the RMN qualification on an 18 months course.

Resolved: The report was noted. |
| 30/21 | **Disciplinary Case Review**
Mr McGowan gave overview of the disciplinary case and policy review findings. The paper is going to board next week. The paper is on the back of a tragic event at a trust in London. NHSE guidance was released to ask trusts to check processes to give assurance that they mitigate against similar events occurring. Review has since being undertaken and the findings are in the report. The report provides assurance however there are still areas to improve on in terms of the narrative and manager information in how we manage cases. A plan is now in place to carry out these improvements over the next 12 months.

Resolved: The report was noted. |
| 31/21 | **2020 Staff Survey Results Presentation**
Mr McGowan gave an overview of the presentation on the 2020 staff survey results. Touched on the actions for this committee. Fits closely with the solution paper. Some items in the paper action list came out of a conversation at Executive Management Team meeting where they looked at the survey results and where we need to focus.

Conversations are taking place at departmental level on how this can be taken forward. This committee helped in terms of allowing divisions to present their plans and offering support if needed. Need to build on this. Work to be done on a local level.

Mr Cooke drew attention to the table in the report. Looking back four years ago when the results were not fully understood to now where they show a significantly improved position, this is a testament to the efforts being put in. This is a story of transformation. Many were embarrassed by previous year's results. Now, with all the input from all the executives and teams, it now feels different and is giving a different story. Just need to look at sustaining this and build confidence with the staff. Mr Byrne agreed that, compared to four years ago, the trust has dramatically improved with the investment put in. Mrs Mays agreed that this is fantastic. Great to see the survey being owned and great to see these results being used and welcomed. This is a change in culture. |

	The way it is presented makes it understandable. Mrs Mays liked the headlines and the ways it can be shared which helps it to be owned by staff and the departments. Recommendation was made for rewording the 'areas of concerns' slide to 'area of continuing focus' as benchmark well and would be less negative to those seeing the slides. Mr Patton highlighted that nursing response rate has reduced. Mr Patton also highlighted concern about the question on leaving the job, which, whilst this improved, is still a reasonable percentage. Praise was given in Mr McGowan who had battled through challenges to get people to use and look at the data. **Resolved:** Presentation was noted.
32/21	**Proposed 21/22 Audit Plan** The proposed audit areas for next three years were highlighted to the committee. This is the first time we have had the opportunity to engage with auditors and we find this beneficial. New auditors are working well. Plan feels more realistic which will help the trust make further improvements. Picked up at board time out to get this through to the committees. Proposal for the appraisals audit to be prioritised. This will allow an audit of the quality as well as ensuring application of the policy. Implementation needs to be looked at in terms of quality and quantity. As an executive team, had a conversation about recovery. A lot of audits are involving operations. Conversation to be had in terms of audit plan for those that we need to do as part of recovery and those that we can give them some breathing room. **Resolved:** The report was noted.
33/21	**Professional Strategy Update** Mrs Gledhill provided an overview of the professional strategy paper. The paper was previously brought to the committee in July 2019 were it was approved. Purpose is to bring back all professions as a voice. Before this it was more management lead Trust. There are now clinical and management leads making decisions together. They then update against the goals. COVID has had an impact as not moved as fast on some goals but others have moved quicker. Highlights of the report include: • Clinical advisory group has wide membership and has helped managers through COVID. A decision has being made to continue the group after the pandemic eases as worked so well. No longer hear people mention they are not heard. • The apprenticeship pathway has six currently underway with six for the September cohort and more planned next year. • Student placements are a pressure due to ways of working in the pandemic. As a result of the pandemic, thought outside the box which is working well. Students are being placed in different departments and having spoken to three students at different points of training, they have all enjoyed the breath of learning. This has modernised training of students. • Preceptorship academy working well. • Some of the £0.060m for training has being parked for next year. Will get ahead of it next year. • Positive picture in implementing strategy. • Mr Byrne added that they have also being investing in GP surgeries and nurses by bringing forward education which wouldn't have being able to do the previous year and build into restore and recover for staff. • In terms of measuring the impact this is having, this is a transformational piece so there are no transactional actions in there. Plan to look at this in autumn when it is two years old and link it in with other work that has being undertaken by other teams.

	Resolved: The report was noted.
34/21	**Terms of Reference** Terms of reference approved. No amendments needed.
35/21	**Effectiveness Review** Effectiveness review to be brought to May meeting and then to Board. Committee agreed not to send around a review form and instead send any comments to Mr Royles.
36/21	**To Review the Meeting** Agreed it was a good meeting with detailed papers. There was a lot of operational data but not the time to think of future and wider strategy items. Challenge is balance between being an assurance meeting and using the time for creative thinking in terms of what it means further down the line. Anyone that has recommendations to refine agenda to send onto Mr Royles. In terms of challenges of Non-Executive Directors, need to keep balance and tension right. Healthy discussions are welcomed.
37/21	**Any Other Business** Guardian gap. Successfully appointed. Once training in will bring combined report and the annual report will go to report as usually. No issues with challenges in past 3-4 months. Will bring paper to next meeting. Invite Mo to next meeting to present.
38/21	**Date and Time of Meetings in 2021:** Wednesday 12th May 2021 1-3pm Wednesday 21st July 2021 2-4pm Wednesday 15th September 2021 2-4pm Wednesday 17th November 2021 2-4pm

Title & Date of Meeting:	Trust Board Public Meeting – 19 May 2021				
Title of Report:	Mental Health Legislation Committee Assurance Report following meeting of 06 May 2021.				
Author/s:	Name: Michael Smith Title: Non Executive Director and Chair of Mental Health Legislation Committee				
Recommendation:	To approve		To receive & note	✓	
	For information	✓	To ratify		
Purpose of Paper:	The Mental Health Legislation Committee is one of the sub Committees of the Trust Board This paper provides an executive summary of discussions held at the meeting held on 06 May 2021 and a summary of key issues for the Board to note.				

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Board Assurance report	✓

Key Issues within the report: *Please ensure you also complete the monitoring and assurance framework summary below:*	- Approved 2 reviewed policies, noted that all others are up to date, and others under review - Steering Group working effectively and quorate for last few months - Received informative MAPPA Report - Mental Health Legislation Performance Report shows a degree of satisfaction of compliance, within upper end controlled limits. - Consent To Treatment internal audit report received at the request of the Committee - received Quarter 4 RRI report and noted DMI training has now been certified by BILD-ACT (British Institute of Learning Disability Standards) - Received MHLC Annual Effectiveness Review

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*
√ *Tick those that apply*
√ Innovating Quality and Patient Safety

Caring, Learning & Growing Together

√	Enhancing prevention, wellbeing and recovery			
√	Fostering integration, partnership and alliances			
√	Developing an effective and empowered workforce			
√	Maximising an efficient and sustainable organisation			
√	Promoting people, communities and social values			

Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			To be advised of any future implications as and when required by the author
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Key Issues:	

Committee noted key items and assurances:

- Handcuffs and softcuffs SOP now in line with police requirements.
- MAPPA – Meetings taking place on line. Improved referrals to MAPPA in terms of summarising and to ensure they are of a good standard. Subject to certain checks it is possible for shadowing opportunities to help demystify the role. Training delivered to probation and police about pathways into service. Changes on managing terrorist offenders noted. Recent update from bi annual meeting with senior probation staff - probation service is being reunified in June 2021 following the 2014 split into the National Probation Service and CRC- Community Rehabilitation Companies. In some cases the CRC's were not found to be effective and this has prompted the change.
- Performance report – No significant issues reported. Referenced CQC insight report and assured no significant outliers – discussed how to use report in terms of national benchmarking in the future. Percentage of detentions still within range but on the increase due to acuity of presentations. S4 majority of time within national average, CTO stagnated at 47 but number of applied goes up and down. S136 figures seem to be lower than other parts of country but reduction appears to correlate with lockdown period – started to reduce mid-November/December 2020 – as restrictions reduce figures likely to go up. Report shows a degree of satisfaction of compliance, within upper end controlled limits. Noted operational steering group quorate for last few months and effective in addressing agenda. CQC virtual visits report positive with no open or overdue actions on any of our units.
- Consent To Treatment internal audit report received at the request of the Committee – useful document that provided a good deal of assurance – noted the need to concentrate on the completion of the capacity to consent to treatment form (Z48) – action plan implemented for that and persistent improvement via digital approach will hopefully move from amber to green.   All actions completed within set timeframes.
- Received Quarter 4 RRI report – DMI training slightly below target but given limitations of Covid ongoing training needs to be applauded; it is anticipated training compliance will be met by July. DMI training has now been certified by BILD-ACT

(British Institute of Learning Disability Standards) and as a result Humber trainers have been observed and we are awaiting the outcome ahead of being signed off as an affiliated training centre, which should be celebrated. Incidences of violence and aggression are slightly up but the fact that the proportion of restraint statistics had not gone up is to be commended. Q4 remained challenging but services have done well in keeping focussed on reducing restrictive interventions. Overall a good report; could be further improved by case studies and qualitative data.

- Policies approved:
  - o Human Rights Policy (in relation to MHA) - major strengthening based heavily on the CQC closed cultures report, closed the loop re discussions taking place at Board. Review encompassed lots of input from other groups including the Health Inequalities and EDI group.
  - o S117 Protocol – now has agreement from all parties including both CCGs, ERYC and Hull CC - major piece of work to be celebrated.
- Received MHLC Annual Effectiveness Review.

Title & Date of Meeting:	Trust Board Public Meeting – 19 May 2021				
Title of Report:	Audit Committee Assurance Report				
Author/s:	Name: Peter Baren Title: Non Executive Director, Chair of Audit Committee				
Recommendation:	To approve		To receive & note	✓	
	For information		To ratify		
Purpose of Paper:	The Audit Committee is one of the sub committees of the Trust Board. This paper provides an executive summary of discussions held at the meetings held on 11 May 2021 and a summary of key issues for the Board to note.				

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Assurance report	✓

Key Issues within the report:	Identified in the report

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*				
√ *Tick those that apply*				
	Innovating Quality and Patient Safety			
	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
	Developing an effective and empowered workforce			
✓	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			

Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			
Legal	√			To be advised of any future implications
Compliance	√			

Caring, Learning & Growing Together

Communication	√			as and when required by the author
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Executive Summary - Assurance Report:

A meeting of the Audit Committee took place on 11 May 2021. It is a requirement of the Terms of Reference and the NHS Audit Handbook for an assurance report to be prepared for the Trust Board as soon as is practical after the meeting takes place, and presented at the next Trust Board meeting.

Key Issues:

The Committee discussed, approved, received for assurance and noted the following reports:-

Internal Audit Progress Report and draft Head of Internal Audit Opinion
Internal Audit Plan 21/22 and 3 year strategy
Counter Fraud Progress Report and Plan 21/22
External Audit Progress Report
Committee Effectiveness Review and ToR annual review
Tender Waiver Update
Losses and Special Payments Report
Register of Gifts and Hospitality Annual Report
Accounting Issues Update
Board Assurance Framework
Trustwide Risk Register and Secure Services Division Risk Register
Cyber Security Update
Policies Review
Update on any changes to Contracts/Agreements
Information Governance Group Assurance Report and minutes
Access to Records policy approval
Draft Annual Report and Accounts

Risks and major items discussed

Five Internal Audit Assurance Reports were received and discussed:

Financial Systems	**Significant Assurance**
National Cost Collection	**High Assurance**
Lorenzo IT Controls	**High Assurance**
Humber Recovery College Penetration Testing	**Limited Assurance**
Data Security and Protection Toolkit	**Advisory – no issues**

The Committee were assured that all but one of the five Final Reports were issued with the top two assurance ratings. The recommendations from these reports had all been accepted by management, with tight deadlines for completion. The Humber Recovery College Penetration testing had been instigated by management and identified some vulnerabilities which are currently in the process of being resolved. The high priority vulnerability has been resolved by the website provider, re-tested and confirmed as resolved by Audit Yorkshire's

(AY) Cyber Security Specialist.

In relation to the outstanding Internal Audit Recommendations, there were 15 overdue actions from 20/21 audits, out of a total number of 82. These included actions passed over from the Counter Fraud proactive reviews, which will be highlighted separately in future. AY indicated that this was very satisfactory progress in the circumstance of a pandemic, and compared very favourably with other Trusts.

The draft Head of Internal Audit for 20/21 was received from AY's managing director. The draft shows a 'Satisfactory' rating, which is one down from the 'High' but nevertheless an extremely good result from the year's activity, especially bearing in mind the pandemic and change of auditors in mid year. This was a similar level to last year, and compared very favourably to other Trusts. The Audit Committee (AC) thanked the team and congratulated them for achieving this rating for this year.

The 21/22 Internal Audit Plan included 237 days of work over 21 audit areas, covering a multitude of financial, clinical and governance areas. The plan had been approved by the Executive Management Team (EMT) and the relevant sections had gone to the appropriate Board Committee for discussion. Subject to reviewing the timing of the workforce audits, the plan was approved by AC. A copy has already been sent to Board members.

AC welcomed the revised reporting format of the Counter Fraud progress report. This report gave updates on the proactive exercises and investigations, as well as work done highlighting fraud issues, including heightened awareness around the recent topical fraud risks and related training required. A work plan for 21/22 was approved covering 60 work days. At least two proactive reviews would be included.

The external auditors, Mazars, updated the Committee on the audit progress, risks and national publications. It was noted that work was on track to meet the new deadline (end of June) and report finding to the 22 June Audit Committee.

The final draft Effectiveness Review and Terms of Reference (ToR) were discussed and some minor changes noted for the ToR. This report is considered elsewhere on the Board agenda. A self-assessment monkey survey review, facilitated by AY, had been summarised at the end of the report, and did not reveal any significant concerns regarding the operation and effectiveness of AC. This was considered a worthwhile exercise.

Eight new single tender waivers were noted, 3 of which were general and 5 unavoidable, with updates on tender waivers currently still active. These were discussed and noted. Some of the extensions relating to previous tender waivers were noted as very short term, and the AC asked for these to be reviewed for the next meeting.

The annual reports on Losses/Special Payments and Gifts/Hospitality were discussed and noted.

The accounting update incorporated a report on yearend valuations. It was noted that the Cushman and Wakefield report on valuations was ongoing, and this would be concluded for next year. For 20/21 then the previous DV values would be used, adjusted by the relevant indices. An impairment of around £1.9m from using this process was discussed and accepted, subject to audit. Around £1.5m of property was held in current assets for sale.

The draft Q1 21/22 BAF was reviewed and discussed. The upcoming Internal Audit report into the Board Assurance Framework (BAF) had been drafted and a High assurance level; gained, which was noted as excellent. AC requested that BAF and Risk Register actions be

reviewed by EMT as at the yearend. The Group risk register was accepted. In relation to Secure Services Division risk register, eleven risks were stated as level 9 or above. These were discussed with management and assurance gained that the risks were being actively managed. Three of the risks related to consultant vacancies and recent progress was welcomed in this area.

The Cyber Security and Information Governance reports were discussed and accepted, with the latter group's Terms of Reference and Effectiveness Review now coming to AC in August.

The Policies List review was accepted although some tightening of review was required, particularly the Intellectual property and Copyright policy that had had an expiry date of 2015. The Access to Records Policy review was approved.

Agreed actions
A number of actions were agreed at the meeting which have been included in the action list.

Matters deferred for future consideration
While all above reports were received there were a number which require follow up action as noted above

Matters to be brought to the attention of the Trust Board
The main areas for the Board to note/approve are:

The 'Significant' assurance position in relation to the draft Annual Internal Audit opinion

The approval of the 21/22 Internal Audit and Counter Fraud workplans

The maintained follow up of Internal Audit actions

Title & Date of Meeting:	Trust Board Public Meeting – 19 May 2021			
Title of Report:	Humber Coast and Vale Specialised Mental Health, Learning Disability and Autism Provider Collaborative – Commissioning Committee Report			
Author/s:	Peter Baren Non-Executive Director and Chair of the Commissioning Committee			
Recommendation:	To approve		To receive & note	
	For information	√	To ratify	
Purpose of Paper:	The Commissioning Committee is one of the sub committees of the Trust Board This paper provides an executive summary of discussions held at the meeting on Thursday 29 April 2021 and a summary of key points for the Board to note.			

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) *Commissioning Committee*	*29 April 2021*

Key Issues within the report:	Contained in the report

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*				
√ *Tick those that apply*				
√	Innovating Quality and Patient Safety			
	Enhancing prevention, wellbeing and recovery			
√	Fostering integration, partnership and alliances			
	Developing an effective and empowered workforce			
√	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			

Legal	√			To be advised of any future implications as and when required by the author
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Executive Summary - Assurance Report:

The aim of this report is to provide assurance to the Board with regard to the Commissioning Committee which has been established by Humber Teaching NHS FT (HTFT) as the Lead Provider within the Humber Coast and Vale (HCV) Specialised Mental Health, Learning Disability and Autism Provider Collaborative.

In order to demonstrate robust governance in its role as Lead Provider and avoid conflicts of interest with its provision arm, HTFT as Lead Provider has delegated some of its responsibilities to a new Commissioning Team which is accountable to the Commissioning Committee.

The purpose of the Team's role will be to undertake much of the work previously carried out by NHS England Specialised Commissioning in terms of commissioning, contractual management and quality assurance of the provision Specialised Mental Health, Learning Disability and Autism services in the HCV region and for patient placements outside of natural clinical flow for people who are receiving specialist care for:

1. Child and Adolescent Mental Health In-Patient services
2. Adult Low and Medium Secure services
3. Adult Eating Disorder In-Patient services.

Key Issues:

Key areas for noting from the meeting on 29 April 2021:

Work Streams

Child and Adolescent Mental Health Services (CAMHS) – Continued pressure on both community and in-patient teams led to the decision to pause projects during March and early April. At the work stream meeting in April it was agreed to re-commence the projects and clinicians and commissioners are meeting in May for further develop our new Single Point of Access for CAMHS. One of the work stream priorities is support to Local Authorities; often our Local Authority colleagues will request an in-patient CAMHS admission for a young person in social care crisis, as hospital admission is not always clinically appropriate we want to explore what support the specialist teams can offer to Local Authority colleagues and young people in their care.

Adult Eating Disorder – SEED a HCV Charity have been approached to ascertain if they are able to undertake targeted engagement and co-production on behalf of the work stream. The option of FREED workers is being explored; initially to pilot in Humberside – FREED is First Episode Rapid Early Intervention for Eating Disorders.

Adult Secure – the Single Point of Access all staff have been recruited and the team are working closely with NHS E/I Case Managers and regarding future admissions and gate keeping into Adult Secure services.

All Enhanced Packages of Care within Adult Secure are being reviewed with NHS E/I Case Managers.

The Secure Community Forensic Team (SCFT) continues to review care and identify opportunities for service users to repatriate to care within HCV area, in addition service users who are been identified as ready for discharge the SCFT are working closely with community health and social care teams to enable timely discharge.

Quality Assurance

As the commissioning team were unable to recruit to the vacant Quality and Governance Lead role we are exploring the option of support from North East Commissioning Support Unit (NECs) to ensure we have adequate support prior to and post Go Live so that we are able to safely fulfil all our Quality Assurance responsibilities as a Provider Collaborative.

One of the Providers within the Provider Collaborative who was previously rated as Requires Improvement by CQC has moved to new premises; the old accommodation being one of the CQC concerns, and has also recruited a new senior clinical management team who have already started to delivery improvements to length of stay and care within the service. NHS E/I remain the lead contractor for this service until Go Live and the HCV commissioning team are working with NHS E to monitor progress.

Quality Improvement and Outcomes

A focus of the Provider Collaborative is ensuring we can demonstrate we have made a positive difference to service user outcomes and experience. Consequently the commissioning team has developed Metrics for measuring outcomes for the 3 work steams; we have developed these Metrics in collaboration with W Yorkshire, S Yorkshire and North East Provider Collaborative commissioning teams. These metrics will evolve as part of our 3 work stream developments over the forthcoming months.

Partnership Agreement

The Partnership Agreement is currently in draft and was shared at the Trust Board work shop on 28 April 2021. The initial financial risk and gain share workshop was very positive and the respective partner agencies agreed principles and how the risk and gain share will operate from Go Live. A further risk and gain share workshop is scheduled for late May early June 2021.

An Organisational Development workshop will be held on 18 May for all partner providers – community and in-patient – as part of our overall developing Collaborative Partnership.

Financial Due Diligence

Updated Finance Dashboards were presented to inform the committee of the finance position at Month 11 – February 2021.

Financial due diligence work is ongoing and the commissioning team and Executive Director of Finance continue to meet regularly with NHSE/I, queries previously raised with NHSE/I remain outstanding.

The financial gap remains at £6.6m, this is composed of

- £3.6m of under occupancy adjustment withheld
- £1.5m cost pressure in relation to Enhanced Packages of Care
- £0.9m Price Variance for CAMHS
- £0.9m Activity Variance for CAMHS

Go Live Date

Go Live date remains at 1 July 2021. As part of our monthly meetings with NHS E/I we monitor our progress to ensure we continue to work at pace to ensure readiness smooth transition of commissioning responsibility from NHS E/I to the Provider Collaborative on 1 July 2021.

Title & Date of Meeting:	Trust Board Public Meeting – 19 May 2021			
Title of Report:	Committee Effectiveness Reviews 2020/2021			
Author/s:	Name: Michelle Hughes Title: Head of Corporate Affairs			
Recommendation:	To approve	x	To receive & note	
	For information		To ratify	
Purpose of Paper:	To provide completed effectiveness reviews for the Trust Board and each of the Board's sub committees for 2019/20. To present committee terms of reference for Board approval.			

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) *Composite report direct to Board*	/

Key Issues within the report:	All committees have undertaken an effectiveness review and these are attached as appendices with their terms of reference.

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*				
√ *Tick those that apply*				
	Innovating Quality and Patient Safety			
	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
	Developing an effective and empowered workforce			
	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			

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Legal	√			To be advised of any future implications as and when required by the author
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Committee Effectiveness Reviews 2020-2021

1. Introduction

The Board has delegated functions to each of its committees as outlined in the Standing Orders, Scheme of Delegation and Standing Financial Instructions document.

An annual review of effectiveness has been undertaken for the Trust Board and each of the sub committees as outlined on the table below.

	Non-Executive Director Committee Chair
Quality Committee	Mike Cooke
Charitable Funds Committee	Mike Cooke
Finance and Investment Committee	Francis Patton
Mental Health Legislation Committee	Mike Smith
Audit Committee	Peter Baren
Workforce & Organisational Development Committee	Dean Royles
Remuneration and Nomination Committee	Sharon Mays
Trust Board	Sharon Mays

2. Completed Reviews

The effectiveness reviews and terms of reference for each committee are attached as appendices:

Appendix 1:   Quality Committee
Appendix 2:   Charitable Funds Committee
Appendix 3:   Finance and Investment Committee
Appendix 4:   Mental Health Legislation Committee
Appendix 5:   Audit Committee
Appendix 6:   Workforce & Organisational Development Committee.
Appendix 7:   Remuneration and Nomination Committee
Appendix 8:   Trust Board

Each sub-committee has a work plan for the 2021-2022 year ahead and are available on request.

3. Summary

- The Trust Board and all sub committees have undertaken a committee effectiveness review for 2020-2021 and have reviewed their Terms of Reference.
- The Trust Board and all sub committees have a work plan for the 2021/22 year ahead.

4. Recommendations

- To receive and discuss effectiveness reviews for the Trust Board and its sub committees.
- To approve Terms of Reference for the Trust Board and sub committees.

M Hughes
May 2021

Quality Committee

Annual Review of Committee Effectiveness and Terms of Reference
1st April 2020 to 31st March 2021

The purpose of the Quality Committee is to assure the Trust Board that appropriate processes are in place to give confidence that;

- Quality, patient safety performance and associated risks are monitored effectively and that appropriate actions are taken to address any deviation from accepted standards and to manage associated identified risks.
- Performance in relation to research and development requirements is monitored effectively with appropriate actions being taken to address any performance issues and risks.
- The quality impact of proposed business change proposals (i.e. new models, budget reductions) are fully reviewed for their impact on quality
- The impact of quality improvements and audits are clearly tracked through performance and experience data.

1. Executive Summary

"2020/21 -A CHALLENGING BUT NEVERTHELESS SUCCESSFUL YEAR FOR QUALITY"

The Quality Committee was convened on five occasions throughout 2020/21 (on 18/06/20, 05/08/20, 07/10/20, 09/12/21, and 10/02/21). One meeting was cancelled at the peak of the first Coronavirus surge but papers were circulated and discussed as necessary. All sessions have been quorate with high interaction from all colleagues.

The Quality Committee has worked hard in three ways - business as usual providing quality assurance, proactively contributed to Humber's Coronavirus response and continued our work on quality improvement whilst also promoting research and development and Patient and Public Involvement.

We are underpinned by excellent work from the Quality Patient and Safety Group and Drugs and Therapeutics Committee. In particular, I would draw attention to the excellent on-going collective leadership input from Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals, Dr John Byrne, Medical Director and Lynn Parkinson, Chief Operating Officer as three key executive directors working very well together with their teams on the quality agenda for the Trust. We also commend Su Hutchcroft, Compliance Officer for her highly professional support to our Committee and her wider contribution to assurance systems.

The whole organisational response from Humber Teaching NHS Foundation Trust to Coronavirus has been proactive and outstanding with staff engagement throughout from ethics through to establishing our vaccination centre.

We have as a Committee provided good assurance to Trust Board, connected with other Committees and Our Governors throughout 2020/21 - a challenging year but nevertheless a

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successful one for quality. Our on-going Quality Accounts and CQC, Patient and Partner feedback confirm this.

2. Delivery of functions delegated by Board

	Functions within ToR	Evidence to support delivery	Outstanding issues / action plan
1	To provide the strategic overview of clinical governance, risk and patient and carer experience and engagement issues in the Trust	Annual reports for Safeguarding, Healthcare Acquired infection, Patient and Carer Experience report (which includes Complaints, PALS and E&D), Clinical Audit, Control Drugs, Zero Events and Ligatures reported to the Committee. Quality Accounts oversight and Six monthly Research and Development update reports	Quality Account draft report to be reviewed at the April 2021 Quality committee
2	Drive improvements in the approach to quality improvement, innovation and quality assurance informed by the internal governance reporting structures and external horizon scanning and learning from others.	The committee reviewed the divisional quality improvement plans. Received presentations/discussion topics and information at each meeting – including – clinical supervision – Provider collaborative and quality assurance process – Pharmacy transformation – White Ribbon Accreditation – Autism Strategic Approach – Learning Disability standards – CMHT transformation The Committee receives a Quality Insight Report detailing quality improvements and performance/actions taken	Continued oversight of divisional quality improvement plans and related improvement work.
3	To provide an assurance to the Trust Board that risks and governance issues of all types are identified, monitored and controlled to an acceptable level.	Report of assurances and minutes of the meeting submitted to the Trust board. Kept the Coronavirus Trust response under review and contributed assurance through links with Board, Executive Leadership Team and all parts of the organisation. To provide assurance and link this specific work and impact into the quality assurance and quality improvement systems within the Trust and the	Ongoing review of our response to the Pandemic

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		developing Integrated Care System, partners and places within it.	
4	To provide a regularly reviewed and appropriate risk register to the Trust Board identifying risks to achieving the Trust's strategic objectives	Review of the Board Assurance Framework quality related risks at each meeting. BAF presented quarterly to the Board. Quality related risks reported to each meeting via the Quality Committee Risk Register	Ongoing development of the BAF and identification of risks
5	To provide advice to the Trust Board on significant risks and governance issues, identifying recommendations, to enable it to take appropriate action.	Committee Assurance Report and approved minutes submitted to the Board. BAF report Discussion topic in relation to a specific quality related issue at each Committee, agreed with the chair prior to each meeting From April 2020, the Committee Assurance report to Board had been included with the papers for the Committee to note. Waiting list quality issues reviewed at the request of the Board Review of long term segregation (LTS) Review of Friends and Family test data to provide Board Assurance Risks and actions taken during COVID 19 reviewed and reported to the Board	
6	To ensure that there is an effective mechanism for reporting significant risks and	Monthly reports to the Board via the executive briefings in the Chief Executive board briefing. The Committee Board Assurance	

	governance issues to the Trust Board in a timely manner.	report. The Board Assurance Framework	
7	To provide a strategic overview of patient and carer experience, regularly reviewing outcomes and satisfaction	Six monthly Patient and Carer Strategy progress report and work plan submitted	Use of patient/carer stories going forward
8	To monitor and advise on the Trust approach to Research and Development	R&D Strategy and progress reports submitted. Supported annual conferences and events	Continued support given to R&D events
9	To ensure that work plans are produced and a range of actions are undertaken by other committees and meetings, reporting to the Quality Committee to provide assurance to the Trust Board.	Minutes received from Quality and Patient Safety Group and Drugs and Therapeutics Group. Requests from other Committees to review some areas of work from a quality perspective ie waiting lists	
10	To monitor Trust compliance with the required standards for regulation and registration with the Care Quality Commission and other national guidelines	CQC updates included in the Quality Insight report Additional assurances requested in relation to specific actions.	

3. Attendance

3.1 The Quality Committee met on 5 occasions during 2019/20

Members:	No of meetings attended
Non-Executive Director (Chair)	*5/5*
Non-Executive Director x 2	*5/5*
Director of Nursing – Management support to the Committee	*5//5*
Medical Director	*5/5*
Chief Operating Officer	*3/5 and deputy 2/4*

3.2 Chair (and Executive lead) to provide a view on whether the membership composition is effective and the extent to which members have contributed.
Membership is effective, participation is good and has been strengthened with regular inputs from others and two new members proposed (See ToR attached).

3.3 Include any recommendation for change to membership & reasons why
To invite the Clinical Director/Deputy Medical Director to strengthen clinical and operational insight and the Head of Allied Health Professionals to enhance multi-disciplinary input.

4. Quoracy
The Committee was quorate on all occasions

5. Reporting / Groups or Committees

Which groups report to Quality Committee?
- Quality & Patient Safety Group (QPaS)
- Drugs & Therapeutic Group (DTG)

Has the Committee approved the Terms of Reference for each of these groups?
Yes [✓] No [ ] *If no, action/timescale for receipt:_____*

Are ToR annual reviews for each reporting group on your Committee workplan to approve?
Yes [✓] No [ ]

Has the Quality Committee received sufficient assurance that it's reporting groups or committees are operating effectively? Have the reports and minutes received from the reporting group provided the required level of assurance? Yes [✓] No [ ]

We have requested and received assurance from supporting groups

Has Quality Committee requested / received an annual assurance report or effectiveness review from each of the reporting groups for 2019/20]?
Yes [✓] No [ ]

6. Conduct of meetings

Chair to consider the following questions

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- *Was a workplan agreed at the start of the year and have meetings and agendas been appropriately scheduled to meet the work plan? Yes*

- *Are the reports and papers presented of a high quality and prepared in time for issue 5 working days ahead of the meeting?*
  The standard for receiving papers for meetings is a week in advance with rare exceptions agreed with Chair in advance

- *Is the quality and timeliness of the minutes satisfactory?*
  The quality and timeliness of the minutes are very good

- *Is an action log maintained and are actions clearly recorded, assigned to individuals with timelines and followed through? Yes*

7. Review of Terms of Reference

To invite the Clinical Director/Deputy Medical Director to strengthen clinical and operational insight and the Head of Allied Health Professionals to enhance multi-disciplinary input.

8. Work plan for 2020/21

Has a workplan for the year ahead, 2020/21 been prepared?

Yes [√] No [   ].

The workplan is presented at each meeting

9. Any Actions Arising from this Effectiveness Review?   YES [   ] NO [√]

Constitution & Authority	The Quality Committee is constituted as a standing committee of the trust's board of directors. Its constitution and terms of reference shall be as set out below, subject to amendment at future board of directors meetings.
Role / Purpose	The purpose of the Quality Committee is to assure the Trust Board that appropriate processes are in place to give confidence that; • Quality, patient safety performance and associated risks are monitored effectively and that appropriate actions are taken to address any deviation from accepted standards and to manage identified risks. • Performance in relation to research and development requirements is monitored effectively with appropriate actions being taken to address any performance issues and risks. • The quality impact of proposed business change proposals (i.e. new models, budget reductions) are fully reviewed for their impact on quality • The impact of quality improvements and audits are clearly tracked through performance and experience data.
Scope & Duties	To provide the strategic overview of and assurance against clinical and quality governance, clinical risk and patient and carer experience and engagement issues in the Trust • To provide a strategic overview of Clinical Governance, Risk and Patient Experience to the Trust Board • Drive improvements in the approach to quality improvement, innovation and quality assurance informed by the internal governance reporting structures and external horizon scanning and learning from others. • To provide oversight and assurance to the Board in relation to all activities relating to Quality, Patient Safety and Patient Experience on behalf of the Trust Board. • To provide an assurance to the Trust Board that risks and governance issues of all types are identified, monitored and controlled to an acceptable level. • To provide a regularly reviewed and appropriate risk register to the Trust Board identifying risks to achieving the Trust's strategic objectives • To receive regular assurance reports that ensure all areas/departments of the Trust produce a risk register that relates local risks to achieving the Trust's strategic

	objectives.
	• To advise the Trust Board on significant risks and governance issues, identifying recommendations, to enable it to take appropriate action.
	• To ensure that there is an effective mechanism for reporting significant risks and governance issues to the Trust Board in a timely manner.
	• To provide a strategic overview of patient and carer experience, regularly reviewing outcomes and satisfaction
	• To monitor and advise the work of the Research and Development Group
	• The Quality Committee will ensure that there is an integrated approach to quality and effectiveness, and patient and staff safety throughout the Trust.
	• To ensure that work plans are produced and a range of actions are undertaken by other committees and meetings, reporting to the Quality Committee to provide assurance to the Trust Board.
	• To monitor Trust compliance with the required standards for regulation and registration with the Care Quality Commission and other national guidelines
	• To monitor required actions to achieve regulatory and registration standards.
	Learning Lessons
	• Receive assurances that systems are in place across the organisation to embed learning from the consideration of actions and recommendations.
	• Advise the EMT and or Trust Board, directly on urgent risk management issues.
	Sharing Good Practice
	• Encourage learning to take place from the consideration of themes and Trust-wide recommendations on Clinical or non-clinical issues arising from Directorates, Care Groups and sub-committees.
	Accountable for:
	• Quality Accounts
	• Care Quality Commission processes
Membership	• Non-Executive Director (Chair)
	• Two Non-Executive Directors
	• Director of Nursing, Allied Health and Social Care Professionals (Management support to the Committee)
	• Medical Director
	• Chief Operating Officer
	• Clinical Director and Deputy Medical Director

	• Head of Allied Health Professionals and Practice Development • Deputy Director of Nursing, Allied Health and Social Care Professionals All members are required to attend a minimum of five meetings a year. Deputies will be identified to represent core Quality Committee members in their absence. The Chief Executive has a standing invitation to attend. The Chair of Audit Committee – optional. Other relevant personnel will be invited to attend as required by the Committee
Quorum	2 Non-Executive Director, 1 Executive Director and 1 other board member. The agenda will be agreed by the Chair, via the Director of Nursing, Allied Health and Social Care Professionals
Chair	Non-Executive Director
Frequency of meetings	The Quality Committee will meet as a minimum 4 times a year.
Agenda & Papers	An agenda for each meeting, together with relevant papers, will be forwarded to committee members to arrive 1 week before the meeting. Unapproved minutes will be circulated to the membership. Record Keeping - Agenda and Papers can be accessed via the Committee Secretary.
Minutes and Reporting	A written assurance report will be provided to the Board following each meeting. Formal minutes will be taken of the meeting and presented to the Board with the assurance report. The Chair of the committee will provide a verbal summary/exception report to the Board in respect of meetings held for which minutes have not yet been approved. The Quality Committee will provide an annual Quality Account to the Trust Board.
Monitoring and Review	An annual effectiveness review will be undertaken which will include a review of attendance and a review of the Committee's Terms of Reference.

Agreed by Committee	February 2021
Board Approved	19 May 2021 To be confirmed
Review Date	May 2022 To be confirmed

Reporting Groups

Quality Committee

Quality & Patient Safety Group (QPaS)

Drugs & Therapeutic Group
(For policy approval reporting)
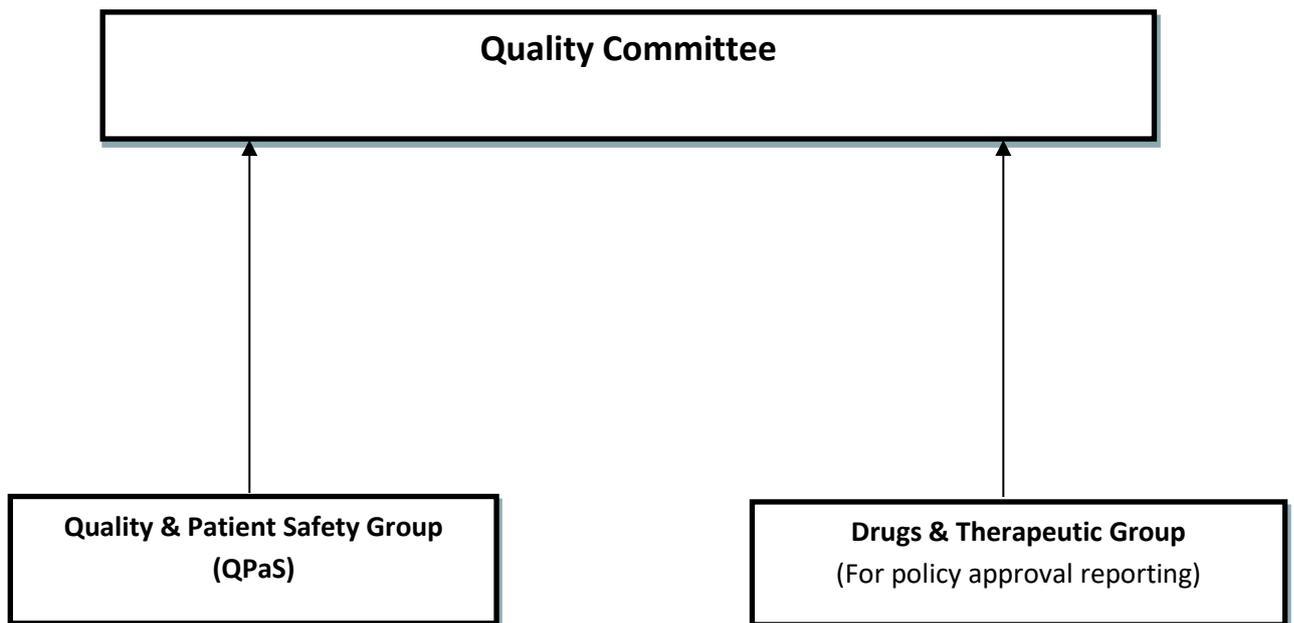
CLINICAL & QUALITY GOVERNANCE REPORTING STRUCTURE

NHS
Humber Teaching
NHS Foundation Trust

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                        ┌─────────────────────────────────┐
                        │          TRUST BOARD            │
                        └─────────────────────────────────┘
                                      ▲
                        ┌─────────────────────────────────┐
                        │        QUALITY COMMITTEE        │
                        └─────────────────────────────────┘
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QUALITY AND PATIENT SAFETY GROUP

Chair: Hilary Gledhill

(Executive Director of Nursing, Allied Health and Social Care Professionals)
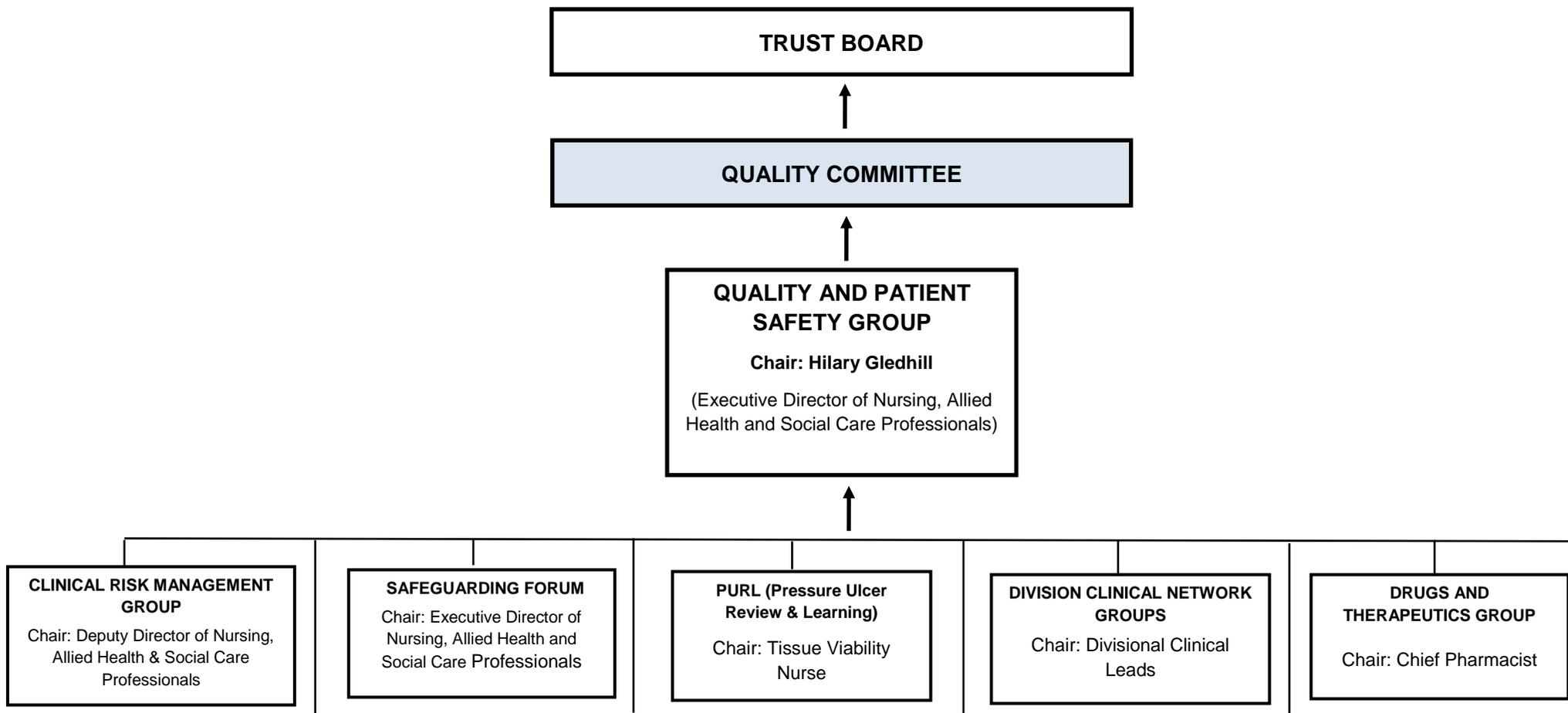
CLINICAL RISK MANAGEMENT GROUP

Chair: Deputy Director of Nursing, Allied Health & Social Care Professionals

SAFEGUARDING FORUM

Chair: Executive Director of Nursing, Allied Health and Social Care Professionals

PURL (Pressure Ulcer Review & Learning)

Chair: Tissue Viability Nurse

DIVISION CLINICAL NETWORK GROUPS

Chair: Divisional Clinical Leads

DRUGS AND THERAPEUTICS GROUP

Chair: Chief Pharmacist

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MATRONS FORUM	AUDIT AND EFFECTIVENESS GROUP	HEALTHCARE ACQUIRED INFECTIONS GROUP (HAIG)	PHYSICAL HEALTH AND MEDICAL DEVICES GROUP	CLINICAL ADVISORY GROUP
Chair: Matrons	Chair: Deputy Director of Nursing, Allied Health & Social Care Professionals	Chair: Executive Director of Nursing, Allied Health & Social Care Professionals	Chair: Head of Allied Health & Social Care Professionals	Chair: Clinical Director/ Deputy Director of Nursing, Allied Health & Social Care Professionals

Charitable Funds Committee

**Annual Review of Committee Effectiveness and Terms of Reference
1st April 2020 to 31st March 2021**

The overall role of the Charitable Funds Committee is to oversee the operation of the charitable funds on behalf of Humber Teaching NHS Foundation Trust. The Role of the committee is to:-

•   review administrative arrangements for the investment and use of charitable donations, in particular ensuring that current legislation and guidance is followed and encouraging full use of funds in a reasonable time frame.

•   ensure that appropriate accounting records and control procedures are maintained and that an Annual Report is produced for consideration by the Board.

•   review fund-raising, and consider and recommend investment policies.

1.   Executive Summary

Chair to provide a brief written overview of the Committee's work during the year and whether he/she believes that the Committee has operated effectively and added value

During 2020/21 Charitable Funds Committee has:-

- Introduced the Whitby Hospital Appeal to support the ongoing transformation of Whitby Hospital, the committee agreed an overall fundraising target and saw the development of Task and Finish groups to engage the local community in Whitby Hospital.

- Further supported the Whitby Hospital Appeal with the recruitment of a Whitby Hospital Fundraising Coordinator to strengthen the team and have that on the ground support in Whitby.

- Overseen the governance of substantial income from NHS Charities Together during the pandemic. These funds were spent quickly and efficiently to have a strong impact on the wellbeing of staff during a difficult time.

- Thanks to an NHS Charities Together grant the committee has support the development of the "Dost" project. This is to support the health and wellbeing of Black, Asian and Minority Ethnic staff members and out in the wider community.

- Reviewed the fund structure and supported the consolidation of funds to enable them to be more effective.

- Overseen the remaining governance of the Impact Appeal as the funds raised are spent on the items requested and brining the appeal to a close.

- Reviewed the indicators from the work programme and will continue to monitor these for another financial year.

We look forward to further development of our positive relationship with Smile Foundation, Health Stars and future appeals. I would like to thank Andy Barber, Victoria Winterton, Kristina Poxon, Ann Newlove, and Sarah Shephersdon from SMILE, plus Pete Beckwith as Executive lead and also Kerrie Neilson for her administrative support.

Mike Cooke
Professor Mike Cooke CBE
Chair of Charitable Funds Committee and Non-Executive Director

2. Delivery of functions delegated by Board

Functions within ToR	Evidence to support delivery	Outstanding issues / action plan
The Committee will review administrative arrangements for the investment and use of charitable donations, in particular ensuring that current legislation and guidance is followed and encouraging full use of funds in a reasonable time frame.	The committee receives an update on circle wishes at each meeting. In 2020/21 a total of 69 wishes were received, with 66 wishes granted and 3 being declined. In the year the committee approved the closing of several funds not in use and or with low fund balances. The charity received significant funds from NHS Charities Together in the last financial year. This required significant work from the Charity team to put these funds to good use	The Health Stars team are planning to increase the number of wishes again following an unusual year. They will continue to bring updates to the committee.

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	quickly. The team organised food hampers across all sites and received great feedback from staff.	
The Committee will ensure that appropriate accounting records and control procedures are maintained and that an Annual Report is produced for consideration by the Trust Board.	The Accounts were presented to the Charitable Funds Committee in November 2020, and approved by the Trust board in the same month. The committee receives a finance update on fund zones and balances at each meeting. A new fund zone "Covid-19" fund was introduced to manage the significant incoming funds and a fast approvals procedure put in place with the Director of Finance.	
The Committee will review fund-raising, and consider and recommend investment policies.	Fundraising is discussed at each committee meeting. It has been a challenging environment in the last year due to the pandemic. A full events calendar was planned that had to be abandoned at short notice. The charity team	A communications plan on regular fundraising events is being put together in partnership with the communications team. In year the team have brought forward different fundraising initiatives to offset the impact of the pandemic and will

	organised virtual fundraising events and initiatives. The charity team was able to make the most of applying to NHS Charities Together for significant funds to support staff throughout the pandemic. Funds were also secured to run a Black Asian Minority Ethnic Wellbeing project. A total of £201k was raised during the 2020/21 financial year. Fundraising for the 21/22 calendar year focuses on the Whitby Hospital Appeal.	continue take this approach. An events plan will also resume once able to plan for events as lockdown comes to an end.

3.   Attendance

3.1 The Charitable Funds Committee met on 5 occasions during 2020/21 – 21 July, 22 September, 3 November 2020, 19 January and 31 March 2021. The meeting planned for 19 May 2020 was cancelled due to Covid-19.

Members:	No of meetings attended
Professor Mike Cooke, Non-Executive Director	4/5
Peter Baren, Non-Executive Director	5/5
Peter Beckwith, Director of Finance	5/5
Steve McGowan, Director of Workforce & OD	5/5
Attendees:	
Andrew Barber, Chief Executive Officer, HEY Smile Foundation	3
Victoria Winterton, Head of Smile Health, HEY Smile Foundation	4
Kristine Poxon, Head of Smile Health, HEY Smile Foundation	4

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Rachel Kirby, Marketing and Communications Manager	4
Michele Moran, Chief Executive (standing invitation)	2
Sharon Mays, Chair (invited)	1

3.2 Chair (and Executive lead) to provide a view on whether the membership composition is effective and the extent to which members have contributed.

Membership is effective with joint membership and links with other committees. Co-production has given a real flavour within the organisation and committee structure.

3.3 Include any recommendation for change to membership & reasons why
No recommendations for change.

Within the year 2020/2021 the Executive lead changed from Director of Finance, Peter Beckwith to Director of Workforce and Organisational Development, Steve McGowan.

4. Quoracy
The Committee was quorate on 4 occasions. The meeting that was not quorate, no items required approval at this meeting.

5. Reporting / Groups or Committees

Which groups report to Charitable Funds Committee? *(these should be clearly identified on the schematic on your ToR).* Please list:

There are no committees/ groups reporting to Charitable Funds Committee.

Has the Committee approved the Terms of Reference for each of these groups?
Yes [ ] No [ ] *Not applicable – no groups formally report to CFC*

Are ToR annual reviews for each reporting group on your Committee work plan to approve?
Yes [ ] No [ ] *Not applicable – no groups formally report to CFC*

Has the Charitable Funds Committee received sufficient assurance that its reporting groups or committees are operating effectively? Have the reports and minutes received from the reporting group provided the required level of assurance?
Yes [ ] No [ ] *Not applicable – no groups formally report to CFC*

Has Charitable Funds Committee requested / received an annual assurance report or effectiveness review from each of the reporting groups for 2020/21?
Yes [ ] No [ ] *Not applicable – no groups formally report to CFC*

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6.   Conduct of meetings

Chair to consider the following questions
- *Was a workplan agreed at the start of the year and have meetings and agendas been appropriately scheduled to meet the work plan? Yes*

- *Are the reports and papers presented of a high quality and prepared in time for issue 5 working days ahead of the meeting? Yes*

- *Is the quality and timeliness of the minutes satisfactory? Yes*

- *Is an action log maintained and are actions clearly recorded, assigned to individuals with timelines and followed through? Yes*

7.   Review of Terms of Reference

Chair to summarise any recommended changes to the committees terms of reference in light of the annual evaluation.

Please attach a full copy of your agreed ToR for approval by the May Board as part of the committee effectiveness reviews.

8.   Workplan for 2021/22

Has a workplan for the year ahead, 2021/22 been prepared?

Yes [✓] No [   ]. _____

9.   Any Actions Arising from this Effectiveness Review?   YES [   ] NO [✓]

If any, please summarise in bullet point format below

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Charitable Funds Committee
Terms of Reference

Constitution and Authority	Humber Teaching NHS Foundation Trust is the Corporate Trustee of the charity known as Health Stars. The Charitable Funds Committee is established as a Committee of the Trust Board to oversee the charity's operation on behalf of the Corporate Trustee. The Trust Board may delegate to the Committee or to the Director of Finance matters relating to the operation of the funds, but decisions regarding the investment of funds must be made within an overall strategy determined by the Trust Board taking account of the recommendations made by the Committee.
Role / Purpose	The overall role of the Charitable Funds Committee is to oversee the operation of the charitable funds on behalf of Humber Teaching NHS Foundation Trust's Board of Directors – the Corporate Trustee. Registered charity number …
Scope and Duties	The committees key roles are: • To monitor and review administrative arrangements for the investment and use of charitable donations, in particular ensuring that current legislation and guidance is followed and encouraging full use of funds in a reasonable time frame. • To ensure that appropriate accounting records and control procedures are maintained and that an Annual Report is produced for consideration by the Trust Board as Corporate Trustee. • To develop the strategy and objectives for the charity for consideration by the Board • To assist the Board in meeting its responsibilities as the corporate trustee of the fund by overseeing the operation and development of charitable funds, expenditure and any investment plans • To monitor the performance of all aspects of the charity's activities and ensure it adheres to the principles of good governance and all relevant legal requirements • To make decisions on behalf of the Board within the defined delegation and financial limits set out in the trust's Standing Orders, Scheme of Delegation and Standing Financial Instructions. The Committee has delegated authority to approve expenditure of charitable funds in accordance with the financial delegation limits are set out below: <table><tr><td colspan="2">**Scheme of Budgetary Delegation:** **Expenditure on Charitable and Endowment Funds**</td></tr><tr><td>Up to £1000</td><td>Fund Manager, Health Stars Charity/Fundraising Manager</td></tr></table>

	£1000 - £4,999	Fund Manager, Director of Finance	
	Over £5,000* *Any expenditure over £5,000 is subject to procurement rules and budgetary delegation*	Fund Manager, Director of Finance and Charitable Funds Committee	
	Over £25,000	Fund Manager, Director of Finance and Charitable Funds Committee (reported to Trust Board for information within Chairs Assurance Report)	
	Over £100,000	Trust Board as Corporate Trustees	

Operational issues that relate to the work of the charity should be discussed in Executive Management Team meetings and operational decisions fed into discussions and decision making at the Committee.

Membership	The Charitable Funds Committee shall be appointed by the Trust Board and consist of up to: • 3 Non-Executive Directors • Director of Finance. • Director of Workforce and Organisational Development The Chief Executive has a standing invitation to attend any committee meeting. The following will be invited to attend the committee: • The Charity Manager • Smile Representatives • The Communications Manager • Deputy Chief Operating Officer The Committee will appoint a Chairman and Vice-Chairman to be reviewed annually.
Quorum	The quorum necessary for the transaction of business shall be if two members are present including at least one Non-Executive Director from Humber Teaching NHS Foundation Trust. Deputies may cover in the absence of the nominated member.
Chair	The Committee shall be chaired by a Non-Executive Director.
Frequency of Meetings	The Committee shall meet as and when required, but at least four times a year.
Agenda and Papers	The agenda is to be agreed with the Committee Chairman taking account of the annual cycle of Committee business. All papers are to be forwarded to members and those attending no later than 5 working days before the date of the meeting unless otherwise agreed by the

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	Chairman.

Minutes are taken of the proceedings and resolutions of the Committee including recording the names of those present and in attendance. Minutes shall be promptly circulated to all members.

A record is kept of matters arising and issues to be carried forward. |
| **Minutes and Reporting** | A written assurance report will be provided to the Board following each meeting.

Formal minutes will be taken of the meeting and presented to the Board with the assurance report. The Chair of the committee will provide a verbal summary/exception report to the Board in respect of meetings held for which minutes have not yet been approved.

The Chair of the Committee shall draw to the attention of the Trust Board any issues that require disclosure or require executive action.

The Committee's annual report and annual accounts will be considered by the Committee prior to submission to the Board. |
Monitoring and Review	An annual effectiveness review will be undertaken which will include a review of attendance and a review of the Committee's Terms of Reference.
Agreed by Committee	31 March 2021
Board Approved	May 2021 – tbc
Review Date	May 2022

CHARITABLE FUNDS COMMITTEE REPORTING STRUCTURE

TRUST BOARD

↑

Charitable Funds Committee

▲
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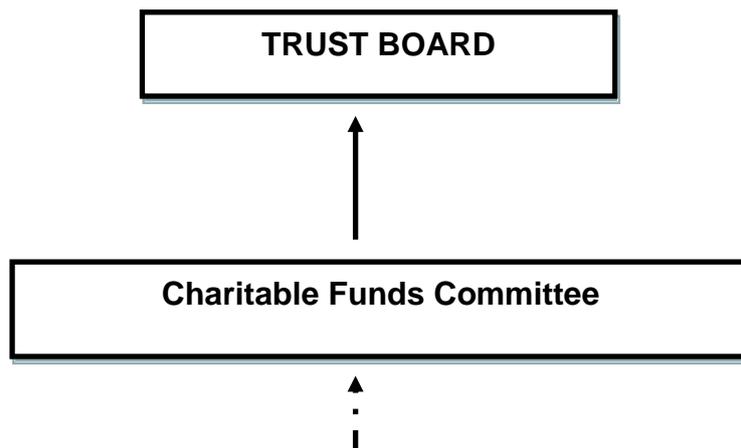
Project groups set up to contribute to the aims of the Charity will report to Charitable Funds Committee throughout the lifespan of the group/s (as at April 2021 these include):

Whitby Project Oversight Group

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Finance and Investment Committee

Annual Review of Committee Effectiveness and Terms of Reference
1st April 2020 to 31st March 2021

The purpose of the Finance and Investment Committee is to provide strategic overview and provide assurance to the Trust Board that there is an effective system of governance and internal control across all financial areas and any potential investment decisions

1. Executive Summary

Another good year with the committee continuing to evolve and grow under the added issues arising from Covid-19. The committee has delivered against all of its functions within its ToR as evidenced below apart from a delay in the Planning Guidance leading to a delay in the Trust's annual plan. A formal review of the workings of the committee has been undertaken and a summary of this has been attached. Overall the feedback is very positive and includes a reminder to keep checking that the Committee membership contains the right balance of experience, knowledge and skills to fulfill the role described in its Terms of Reference which has been sense checked and confirmed as the right mix. In terms of the issues raised in last year's review they have all been addressed.

In summary I am happy that the committee has the right membership, is working effectively and efficiently and is delivering sound, solid assurance to Board in terms of the financial performance of the Trust, its capital expenditure, its business planning, its estate planning and the delivery of its IT strategy. The papers submitted are of an excellent quality and recently added presentations have given real value to the committee.

2. Delivery of functions delegated by Board

Functions within ToR	Evidence to support delivery	Outstanding issues / action plan
Challenge the timeliness, accuracy and quality of financial and performance measures and reporting, and the systems underpinning them. It should ensure performance and relevant action plans are reviewed and managed in pursuit of Trust objectives.	Challenge undertaken at each meeting. Actions allocated regarding assurance in a rolling tracker with a Chair's log going to the Board after each meeting.	None
Scrutinise all financial plans, including the Trust's annual financial plan, prior to seeking Board approval	The impact of Covid and the delay in planning guidance from NHSI/ E has had an effect on Financial	Due to Planning Guidance being delayed until the end of March 21 which covers months 1 – 6 of

	Plans. FIC in February scrutinised the Trust's Run Rate position going into 21/22. The Planning Guidance for months 1 to 6 of 21/22 (H1) was issued at the end of March 21 and a report will be provided to FIC in April	2021/22 a report will be presented to FIC in April
Monitor delivery of the Trust's budget reduction strategy (BRS) and other financial savings programmes	Monitoring of the Trusts BRS has been undertaken at every meeting	None
Approve the processes and timetable for annual budget setting, and budget management arrangements	As highlighted above the Planning Guidance had not been issued until end of March 2021 by NHSI and the impact of COVID funding has not allowed a budget timetable to be formulated at this stage. FIC in February 2021 considered a level of assurance in terms of Run Rate and the timetable for budget setting into the new year	Due to delay in Planning Guidance report will be presented to FIC in April for months 1-6 of 2021/22
Review and challenge delivery of the Trust's Capital Investment Programme and approve the processes for managing the Trust's capital programme	Capital programme monitored at each meeting	None
Review and endorse the Trust's medium and long term financial plans prior to Board approval	Approved as part of the Budget Reduction Strategy 2021/22 to 2023/24 in February	None
Monitor the detailed monthly income and expenditure position of the Trust, overall financial performance (capital and revenue) against plan, and projected final outturn	Monitored at every meeting	None
Receive assurance from the Operational and Corporate Directors in respect of	COO attends the committee and	None

performance against annual budgets, capital plans and the BRS, quality, innovation, productivity and prevention plans, commissioning for quality and innovation plans (CQUIN), activity and key performance indicators, corporate governance activities and responsibilities;	Divisional Mangers are invited to review the specific issues within their Directorate	
Monitor effective balance sheet management, including asset management and cash planning	Monitored at every meeting	None
Monitor financial performance indicators, including compliance with Public Sector Payment Policy	Monitored at every meeting	None
Monitor the development, application and delivery of financial recovery plans	Primary Care Recovery Plan monitored specifically as part of the August Committee and then as part of every meeting. Secure Services monitored through every meeting.	None
Review the robustness of the risk assessments underpinning financial forecast	Risk assessments are included within the BRS monitored at every meeting. Risk assessments are undertaken in terms of the BRS scheme proposals as per the BRS reviews. All schemes are QIA'd which is reviewed by the Quality Committee	None
Review the Finance Directorate risk register, including delivery of action	Reviewed at every meeting	None
Approve financial policies & procedures, including standing financial instructions	Policies and procedures reviewed when required as per the deadlines.	None
Work with the Audit, Workforce and Quality Committee's advising on the non-clinical aspects of risk management.	Committee Chair worked closely with Chairs of Audit Committee and Quality Committee to advise on non-clinical risks.	None

	Committee Chair also sits on Audit Committee and has attended Quality Committee.	
Identify opportunities for improvement and encourage innovation	This is being undertaken with the Committee review form.	None
Monitor contract negotiation and performance noting the position of contracts and raising any concerns; receiving assurance from the Executive Directors in respect of the organisation meeting the contractual requirements and expectations of commissioners, meeting the legislative / regulatory requirements of regulators and other bodies'.	Regular reviews are provided as part of the Insight Report	None
Review and challenge both the Estates & Facilities Work Programme, Policies & Procedures and the delivery of the Trust's Estate Strategy. Will review and challenge the Digital Delivery work programme, policies and procedures	Delivery of the Trust Estate Strategy and the Trust Digital Strategy is reviewed on a quarterly basis with an annual full review produced and an update of the Estates Strategy which was copied in to Board.	None
Have due regard to the public sector equality duty and the Trust's equality objectives	Equality considered as standard practice throughout the Finance and Investment Committee's reporting. Particular reference to the BRS and QIA process (QIA overall responsibility is Quality Committee).	None
Refer issues arising to other Trust committees or group	This is done through the Chair's log, through the Chair attending other Committees and through conversations at NED meetings.	None
Maintain an annual work programme, ensuring that all matters for which it is responsible are addressed in a planned	An annual work plan has been produced which is reviewed at	None

manner, with appropriate frequency, across the financial year.	each meeting.	
The Committee shall be proactive in agreeing the most appropriate reporting format and style to suit the particular needs of the following users and stakeholders in accordance with best practice: • the Board (who may at any time request additional information, or information in a different format) and committees • commissioners, including CCGs and NHS England • public and patients staff • budget holders • other stakeholders, e.g. other Trusts, local authorities	The Committee agreed for a Chair's log to be produced for Board which is also used with Governors and is available on the public website for all stakeholders.	None
Scrutinise all business cases for new business and investment, in line with the Trusts Scheme of Delegation and Standing Financial instructions review all tenders presented to the Committee taking on board the views provided by the Executive Management Team. This will be achieved by:- • reviewing and approving the business development and investment framework to support and govern all investments, contracts and projects as set out in the TOR. • evaluating post implementation the financial performance of approved investments, contracts and development projects, and report the findings to the Board.	All opportunities over £500k have been submitted as business cases to the Committees for discussion and a decision, taking account of the Trusts Strategy and long term plan. Full reviews of benefits delivered are also undertaken.	

• considering the Trust's medium and long term strategies in relation to both revenue and capital investment expenditure, and make recommendations to the Board on a regular basis
• reviewing and assessing the business cases for:
  o Capital expenditure over £500k
  o New business development projects with an annual value in excess of £500k in total
  o Any reconfiguration project which has a financial and/or resource implication over £500k per annum
  o Leases, contracts or agreements with revenue, capital and/or resource investment/commitment in excess of £500k per annum
  o The purchase or sale of any property
  o The purchase or sale of any equipment above £250k
  o All Borrowing or investment arrangements
  o Horizon scanning regarding business opportunities.
To periodically consider strategic risks to business and ensure these are reflected and mitigated within any business cases.		

3.   Attendance

The Finance and Investment Committee met on 5 occasions during 2020/21

Members:	No of meetings attended
Francis Patton - Non-Executive Director	*05/05*
Peter Baren - Non-Executive Director	*05/05*
Lynn Parkinson - Chief Operating Officer	*04/05*
Peter Beckwith - Director of Finance	*05/05*
Iain Omand - Deputy Director of Finance	*05/05*
In attendance:	
Michele Moran - Chief Executive Officer	*04/05*
Sharon Mays - Chairman	*02/05*
Victoria Scarborough – Deputy Director of Business Development	*02/05*
Jonathan Duckles – Head of Business Development	*03/05*

3.2 The committee works well with all members contributing well providing good constructive challenge.

3.3 No changes are being recommended.

4. Quoracy
The Committee was quorate on all occasions

5. Reporting / Groups or Committees

Which groups report to Finance and Investment Committee *(these should be clearly identified on the schematic on your ToR)*. Please list:

- Digital Delivery Group
- Capital Programme Board

Has the Committee approved the Terms of Reference for each of these groups?
Yes [X] No [   ]   *If no, action/timescale for receipt:_____*

Are ToR annual reviews for each reporting group on your Committee workplan to approve?
Yes [X] No [   ]

Has the Finance and Investment Committee received sufficient assurance that its reporting groups or committees are operating effectively? Have the reports and minutes received from the reporting group provided the required level of assurance?   Yes [X]   No [   ]

If no, please provide an exception report on concerns/recommended changes below:-

Has Finance and Investment Committee requested / received an annual assurance report or effectiveness review from each of the reporting groups for 2020/21?
Yes [X] No [   ]

6.   Conduct of meetings

A full workplan was developed for the committee at the start of the years and despite Covid-19 issues has been delivered in full with all agenda's appropriately scheduled.
Reports and papers have been issued in a timely manner with any minor delays being driven by closing down the month end. The quality of papers has been good with Executive summaries continuing to improve.
The Committee has had excellent secretarial support providing high quality minutes and action logs in a timely manner. All actions are clearly recorded and assigned to individuals and dealt with in a timely manner.

7.   Review of Terms of Reference

The review has not highlighted the need for any changes to the ToR which is attached for information.

8.   Workplan for 2021/22

Has a workplan for the year ahead, 2021/22 been prepared?

Yes [X] No [   ]. *If no, when will it be presented to your committee?* _____

9.   Any Actions Arising from this Effectiveness Review?   YES [   ] NO [X]
 If any, please summarise in bullet point format below

Terms of Reference

Finance and Investment Committee

Authority	The Finance and Investment Committee is constituted as a standing committee of the trust's board of directors. Its constitution and terms of reference shall be as set out below, subject to amendment at future board of directors meetings. The Committee is delegated by the Board to exercise decision-making powers in discharging its duties, whilst recognising those matters reserved elsewhere. The Committee may form any working group, tasked for a specific purpose and for a fixed period of time, to support the delivery of any of its duties and responsibilities, or for relevant research. The Committee is authorised by the Board to obtain outside legal or other independent professional advice as it requires and to secure the attendance of those with relevant experience and expertise if it considers this necessary and appropriate by the Chair.
Overall Aim/Purpose	The Finance and Investment Committee exists to provide strategic overview and provide assurance to the Trust Board that there is an effective system of governance and internal control across all financial areas and any potential investment decisions. The primary role of the Committee is to monitor, review and support the Finance Directorate of the Trust, making recommendations to the Board as appropriate and taking actions as required. The Committee is authorised to require any Trust Officer to attend a meeting and provide information and/or explanation as required by the Committee
Duties	The Finance and Investment Committee will:- • Challenge the timeliness, accuracy and quality of financial and performance measures and reporting, and the systems underpinning them. It should ensure performance and relevant action plans are reviewed and managed in pursuit of Trust objectives. • Scrutinise all financial plans, including the Trust's annual financial plan, prior to seeking Board approval • Monitor delivery of the Trust's budget reduction strategy (BRS) and other financial savings programmes • Approve the processes and timetable for annual budget setting, and budget management arrangements • Review and challenge delivery of the Trust's Capital Investment Programme and approve the processes for managing the Trust's capital programme • Review and endorse the Trust's medium and long term financial plans prior to Board approval • Monitor the detailed monthly income and expenditure position of the Trust, overall financial performance (capital and revenue) against plan, and projected

final outturn

- Receive assurance from the Operational and Corporate Directors in respect of performance against annual budgets, capital plans and the BRS, quality, innovation, productivity and prevention plans, commissioning for quality and innovation plans (CQUIN), activity and key performance indicators, corporate governance activities and responsibilities;
- Monitor effective balance sheet management, including asset management and cash planning
- Monitor financial performance indicators, including compliance with Public Sector Payment Policy
- Monitor the development, application and delivery of financial recovery plans
- Monitor the development, application and delivery of financial contingency plans
- Review the robustness of the risk assessments underpinning financial forecasts
- Review the Finance Directorate risk register, including delivery of action plans
- Approve financial policies & procedures, including standing financial instructions
- Work with the Audit, Workforce and Quality Committee's advising on the non-clinical aspects of risk management.
- Identify opportunities for improvement and encourage innovation
- Monitor contract negotiation and performance noting the position of contracts and raising any concerns; receiving assurance from the Executive Directors in respect of the organisation meeting the contractual requirements and expectations of commissioners, meeting the legislative / regulatory requirements of regulators and other bodies'.
- Will review and challenge both the Estates & Facilities Work Programme, Policies & Procedures and the delivery of the Trust's Estate Strategy. Will review and challenge the Digital Delivery work programme, policies and procedures
- Oversee the work of the Special Purpose Vehicle (SPV) Task and Finish Group
- Scrutinise all business cases for new business and investment, in line with the Trusts Scheme of Delegation and Standing Financial instructions review all tenders presented to the Committee taking on board the views provided by the Executive Management Team. This will be achieved by:-
  - reviewing and approving the business development and investment framework to support and govern all investments, contracts and projects as set out in the TOR.
  - evaluating post implementation the financial performance of approved investments, contracts and development projects, and report the findings to the Board.
  - considering the Trust's medium and long term strategies in relation to both revenue and capital investment expenditure, and make recommendations to the Board on a regular basis
  - reviewing and assessing the business cases for:
    - Capital expenditure over £500k
    - New business development projects with an annual value in excess

	of £500k in total
	- Any reconfiguration project which has a financial and/or resource implication over £500k per annum - Leases, contracts or agreements with revenue, capital and/or resource investment/commitment in excess of £500k per annum - The purchase or sale of any property - The purchase or sale of any equipment above £250k - All Borrowing or investment arrangements - Horizon scanning regarding business opportunities. - To periodically consider strategic risks to business and ensure these are reflected and mitigated within any business cases. • Have due regard to the public sector equality duty and the Trust's equality objectives • Refer issues arising to other Trust committees or groups • Maintain an annual work programme, ensuring that all matters for which it is responsible are addressed in a planned manner, with appropriate frequency, across the financial year. The Committee shall be proactive in agreeing the most appropriate reporting format and style to suit the particular needs of the following users and stakeholders in accordance with best practice: • the Board (who may at any time request additional information, or information in a different format) and committees • commissioners, including CCGs and NHS England • public and patients staff • budget holders • other stakeholders, e.g. other Trusts, local authorities
Membership	Membership of the committee shall be comprised of the following: • 2 x Non-Executive Directors (1 of whom shall chair the committee) • Chief Operating Officer • Director of Finance • Deputy Director of Finance/Financial Controller • Clinical Director (Operational Services) General Managers and Deputy Directors will not be members but will attend for all or any part of a meeting as appropriate. Senior Clinical Leadership will be requested / invited to attend the Committee a minimum of 3 times per year, a reciprocal arrangement will be take place for Finance attendance at the Quality Committee Non-Executive Directors are entitled to attend any Trust committee meeting. The Chief Executive has a standing invitation to attend any meeting. The Chair of the Trust has the right to come to any committee at any time.

	Declarations of interest Members are required to state for the record any interest relating to any matter to be considered at each meeting, in accordance with the Trust's Conflict of Interest policy. Members will be required to leave the meeting at the point a decision on such a matter is being made, after being allowed to comment at the Chairs' discretion. Declarations shall be recorded in the minutes.
Quorum	A quorum shall be three of the above, comprising at least one Non-Executive Director.
Chair	• The Committee shall be chaired by a Non-Executive Director with appropriate experience who will be appointed by the Trust Chair and confirmed annually in a Board minute. • In the absence of the Committee Chair, the remaining Non-Executive present at that meeting shall act as Chair for that meeting. Deputies may attend by agreement with the Chair.
Frequency	• The Committee shall meet bi-monthly, however additional meetings will be diarised and held as necessary. • There is a requirement for flexibility when working to new Business deadlines and virtual meetings may be required for investment decisions.
Agenda and Papers	• Notice of each meeting, including an agenda and supporting papers shall be forwarded to each member of the Committee not less than 5 working days before the date of the meeting. • Minutes of all meetings of the Committee shall be taken by an appropriate and identified secretary and will kept by the Trust Secretary • A record shall be kept of matters arising and/or issues to be carried forward at each meeting. • A record shall be kept of all investment decisions for the purposes of performance monitoring and reporting. • All investment papers submitted must be considered by the Executive Management Team prior to consideration by the Committee in line with the flow of investment decision making. • All meetings of the Committee shall be called at the request of the Chair. • Meeting agenda will be agreed with the Committee Chair before circulation and when circulated it will confirm the venue, time and date.
Minutes and Reporting	A written assurance report will be provided to the Board following each meeting. Formal minutes will be taken of the meeting and presented to the Board with the assurance report. The Chair of the committee will provide a verbal summary/exception report to the Board in respect of meetings held for which minutes have not yet been approved.
Monitoring and Review	An annual effectiveness review will be undertaken which will include a review of attendance and a review of the Committee's Terms of Reference.

**Caring, Learning
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Agreed by Committee	20 April 2021
Board Approved Date	20 May 2020
Review Date	April 2022

FINANCE AND INVESTMENT COMMITTEE REPORTING STRUCTURE

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┌─────────────────────────────────────┐
│            TRUST BOARD              │
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                  ▲
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┌─────────────────────────────────────┐
│  FINANCE AND INVESTMENT COMMITTEE   │
└─────────────────────────────────────┘
                  ▲
                  │
        ┌─────────────────────────┐
        │ Individual Project/     │
        │ Tender Groups*          │
        │                         │
        │    Chair – SRO's        │
        └─────────────────────────┘
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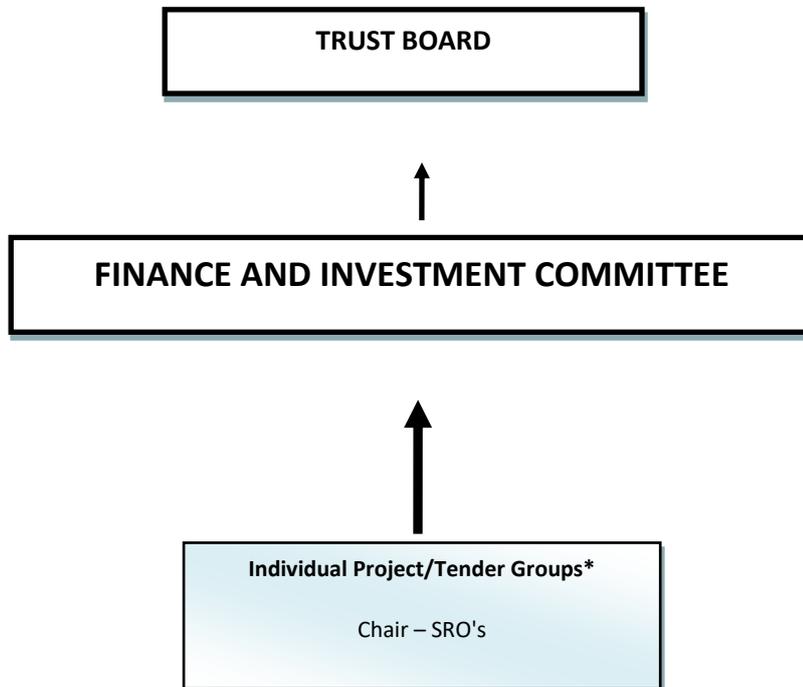
* Not a formal subgroup of the Finance and Investment Committee, relevant groups established based on each tender requirement.

Flow of decision making process re Investments
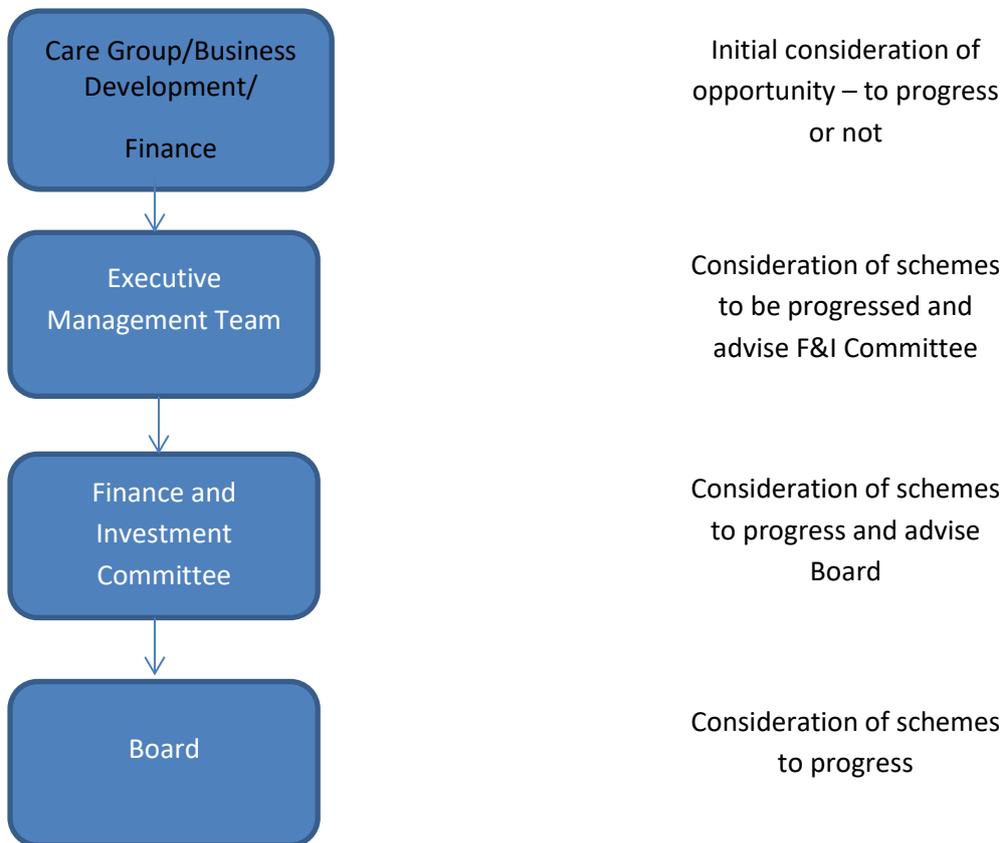
Care Group/Business Development/ Finance	Initial consideration of opportunity – to progress or not
Executive Management Team	Consideration of schemes to be progressed and advise F&I Committee
Finance and Investment Committee	Consideration of schemes to progress and advise Board
Board	Consideration of schemes to progress

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FINANCE & INVESTMENT COMMITTEE (FIC) Effectiveness

Numbers shown below reflect the number of members which responded to each column and any additional comments made:

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to answer	Comments/ actions
Theme 1 – Committee Focus						
I am clear about the objectives the Committee has set itself each year.	XXXXX	X				Good links into trust objectives
I understand how the Committee wants to operate in terms of the level of information it would like to receive for each of the items on its annual work plan.	XXXX	XX				
I have a full understanding of the Terms of Reference of the Committee.	XXXXX X					
Theme 2 – Committee Team Working						
The Committee membership has the right balance of experience, knowledge and skills to fulfill the role described in its Terms of Reference.	XXX	XX				Needs regular review as the trust and system develop
The Committee has structured its agenda to cover financial control, investment and investment business cases and key strategic areas of focus.	XXXX	XX				
The work plan is revisited at the end of every meeting to ensure it is accurate and up to date.	XXX	XXX				
I am clear with regards to the agenda items I am expected and required to contribute to.	XXXXX X					
I am clear with regards to the requirements for my attendance at the Committee.	XXXXX X					
Non-attendance by members/ regular attendees is addressed by the Chair of the Committee.	XX	XX			XX	Apologies are noted. I have not noticed any persistent non-attendance. Not sure on this one?
It is clear to me why I am a member/ attendee of this Committee and what information I am required to provide to the Committee.	XXXXX X					
I feel sufficiently comfortable within the Committee environment to be able to express my views, doubts and opinions.	XXXX	XX				
Members/attendees are held to account for late or missing information.	XXX	XX			X	I have not seen any requirement to hold members to account

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to answer	Comments/ actions
When a decision has been made or action agreed I feel confident that it will be implemented as agreed and in line with the timescale set down.	XXXX	XX				
Theme 3 – Committee Effectiveness						
The quality of Committee papers received allows me to perform my role effectively.	XXXX	XX				
Members/attendees provide real and genuine discussion and challenge which is of benefit to the effectiveness of the Committee.	XXXX	XX				
Debate is allowed to flow and conclusions reached without being cut short or stifled due to time constraints etc.	XXXX X	X				
Each agenda item is 'closed off' appropriately so that I am clear what the conclusion is; who is doing what, when and how etc, and how it is being monitored.	XXXX	XX				
Throughout the meeting and/or at the end of each section on the agenda, we discuss the outcomes and reflect back on decisions made and what worked well, not so well etc.	XX	XXX				
The Committee provides a written summary report of key points from its meetings to the Board of Directors.	XXXXX					
There is a formal appraisal of the Committee's effectiveness each year which is evidence based and takes into account my views and wider views.	XXXX XX					
The Committee actively challenges information providers during the year to gain a clear understanding of progress and achievement.	XXXX	XX				
Theme 4 – Leadership						
The Committee's Chair has a positive impact on the performance of the Committee.	XXXX	XX				
Committee meetings are chaired effectively and with clarity of purpose and outcome.	XXXXX	X				
The Chair allows debate to flow freely and does not assert his/her views too strongly.	XXXXX	X				

General	
Please use this section for further feedback. Is there anything you think would help the Committee run more smoothly? Any ideas for future	The meeting provides a structured and supportive challenge to my work. The feedback from the Non-Executive members is thoughtful and includes a fair level of challenge.

Committee works well and has matured over the last year. |

development / working differently?	Good work especially positive during the pandemic.
	The committee is extremely effective.

FIC Self-assessment form

MENTAL HEALTH LEGISLATION COMMITTEE

Annual Review of Committee Effectiveness and Terms of Reference
1ˢᵗ April 2020 to 31ˢᵗ March 2021

The purpose of the Mental Health Legislation Committee (MHLC) is to:

- Provide strategic leadership pertaining to the Mental Health Act, the Mental Capacity Act and their respective codes of practices and other mental health legislation as required.
- Monitor, provide challenge and seek assurance of compliance with external standards relating to mental health legislation
- Approve and review mental health legislation procedures and policies
- Promote and encourage joint working arrangements regarding the implementation of mental health legislation with partner organisations
- Receive reports regarding inspecting authorities and to monitor the implementation of action plans in response to any recommendations made.

1.   Executive Summary
Chair to provide a brief written overview of the Committee's work during the year and whether he/she believes that the Committee has operated effectively and added value

- The Committee undertakes its delegated function on behalf of the Trust Board in relation to the discharge of duties and responsibilities under the Mental Health Act (MHA), Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), and all other mental health related legislation. The Committee achieved its objectives for 2020-21 and delivered the functions delegated by the Board as outlined in section 2 below.
- The Committee approved various policies/procedures, including the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards Policy, Blanket Restrictions policy, Entry and Exit Policy, MHA Policy, Physical Restraint Policy, Inpatient Leave Policy, Conveying a patient Policy and the S136 Policy.
- Heard significant evidence of improved partnership working, especially with police and ambulance service
- Received annual MAPPA report and commended good work
- Noted published Care Quality Commission (CQC) guidance on long term segregation (LTS) and how Humber's Care Away From Others (CAFO) procedure and the reporting around individual patients subject to CAFO assisted our compliance and good patient care
- Received assurance about patient involvement in care planning
- The Committee had a substantive discussion concerning how our staff are currently facilitating the maximisation of family visiting to our inpatient units within the constraints of the Covid-19 pandemic guidelines.
- The Committee noted how the use of CTOs (Community Treatment Orders) is decreasing alongside national usage following suggestions from the Mental Health Act (MHA) review

- Agreed internal audit plan in relation to consent to treatment under the MHA and how this may support positive outcomes in respect of reducing errors.
- Mental Health Legislation Committee Terms of Reference reviewed; with regard to a nominated Associate Hospital Manager being on the committee (currently the chairman), and which Board the minutes should be presented to.
- Noted effectiveness of the Mental Health Legislation Steering Group under the leadership of the Clinical Director.
- Received regular MHL Quarterly Performance Report and noted no obvious outliers with regards to key metrics.
- Received detailed insight reports.
- Committee received two presentations on medical reviews of seclusion, and s.136
- Noted plans to set up Task and finish groups to look at MHA White paper and provide Trust response to consultation
- Received and note RRI annual report for 2019/20.
- Received the 3rd Equality and Diversity Annual Report - the committee praised the work that had gone into this which had provided comprehensive and rich information and had largely identified that the application of the MHA by ethnicity and gender is in line with the general population. Future reports are likely to be expanded to include some analysis of the Eastern European population, comparison of young people under 16 population to those admitted or detained, and work is underway to enrich the community data set with an EDI sub group having been set up to look at how clinicians can collect data. The skewing effect of out of area patients was also noted in relation to secure services.

  In the meantime, the committee discussions regarding this issue are detailed by way of the minute extract below in order to give additional assurance regarding 'work in progress:

Analysis of Ethnicity and MHA Annual Report
"Dr Fofie presented the report explaining it explores the findings from various publications from the last couple of years which highlight that there is substantial evidence to suggest that black, Asian and minority ethnic (BAME) groups are disproportionately detained under the Mental Health Act and that they actually have an increased risk of involuntary psychiatric care. The report compares Trust data to national figures. The data is shown from 2017 – 2020. In the majority over 90% of those people admitted informally, or detained under S2, S3, and S4, are from the white population. Percentages for informal admissions of people from the non-white community are slightly lower than the general population, which shows an underrepresentation in informal patients.

Part 3 of MHA increase in number compared to population number explained by Humber Centre having catchment area beyond Hull and East Riding to include areas such as west Yorkshire, which makes it difficult to compare with national figures. The report had included narrative and ideas for future reports to include high percentage of women in system, but struggling to identify white section, and identify eastern Europeans who may be unable to access services due to language barriers. Ms Nolan added steering group discussed women in 'forensics', and BI identified

other sections in this category, such as CTOs, which will be added as column to section 2, 3 and 4 data to better inform the next report. Data collection is better for inpatients than community for gender, and noted BI unable to obtain gender identifiable data other than male/female. Dr Fofie summarised, stating in looking at white and non-white population figures and comparing to national data, Trust data for Part 2 of MHA and use on wards is consistent with its population percentages. In future would like to include community and access to services. Mr Royles thanked Dr Fofie for the presentation, and asked what the precise next steps would be, particularly in regards to Trust as outlier for forensics. Dr Fofie responded saying there is a need to re-analyse CTOs and also forensics as the latter draws in patients from the wider patch making it difficult to compare with any data; however, BI can provide numbers for Hull and East Riding, which can then be separated out from full data set. Ms Nolan added in reference to informal patients the Health Inequalities E&D group has a sub-group working with BI to collect community data to support engagement prior to hospital admissions.

Mr Smith concluded saying in the past this report had had difficulties with data, but now the journey of examining and interrogating data was nearly complete, thereby producing a fuller report which was to be commended. Ms Mays said this year's report was very encouraging and the best she has seen. She complimented team on thoughts for pushing boundaries further, as in non-binary data, and expressed appreciation of ambition to progress future content. Overall, the report is a massive improvement".

Table 2b Percentage	2017 Informal *	2017 Sectioned (2, 3 & 4 MHAct)	2017 Sectioned (other, eg forensic)	2017 TOTAL	2018 Informal *	2018 Sectioned (2, 3 & 4 MHAct)	2018 Sectioned (other, eg forensic)	2018 TOTAL	2019 Informal *	2019 Sectioned (2, 3 & 4 MHAct)	2019 Sectioned (other, eg forensic)	2019 TOTAL	2020 Informal *	2020 Sectioned (2, 3 & 4 MHAct)	2020 Sectioned (other, eg forensic)	2020 TOTAL
Adult (*) (White) as % of Adults	96.8%	91.4%	80.6%	**94.3%**	93.7%	91.7%	79.3%	**92.6%**	94.8%	88.2%	94.4%	**92.4%**	96.6%	90.8%	92.9%	**94.3%**
Adult (*) (non-White) as % of Adults	3.1%	7.9%	19.4%	**5.3%**	5.4%	7.9%	20.7%	**6.6%**	3.7%	9.4%	5.6%	**5.8%**	2.3%	8.5%	4.8%	**4.6%**
Adult(*) Ethnicity not known as % of Adults	0.1%	0.7%	0.0%	**0.3%**	0.9%	0.5%	0.0%	**0.7%**	1.4%	2.4%	0.0%	**1.8%**	1.1%	0.7%	2.4%	**1.0%**
ERY & KUH Percentage Adults (White)	91.6%	91.6%	91.6%	**91.6%**	91.6%	91.6%	91.6%	**91.6%**	91.6%	91.6%	91.6%	**91.6%**	91.6%	91.6%	91.6%	**91.6%**
ERY & KUH Percentage Adults (non White)	8.4%	8.4%	8.4%	**8.4%**	8.4%	8.4%	8.4%	**8.4%**	8.4%	8.4%	8.4%	**8.4%**	8.4%	8.4%	8.4%	**8.4%**

2.   Delivery of functions delegated by Board

Functions within ToR	Evidence to support delivery	Outstanding issues / action plan
To approve Trust-wide policies and procedures relating to Mental Health Legislation.	Minutes detail policies and procedures approved. Minutes detail regular updates on status of required policies in line with the Mental Health Act Code of Practice.	Policy plan approved and adhered to.
To receive reviews of assessment reports and recommendations from external bodies relating to Mental Health Legislation in the Trust.	CQC reports and visits included within performance report. Action tracker for requirements and evidence available for	To continue to monitor compliance and evidence logs for CQC MHA action plans.

	in-depth scrutiny.	
To monitor key indicators capable of showing Trust compliance with Mental Health Legislation.	New style report for performance monitoring of key indicators. Discussed and analysed quarterly at committee following scrutiny at steering group.	Ongoing review of current statistical presentation of data in performance report - recent use of statistical process control (SPC) charts.
To receive regular data on key indicators underpinning delivery of the Trust's duties and responsibilities under Mental Health Legislation.	Ward level MHA audits are completed on My Assurance monthly. Deep dive MHA audit completed annually on every ward by MH Legislation team.	Audit results reported via the MHLSG and action taken where necessary.
To receive minutes and/or reports from the Mental Health Legislation Steering Group and the Associate Managers Forum. These will be presented by the Mental Health Legislation Manager.	Summary of minutes included in the Performance Report and summary of key issues arising included in Committee update.	Summary of minutes included in the Performance Report and summary of key issues arising included in Committee update.
To regularly review the Board Assurance Framework (BAF).	Minutes detail discussion of BAF in each Committee.	To continue to review and monitor.
Where appropriate to commission specific pieces of work and audits relating to Mental Health Legislation	RRI work - quarterly improvement reports against restrictive practices received by MHLC	Referred to Forensic service to ensure mechanical restraint SOP is aligned to MoJ guidance.

3. **Attendance**

3.1   The Mental Health Legislation Committee met on 4 occasions during 2020/21 - May, August & November 2020 and February 2021 all chaired by Mike Smith. The meetings have benefitted from the Clinical Director, Dr Kwame Fofie, leading on reporting and providing clinical leadership to the Committee. Dr Fofie will continue to provide the clinical leadership as the new Clinical Director.

Members:	No of meetings attended
Non-Executive Director, Dean Royles	*4/4*
Medical Director, Dr John Byrne	*4/4*
Deputy Director of Nursing, Tracy Flanagan, representing Hilary	*3/4*

Gledhill, Director of Nursing/Caldicott Guardian from August 2018	
Chief Operating Officer, Lynn Parkinson	*4/4*
Mental Health Act Clinical Manager, Michelle Nolan	*4/4*
Mental Health Legislation Manager, Sara Johns	*2/4*
Consultant Psychiatrist, Dr Kwame Fofie (from August 2018)	*4/4*
Consultant Psychiatrist, Dr Joanne Watkins (from August 2018)	*1/4*
Local Authority Representative (East Riding Local Authority) Derek Newton	*2/4*
Local Authority Representative (East Riding Local Authority), John Heffernan	*4/4*
Local Authority Representative (Hull Local Authority), Caron Hodgson	*1/4*
Named Nurse for Safeguarding Adult/MCA Lead, Rachael Sharp	*4/4*
Principal Social Worker, Fran Ashton (HFT)	*2/4*
Patti Boden (Clinical Lead, Specialist Care Group), RRI Lead	*1/4*
In addition to the members list Peter Baren (Non-Executive Director) attended the MHLC in May 2020, Michele Moran (Chief Executive) and Laura Sheriff (CQC) attended the meeting in August 2020, Johanna Scott, (Trainee Approved Clinician) and Dr Michael Cottle (Specialist Trainee 5 - Old Age Psychiatry) attended the meeting as observers in November 2020, and Sharon Mays (Trust Chair) attended the Committee in February 2021.	

3.2   Chair (and Executive lead) to provide a view on whether the membership composition is effective and the extent to which members have contributed.

The membership composition is effective and all members have contributed well. The lack of representation from Hull Local Authority remains a concern and is being progressed again as it is important to have their input and advice in order for all providers to maintain and develop effective services and good practice. As they have the legal responsibility for ensuring appropriate coverage for AMHPs in Hull their input is important.

3.3   Include any recommendation for change to membership & reasons why

Patti Boden (Clinical Lead, Specialist Care Group), now in attendance as the new RRI Lead. There is no other indication to change to membership other than to engage Hull Local Authority.

4.   Quoracy

The Committee was quorate on all four occasions

5.   Reporting / Groups or Committees

Which groups report to the Mental Health Legislation Committee? *(these should be clearly identified on the schematic on your ToR)*. Please list:
- Mental Health Legislation Steering Group.
- Associate Hospital Managers' Forum

Has the Committee approved the Terms of Reference for each of these groups?
Yes [✓] No [   ]   *If no, action/timescale for receipt:_____*

Are ToR annual reviews for each reporting group on your Committee workplan to approve?
Yes [   ] No [✓]

Has the Mental Health Legislation Committee received sufficient assurance that its reporting groups or committees are operating effectively? Have the reports and minutes received from the reporting group provided the required level of assurance?
Yes [✓]   No [   ]

If no, please provide an exception report on concerns/recommended changes below:-

The Mental Health Legislation Committee has received sufficient assurance that its reporting groups or committees are operating effectively. Attendance at the Mental Health Legislation Steering Group is improving. In respect of mental health legislation the Steering Group has an important role giving operational input to the Committee. The new Division structure now includes a Clinical Director post to which the task of chairing and overseeing attendance at the Steering Group has been allocated; this new post has sufficient authority to ensure attendance and a review of the Terms of Reference has been undertaken. A summary of the minutes from this meeting is aggregated into the performance and assurance report; along with other areas of mental health legislation so the Committee has the required level of assurance.

The Committee will keep under review the recruitment and retention of Associate Hospital Managers (AHMs), ensuring that an adequate number are retained and that their training and performance are regularly reviewed. The Committee recommends the appointment / re-appointment of AHMs for periods not exceeding 3 years. As a result of this process, during the year 2 AHMs were reappointed by the Board

Has the Mental Health Legislation Committee requested / received an annual assurance report or effectiveness review from each of the reporting groups for 2020/21?
Yes [✓] No [   ]

Annual report received for Hospital Managers Forum; quarterly assurance report received for the MHLSG.

6.   Conduct of meetings

Chair to consider the following questions
- *Was a workplan agreed at the start of the year and have meetings and agendas been appropriately scheduled to meet the work plan?*
  A work plan, as outlined in the Cycle of Business, was agreed at the start of the year and meetings and agendas have been appropriately scheduled to meet that.

- *Are the reports and papers presented of a high quality and prepared in time for issue 5 working days ahead of the meeting?*
  The reports and papers presented have been of a high quality and prepared in time for issue 5 working days ahead of the meeting.
- *Is the quality and timeliness of the minutes satisfactory?*
  The quality and timeliness of the minutes are of a very good standard.
- *Is an action log maintained and are actions clearly recorded, assigned to individuals with timelines and followed through?*

  - An action log has been maintained and actions are clearly recorded, assigned to individuals with timelines and followed through.
  - Relationships have been established with the Quality Committee and issues have been cross referenced between committees e.g. prone restraint, AMHP plan. This avoids duplication and aids escalation.
  - Insight report provided, combining themes and issues report with publications and policy highlight report. This has established a contextual backdrop at each meeting.
  - Strong relationships with clinicians and MH Teams.
  - MHLC taken as the authoritative voice on issues, taking a sophisticated view looking at both the external world and internal processes and seeking to understand and act upon issues.

7.   Review of Terms of Reference

The Terms of Reference were reviewed by the Committee on 04th February 2021 and to be approved as part of Committee Effectiveness Review submission to May 2021 Trust Board. These are attached for reference.

8.   Workplan for 2021/22

Has a workplan for the year ahead, 2021/22 been prepared?

Yes [✓   ] No [   ].   *If no, when will it be presented to your committee?* _____

To include in the workplan:

- monitor the legislative implications of the Coronavirus Act 2020 and any associated regulations / guidance
- seek assurance concerning preparations for the implementation of the LPS
- consider the impact / learning points of CQC inspections relating to other Mental Health active Trusts
- improve input and involvement of colleagues, partners and stakeholder via the opportunities provided by new ways of working

9.   Any Actions Arising from this Effectiveness Review?   YES [   ] NO [✓]
If any, please summarise in bullet point format below

Terms of Reference
Mental Health Legislation Committee

Constitution and Authority	The Mental Health Legislation Committee is constituted as a standing Committee of the Trust's Board of Directors. Its Constitution and Terms of Reference shall be as set out below, subject to amendment at future Board of Directors meetings. For the purpose of these Terms of Reference, Mental Health Legislation refers to the Mental Health Act 1983, the Mental Capacity Act 2005 and other related primary and secondary mental health legislation. This includes government and regulatory policies, procedures and codes of practice which the Trust is bound to observe as a matter of law. The Committee is authorised by the Board of Directors to seek assurance on Mental Health Legislation. It is authorised to seek any information it requires from the relevant Director. The Committee is authorised by the Board of Directors to request the attendance of individuals with relevant experience and expertise if it considers this necessary or expedient to the carrying out of its functions.
Role / Purpose	The purpose of the Mental Health Legislation Committee (MHLC) is to: • Provide strategic leadership pertaining to the Mental Health Act, the Mental Capacity Act and their respective codes of practices and other mental health legislation as required. • Monitor, provide challenge and seek assurance of compliance with external standards relating to mental health legislation • Approve and review mental health legislation procedures and policies • Promote and encourage joint working arrangements regarding the implementation of mental health legislation with partner organisations • Receive reports regarding inspecting authorities and to monitor the implementation of action plans in response to any recommendations made.
Scope & Duties	All persons agreeing to bring back action or information to the Committee will do so, using an appropriate deputy if necessary and, where this has not been possible, will come up with a revised plan of action and report such matters to the Chair prior to the next meeting. The Committee will keep under review the recruitment and retention of Associate Hospital Managers (AHMs), ensuring that an adequate number are retained and that their training and performance are regularly reviewed. The Committee will recommend to the Board the appointment of AHMs for periods not exceeding 3 years (after which they may be re-appointed by the Board). Responsibilities of the Committee: To approve Trust-wide policies and procedures relating to Mental Health Legislation. To receive reviews of assessment reports and recommendations from external bodies relating to Mental Health Legislation in the Trust. To monitor key indicators capable of showing Trust compliance with Mental Health Legislation. To receive regular data on key indicators underpinning delivery of the Trust's duties and responsibilities under Mental Health Legislation.

	To receive minutes and/or reports from the Mental Health Legislation Steering Group and the Associate Managers Forum. These will be presented by the Mental Health Legislation Manager. To regularly review the Board Assurance Framework (BAF). Where appropriate to commission specific pieces of work and audits relating to Mental Health Legislation
Membership	The Committee will have full membership of: • At least two Non-Executive Directors (one of which is also a designated Associate Hospital Manager) • Medical Director • Chief Operating Officer • Clinical Director • Deputy Director of Nursing and Quality • Mental Health Act Clinical Manager • Assistant Director of Nursing (Operations) • Mental Health Legislation Manager • Named Professional for Safeguarding (Adults), MCA and Prevent Lead • Principal Social Worker • Local Authority representation covering the Humber area Core members are expected to attend each meeting. However where this is not possible deputies can attend by agreement of the Chair. Other individuals may be called to attend for all or part of any meeting, as and when appropriate. The Chief Executive has a standing invitation to attend any meeting. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.
Quorum	The quorum necessary for the transaction of business shall be five including one Non-Executive Director, the Medical Director (or authorised deputy) and another who must be a qualified clinician. Members of the Committee must attend at least 3 meetings in each financial year, but should aim to attend all scheduled meetings.
Chair	The Chair of the Committee will be a Non-Executive Director and will be appointed by the Trust Chairman. In the absence of the Chair a Non-Executive Director shall Chair the meeting.
Frequency of Meetings	The Committee shall meet at least every quarter. Additional meetings may be held on an exceptional basis at the request of the chairman or any five members of the MHL Committee.
Agenda and Papers	The Mental Health Act Clinical Manager (with appropriate support), will ensure that: • There is agreement of the agenda with the Chairman of the Committee, and that the necessary papers are produced, collated and circulated; • Minutes are taken of the proceedings and resolutions of all meetings of the Committee including recording the names of those present and in attendance. • Minutes shall be circulated promptly (within 20 working days) to

	all members of the Committee;
	• A record is kept of matters arising and issues to be carried forward;
	• An annual cycle of business is established
Minutes and Reporting	A written assurance report will be provided to the Board following each meeting.
	Formal minutes will be taken of the meeting and presented to the Confidential Board, whilst the assurance report will go to the Public Board. The Chair of the committee will provide a verbal summary/exception report to the Board in respect of meetings held for which minutes have not yet been approved.
Monitoring and Review	An annual effectiveness review will be undertaken which will include a review of attendance and a review of the Committee's Terms of Reference.
Agreed by Committee	04 February 2021
Board Approved	To be approved as part of Committee Effectiveness Review submission to May 2021 Trust Board
Review Date	February 2022

MENTAL HEALTH LEGISLATION COMMITTEE REPORTING STRUCTURE

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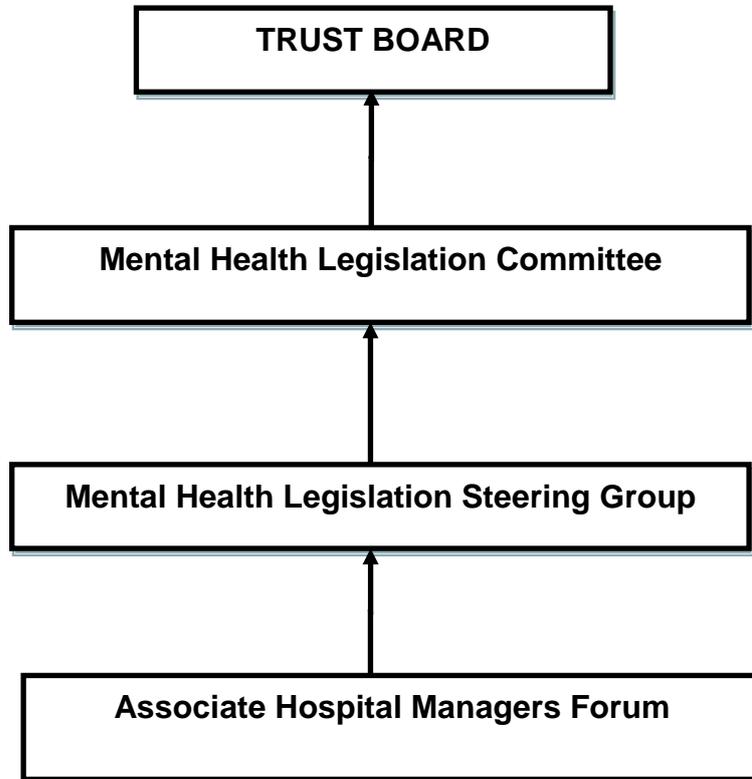
AUDIT COMMITTEE

Annual Review of Committee Effectiveness and Terms of Reference
1st April 2020 to 31st March 2021

The purpose of the Audit Committee is to scrutinise and review the Trust's systems, risk management, and internal control. It reports to the Trust Board on its work in support of the Annual Report, Quality Report, Annual Governance Statement, specifically commenting on the fitness for purpose of the Board Assurance Framework, in particular Strategic Goal 3, the completeness of risk management arrangements, and the robustness of the self-assessment against Care Quality Commission (CQC) regulations.

1.   Executive Summary (Required from the Chair)

Peter Baren
Senior Independent Director and Chair of the Audit Committee

"The Audit Committee has adapted very well in the year to online working, with all meetings being held virtually. Against this backdrop, it has been extremely reassuring that the quality of reports and related assurance have both been very high. During the year we received notable reports on CORS, Information Governance and Procurement, as well as Internal Audit and External Audit. The degree of smart follow up on Audit actions has been good, and there has been a seamless change to the new Internal Auditors (Audit Yorkshire), who are already showing their excellent knowledge and commitment. The annual effectiveness review has this year included a self assessment survey facilitated by the auditors, and I am sure the feedback will allow us to progress further. Mazars are again conducting their external audit off site, and I am very confident of another successful audit completion. I would like to thank all involved in the successful operation of the Committee over the last twelve months."

2.   Delivery of functions delegated by Board

Functions within ToR	Evidence to support delivery	Outstanding issues / action plan
Keep an overview of the key elements of the Trust's governance and finance.	This forms the main work of the committee with updates from internal and external audit at each meeting, highlighting areas of concern and any actions required.	None
Monitor the integrity of the financial statements of the Trust, and any formal	The Audit Committee in June reviewed the Trust's	None

announcements relating to the Trust's financial performance, reviewing significant financial reporting judgements contained in them	Annual Accounts and External Audit Opinion, prior to these documents being submitted to the Trust Board	
Review the Trust's Internal Controls	Internal Controls reviewed through the Internal Audit Reporting mechanism	Non
Review and monitor the external auditor's independence and objectivity and the effectiveness of the external audit process, including approval of annual plans, taking into consideration relevant UK professional and regulatory requirements;	External Audit produce an update to each committee and attend to present	None
Monitor risks that are identified by the systems of internal control;	Updates are received at each Audit Committee on completed audits and audit follow up work. Updates are provided at the meeting on recommendations made and actions taken.	Actions from audits that are overdue for implementation are updated at each meeting
Make recommendations to the Council of Governors through the Governor Finance and Audit Group, regarding the appointment, re-appointment and removal of the external auditor, including tender procedures	New contract for External Audit let in November 2019 – Governor Finance and Audit Group involved in the appointment and a recommendation made to the Governors	None
Develop and implement policy on the engagement of the external auditor to supply non-audit services, taking into account relevant ethical guidance regarding the provision of non-audit services by the external audit firm	The Policy for Use of Audit for Non Audit Services was approved by the Audit Committee in November 2018. Use of External Auditors for non-audit work is reported in the Trust's Annual Report.	None
Approve the appointment and/or removal of the internal auditors;	The Trust Appointed new Internal Auditors (Audit Yorkshire) on 1 October 2020 through a competitive tender process	None
Report to the Council of Governors, identifying any matters in respect of which it considers that action or improvement is needed, making recommendations as to the steps to be taken	Regular updates are provided to the Finance, Audit, Strategy and Quality Governor Group following each audit committee.	None
Produce an annual report for the Trust Board	On June Agenda.	None
Review arrangements by which staff within the Trust may raise confidentially concerns over financial control and reporting, clinical quality and patient safety and other matters	Whistleblowing/Raising Concerns is a standing agenda item for the committee and is also considered by Workforce Committee and included in the reportable incidents log to the trust board.	None

Caring, Learning
& Growing Together

The Committee also received the Information Governance Annual Report at its November meeting. This was a comprehensive review of the Group's work that is chaired by an Executive Lead. The Committee were reassured of the level of governance and work that had been undertaken by the Group.

The Committee received a regular update regarding the Trust's Single Tender Waivers. This detailed each contract and value that was subject to a single Tender Waiver.

2.1   The Committee has specific ownership of Strategic Goal 3 (Fostering Integration, partnership and alliances). This was reviewed throughout the year by the Audit Committee as part of the Board Assurance Framework which is a standing item on the agenda.

3.   Attendance

3.1   The Audit Committee has met on 5 occasions to date during 2020/21

Members:	No of meetings attended
Peter Baren – Non Executive Director (Chair)	5/5
Francis Patton – Non-Executive Director	5/5
Mike Smith – Non-Executive Director	5/5
In Attendance:	
Michele Moran – Chief Executive	3/5
Peter Beckwith – Director of Finance	5/5
Other Board Members:	
Sharon Mays – Trust Chair	1

3.2   The Chair (and Executive lead) hold the view that the membership composition is effective and the extent to which members have contributed has been appropriate.

4.   Quoracy

The quorum necessary for the transaction of business is two.
The Committee was quorate on **all** occasions.

5.   Reporting / Groups or Committees

The Information Governance Group is a sub group of the Audit Committee and all minutes and reports received have given the required level of assurance.

A review of the Information Governance Group's ToRs is being undertaken at its February meeting. This will be available for review at the Audit Committee's May meeting.

The Information Governance annual effectiveness review will be undertaken in May 2021 and reviewed at the committees August meeting.

Caring, Learning & Growing Together

6. Conduct of meetings

Chair to consider the following questions

- *Was a workplan agreed at the start of the year and have meetings and agendas been appropriately scheduled to meet the work plan? Yes*

- *Are the reports and papers presented of a high quality and prepared in time for issue 5 working days ahead of the meeting? Yes*

- *Is the quality and timeliness of the minutes satisfactory? Yes*

- *Is an action log maintained and are actions clearly recorded, assigned to individuals with timelines and followed through?*
	Yes

Audit Committees are required to carry out a self-assessment on its effectiveness. The process this year included Internal Audit arranging for questions used which are condensed versions of the checklist included within the HFMA Audit Committee Handbook.

Internal Audit invited Audit Committee members and regular attendees (13 individuals in total) to complete two anonymised electronic self-assessment questionnaires. Out of the 13 individuals invited to participate, 10 individuals completed the Themes questionnaire and eight individuals completed the processes questionnaire. The responses are shown at Appendix 1.

In summary, evaluation indicates compliance against the self-assessment criteria used.

7. Review of Terms of Reference

The Terms of Reference are included at Appendix 2 for approval.

Two changes have been made:
- References to Chairman replaced with Chair
- Schematic updated to reflect commissioning committee and dotted lines to Audit.

8. Workplan for 2021/22

Has a workplan for the year ahead, 2021/22 been prepared?

Yes [ ] No [✓]. *If no, when will it be presented to your committee* May 2021

9. Any Actions Arising from this Effectiveness Review? ~~YES~~ [   ] NO [/]
If any, please summarise in bullet point format below

Terms of Reference

Audit Committee

Constitution and Authority	The Audit Committee is constituted as a standing committee of the trust's board of directors. Its constitution and terms of reference shall be as set out below, subject to amendment at future board of directors meetings.
	The Audit Committee Terms of Reference are based on recommendations and guidance from the Cadbury Committee, the Combined Code, the NHS Audit Committee Handbook, the NHS Integrated Governance Handbook and subsequent guidance including Monitor's Audit Code, Code of Governance and Compliance Framework.
	Delegated Authority Section 4.8.1 of the Trust's Standing Orders, and Standing Financial Instructions sets out the modus operandi of the Audit Committee. The Terms of Reference of this Committee shall be reviewed by the Trust Board on an annual basis.
	As a Committee of the Trust Board, it will: • be accountable and report to the Trust Board. • advise and make recommendations to the Trust Board on areas which fall within its remit and responsibilities. • review and approve policy where relevant and judged appropriate by the Committee for the discharge of its functions. • Monitor, review and advise on the effectiveness of the systems of integrated governance, risk management, and internal controls, and further to hold to account directors responsible for ensuring that these matters are effective and robust. • scrutinise any activity listed in its Terms of Reference and cycle of business • investigate any activity within the Terms of Reference and to seek any information it requires from any employee.

Caring, Learning & Growing Together

	• Any other measures deemed appropriate, relevant and proportionate by the Committee for the discharge of its functions.
Role / Purpose	The purpose of the Audit Committee is to scrutinise and review the Trust's systems, risk management, and internal control. It reports to the Trust Board on its work in support of the Annual Report, Quality Report, Annual Governance Statement, specifically commenting on the fitness for purpose of the Board Assurance Framework, the completeness of risk management arrangements, and the robustness of the self-assessment against Care Quality Commission (CQC) regulations.

Key Responsibilities

The Audit Committee is a Non Executive Committee of the Board and has no executive powers, other than those specifically delegated in these Terms of Reference. Its key responsibilities are to:

• keep an overview of the key elements of the Trust's governance and finance.

• monitor the integrity of the financial statements of the Trust, and any formal announcements relating to the Trust's financial performance, reviewing significant financial reporting judgements contained in them;

• review the Trust's internal controls;

• review and monitor the external auditor's independence and objectivity and the effectiveness of the external audit process, including approval of annual plans, taking into consideration relevant UK professional and regulatory requirements;

• monitor risks that are identified by the systems of internal control;

• make recommendations to the Council of Governors through the Governor Finance and Audit Group, regarding the appointment, re-appointment and removal of the external auditor, including tender procedures;

• develop and implement policy on the engagement of the external auditor to supply non-audit services, taking into account relevant ethical guidance regarding the provision of non-audit services by the external audit firm;

• monitor and review the effectiveness of the Trust's internal audit function and counter-fraud arrangements, including approval and review of related annual plans;

• approve the appointment and/or removal of the internal auditors; |

	• report to the Board, identifying any matters in respect of which it considers that action or improvement is needed, making recommendations as to the steps to be taken; • produce an annual report for the Trust Board • review arrangements by which staff within the Trust may raise confidentially concerns over financial control and reporting, clinical quality and patient safety and other matters.

Scope and Duties	The Audit Committee's duties are detailed below under the following headings:
	
	• The Chair
	• The Audit Committee
	    o Governance, Risk Management and Internal Control
	    o External Audit
	    o Internal Audit
	    o Other Assurance Functions
	    o Counter Fraud
	    o Management
	    o Financial Reporting
	• Trust Secretariat
	
	The Chair
	The Chair is responsible for the following:
	• Approving agendas for meetings
	
	• Chairing pre meetings with the auditors and counter fraud specialists
	
	• Chairing meetings
	
	• Reporting to the Trust Board (highlighting any issues requiring further disclosure or executive action);
	
	• Reporting immediately those items of a significant nature regarding the Board Assurance Framework and the Risk Register;
	
	• Providing an executive summary report following each Committee meeting for the Trust Board meeting;
	
	• Notifying the Chair(s) of any other Committee(s) of specific actions arising from the Audit Committee that affect the other Committee(s) and ensuring these actions are detailed in the minutes;
	
	• Approving the minutes of the Audit Committee before they are submitted to the Trust Board;

- Ensuring there is unhindered access to the Heads of External and Internal Audit for any matters of internal control or risk requiring urgent advice or action.

The Audit Committee

Governance, Risk Management and Internal Control

The Audit Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management, internal control (clinical and non-clinical) across the whole of the organisation activities that supports the achievement of the Trust's objectives.

In particular, the Committee will review the adequacy of:

- all risk and control related disclosure statements (in particular the Annual Governance Statement, regular reports on the activities of the Risk Management and Governance, self-certification statements to the Regulator, and Care Quality Commission declarations), together with any accompanying Head of Internal Audit statement, External Auditor opinion or other appropriate independent assurances, prior to endorsement by the Trust Board.

- underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements. The Audit Committee will undertake periodic reviews of progress against the Board Assurance Framework and Corporate Risk Register, with significant changes highlighted. Where these items are of such a significant nature, 4 refers, the Chair of the Audit Committee will bring them to the immediate attention of the Chair of the Trust Board. A full copy of these key documents will be made available to the Audit Committee in accordance with the timetable agreed by the Trust Board and will normally be reviewed in full prior to the production of the Annual Report and Accounts and the Annual Governance Statement and as part of the Trust's mid year review process.

- policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and any related reporting and self-certifications, and consider any training requirements to ensure Committee members are kept up to date with emerging requirements, policies and procedures for all work related to counter fraud and security as required by NHS Protect.

- arrangements by which staff of the Trust may raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, with the aim of ensuring that arrangements are in place for the proportionate and independent investigation of such matters and for appropriate follow-up action.

In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from Directors and managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

This will be evidenced through the Committee's use of an effective Board Assurance Framework to guide its work and that of the audit and assurance functions that report to it.

As part of its integrated approach, the Committee will have effective relationships with other key committees so that it understands processes and linkages. However, these other Committee's must not usurp the Committee's role.

External Audit

The Council of Governors will take the lead in agreeing with the Audit Committee the criteria for appointing, reappointing and removing auditors. The Audit Committee will make recommendations to the Council of Governors via the Finance and Audit Governor Group who will then make recommendations to the full Council on these matters, and approve the remuneration and terms of engagement of the External Auditor. In accordance with its Standing Orders, the Council of Governors will appoint the external auditor following recommendation from the Audit Committee.

The Audit Committee shall develop and implement policy, in collaboration with the Finance Directorate, regarding the engagement of the External Auditor to supply non-audit services, taking into account relevant ethical guidance. All requests for the supply of non- audit services must be presented to the Audit Committee for noting.

The Audit Committee shall review and monitor the External Auditor's independence and objectivity, and the effectiveness of the audit process, taking into consideration relevant UK professional and regulatory requirements.

The Audit Committee shall review the work and findings of the External Auditor and consider the implications and management's responses to their work.

This will be achieved by:-

- consideration of the appointment and performance of the External Auditor, as far as the rules governing the appointment permit.
- review and agreement, before the audit commences, the nature and scope of the audit as set out in the annual external audit plan
- discussion with the External Auditors of their local evaluation of audit

risks and assessment of the Trust and associated impact on the audit fee

- review of all audit reports that are specifically drawn to the attention of the Audit Committee by the auditors which will include the annual audit letter before submission to the Board and any work carried outside the annual audit plan, together with the appropriateness of management responses.
- Ensuring that there is in place a clear policy for the engagement of external auditors to supply non audit services.

The Head of External Audit will have unhindered and confidential access to the Chair of the Audit Committee.

Internal Audit

The Audit Committee shall ensure that there is an effective Internal Audit function established by management that meets the Public Sector Internal Audit Standards, 2013 and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board.

This will be achieved
by:-

- consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal

- review and approval of the Internal Audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Board Assurance Framework;

- where there is a requirement to undertake work outside of the approved annual work plan, all such requests must be presented to the Audit Committee for approval;

- consideration of the major findings of internal audit work (and management's response), and ensure co-ordination between the Internal and External Auditors to optimise audit resources;

- ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation;

- annual review of the effectiveness of internal audit in such manner as is appropriate and agreed by the Audit Committee, including a review of the successful operation of the contract between the Trust and Internal Audit.

The Head of Internal Audit will have unhindered and confidential access to the Chair of the Audit Committee.

Other Assurance Functions

The Audit Committee shall review the findings of other significant assurance functions, both internal and external to the Trust, and consider the implications for the governance of the organisation. These will include, but not be limited to, any review by Department of Health arms-length bodies or Regulators/Inspectors (e.g. Care Quality Commission, NHS Litigation Authority, Monitor etc.), and professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies etc.).

In addition, the Audit Committee will review the work of other Committees within the Trust, whose work can provide relevant assurance to the Audit Committee's own scope of work.

Counter Fraud

The Audit Committee shall satisfy itself that the organisation has adequate arrangements in place for counter fraud and bribery, in accordance with Service Condition 24 of NHS Standard Contract. The Audit Committee will review the outcomes of work in these areas against the standards set by NHS Counter Fraud Authority (as referenced in Standard Condition 24.2).

Management

The Audit Committee shall request and review reports, evidence and assurances from directors and managers on the overall arrangements for governance, risk management and internal control.

The Audit Committee will receive assurance reports from the Information Governance Group, which is a delegated sub group of the audit committee.

They may also request reports from individual functions within the Trust (e.g. clinical audit) as they may be appropriate to the overall arrangements.

Financial Reporting

The Audit Committee will monitor the integrity of the financial statements of the Trust, and any formal announcements relating to the Trust's financial performance, reviewing significant financial reporting judgements contained in them.

The Audit Committee shall review the Annual Report and Accounts before submission to the Board, focusing particularly on:

- changes in, and compliance with, accounting policies and practices and estimation techniques;

- major judgemental areas;

- significant judgements in the preparation of the financial statements;

- significant adjustments resulting from the audit;

- the wording in the Annual Governance Statement and other disclosures relevant to the terms of reference of the Audit Committee;

- letters of representation;

- explanations for significant variances;

- unadjusted mis-statements in the financial statements.

Providing mandatory issues (as detailed in paragraph 1) are reserved for the attention of the full Committee in session, other matters including review of the Annual Report and Summary Financial Statements may be dealt with as the Audit Committee deems appropriate through a process co-ordinated by the Audit Committee Chair.

The Audit Committee should also ensure that the systems for financial reporting to the Trust Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Trust Board.

Trust Secretariat

The Audit Committee shall be supported administratively by the Trust Secretary whose duties in this respect will include:

- agreement of the agenda with the Chair and attendees and collation and circulation of papers in good time

- ensuring that those invited to each meeting attend

- minute-taking and keeping a record of matters arising and issues to be carried forward

- helping the Chair to prepare reports to the Board

- arranging meetings for the Chair – for example , with the internal/external auditors or local counter fraud specialists

- maintaining records of members' appointments and renewal dates etc

- advising the Audit Committee on pertinent issues/areas of

	interest/policy developments • ensuring that action points are taken forward between meetings • supporting any ongoing training requirements for Non-Executive Directors as appropriate for their membership of the Audit Committee. Reference should be made, as appropriate to the Trust's Standing Orders, Reservations and Delegation of Powers and Standing Financial Instructions
Membership	The Audit Committee shall be composed of not less than 3 Non-Executive Directors of the Trust. • There will be appropriate cross-membership with other Board committees. • One member of the Audit Committee should have significant, recent and relevant financial experience as outlined in the Combined Code. • Members are required to attend at least 50% of meetings. Named substitutes may attend with the agreement of the Chair of the Trust. **Attendance by others at Meetings** External and Internal Auditors, and a representative of the Counter Fraud specialists are required to make themselves available when required for a private meeting with the Audit Committee Chair as required . The Director of Finance is the Executive lead for this Committee. The Director of Finance, Trust Secretary and Internal and External Audit and Counter Fraud representatives shall normally attend Audit Committee meetings. Other Executive Directors may be invited to attend, particularly when the Audit Committee is discussing areas of risk or operation that are the responsibility of that Director. The Chief Executive will have a standing invitation to attend Audit Committee meetings. The Chief Executive will usually attend the Audit Committee meeting where the end of year reporting, auditor's opinions, the Annual Governance Statement, the Annual Report and Annual Accounts are delivered. The Trust Secretary shall be Secretary to the Audit Committee and shall attend to take minutes of the meeting and provide appropriate support to the Chair and Committee members. Representatives from other organisations (for example, NHS Protect)

	and other individuals may be invited to attend on occasion.
	The Chair of the Trust shall not be a member of the Audit Committee.
Quorum	A quorum shall be 2 members.
Chair	One of the Non-Executive Directors will be appointed as Chair of the Audit Committee by the Chair of the Trust.
	If the Chair is absent from the meeting, another Non-Executive Director, shall preside.
Frequency of Meetings	Meetings shall be held quarterly as a minimum. One meeting will receive and review the annual submissions.
Agenda and Papers	An agenda for each meeting, together with relevant papers, will be forwarded to committee members to arrive 1 week before the meeting.
	Unapproved minutes will be circulated to the membership.
Minutes and Reporting	A written assurance report will be provided to the Board following each meeting.
	Formal minutes will be taken of the meeting and presented to the Board with the assurance report. The Chair of the committee will provide a verbal summary/exception report to the Board in respect of meetings held for which minutes have not yet been approved.
	The Audit Committee minutes are deemed confidential, and not for publication. Confidential minutes shall be maintained, where necessary, for considerations of confidentiality, including commercial confidentiality. Matters specifically agreed to be confidential by the Audit Committee must be treated as entirely confidential. They must be minuted and reported to the Trust Board separately. In addition, all Committee business must be kept confidential until reported to the Trust Board or otherwise concluded, unless the Audit Committee agrees otherwise.
	Servicing and Reporting Arrangements
	The Audit Committee will maintain a rolling annual work plan that will inform its agendas and seek to ensure that all duties are covered over the annual cycle.
	Reporting arrangements into the high level Committee with overarching responsibility for risk, the Audit Committee, will be as described in the rolling annual work plan together with anything extra agreed for a particular meeting.
	Agendas and papers shall be distributed one week prior to the

	meeting.
	The minutes of Audit Committee meetings shall be formally recorded by the Trust Secretary and submitted to the members of the Audit Committee. The Chair of the Audit Committee shall provide an executive summary report for the next Trust Board meeting that highlights substantive issues and recommendations. Minutes of the meeting will also be reported to the Trust Board in the part II session.

The Audit Committee Chair shall draw to the attention of the Trust Board any issues that require disclosure to the full Trust Board, or require executive action. Specific actions arising from one committee affecting the work of another Committee will be detailed in the minutes and notified to the Chair of the other Committee.

The Audit Committee will report to the Trust Board annually on its work in support of the Annual Governance Statement, specifically commenting on the fitness for purpose of the Board Assurance Framework, the extent to which risk management is fully embedded in the organisation, the integration of governance arrangements and the appropriateness of the evidence that shows the organisation is fulfilling regulatory requirements relating to its existence as a functioning business and the robustness of the processes behind the quality accounts.

An annual review of effectiveness will be undertaken and included in the annual report. The annual report should also describe how the Committee has fulfilled its terms of reference and give details of any significant issues that the Committee considered in relation to the financial statements and how they were addressed. |
| **Monitoring and Review** | An annual effectiveness review will be undertaken which will include a review of attendance and a review of the Committee's Terms of Reference.

This will cover the following duties:-

  • Accountability including reporting arrangements to the Trust Board
  • Membership, including nominated deputy where appropriate
  • Frequency of meetings
  • Requirements for a quorum
  • Required frequency of attendance by members
  • Process for monitoring compliance with all of the above
  • The work and achievements of the Audit Committee
  • Outcome of the Audit Committee's annual self-assessment
  • An action plan, if appropriate, to rectify any deficiencies (to be monitored by the Board).

The Audit Committee shall report to the Board, identifying any matters within the its remit in respect of which it considers that action or improvement is needed, and making recommendations as to the steps to be taken. |

Agreed by Committee	11 May 2021
Board Approved	19 May 2021 tbc
Review Date	May 2022

AUDIT COMMITTEE REPORTING STRUCTURE
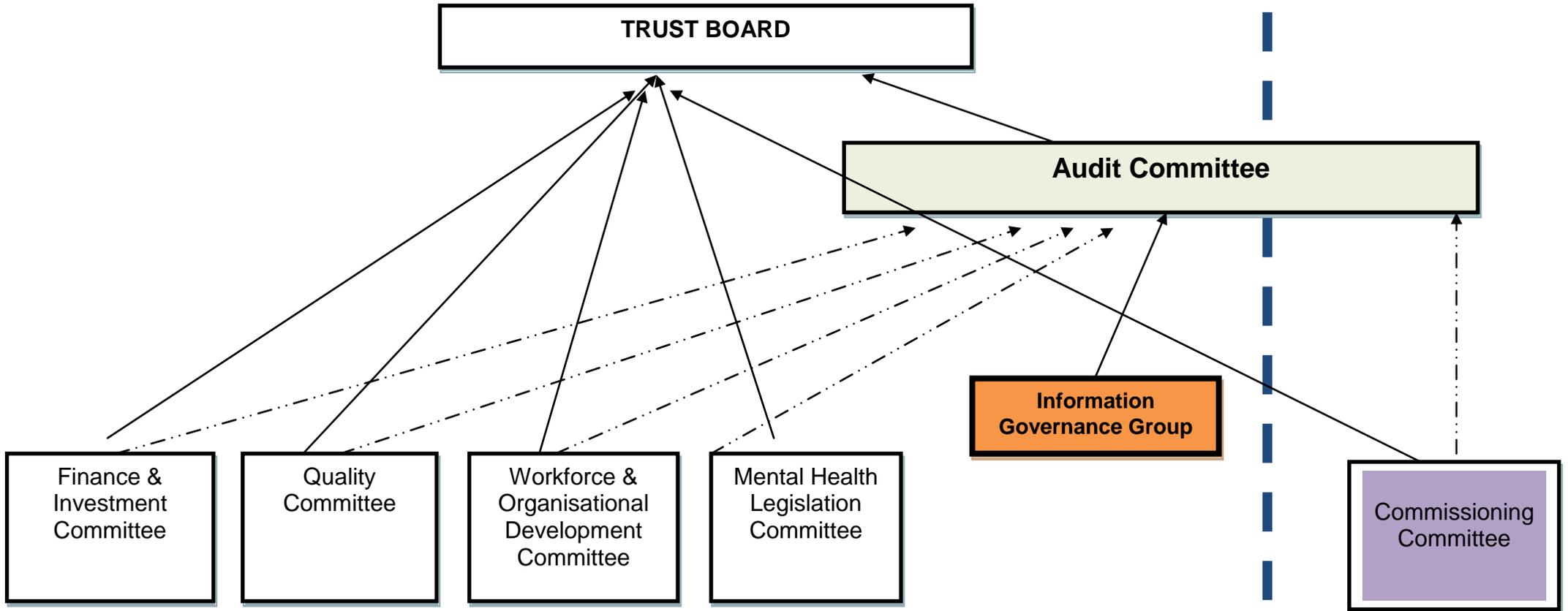
Audit Committee Effectiveness Self-Assessment: Themes (10 responders)

COMMITTEE FOCUS

1. Committee members contribute regularly to the issues discussed.
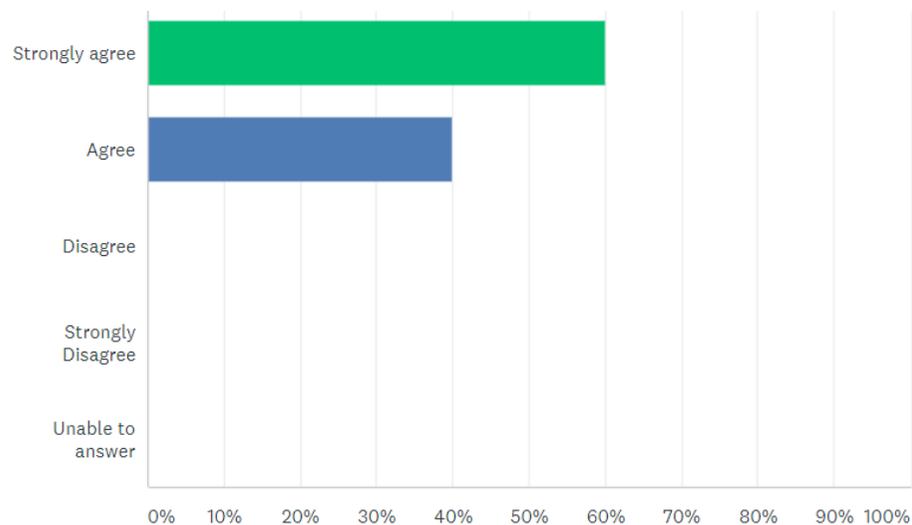
2. Equal prominence is given to both quality and financial assurance.
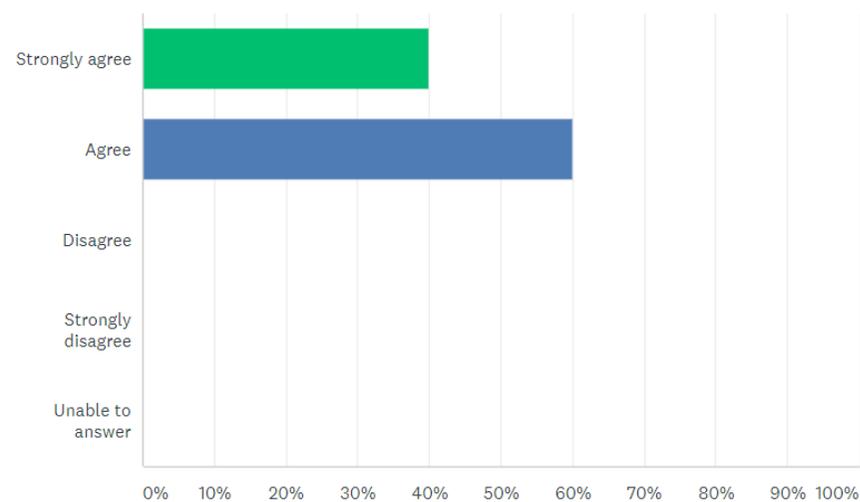
COMMITTEE TEAM WORKING

3. The committee has the right balance of experience, knowledge and skills to fulfil the role.

4. The committee environment enables people to express their views, doubts and opinions.
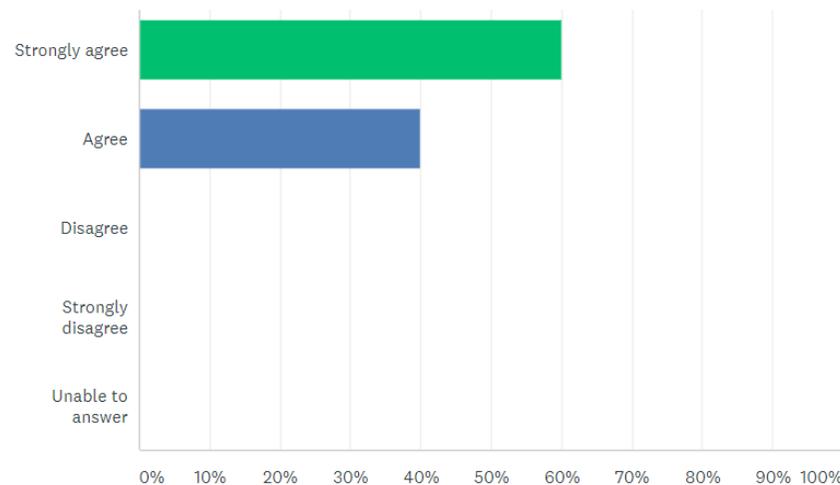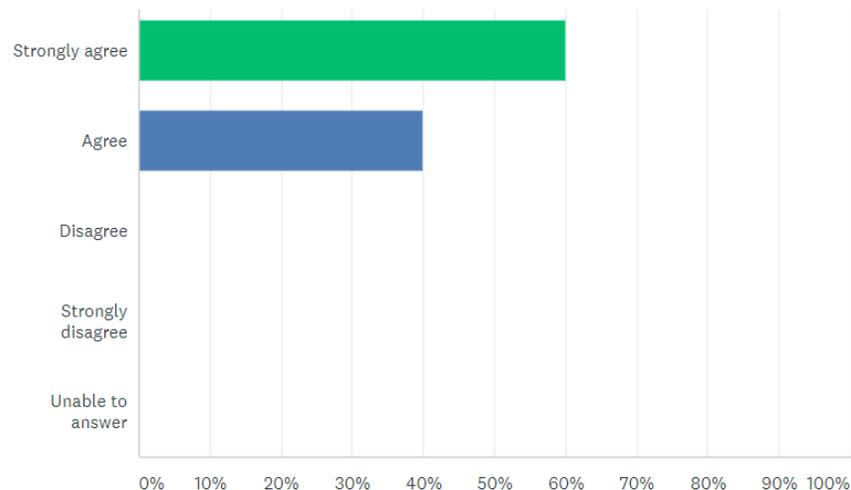
5. Committee members understand the messages being given by external audit/internal audit/counter fraud specialists.
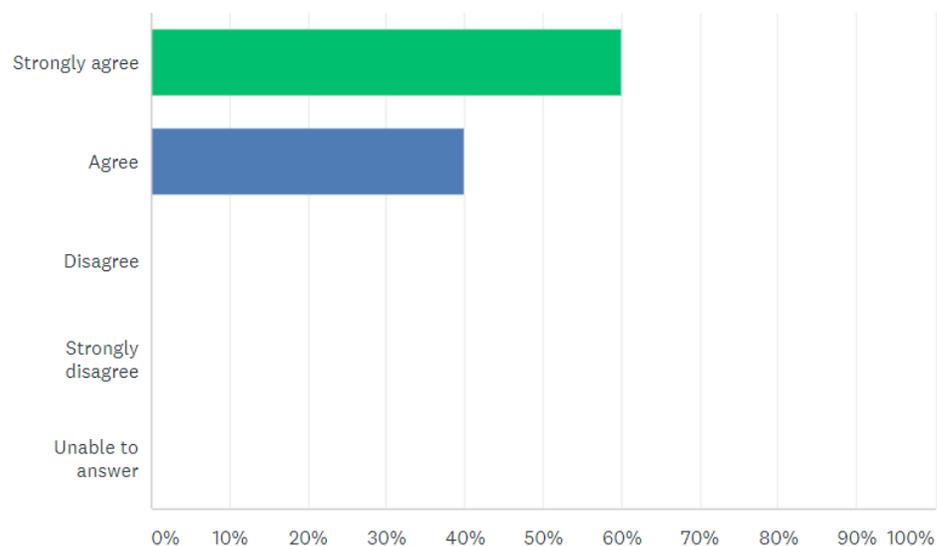
6. Please leave your comments below

- Clear messages are provided by both Internal and External Audit
- The committee has a clear focus built around it's terms of reference and delivers against them
- The counter fraud inputs need to be streamlined in order to be better understood and received

COMMITTEE EFFECTIVENESS

7. **The quality of committee papers received allows me to perform my role effectively.**
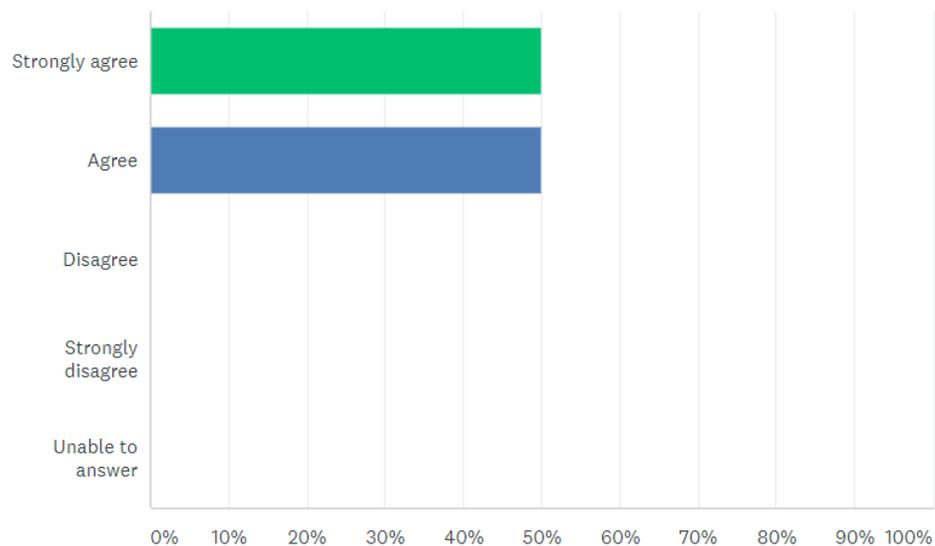
8. **Debate is allowed to flow and conclusions reached without being cut short or stifled.**
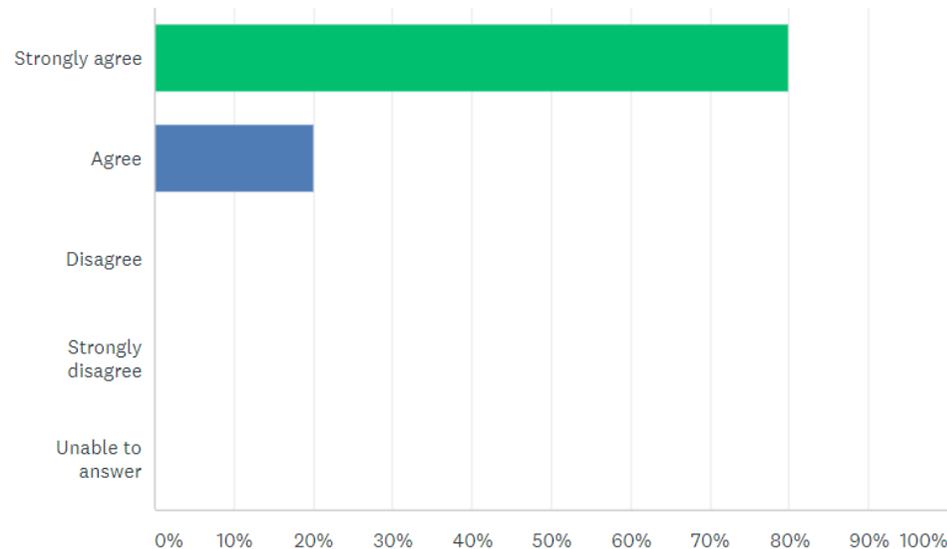
COMMITTEE ENGAGEMENT

9. **The committee actively challenges both management and other assurance providers to gain a clear understanding of their findings.**

10. **The committee is clear about its role in relationship to other committees that play a role in relation to clinical governance, quality and risk management.**
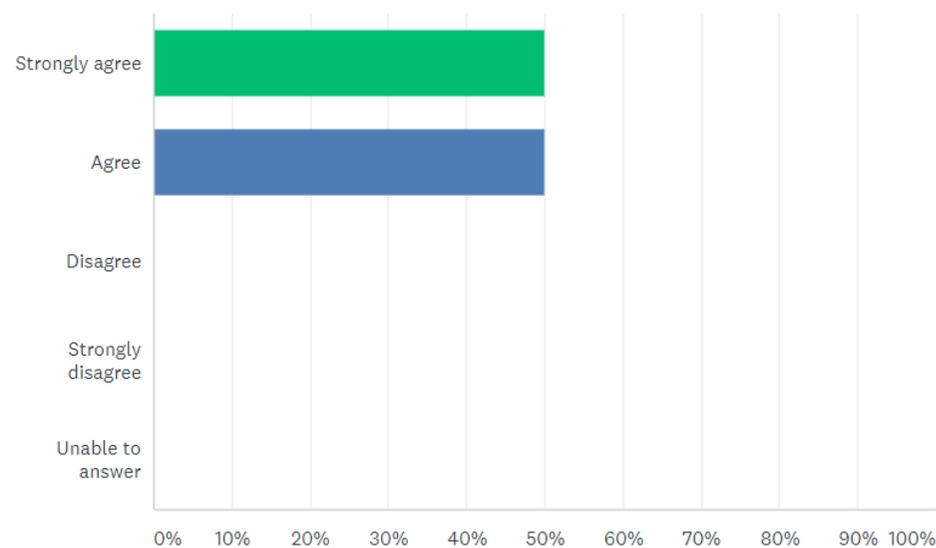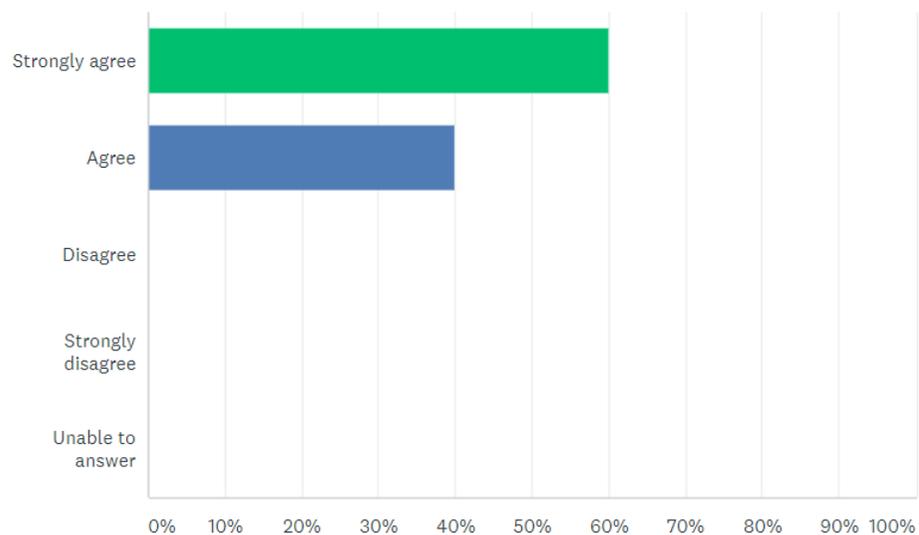
11. Please leave your comments below

- I like the way managers come in and out of the meeting to discuss their topics. Makes the committee tighter and avoids downtime for managers.

COMMITTEE LEADERSHIP

12. The Committee meetings are chaired effectively.
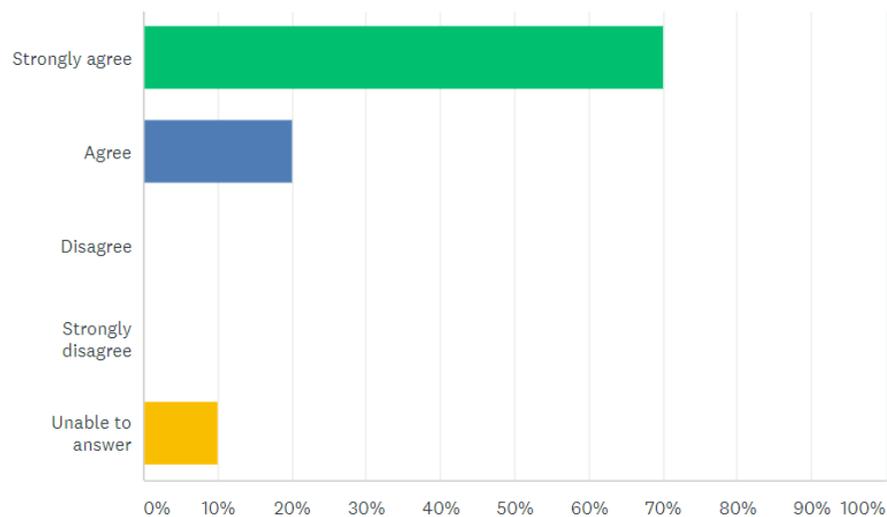
13. The committee chair allows debate to flow freely and does not assert his/her own views too strongly.
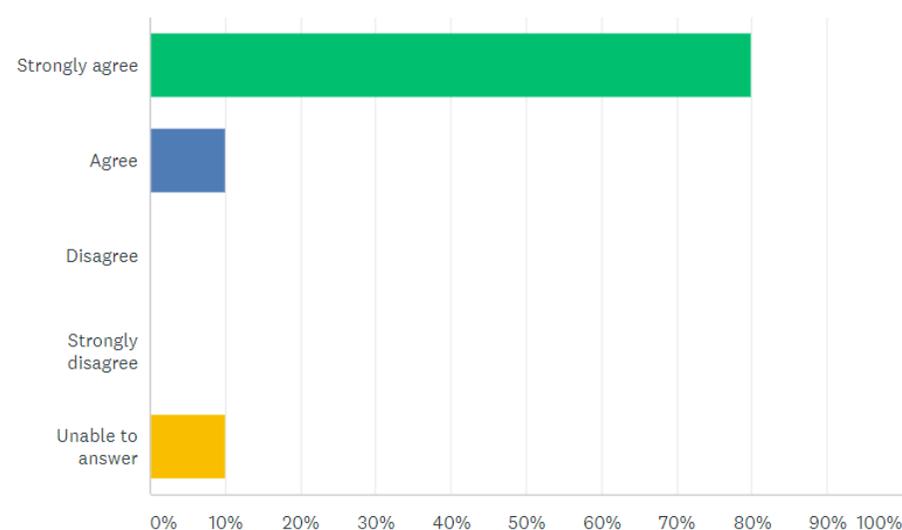
14. The committee Chair provides clear and concise information to the Board on the activities of the committee and gaps in control.
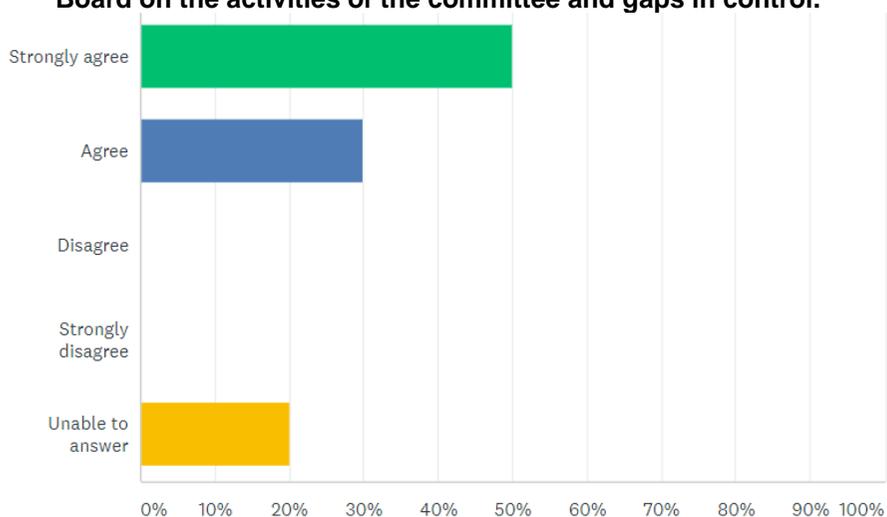
15. Please leave your comments below

- Committee Chair is effective and pro active

Audit Committee Effectiveness Self-Assessment: Processes (8 responders)

COMPOSITION, ESTABLISHMENT AND DUTIES

16. Are Committee papers distributed in sufficient time for members to give them due consideration?
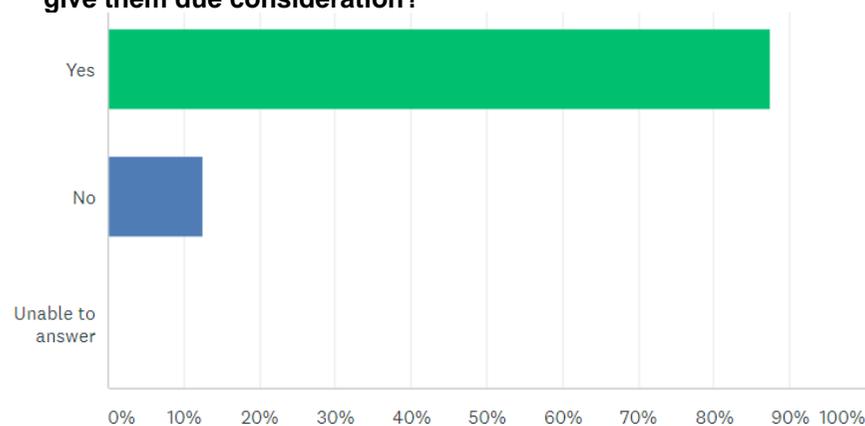
INTERNAL CONTROL AND RISK MANAGEMENT

17. Has the Committee reviewed the effectiveness of the organisation's Assurance Framework?

18. Has the Committee reviewed the accuracy of the draft Annual Governance Statement?
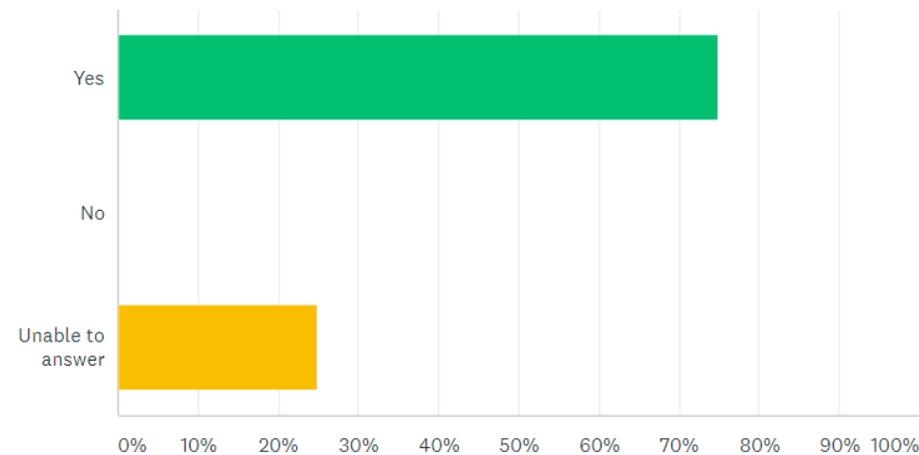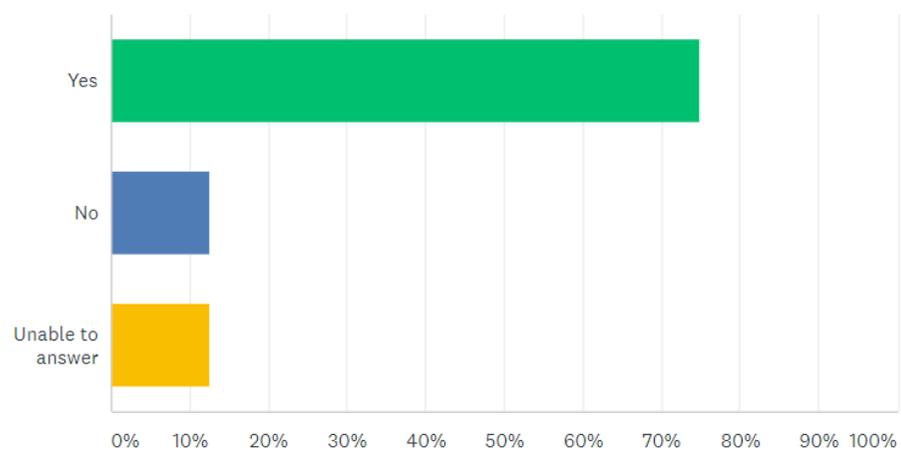
ANNUAL REPORT AND ACCOUNTS AND DISCLOSURE STATEMENTS

19. **Does the Committee specifically review:**
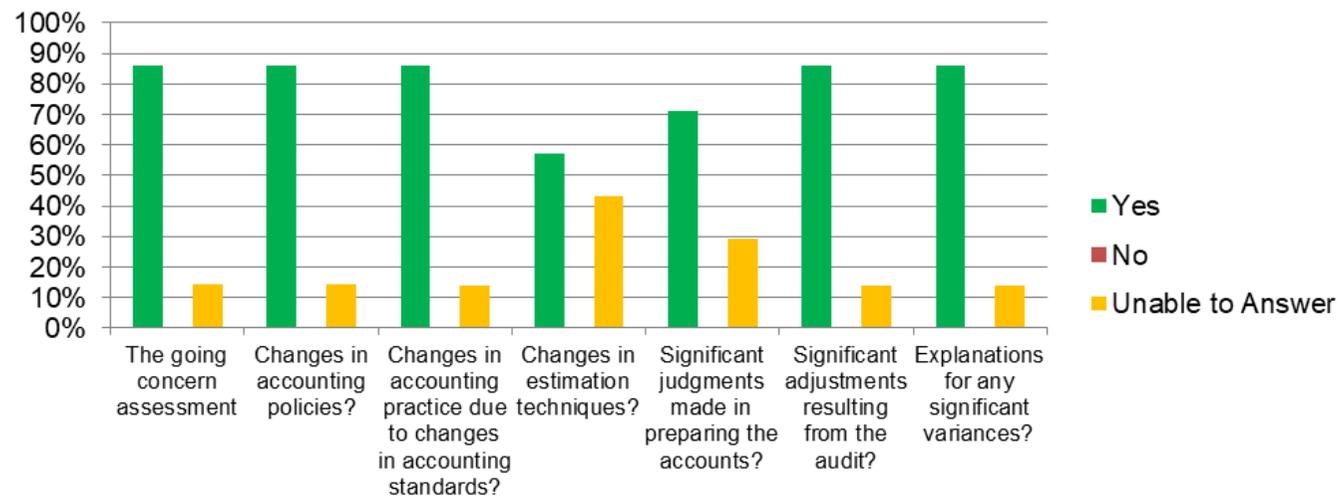
20. **Please leave your comments below**
    - The year end is coming up so this is last year.

INTERNAL AUDIT

21. Is there a formal 'charter' or terms of reference, defining internal audit's objectives, responsibilities?
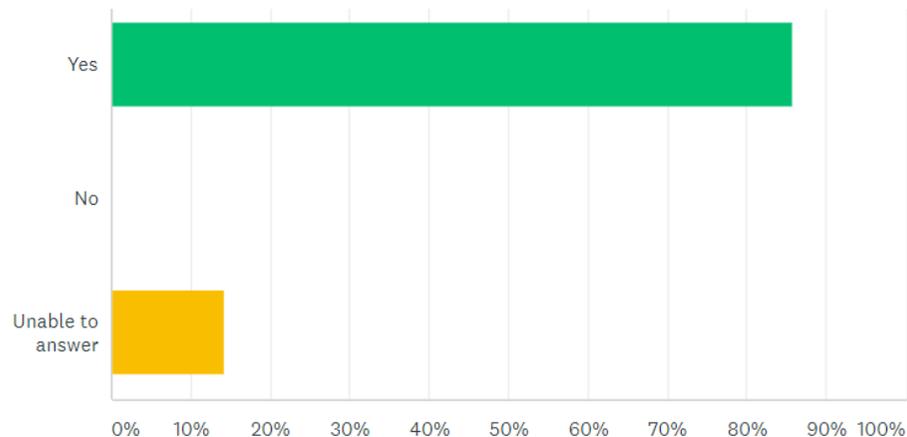
22. Is the Committee confident that the audit plan is derived from a clear risk assessment process?
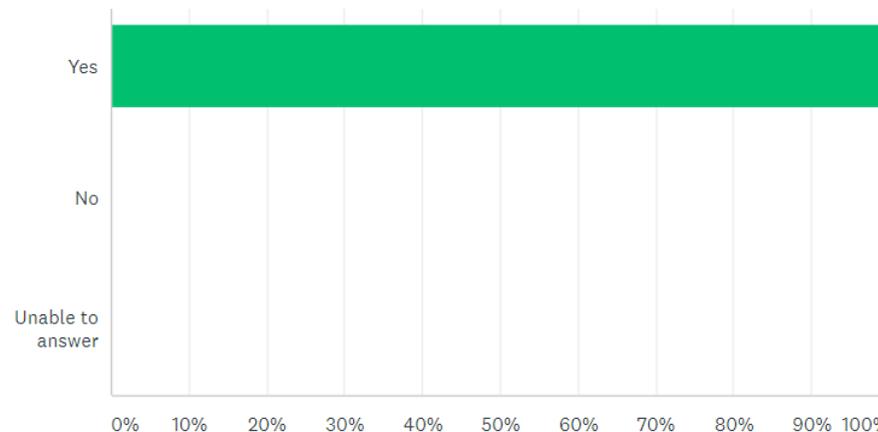
23. Is the Committee confident that internal audit is free of any scope restrictions or operational responsibilities?
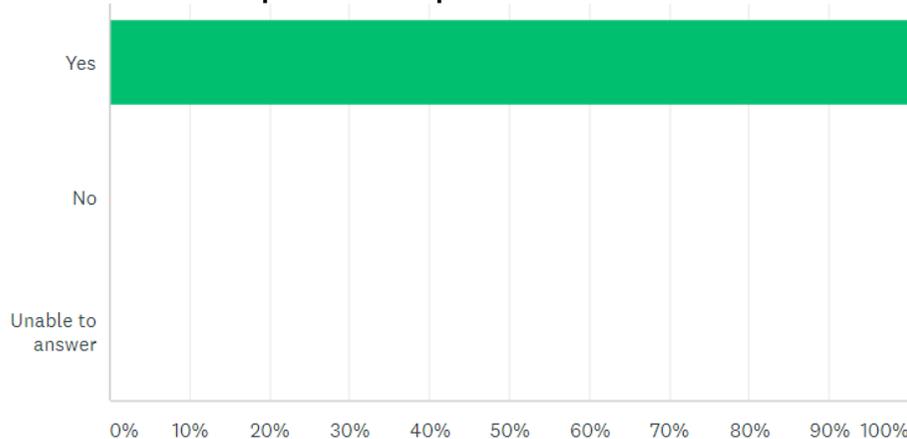
EXTERNAL AUDIT

24. Does the Committee review the External Auditor's ISA 260 report (the

25. Does the Committee review the external auditor's value for money

report to those charged with governance)?
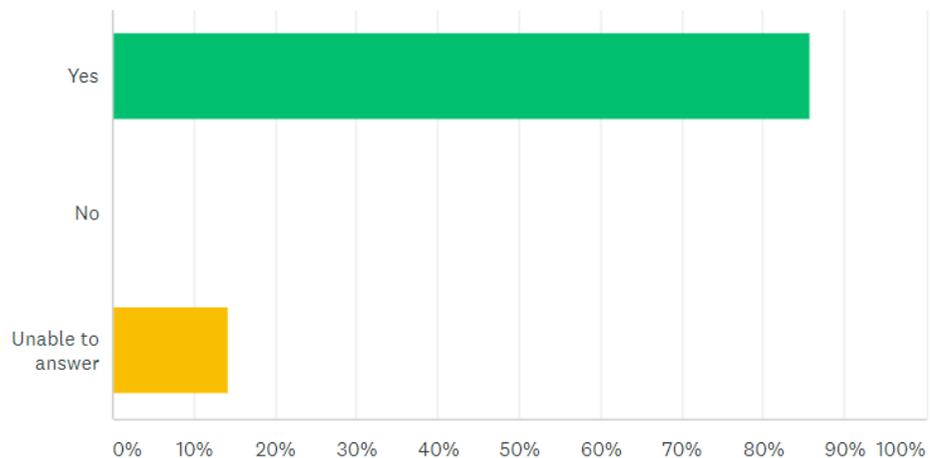
conclusion?
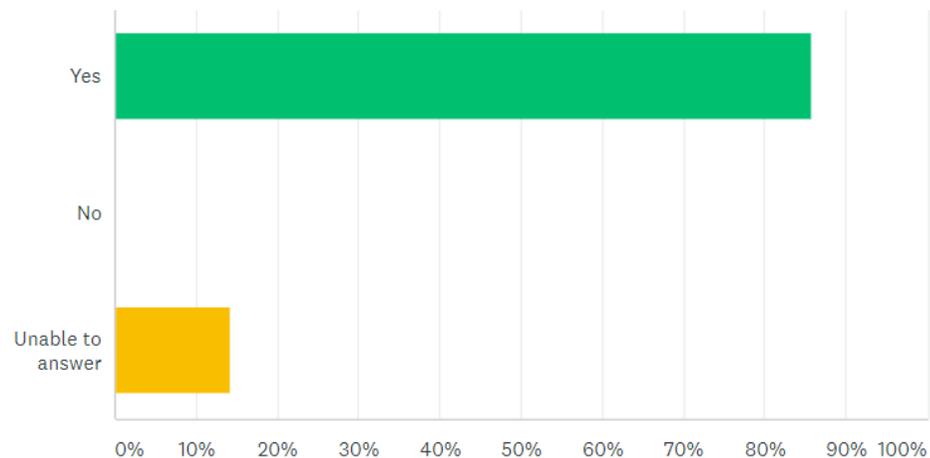
26. Does the Committee assess the performance of external audit?
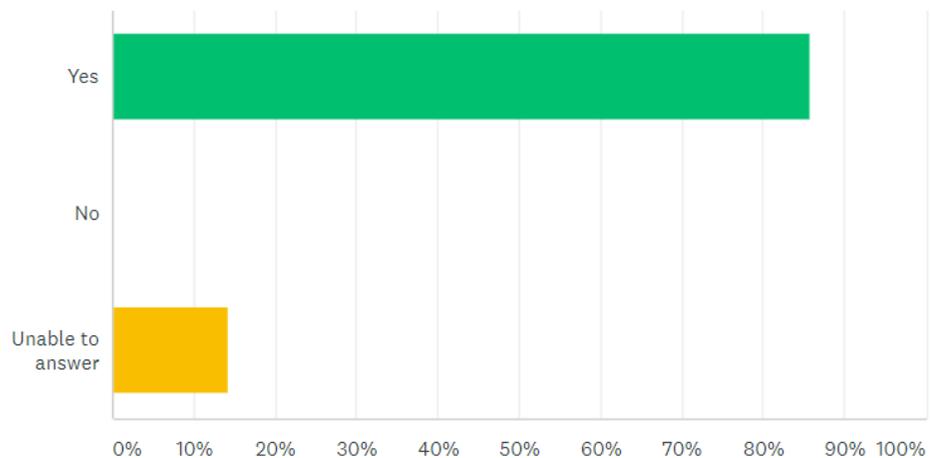
27. Please leave your comments below

- An insight report may be useful. I have seen AY email a general one out and this is something we could develop.

COUNTER FRAUD AND SECURITY

28. Does the Committee review and approve the Counter Fraud work plans and any changes to the plans?

Yes — 100%
No — 0%
Unable to answer — 0%
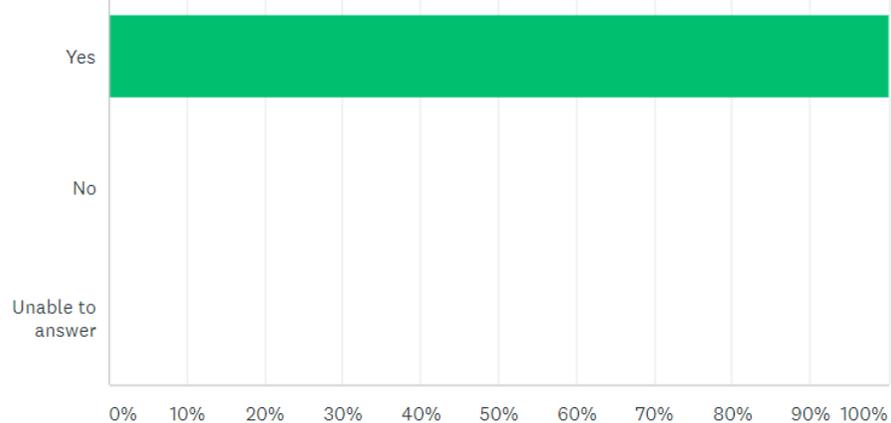
29. Does the Committee satisfy itself that the work plan is derived from clear processes based on risk assessments and that coverage is adequate?

Yes — 100%
No — 0%
Unable to answer — 0%
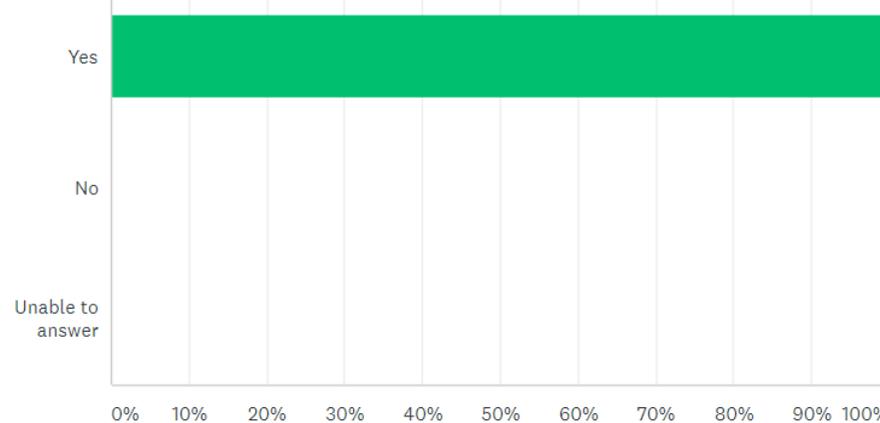
30. Does the Committee receive and review an annual report on counter fraud activity?

Yes — 100%
No — 0%
Unable to answer — 0%
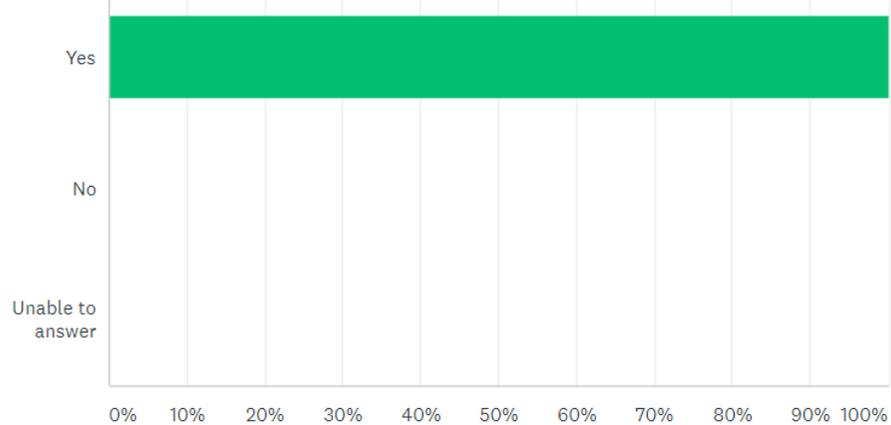
31. Any additional comments?

- No comments were received.

Workforce and OD Committee

Annual Review of Committee Effectiveness and Terms of Reference
1st April 2020 to 31st March 2021

The purpose of the Workforce and OD Committee is to provide strategic overview and provide assurance to the Trust Board that there is an effective system of governance and internal control across workforce and organisational development that supports the Trust to deliver its strategic objectives and provide high quality care. Its purpose is also to provide assurance to the Trust Board in relation to the health and wellbeing of staff and to provide assurance on the delivery of the relevant strategic objective assigned to the Workforce and Organisational Development Committee - Goal 4 – Developing an effective and empowered workforce.

1.   Executive Summary

The Committee undertakes its delegated functions on behalf of the Trust Board. The Committee is relatively new and still developing. The Committee achieved its objectives for 2020/21 and delivered on delegated functions. In addition it;

- Received updates on the Trust response to the Covid pandemic including approaches to staff health and wellbeing and updates on the vaccination of staff.
- The Committee has met with all Care Directorate senior leaders who have presented their action plans and progress in respect of the annual staff survey.
- The Committee approved various policies and procedures including a new Relocation Policy and updated disciplinary procedure.
- Updated and revised the Insight Report to provide a more strategic focus.
- Received updates on the annual staff survey and commended progress made in the 2020 staff survey.
- Invited leaders of established staff networks to attend and contribute to Committee meetings on a rotational basis.

2.   Delivery of functions delegated by Board

Functions within ToR	Evidence to support delivery	Outstanding issues / action plan
Provide oversight and assurance to the Board in relation robust processes for the effective management of Workforce and Organisational Development;	Monthly Insight report Workforce Scorecard Risk Register	
Scrutinise structures in place to support workforce and organisational development to be assured that the structures operate effectively and action is taken to address areas of concern.	Insight report Sub group updates	

Receive assurance on the delivery of the Workforce and OD Strategy	Insight report Revised strategy to go to WOD once NHS People Strategy launched.	
Be assured on the management of the high operational risks on the corporate risk register which relate to workforce and organisational development and ensure the Board is kept informed of significant risks and mitigation plans, in a timely manner.	Risk register provided (recently included in Insight report)	
Be assured of the Trust's response to all relevant Directives, Regulations, national standard, policies, reports, reviews and best practice as issued by the Department of Health, NHS Improvement and other regulatory bodies / external agencies to gain assurance that they are appropriately reviewed and actions are being undertaken and embedded.	Insight report	
Receive assurance that the Trust has effective and transparent mechanisms in place to monitor workforce and organisational development performance.	Insight Report Workforce Scorecard	
To be assured that the views of staff are captured, understood and responded to.	Staff survey reports	
Scrutinise the robustness of the arrangements for and assure compliance with the Trust's statutory responsibilities for equality and diversity.	Annual EDI Report Staff survey reports	
Scrutinise the robustness of the arrangements for and assure compliance with the Trust's statutory responsibilities for staff health and wellbeing.	Updates from the H&W Group (Lynn Parkinson chair)	
Scrutinise the robustness of the arrangements for and assure compliance with the Trust's statutory responsibilities for safe working for junior doctors	Junior doctors report	

Scrutinise the robustness of the arrangements for and assure compliance with the Trust's statutory responsibilities for freedom to speak up.	FTSU included in the Insight report	

3.   Attendance

The Workforce and OD Committee met on 6 occasions during 2020/21

Members:	No of meetings attended
Dean Royles - Non-Executive Director (Chair)	*06/06*
Mike Cooke - Non-Executive Director (Deputy Chair)	*06/06*
Steve McGowan - Director of Workforce and Organisational Development	*06/06*
Lynn Parkinson - Chief Operating Officer	*06/06*
John Byrne - Medical Director	*05/06*
Hilary Gledhill – Director of Nursing	*05/06*
Francis Patton - Non-Executive Director	*06/06*
In attendance:	
Helen Lambert - Deputy Director of HR and Diversity	*03/06*
Karen Phillips – Deputy Director of Workforce and OD	*04/06*
Michele Moran - Chief Executive	*05/06*
Sharon Mays - Chairman	*01/06*

3.2   Chair (and Executive lead) to provide a view on whether the membership composition is effective and the extent to which members have contributed.

The membership composition is effective, and all members have contributed in effective debate and discussion. Chairs of staff networks are in attendance and this should, over the course of the next year increase engagement and decision making.

3.3   Include any recommendation for change to membership & reasons why
    None

4.   Quoracy
The Committee was quorate on all occasions

5.   Reporting / Groups or Committees

Which groups report to Workforce and OD Committee *(these should be clearly identified on the schematic on your ToR)*. Please list:

- Staff Health Wellbeing and Engagement Group

- Equality, Diversity and Inclusion Group
- Medical Education Committee

Has the Committee approved the Terms of Reference for each of these groups?
Yes [X] No [   ]   *If no, action/timescale for receipt:_____*

Are ToR annual reviews for each reporting group on your Committee workplan to approve?
Yes [X] No [   ]

Has the Workforce and OD Committee received sufficient assurance that its reporting groups or committees are operating effectively?   Have the reports and minutes received from the reporting group provided the required level of assurance?   Yes [X]   No [   ]

If no, please provide an exception report on concerns/recommended changes below:-

Has Workforce and OD Committee requested / received an annual assurance report or effectiveness review from each of the reporting groups for 2020/21?
Yes [X] No [   ]

6.   Conduct of meetings

Chair to consider the following questions
- *Was a workplan agreed at the start of the year and have meetings and agendas been appropriately scheduled to meet the work plan?*
  Yes

- *Are the reports and papers presented of a high quality and prepared in time for issue 5 working days ahead of the meeting?*
  Yes. Members have commented on the clarity of the papers

- *Is the quality and timeliness of the minutes satisfactory?*
  Yes. Timing is tight to ensure the assurance report is ready for the following board but has been consistently achieved.

- *Is an action log maintained and are actions clearly recorded, assigned to individuals with timelines and followed through?*

7.   Review of Terms of Reference

Chair to summarise any recommended changes to the committees terms of reference in light of the annual evaluation.

No changes are proposed – the ToR are attached for approval.

Please attach a full copy of your agreed ToR for approval by the May Board as part of the committee effectiveness reviews.

**8.	Workplan for 2021/22**

Has a workplan for the year ahead, 2021/22 been prepared?

Yes [X] No [   ]. *If no, when will it be presented to your committee? _____*

**9.	Any Actions Arising from this Effectiveness Review?** YES [ ] NO [X]
 If any, please summarise in bullet point format below

Workforce and Organisational Development Committee

Terms of Reference

Constitution & Authority	The Workforce and Organisational Development Committee is constituted as a standing committee of the trust's board of directors. Its constitution and terms of reference shall be as set out below, subject to amendment at future board of directors meetings. The Workforce and Organisational Development Committee is appointed by the Trust Board in line with the powers set out in the Trust Standing Orders. The Workforce and Organisational Development Committee holds only those powers as delegated in these Terms of Reference as determined by the Trust Board.
Overall Aim/Purpose	The Workforce and Organisational Development Committee exists to provide strategic overview and provide assurance to the Trust Board that there is an effective system of governance and internal control across workforce and organisational development that supports the Trust to deliver its strategic objectives and provide high quality care. To provide assurance to the Trust Board in relation to the health and wellbeing of staff. To provide assurance to the Trust Board in relation to PROUD. To provide assurance on the delivery of the relevant strategic objective assigned to the Workforce and Organisational Development Committee - Goal 4 – Developing an effective and empowered workforce.
Scope & Duties **Functions**	The Workforce and Organisational Development Committee will: • Provide oversight and assurance to the Board in relation robust processes for the effective management of Workforce and Organisational Development. • Scrutinise structures in place to support workforce and organisational development to be assured that the structures operate effectively and action is taken to address areas of concern. • Receive assurance on the delivery of the Workforce and OD Strategy. • Be assured on the management of the high operational risks on

	the corporate risk register which relate to workforce and organisational development and ensure the Board is kept informed of significant risks and mitigation plans, in a timely manner.
	• Be assured of the Trust's response to all relevant Directives, Regulations, national standard, policies, reports, reviews and best practice as issued by the Department of Health, NHS Improvement and other regulatory bodies / external agencies to gain assurance that they are appropriately reviewed and actions are being undertaken and embedded.
	• Receive assurance that the Trust has effective and transparent mechanisms in place to monitor workforce and organisational development performance.
	• To be assured that the views of staff are captured, understood and responded to.
	• Scrutinise the robustness of the arrangements for and assure compliance with the Trust's statutory responsibilities for equality and diversity.
	• Scrutinise the robustness of the arrangements for and assure compliance with the Trust's statutory responsibilities for staff health and wellbeing.
	• Scrutinise the robustness of the arrangements for and assure compliance with the Trust's statutory responsibilities for safe working for junior doctors.
	• Scrutinise the robustness of the arrangements for and assure compliance with the Trust's statutory responsibilities for freedom to speak up.
	• The Committee will advise the Audit Committee on the adequacy of assurances available and contribute to the Annual Governance Statement.
Membership	The members of Committee are: • Non-Executive Director (Chair) • Non-Executive Director (Deputy Chair) • Non-Executive Director • Director of Workforce and Organisational Development • Chief Operating Officer • Medical Director • Director of Nursing The following roles will be routine attendees at the committee: • Deputy Director of HR and Diversity • Organisational Development Lead • Medical Workforce Manager • Workforce Equality and Diversity Lead All Board members are able to attend meetings of the Committee but will be recorded as "in attendance".

	The Chief Executive has a standing invitation to attend committee meetings.
Quorum	The Committee will be quorate when three of the membership are present if this includes one non-executive director and one executive director.

Where members are unable to attend they should ensure that a deputy is in attendance who is able to participate on their behalf. |
| **Chair** | The Chair of the Committee will be a Non-Executive Director |
| **Frequency of meetings** | The Committee will meet bi- monthly. |
| **Agenda & Papers** | Agendas and supporting papers will be circulated no later than 7 days in advance of meetings.

Any items to be placed on the agenda are to be sent to the secretary no later than 8 working days in advance of the meeting. Items which miss the deadline for inclusion on the agenda may be added on receipt of permission from the Chair.

Minutes will be taken at all meetings, presented according the corporate style, circulated in draft to members within 7 days and approved by agreement of members at the following meeting.

A schedule of business reflecting the annual work programme shall be developed annually.

Agenda and Papers can be accessed via the Committee Secretary. |
| **Minutes & Reporting** | A written assurance report will be provided to the Board following each meeting.

Formal minutes will be taken of the meeting and presented to the Board with the assurance report. The Chair of the committee will provide a verbal summary/exception report to the Board in respect of meetings held for which minutes have not yet been approved. |
| **Monitoring and Review** | An annual effectiveness review will be undertaken which will include a review of attendance and a review of the Committee's Terms of Reference.

The Committee will on an annual basis review and approve the terms of reference, work plan and work programmes of all its reporting groups.

The Committee will operate using a work plan to inform its core |

	agenda. The agenda will be agreed with the Chair prior to the meeting.
Agreed by Committee	12/5/21
Approved by Trust Board	19 May 2021 tbc
Review	April 2022

Workforce and Organisational Development Committee Schematic
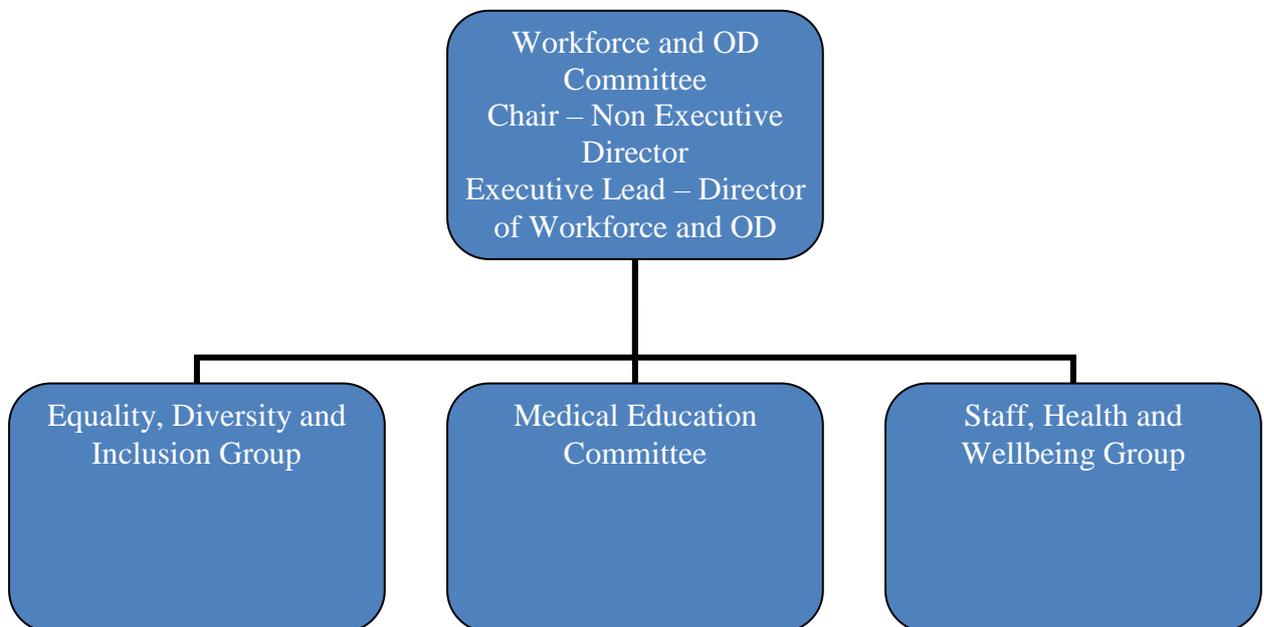
Workforce and OD Committee
Chair – Non Executive Director
Executive Lead – Director of Workforce and OD

Equality, Diversity and Inclusion Group

Medical Education Committee

Staff, Health and Wellbeing Group

Remuneration and Nomination Committee

Annual Review of Committee Effectiveness and Terms of Reference
1ˢᵗ April 2020 to 31ˢᵗ March 2021

The purpose of the Remuneration and Nomination Committee is to provide a forum for agreement of remuneration and terms of service for Trust Executive's in accordance with national requirements and Executive Director appointments.

1.   Executive Summary

Chair to provide a brief written overview of the Committee's work during the year and whether he/she believes that the Committee has operated effectively and added value

The Committee's duties fall under 3 key headings in the table below at section 2. The committee has operated effectively and there is evidence of each of these functions being delivered in year within the agendas, minutes and decisions recorded.

2.   Delivery of functions delegated by Board

Functions within ToR	Evidence to support delivery	Outstanding issues / action plan
National Requirements	Within meeting agendas and minutes - decisions adhered to national requirements when appointment/remunerating.	none
Appointments Role	Within meeting agendas and minutes - executive director appointments made	none
Remuneration Role	Within meeting agendas and minutes - executive remuneration agreed	none

3.   Attendance

3.1 The Committee met on 5 occasions during 2020/21

Members:	No of meetings attended
Sharon Mays, Chair	5/5
Peter Baren , Non-Executive Director	5/5
Mike Cooke. Non-Executive Director	4/5
Francis Patton, Non-Executive Director	5/5
Mike Smith, Non-Executive Director	5/5
Dean Royles, Non-Executive Director	5/5

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3.2 Chair (and Executive lead) to provide a view on whether the membership composition is effective and the extent to which members have contributed.

Membership is made up of all Non-Executive Directors. All Non-Executive Directors attended meetings and contributed in year. The minutes of the meeting reflect engagement and challenge of members.

The Chief Executive attends each meeting, except when discussing matters relating to the Chief Executive.

The Director of Workforce and Organisational Development attends as required and provides advice and support to the committee

3.3 Include any recommendation for change to membership & reasons why

No recommendations for any change.

4. Quoracy

The Committee was quorate on all occasions.

5. Reporting / Groups or Committees

Has the Remuneration and Nomination Committee received sufficient assurance that its reporting groups or committees are operating effectively? Have the reports and minutes received from the reporting group/committee provided the required level of assurance?

The nature of the Committee means it does not have any reporting groups and there are no proposals for change. Executive advice on matters for committee discussion is provided through attendance by the Chief Executive or Director of Workforce & Organisational Development as appropriate.

Abridged versions of the minutes or summary notes of key discussions and decisions have been presented to the Part II Trust Board.

6. Conduct of meetings

Chair to consider the following questions
- *Was a workplan agreed at the start of the year and have meetings and agendas been appropriately scheduled to meet the work plan?*

  The committees work is largely reactive and an outline work plan is in place to reflect essential annual discussions ie review of ToR, effectiveness review etc but remains a reactive document.

- *Are the reports and papers presented of a high quality and prepared in time for issue 5 working days ahead of the meeting?*
  Yes

- *Is the quality and timeliness of the minutes satisfactory?*
  Yes

- *Is an action log maintained and are actions clearly recorded, assigned to individuals with timelines and followed through?*
  Yes

7.   Review of Terms of Reference

The ToR have been reviewed and 2 changes proposed (in blue text for ease) on ToR appended below:

- To reflect in 'Role/Purpose' the committee also deals with other Trust VSM contracts in addition to Executive Directors.
- Minor change – update to narrative at minutes and reporting section of ToR

The ToR are attached below for approval.

8.   Any Actions Arising from this Effectiveness Review?

The Committee agreed two improvement areas:
- that a consistent input of the Workforce & OD Director was required
- the need to continue to improve pay benchmarking information available to all members

Terms of Reference

Remuneration and Nomination Committee

Constitution and Authority	The Remuneration and Nomination Committee is constituted as a standing Committee of the Trust's Board of Directors. Its constitution and Terms of Reference shall be as set out below, subject to amendment at future Board meetings.
	The Committee is authorised by the Board to act, in accordance with Standing Orders/Standing Financial Instructions, and within its Terms of Reference. All members of staff are directed to co-operate with any request made by the Committee.
	The Committee is authorised by the Board to instruct professional advisers and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its' functions.
	The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.
Role / Purpose	To provide a forum for agreement of remuneration and terms of service for Trust Executive's and Trust Very Senior Managers (VSM) in accordance with national requirements.
Scope and Duties	The Remuneration committee has delegated responsibility for setting remuneration for all Executive Directors (and also for those senior managers on the Very Senior Managers contract of employment) including pension rights and any compensation payments
	The Remuneration and Nomination Committee's duties are detailed below under the following headings:
	• National Requirements
	• Appointments Role
	• Remuneration Role
	National Requirements
	In line with NHS Improvement's Guidance on pay for managers on Very Senior Manager Contracts (VSM) in NHS trusts and foundation trusts, the Committee is required to seek the opinion via nhsi.vsmcases@nhs.net of NHS Improvement, DHSC and the Minister of State for Health before confirming VSM salaries at appointment or any individual/group VSM pay increase (outside of any nationally recommended cost of living increase).
	The Committee should ensure that, in accordance with guidance on NHS very senior managers pay (March 2018) or subsequent guidance, that where it is intended to recruit VSMs on salaries of £150,000 or above or wish to increase the pay of current VSMs to £150,000 or above, or wish to increase the salary of

current VSMs already paid £150,000 or above they should refer to the pay ranges in Annex A of the guidance. As an FT the opinion of NHSI should be sought in such cases but approval is not required.

The Committee should also seek opinion on any discretionary payments proposed as part of a chief executive/director's salary, where the total salary is or exceeds £150,000 pa, but approval is not required. NHS Improvement should be advised of the total salary and its make-up.

The Chair of the Trust will ensure that they are personally satisfied with the scrutiny applied before the approval of new Very Senior Manager (VSM) appointments. Any appointment to a VSM contract must be agreed by the Trust Chair and approved by the Remuneration and Nomination Committee. The Committee must be satisfied when making any offer of appointment to a VSM that there is no requirement to repay contractual redundancy payments if the candidate has received redundancy within a 12 month period. The Committee will require the candidate to identify the previous NHS Employer and require the candidate to make arrangements to repay the contractual redundancy payment. The Committee will not make an unconditional offer without having received confirmation from the previous NHS Employer that a binding agreement is in place to repay the redundancy payment as set out in the NHS Standard Contract 2016/17.

In line with the NHS Improvement guidance for the use of off-payroll interims, the Committee is expected to appoint on payroll unless in exceptional circumstances. If it is proposed to appoint a VSM on off-payroll terms, NHS Improvement should be consulted.

The Committee will adhere to the appropriate guidance, in the event of a redundancy situation or termination impacting on a Very Senior Manager and will apply the appropriate redundancy cap and ensure every attempt is made to search for suitable alternative employment in order to retain valuable skills and experience.

Appointments Role
The Committee will:

- Regularly review the structure, size and composition (including the skills, knowledge, experience and diversity) of the Board and make recommendations to the Board and Appointment, Terms and Conditions Committee of the Council of Governors, as applicable with regard to any changes
- Give full consideration to and make plans for succession planning for the Chief Executive taking into account the challenges and opportunities facing the Trust and the skills and expertise needed on the Board in the future. The same consideration will be given to other Executive Directors on the advice or recommendation of the Chief Executive.
- Receive assurance reports from the Chief Executive as required to ensure the executive level leadership needs of the Trust are kept under review to ensure the continued ability of the Trust to operate effectively in the health economy.
- It is a requirement of the 2006 Act that the Chair, the other Non- Executive Directors and – except in the case of the appointment of a Chief Executive – the Chief Executive, are responsible for deciding the appointment of Executive Directors. The appointments panel will consist of the Chair and one non-

executive director from the Remuneration and Nomination Committee and the Chief Executive, except in the case of the appointment of a Chief Executive. The panel has responsibility for identifying suitable candidates to fill executive director vacancies, including shortlisting, assessment and selection and they make recommendations to the Remuneration and Nomination Committee.

- It is for the Non-Executive Directors to appoint and remove the Chief Executive. The appointment of a Chief Executive requires the approval of the Council of Governors. The Governors are responsible for the appointment, re-appointment and removal of the Chair and the other Non-Executive Directors.
- To approve appointments of all Executive Director positions on the Board determining their remuneration and other terms of service and monitoring their performance.
- When appointing the Chief Executive, the Committee shall be the Committee described in Schedule 77, 17(3) of the National Health Service Act 2006 (the Act). When appointing the other Executive Directors the Committee shall be the Committee described in Schedule 7, 17(4) of the Act.
- When a Board level Executive vacancy is identified, evaluate the balance of skills, knowledge and experience on the Board, and its diversity, and in the light of this evaluation ensure that a description of the role and capabilities required for the particular appointment is prepared. In identifying suitable candidates the Committee shall ensure the use of open advertising or the services of external advisers are used to facilitate the search. The Committee will ensure the Trust considers candidates from a wide range of backgrounds and consider candidates on merit against objective criteria.
- Ensure that a proposed Executive Director's "other significant commitments" (if applicable) are disclosed before appointment and that any changes to their commitments are reported to the Board as they arise.
- Ensure the proposed appointees disclose any business interests that may result in a conflict of interest prior to appointment and that any future business interests that could result in a conflict of interest are reported.
- Be advised of and consider any matter relating to the continuation in office of any Executive Director including the suspension or termination of service of an individual as an employee of the Trust, subject to the provisions of the law and their service contract.
- In considering appointments, receive assurance to ensure that all Directors meet the "fit and proper" person test of the general conditions of Monitor's provider licence.

Remuneration Role
The Committee will:

- Have delegated responsibility for setting remuneration for all Executive Directors (and also for those senior managers on the Very Senior Managers contract of employment) including pension rights and any compensation payments. Those managers within this definition who are not on the Very Senior Managers Contract or Executive Directors are on national pay and terms and conditions and their posts are subject to job evaluation in line with the national scheme. *NB: The rights of all staff on the VSM contract who are in the NHS pension are bound by the national pension rules.*
- To receive proposals from the Chief Executive relating to the remuneration of the other Executives.
- In accordance with relevant laws, regulations, Trust policies and Standing Financial Instructions (SFIs) decide and keep under review the terms and conditions of office of the Executive Directors and those senior managers on

	the Very Senior` Managers contract of employment, including:
	• Salary, including any performance related pay or bonus.
	• Provision for other benefits, including pensions and cars *NB rights of all staff on the VSM contract who are in the NHS pension are bound by the national pension rules.*
	• Allowances.
	• Payable expenses.
	• Compensation payments.
	In adhering to all relevant laws, regulations and Trust policies:
	• Approve levels or remuneration which are sufficient to attract, retain and motivate Executive Directors of the quality and with the skills and experience required to lead the Trust successfully without paying more than is necessary for this purpose, and at a level which is affordable to the Trust.
	• Use national guidance and market benchmarking analysis in the annual determination of remuneration of Executive Directors (including senior managers on the Very Senior Managers contract of employment) while ensuring that increases are not made where Trust or individual performance do not justify them.
	• Be sensitive to pay and employment conditions elsewhere in the Trust.
	• Monitor and assess the output of the evaluation of the performance of individual executive directors and consider this output when reviewing changes to remuneration levels.
	• Advise upon and oversee contractual arrangements for Executive Directors (including senior managers on the Very Senior Managers contract of employment) including but not limited to termination payments to avoid rewarding poor performance.
	• To receive a report from the Chair on the objectives and performance of the Chief Executive.
	• To receive a report from the Chief Executive on the objectives and performance of the Executive Directors and senior managers on the Very Senior Managers contract of employment.
Membership	The membership of the Committee shall consist of all Non-Executive Directors
	Only members of the Committee have the right to attend Committee meetings. When discussing matters relating to the Executive Directors other than the Chief Executive, the Chief Executive shall attend the Committee.
	At the invitation of the Committee, meetings shall normally be attended by the Director of Workforce and Organisational Development.
	Other persons may be invited by the Committee to attend a meeting so as to assist in deliberations.
	Any non-member, including the Secretary to the Committee, will be asked to leave the meeting should their own conditions of employment be the subject of discussion.
Quorum	The Committee shall be deemed quorate if there is representation of a minimum of two Non-Executive Directors plus the Chair (or person deputising for the Chair). A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and duties vested in or

	exercised by the Committee.
Chair	The Trust Chair shall chair the Committee.
Frequency of Meetings	Meetings shall be held not less than twice a year and at such other times as the Chair of the Committee shall require.
Agenda and Papers	The Trust Secretary shall be the Secretary to the Committee and prepare and distribute papers and keep minutes of the Committee.
Minutes and Reporting	Formal minutes shall be taken of all Committee meetings. Once the minutes have been approved by the Committee, a summary note of key discussions and decisions will be presented to the Board of Directors. ~~At the discretion of the Chair, sections of the minutes will remain confidential to preserve confidentiality of discussions relating to individuals. The minutes presented to the Board of Directors will include, as a minimum, a summary of key discussions and decisions.~~
Monitoring and Review	**The Committee shall monitor and review its performance through** • An annual effectiveness review against its terms of reference. The annual effectiveness review will be provided to the Board of Directors. • The Terms of Reference of the Committee shall be reviewed annually.
Agreed by Committee	6/5/21
Board Approved	May 2021 tbc
Review Date	May 2022

REMUNERATION AND NOMINATION COMMITTEE REPORTING STRUCTURE
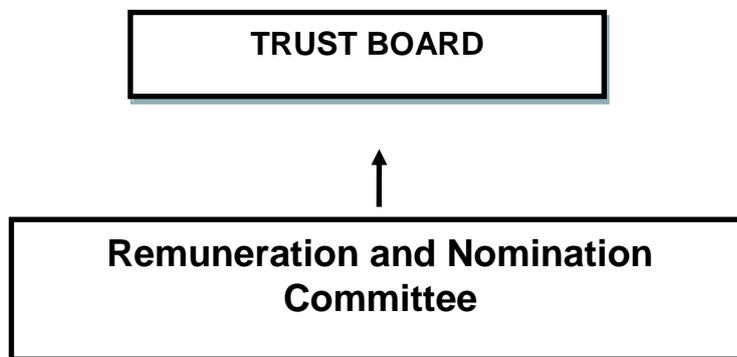
Trust Board
Annual Review of Trust Board Effectiveness and Terms of Reference
1st April 2020 to 31st March 2021

The Board's purpose - described in full in its Terms of Reference is to:-
- Set and oversee the strategic direction of the Trust
- Ensure accountability for delivery of the strategy
- Ensuring compliance with statutory requirements and duties
- Shaping a positive culture for the Trust
- Taking decisions that it has reserved to itself.

The Chief Executive is the Accountable Officer for the Trust.

1. Executive Summary

Chair to provide a brief written overview of the Committee's work during the year and whether he/she believes that the Committee has operated effectively and added value

In March 2020 a global pandemic was declared which affected the way in which a range of Trust services were delivered and resulted in a pause of some non-critical operational, strategic and corporate business to allow the required dedicated focus on managing the pandemic. Throughout this time, the Board continued to fulfil its duties and regular updates and assurance reports were provided to the Board and additional meetings were scheduled to ensure the Board were kept up to date on issues around the pandemic.

To ensure the continuation of Board meetings and delivery of its duties meetings were held virtually over Microsoft Teams and meetings were live streamed in order for members of the public to continue to have access to 'attend'. Virtual meetings also provided the opportunity to increase involvement by providing the opportunity for members of the public to join in without having to travel to venues.

Patient stories at the beginning of each Board continue and in year staff stories were introduced.

Board development days were held throughout the year that provided an opportunity to discuss more fully accountability and culture of the organisation and Board development. The Part III strategy meetings were paused in year and additional strategic meetings and updates provided through Board development days and specific focussed meetings (for example the mental health inpatient campus).

The Trust Board has a forward looking annual work plan set each year that clearly outlines mandatory and regular reports required for the meeting.

The minutes of Board meetings clearly demonstrate debate, decision making and adherence to our Standing Orders, Scheme of Delegation and Standing Financial Instructions. There were no instances that required a report to the Board on non-compliance with these documents in year.

A Quality Improvement (QI) project was undertaken in 2020 to review the processes of the Board workplan to identify and reduce duplication in order to provide additional time for Board members to review the paperwork prior to each meeting.

The intention of the project was that Board papers would be collated and distributed to previously agreed timescales ensuring that Board members had more time to review the paperwork. It was also intended that any duplicates in the work plan would be reviewed and appropriate action taken. However, when reviewing the original scope it was clear that any additional time for Board members to receive and review the paperwork prior to each meeting was reliant on authors providing reports on time which had on occasion held up the set of papers being despatched. As a consequence of the work a number of actions were identified and agreed by the Board in September 2020 which have been implemented.

In summary it has been another year as an effective engaged Board with;

- very high attendance and engagement and continuity the Board has brought throughout the pandemic
- very good outturn and all-round performance for 20/21 reflective of progression made by board
- the effective relationship, skills and experience of all Board members
- the QI project selected to build on the good governance which is a consistent feature of our work
- the good links and proactive stance taken in responding to Coronavirus pandemic and in support of the command arrangements in place
- the promotion of the Trust's reputation in the system
- delegation of governance issues to sub committees has worked well and allowed better more focussed Board meetings in those areas and has created time to discuss more strategic issues
- the quality of papers presented to Board have continued to improve thus focussing the Board on the key issues

2. Delivery of functions delegated by Board

n/a - a number of functions are delegated *to* sub committees and assurance is provided at each Board.

3. Attendance

3.1   The Board met on 10 occasions during 2020/21

Members:	No of meetings attended

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Chair	10/10
Chief Executive	10/10
Peter Baren, Non-Executive Director	10/10
Mike Cooke, Non-Executive Director	10/10
Francis Patton, Non-Executive Director	10/10
Mike Smith, Non-Executive Director	10/10
Dean Royles, Non-Executive Director	10/10
Director of Finance, Peter Beckwith	10/10
Medical Director, John Byrne	10/10
Director of Nursing, Allied Health and Social Care Professionals Hilary Gledhill	10/10
Chief Operating Officer, Lynn Parkinson	10/10
Director of Workforce & OD, Steve McGowan *(Non-voting)*	9/10

3.2   Chair (and Executive lead) to provide a view on whether the membership composition is effective and the extent to which members have contributed.

Membership is standard for Trust Boards and deputies attend for executives as required. Invitations are extended to others throughout the year as appropriate.
Good contributions from members throughout the year.

3.3   Include any recommendation for change to membership & reasons why

Given the increased role the Trust is contributing at system level through specialist commissioning, and the associated governance architecture this creates, extra capacity is to be introduced through an Associate NED role. This role also brings the advantage of supporting succession planning.

Recruitment is underway for an Associate Non-Executive Director – the role will be a non-voting.

4.   Quoracy
The Committee was quorate on all occasions

5.   Reporting Committees to Board

The following committees report to the Board:-

- Quality Committee
- Audit Committee
- Workforce & Organisation Development Committee
- Mental Health Legislation Committee
- Finance and Investment Committee
- Charitable Funds Committee
- Remuneration & Nomination Committee.

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3

A shadow Commissioning Committee was established as a sub-committee of the Board and met for the first time in December 2020. The Commissioning Committee has been established by the Trust acting as the Lead Provider and holds delegated responsibility to provide commissioning leadership and monitoring functions within the Humber Coast and Vale (HCV) Provider Collaborative and will sub-contract with a range of healthcare providers in the delivery of:

- Child and Adolescent Mental Health In-Patient services
- Adult Low and Medium Secure services
- Adult Eating Disorder Services.

The first formal assurance was presented to Board in February 2021 along with the Terms of reference for approval. The date for commencement of going live as lead provider is expected in 2021.

Has the Board approved the Terms of Reference for each of these sub committees?

Yes.
The annual review of committee effectiveness and terms of reference for these committees for 2020/21 will be presented to the Board in May 2021 for approval.

The Commissioning Committee will undertake an effectiveness review at or before year-end 2021/22.

Has the Board received sufficient assurance that its reporting groups or committees are operating effectively? Have the reports and minutes received from the reporting group provided the required level of assurance?

Yes, assurance reports from each committee are prepared and presented by the Non-Executive chair of each committee to the Board following each meeting.

Has the Board requested / received an annual assurance report or effectiveness review from each of the reporting groups for 2020/21?

Yes - These are scheduled for presentation at the May 2021 Board meeting.

6.   Conduct of meetings

Chair to consider the following questions
- *Was a workplan agreed at the start of the year and have meetings and agendas been appropriately scheduled to meet the work plan?*

    Yes a workplan was agreed and forms the basis of monthly agendas

    As highlighted above, a QI project was undertaken. As part of this, any changes to the workplan are agreed by the Chair and CEO and are brought to the attention of Board by the Trust Secretary when sending gout papers.

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- *Are the reports and papers presented of a high quality and prepared in time for issue 5 working days ahead of the meeting?*

Yes.

However, in order to ensure committee assurance reports provide up to date assurance after a sub-committee meeting, where meetings are held around despatch day these may follow a day or two after papers have been despatched to ensure the most up to date assurance is provided to Board. Any committee assurance reports to follow are clearly stated on the email when papers are despatched to Board members.

- *Is the quality and timeliness of the minutes satisfactory?*
Yes

- *Is an action log maintained and are actions clearly recorded, assigned to individuals with timelines and followed through?*
Yes

7. Review of Terms of Reference

Chair to summarise any recommended changes to its terms of reference in light of the annual evaluation.

The ToR are attached as Appendix 1 for approval.

Proposed changes, highlighted in blue text relate to:
- To include the commissioning committee and lead provider role
- Membership to include an associate non-executive director
- Updated schematic to include commissioning committee

8. Workplan for 2020/21

Has a workplan for the year ahead, 2021/22 been prepared?

Yes.
The workplans are included in the monthly Board papers

9. Any Actions Arising from this Effectiveness Review? YES [ ] NO [x]

A number of actions were implemented by the Trust Secretary following the Quality Improvement Project in 2020 as highlighted above.

No issues arising from the 2020/21 effectiveness review.

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Terms of Reference

Board of Directors

Authority	The Trust is required to establish a Board of Directors in accordance with the requirements of the NHS Act 2006 (as may be amended by the Health & Social Care Act 2012), and paragraph 22 of its Constitution. All members of the Board shall act collectively as a unitary Board with each member having equal liability*.* The Trust has Standing Orders for the practice and procedures of the Board of Directors (Annex 8 of the Constitution). For the avoidance of doubt, those Standing Orders take precedence over these Terms of Reference, which do not form part of the Trust's Constitution.
Role / Purpose	The principal purpose of the Trust is the provision of goods and services for the purposes of the health service in England. The Trust does not fulfil its principal purpose unless, in each financial year, its total income from the provision of goods and services for the purposes of the health service in England is greater than its total income from the provision of goods and services for any other purposes. The Trust may provide goods and services for any purposes related to the provision of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness, and the promotion and protection of public health. The Trust may also carry on activities other than those mentioned in the above paragraph for the purpose of making additional income available in order better to carry on its principal purpose. The Trust has a Board which exercises all the powers of the Trust on its behalf, but the Board may delegate any of those powers to a sub-committee of the Board or to an Executive Director. Arrangements for the reservation and delegation of powers are set out in the Standing Orders, Scheme of Delegation and Standing Financial Instructions. The Board will ensure regular reviews of its effectiveness and that of its sub committees that have been delegated powers by the Board via annual committee effectiveness reviews and as part of an established ongoing Board development programme.

	The Board will achieve its purpose by: • Setting and overseeing the strategic direction of the organisation within the overall policies and priorities of the Government, the Trust's regulators, and its commissioners, having taken account of the views of the Trust's members (through the Council of Governors), and the wider community • Ensuring accountability by holding the organisation to account for the delivery of the strategy; and through seeking assurance that systems of control are robust and reliable • Ensuring compliance with statutory requirements of the Trust and the statutory duties are effectively discharged including the Provider License conditions and the Care Quality Commission registration and appropriate returns and disclosures are made to the regulators • Shaping a positive culture for the organisation • Monitoring the work of the Executive Directors • Taking those decisions that it has reserved to itself. The general duty of the Board of Directors and each Director individually, is to act with a view to promoting the success of the Trust so as to maximise the benefits for the members of the Trust as a whole and for the public. In carrying out their duties, members of the Board of Directors and any attendees must ensure that they act in accordance with the values of the Trust which are: • **Caring –** our shared commitment to patient centred care, providing dignity and respect through our high quality and patient safety culture. • **Learning –** our shared commitment to actively engage, listen and learn from our people and empower them to use evidence based teaching approaches. • **Growing –** our shared commitment to be an Accountable organisation, seeking collaborations with other to support and grown health and social care systems. In addition, members of the Board must ensure compliance with the Health and Social Care Act (Regulated Activities) Regulation 2014 in relation to the Fit and Proper Persons Test.
Duties	The duties set out below shall not preclude the Board of Directors from reserving powers and duties to itself. These powers and duties shall be set out in the Standing Orders, Scheme of Delegation and Standing Financial Instructions and for the avoidance of doubt where there is a conflict, Standing Orders, Scheme of Delegation and Standing Financial Instructions will take precedence over these Terms of Reference.

The duties of the Board of Directors are to:

- Set the values and strategic direction of the Trust; and ensure the Trust's Strategy is reviewed as necessary.
- Provide leadership to the Trust to promote the achievement of the Trust's Principal Purpose' as set out in the Constitution (i.e. the provision of goods and services for the purposes of health services in England), ensuring at all times that it operates in accordance with the Constitution and the terms of the license as issued by Monitor (now part of NHS Improvement)
- Promoting teaching, research and innovation in healthcare to a degree commensurate with the Trust's "teaching hospital" status
- Engage as appropriate with the Trust's membership and Council of Governors.
- Promote and develop appropriate partnerships with other organisations in accordance with the Trust's values and strategic direction.
- Oversee the implementation of the Trust's strategic goals and monitor the executive team's delivery of the strategic objectives ensuring consistency with the role/purpose of the Board of Directors
- Agree the Trust's financial and strategic objectives, including approval of the Strategic Plan.
- Ensure that the Trust has adequate and effective governance and risk management systems in place
- Monitor the performance of the Trust and ensure that the Executive Directors manage the Trust within the resources available in such a way as to:
  - Ensure the safety of service users and the delivery of high quality care.
  - Protect the health and safety of Trust employees and all others to whom the Trust owes a duty of care.
  - Make effective and efficient use of Trust resources.
  - Promote the prevention and control of healthcare associated
  - infection.
  - Comply with all relevant regulatory and legal requirements.
  - Maintain high standards of ethical behaviour, corporate governance and personal conduct in the business of the Trust.
  - Maintain the high reputation of the Trust both with reference to local stakeholders and the wider community.

- Receive and consider high level reports on matters material to the Trust detailing, in particular, information and action with respect to:
  - Service User and Carer experience.
  - Human resource matters.
  - Operational performance, including performance against targets and contracts

- Clinical quality and safety, including infection prevention and control
- The identification and management of risk
- Financial performance.
- Matters pertaining to the reputation of the Trust
- Mental Health Act Legislation duty

- Review and approve any declarations/compliance statements to regulatory bodies prior to their submission.
- Review and adopt the Trust's Annual Report and Accounts.
- Act as corporate trustee for the Trust's Charitable Funds.

The Board may hold delegated responsibility to provide commissioning leadership and monitoring functions within the Humber Coast and Vale (HCV) Provider Collaborative and will sub-contract with a range of healthcare providers in the delivery of:
- Child and Adolescent Mental Health In-Patient services
- Adult Low and Medium Secure services
- Adult Eating Disorder Services.
A Commissioning Committee has been established in shadow form and expected to go live in July 2021

The Board of Directors may delegate powers to formally constituted Committees.

The Board of Directors shall determine the membership and terms of reference of Committees and Sub-Committees and shall if it requires to, receive and consider reports of such Committees. Minutes or reports from the Committees below, and any others that the Board so requests, shall be presented to the next scheduled meeting of the Board of Directors following the Committee meeting.

- Audit Committee
- Charitable Funds Committee
- Finance & Investment Committee
- Mental Health Legislation Committee
- Quality Committee
- Remuneration and Nomination Committee
- Workforce & Organisational Development Committee
- Commissioning Committee (Go Live date July 2021)

Members of the Board of Directors must ensure that wherever possible they attend every Board meeting (including extraordinary Board meetings when convened). An explanation of non-attendance should be made to the Chair. Attendance at meetings will be monitored by the Trust Secretary and shall be reported to the Chair on a regular basis and shall also be reported annually in

the Annual Report.

Where, exceptionally, a Director is absent from a meeting they may not normally send a deputy in their place, although attendance in these circumstances will be at the discretion of the Chair. Where there are formal acting up arrangements in place the person acting up may attend and will assume the voting rights of the Director they are acting up for. If no formal acting up arrangements are in place the person attending may not assume the voting rights of the Director they are attending for.

The Board may invite non-members to attend its meetings on an ad hoc basis, as it considers necessary and appropriate, and this will be at the discretion of the Chair.

Minutes of the Council of Governors meetings shall be presented at a meeting of the Board of Directors for information.

The Executive Team will support the Chief Executive in the implementation of the Board's decisions and will facilitate the efficient and effective working of the Board of Directors by considering and responding to those matters referred to it. Detail of the sub-committee structure is appended to this document.

The Chair of the Board of Directors shall be the Chair of the Trust. In the absence of the Chair of the Trust, (or in the event of him/her declaring a conflict of interest in an agenda item) the Deputy Chair, if one is appointed, shall chair the meeting.

Should there be no Deputy Chair or one is not available (or where they too have also declared a conflict of interest in an agenda item), the meeting shall be chaired by one of the other independent Non-Executive Directors.

The Chair of the Trust will:

- Provide leadership to the Board of Directors
- Enable Directors to make a full contribution to the affairs of the Board of Directors ensuring that the Board acts as a cohesive team
- Ensure the key, appropriate issues, which place emphasis on service user and carers, services, policy issues and statutory requirements are discussed by the Board of Directors in a timely manner
- Ensure the Board of Directors has adequate support and necessary data on which to base informed decisions and monitor that such decisions are implemented.
- Provide a conduit between the Council of Governors and the Board of Directors.

The Senior Independent Director (SID) is appointed by the Board of Directors

	as an alternative contact point of contact for Governors (and Directors) when: • They have concerns that have not been resolved through normal channel • Contact with the Chair, Director of Finance or Chief Executive is inappropriate • Discussing the Chair's performance appraisal, remuneration or allowances The SID is also a contact point for staff wish to raise concerns under the Freedom to Speak Up process. The Non-Executive Directors are accountable to the Council of Governors for the performance of the Board of Directors. To exercise this accountability effectively, the Non-Executive Directors will need the support of their Executive Director colleagues. A properly functioning accountability relationship will require the Non-Executive Directors to provide Governors with a range of information on how the Board of Directors has assured itself on key areas of quality, operational and financial performance; to give an account of the performance of the Trust. The Non-Executive Directors will need to encourage questioning and be open to challenge as part of this relationship.
Membership	The membership of the Board of Directors, is determined in accordance with Paragraph 23 of the Trust's Constitution and, shall comprise both executive and Non-Executive Directors. Membership shall be as follows: • A Non-Executive Chair • Up to 6 other Non-Executive Directors • Up to 6 Executive Directors • 1 Associate Non-Executive Director (non-voting)* *Associate Non-Executive Director appointments will be non-voting and not count towards the 6 other Non-Executive Director positions. At all times at least half of the Board of Directors, excluding the Chair shall be Non-Executive Directors. For clarity the Executive Directors who are members of Board of Directors are: • Chief Executive (voting) • Director of Finance (voting) • Medical Director (voting) • Director of Nursing, Allied Health and Social Care Professionals & Caldicott Guardian (voting) • Chief Operating Officer (voting)

	• Director of Workforce & Organisational Development (non voting) All full members of the Board of Directors shall have one full vote each, with the Chair having a second or casting vote should the need arise. The Board of Directors shall, following consultation with the Council of Governors, appoint one of the Non-Executive Directors to be the Senior Independent Director. In consultation with the Chair of the Trust, the Council of Governors may also appoint one of the Non-Executive Directors as a Deputy Chair.
Quorum	No business shall be transacted at a meeting unless at least one third of the whole number of the Chair and Board members (including at least one Executive Director and one Non-Executive Director) is present.
Chair	Chair of the Board of Directors
Frequency	Monthly (minimum of 10 per year)
Agenda and Papers	An agenda for each meeting, together with relevant papers, will be forwarded to members to arrive 5 working days before the meeting.
Minutes and Reporting	The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting where they shall be signed by the person presiding at it. Meetings of the Board of Directors shall be held at such times and places as the Board may determine. The frequency of meetings shall be agreed by the Board of Directors, and will normally be every month (minimum 10 per year). The Board may agree to vary that frequency; however this shall not preclude meetings being convened in accordance with Standing Orders 1.2 and 1.3 in Annex 8 of the Constitution. All meetings shall be held in public, at which members of the public and representatives of the press shall be permitted to attend. Members of the public are not permitted to ask questions during the meeting as it is a meeting held in public, not a public meeting. However questions can be submitted to the Chair at the end of a meeting. Responses to the questions may be given at that time or in writing within 5 days of the meeting. Members of the public may be excluded from a part II meeting for special reasons and having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest. Such matters will be discussed in a separate closed session which will not be attended by members of the public. The public may attend each meeting of the Board of Directors, but shall be required to withdraw upon the Board of Directors resolving:- *'that representatives of the press, and other members of the public, be*

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	excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest' A full set of papers comprising the agenda, minutes and associated reports and papers will be sent within the timescale set out in Standing Order 3 in Annex 8 of the Constitution (or as agreed by the Chair) to all Directors. A link to the public agenda and papers and a copy of the private agendas will be sent to members of the Council of Governors prior to any meeting. The Trust Secretary shall take the minutes and shall ensure these are presented to the next Board of Directors' meeting, and signed by the person who presided at the meeting. Minutes from meetings of the Board of Directors will be presented to the Council of Governors when practicable, in accordance with a process agreed by the Council of Governors. The public agenda, papers and minutes of each meeting shall be displayed on the Trust's website.
Monitoring	A review of attendance and effectiveness will be undertaken annually. To comply with NHS Resolution Risk Management standards (which now incorporates the functions of the organisation formerly known as the NHS Litigation Authority (NHSLA), the Trust has to include certain details in all its terms of reference documents. The Trust also has to collect evidence of compliance with these areas.
Approval Date	May 2021 tbc
Review Date	May 2022

Sub Committee Structure

Trust Board

Commissioning Committee

(Go Live July 2021)

Finance & Investment Committee

Quality Committee

Mental Health Legislation Committee

Audit Committee

Workforce & Organisational Development Committee

Charitable Funds Committee

Remuneration & Nomination Committee

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Title & Date of Meeting:	Trust Board Public Meeting – 19 May 2021			
Title of Report:	Freedom to Speak Up Guardian Annual Report 2020/21			
Author/s:	Michele Moran, Executive Lead for Freedom to Speak Up Alison Flack, Freedom to Speak Up Guardian			
Recommendation:	To approve		To receive & note	YES
	For information		To ratify	
Purpose of Paper:	To present the Freedom to Speak Up Annual Report 20/21.			

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	MAY 2021
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	

Key Issues within the report:	The Freedom to Speak Up Annual Report 20/21 is presented to the Trust Board on an annual basis. The report includes an update on the work of the National Guardian's Office, the regional network and the work within Humber NHS Foundation Teaching Trust. The Trust Board review regular updates on this work and also have completed the NHSE/NHSI Self Assessment in November 2020. The NGO have released two training packages for speaking up. All new staff joining the Trust receive Level 1 as part of their induction and plans are being developed to implement Level 2 for managers. During 20/21 there have been 24 speak up concerns received by the Guardian. This is a significantly lower number than the previous two years. During this period no staff member has reported feeling a detriment to themselves by raising their concerns through this route. As a result of speaking up concerns, there has been learning shared within teams and across the Trust.

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	During 21/22 further work will continue to raise the profile and visibility of the Guardian and the Deputy Guardians and also a review of the feedback received from staff. .

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*				
√ *Tick those that apply*				
yes	Innovating Quality and Patient Safety			
yes	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
yes	Developing an effective and empowered workforce			
	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			To be advised of any future implications as and when required by the author
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Freedom to Speak up Guardian's Annual Report – 2020/21

Alison Flack
Freedom to Speak Up Guardian

Alec Saxby
Deputy Freedom to Speak Up Guardian

Nikki Titchener
Deputy Freedom to Speak Up Guardian

The following report provides an update on the activities undertaken as part of the Freedom to Speak Up processes and the role of the Guardian.

National Guardians Office (NGO)

The National Guardian's office published their Annual Report for 2020. There are now over 612 Guardians working in 400 organisations. Nationally, there were 16,199 speak up concerns raised which was a 32% increase on 2019. The largest staff group reporting concerns were nurses.

During 2020 the NGO published two levels of training:-

Speak Up – Core Training for All Workers
Listen Up for Managers

We continue to provide the number/type/professional group reporting concerns onto the NGO national portal.

Yorkshire and Humber Regional Guardian's Network – New Chair Appointment

We are an active partner of the regional network and the peer support group. Judith Graham has recently stepped down from the role of chair and has been replaced by Estelle Myers, who is the Freedom to Speak Up Guardian at South West Yorkshire NHS Foundation Trust.

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Humber NHS Teaching Foundation Trust

Our Freedom to Speak Up Vision and Strategy (2019-2022) remains in place. We will all work together to ensure that all members of staff feel safe and confident to speak out and raise their concerns.

Trust Board - Self Assessment

The National Guardian's Office and NHSI have developed a guide for Trust Boards and a self-assessment process which sets out the expectations and individual responsibilities in relation to Freedom to Speak Up.

The Trust Board have undertaken this self-assessment on a regular basis and this was recently completed in March 2021.

Training for Staff

All new staff joining the Trust now undertake Level 1 NGO Speak Up training as part of their induction programme and the training is available through the training diary. Level 2 NGO Speak Up training has now been published and we are looking at how we can ensure all our managers have completed this through the Trust's leadership and development programmes.

Number of Speak Up Concerns Received from 1 April 2020 until 31 March 2021

During this 12 month period we received 24 speak up concerns.   This is a reduction on the numbers during 2019/20 where 58 speak up concerns where received during the previous 12 months.

It is important to note that if more than one staff member raises the concern this is counted by the number of staff raising the concern.

2018/19   42
2019/20   58
2020/21   24

Types of Concerns

During 2020/21 the speak up concerns raised fall into the following categories:-

- Patient safety and quality of care including patient mix due to COVID 19 working arrangements and gaps in patient pathways.
- Human resource processes i.e. grievances
- Allegations of bullying and harassment
- COVID 19 working arrangements
- Equality and Diversity

The following areas have raised concerns through the speak up route:-

Children's services, including CAMHS
Learning Disabilities
Mental Health services
Whitby Hospital
Corporate services

The staff members reporting concerns have ranged from health care assistants, administrative staff, qualified nurses, medical and social workers.

Speak Up Month – October

During October, we participated in the annual Speak Up Month initiative that is supported by the National Guardian's office.   We held a number of virtual events to meet staff and talk about the role of speaking up in the Trust.   We were also able to attend the senior leadership forum to speak to managers about speak up and ask them to consider the behaviours that should be modelled to allow staff to feel comfortable in raising concerns at a local level with immediate supervisors/line managers.

During speak up month we continued to promote the new Deputy Guardian's across the Trust, had the opportunity to meet with the staff governors to talk about our work and to gain feedback on how we can continue to promote the role of the Guardian's and our strategy.   In December, we met with the patient staff champions to discuss how we can work together to support staff to feel comfortable raising their concerns.

A number of speak up concerns have been resolved by listening to concerns and providing support and advice as to the most appropriate route for resolution and the Freedom to Speak Up Guardian and Deputy Guardian work closely with the Trust's HR team to signpost staff where appropriate.

During 2020/21 no staff member reported feeling detriment to themselves as a result of speaking up through the Guardian route.   A number of staff noted that their speak up concerns had been resolved and they would use the speak up route again.

Learning from concerns that have been raised

An important aspect of speaking up is to ensure that any learning from concerns is shared and that improvements are made.

As a result of learning the following areas have been improved:-

- Patient pathways between mental health and learning disabilities services;
- Awareness training regarding equality and diversity;
- Staff experience regarding working arrangements during COVID 19;
- Communications between staff teams.

During this period there has been one investigation commissioned by the Chief Executive and Executive Lead for speaking up.

On a regular basis, the team review the agreed actions from speak up concerns to ensure that learning has been implemented and also shared across the Trust.

Raising Awareness of the Freedom to Speak up Guardian Role and Function

We continue to promote the Guardian role virtually across the Trust by attending team meetings and publishing regular communications through the Trust communications programme. This has been strengthened during COVID 19 period. The Chief Executive also continues to raise awareness through the Chief Executive communication channels.

Continuing to support our staff to raise their concerns during COVID 19

Regular communications about the role of the Guardian and the continued importance of speaking up during this time have been published in the COVID 19 staff communications.

Gaining feedback from our staff

When a staff member has raised a concern with the Guardian, where possible a letter is sent from Michele Moran, as the Chief Executive to thank staff for raising their concerns and to ask them to complete a questionnaire regarding their experience of reporting a concern. The response rate has been low this year and we need to look at how we improve this.

Future Actions – 2021/22

Review of HFT Speak Up Policy to align with the new guidance received from the National Guardians Office.

Review the outcome of the staff survey results to develop an action plan targeting specific areas of the Trust.

Continued focus on equality and diversity – meeting planned with the Trust's Equality and Diversity Lead.

Continue to promote the work of the Guardian across the Trust.

Review process for gaining feedback from our staff who raise their concerns.

Title & Date of Meeting:	Trust Board Public Meeting– 19th May 2021				
Title of Report:	Annual Declarations 2020/21				
Author/s:	Peter Beckwith Director of Finance				
Recommendation:	To approve	☑	To receive & note		
	To discuss		To endorse		
	The Trust Board are asked to approve the following annual declarations, based on the evidence included in this report: • The Board has taken all necessary precautions to comply with its licence, the NHS Act and the NHS Constitution. • The Trust has complied with required governance standards and objectives • The Trust has a reasonable expectation that required resources will be available to deliver designated services • That the Trust has complied with section 151(5) of the Health and Social Care Act to ensure that governors are equipped with the skills and knowledge to undertake their role.				
Purpose of Paper:	To provide the Trust Board with a summary of the annual declarations that are required to be made by the Trust, evidence of how the Trust meets these declarations and to ensure that the views of Governors have been taken into consideration.				

Governance: Please indicate which group or committee this paper has previously been presented to:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	

Key Issues within the report:	The Trust is required to make annual declarations after the financial year end. Details of declaration and comments/evidence are included within the report.

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*	
√ *Tick those that apply*	
√	Innovating Quality and Patient Safety

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√	Enhancing prevention, wellbeing and recovery			
√	Fostering integration, partnership and alliances			
√	Developing an effective and empowered workforce			
√	Maximising an efficient and sustainable organisation			
√	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			To be advised of any future implications as and when required by the author
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

1. Introduction and Purpose

This purpose of this paper is to provide the Trust Board with a summary of the annual declarations that are required to be made by the Trust alongside evidence/comments of how the Trust meets these declarations.

2. NHS Licence Conditions

All NHS Foundation Trusts are required to self-certify whether or not they have complied with the conditions of the NHS provider licence, have the required resources available if providing commissioner requested services, and, have complied with governance requirements.

The Trust is required to make the following declarations:

Declaration	Details
G6 (3)	Providers must certify that their Board has taken all necessary precautions to comply with the licence, NHS Act and NHS Constitution.
FT4 (8)	Providers must certify compliance with required governance standards and objectives
CoS7 (3)	Providers providing Commissioner Requested Services (CRS) have to certify that they have a reasonable expectation that required resources will be available to deliver designated services.

2.1 Condition G6

Condition G6 requires the Trust to have effective systems and processes in place to ensure compliance with its provider licence, the NHS Act and the NHS Constitution. The Trust should identify any risks to compliance and take reasonable mitigating actions to prevent those risks and a failure to comply occurring.

The previous update to the Trust Board in November 2019 and the Council of Governors in January 2020 highlighted the evidence available to support the above declarations.

The Trust Licence (No 130053 – Issued 1st April 2013) contains seven sections which details conditions relating to the following areas:

- General Conditions
- Pricing
- Choice and Competition
- Integrated Care
- Continuity of Services
- NHS Foundation Trust Conditions
- Interpretation and definitions

Details of the Trust licence conditions and commentary to support compliance is attached at Appendix A.

Declaration G6 also requires the Board to declare that the Licensee continues to meet the criteria for holding a licence, there are currently 2 conditions:

- The Trust must be registered with the Care Quality Commission
- The Directors and Governors of the Trust must meet the 'fit and proper persons test'

The Trust is compliant with these conditions.

2.2   Condition FT 4

Condition FT4 requires the Trust to apply the principles, systems and standards of good practice which would reasonably be regarded as appropriate for a supplier of health care services to the NHS.

Evidence to demonstrate the Trust's compliance against the six statements is attached at Appendix B, this is not an exhaustive list and has been updated based on feedback from previous board discussions.

2.3   Condition CoS7

As the Trust is a provider of Commissioner Requested Services, it must make a declaration under CoS7, evidence for which is included in Appendix A.

3.   Additional Declaration – Training of Governors

Whilst not a specific licence condition, the Trust is also required to make an annual declaration in relation to the Training of Governors. It is a requirement of the Health and Social Care Act that requires the Trust to ensure governors are equipped with the skills and knowledge they require.   The Trust is required to make the following statement

'***The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to Governors, as required by S151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they require to undertake their role'***

Based on the statement above the following list provides evidence of the Trusts compliance:

- Governor Induction Programme
- Governor Development Workshop/Sessions
- Council of Governor Meetings

4.   Next Steps

The deadline for annual declarations has yet to be published in previous years declarations have been made in May and June.

5.   Recommendation

The Trust Board are asked to discuss and endorse the following annual declarations, based on the evidence included in this report.:

- The Board has taken all necessary precautions to comply with its licence, the NHS Act and the NHS Constitution.

- The Trust has complied with required governance standards and objectives

- The Trust has a reasonable expectation that required resources will be available to deliver designated services

- That the Trust has complied with section 151(5) of the Health and Social Care Act to ensure that governors are equipped with the skills and knowledge to undertake their role.

Condition	Explanation	Comments
General licence conditions (G)		
G1. Provision of information	Obligation to provide NHS Improvement/ Monitor with any information it requires for its licensing functions.	• The Trust complies with any Monitor/NHS Improvement requests for information and complies with the reporting requirements as set out in the Single Oversight Framework. • The Trust has robust data collection and validation processes. • Accurate, complete and timely information is produced and submitted to third parties to meet specific requirements. • The Trust makes monthly submissions to NHS Improvement
G2. Publication of information	Obligation to publish such information as NHS Improvement/Monitor may require.	• The Trust Board of Directors continues to meets in public (via MS Teams). • Agendas, minutes and papers are published on the Trust's website. • Monthly board meetings include updates on operational performance quality and finance. • The Trust's website contains a variety of information and referral point information should the public require further information. • Published Quality Accounts and Annual Report. • The Trust responds to Freedom of Information requests • The Board Assurance Framework and Trust Wide Risk Register are reported to the board quarterly. • The Council of Governors receives regular communication about the work of the Trust. • The Trust complies with its obligations under Duty of Candor.
G3. Payment of fees to NHS Improvement/Monitor	Gives NHS Improvement/Monitor the ability to charge fees and for licence holders to pay them.	• There are currently no plans to charge a fee to Licence holders. • The Trust's financial systems enable it to comply with this requirement in the future.
G4. Fit and proper persons as Governors and Directors	Prevents licensees from allowing unfit persons to become or continue as governors or directors.	• Governors and Members of the Board of Directors are required to make an annual declarations to ensure that they continue to meet the Fit and Proper Persons Test.

Condition	Explanation	Comments
G5. NHS Improvement/Monitor guidance	Requires licensees to have regard to NHS Improvement/Monitor guidance.	• The Trust responds to guidance issued by NHS Improvement/Monitor. • Submissions and information provided to NHS Improvement/Monitor are approved through relevant and appropriate authorisation processes. • The Trust has regard to Monitor guidance and submits self-certifications as required by Monitor
G6. Systems for compliance with licence conditions and related obligations	Requires providers to take reasonable precautions against risk of failure to comply with the licence.	• The Trust's Internal Auditors considered the Board Assurance Framework as part of the 2019/20 audit work programme; the outcome provided 'substantial' assurance. • Previously governance arrangements (Board & Committee Effectiveness) were reviewed as part of the 2018/19 internal audit programme, providing 'good' assurance. • The Board Assurance Framework and Trust Wide Risk Register are reported to the board quarterly as well as relevant parts to the sub-committees of the Board and Executive Management Team. • Annual Governance Statement • The 2019/20 Annual Head of Internal Audit Opinion provided 'Good' Assurance • *2020/21 Opinion not yet known* *** This is a declaration on behalf of the Trust as part of the annual submissions**
G7. Registration with the Care Quality Commission (CQC)	Requires providers to be registered with the CQC and to notify NHS Improvement/ Monitor if their registration is cancelled.	• The Trust is registered with the Care Quality Commission (CQC). • The Trust's last CQC inspection was in 2019 and assessed the Trust as 'Good' • The Quality Committee has reviewed all evidence to support submissions made to the CQC • The Trust Board and Quality Committee has oversight of CQC Action Plans
G8. Patient eligibility and selection criteria	Requires licence holders to set transparent eligibility and selection criteria for patients and apply these in a transparent manner.	• Details of Services the Trust provides are published on the Trust's website • Patients referred to the Trust are not selected on any eligibility grounds. • Eligibility is defined through commissioner contracts and patient choice • Treatment decisions are made on clinical grounds and treatment options (risks and benefit) are discussed with the patient through the consent to treatment process.
G9. Application of section 5 (Continuity of Services)	Sets out the conditions under which a service will be designated as a CRS	• CRS are defined in the Trusts contracts with Clinical Commissioning Groups • **The Trust makes a declaration under CoS7**
Pricing conditions (P)		

Condition	Explanation	Comments
P1. Recording of information	Obligation of licensees to record information, particularly about costs.	• The Trust has well established systems for coding, collection, retention and analysis of activity and cost information.
P2. Provision of information	Obligation to submit the above to NHS Improvement/Monitor.	• The Trust responds to guidance and requests from NHS Improvement/Monitor.
P3. Assurance report on submissions to Improvement/Monitor	Obliges licensees to submit an assurance report confirming that the information provided is accurate.	• The Trust Board have signed off the process in relation to National Cost Collection (July 2020).
P4. Compliance with the national tariff	Obliges licensees to charge for NHS health care services in line with national tariff.	• *Contracting arrangements within the NHS have been suspend for 2020/21* • All Trust contracts are agreed annually and are in line with the national tariff where applicable. • The Trust continues to work with its commissioners on the requirement to develop a local tariff within the terms of national guidance.
P5. Constructive engagement concerning local tariff modifications	Requires license holders to engage constructively with commissioner and to reach agreement locally before applying to NHS Improvement/Monitor for a modification	• The Trust has positive working relationships with commissioners. • The Trust adopted a new collaborative commissioning approach to contracting in 2018/19 • 2020/21 contracts with the commissioners were all but agreed, however the national response to COVID-19 suspended operational planning for 2020/21. • *Guidance for 2021/22 is still awaited at the time of writing this report*
Choice and competition (C)		
C1. The right of patients to make choice	Protects patients' rights to choose between providers by obliging providers to make information available and act in a fair way where patients have a choice of provider.	• The Trust has in place a service directory setting out the services available. • Commissioners monitor the Trust's compliance with the legal right of choice as part of contract monitoring in line with NHS Standard Contract requirements.

Condition	Explanation	Comments
C2. Competition oversight	Prevents providers from entering into or maintaining agreements that have the effect of preventing, restricting or distorting competition to the extent that it is against the interests of health care users.	• The Trust is aware of the requirements of competition in the health sector and would seek legal and/or specialist advice should Trust Board decide to consider any structural changes, such as mergers or joint ventures. .
Integrated care condition (IC)		
IC1. Provision of integrated care	Requires Licensee to act in the interests of people who use healthcare services by facilitating the development and maintenance of integrated services.	• The Trust actively works with its partners, through formal and informal mechanisms to foster and enable integrated care, including lead provider arrangements where appropriate. • A number of services provided are done so through partnership working with other local stakeholders.
Continuity of service (CoS)		
CoS1. Continuing provision of Commissioner Requested Services (CRS)	Prevents licensees from ceasing to provide CRS or from changing the way in which they provide CRS without the agreement of relevant commissioners.	• The Current Contracts with commissioners requires agreement with commissioners on the ways CRS services are provided.
CoS2. Restriction on the disposal of assets	Licensees must keep an up-to-date register of relevant assets used in commissioner requested services (CRS) and to seek NHS Improvement/Monitor's consent before disposing of these assets IF NHS Improvement/Monitor has concerns about the licensee continuing as a going concern.	• The Trust maintains a full capital asset register. • Any disposals are reported/approved by the Trust Board

Condition	Explanation	Comments
CoS3. Standards of corporate governance and financial management	Licensees are required to adopt and apply systems and standards of corporate governance and management, which would be seen as appropriate for a provider of NHS services and enable the Trust to continue as a going concern.	• The Trust has Standing Orders, Standing Financial Instructions and a Scheme of Delegation in place, refreshed November 2020. • The Board of Directors receives monthly performance reports aligned to the Trust Strategic Goals. • The Trust has a Board Assurance Framework and Risk Register • The Trust's Internal Auditors review risk management processes as part of the strategic audit plan. • The Trust has a current CQC rating of 'Good' for Well Led
CoS4. Undertaking from the ultimate controller	Requires licensees to put a legally enforceable agreement in place to stop the ultimate controller from taking action that would cause the licensee to breach its licensing conditions.	• The Trust does not operate and is not governed by an Ultimate Controller arrangement so this License Condition does not apply.
CoS5. Risk pool levy	Obliges licensees to contribute to the funding of the 'risk pool' (insurance mechanism to pay for vital services if a provider fails).	• The Trust currently contributes to the NHS Litigation Authority (NHS Protect) risk pool for clinical negligence and public liability schemes.
CoS6. Co-operation in the event of financial stress	Applies when a licensee fails a test of sound finances and obliges the licensee to co-operate with NHS Improvement/ Monitor.	• The Trust has not received any such notices from regulators • The Trust would full comply with this condition if required.
CoS7. Availability of resources*	Requires licenses to act in a way that secures resources to operate commissioner requested services (CRS).	• The Trust has an approved operational plan • The Trust's final Financial Use of Resource score for 2020/21 was a 2 consistent with its approved NHSI Plan • The Trust is completing its annual accounts on a going concern basis • The Trust has an underlying bank balance of circa £20m **** This is a declaration on behalf of the Trust as part of the annual submissions***
Foundation Trust conditions (FT)		
FT1. Information to update the register of NHS foundation trusts	Obliges foundation trusts to provide information to NHS Improvement/Monitor.	• The Trust has provided NHS Improvement with a copy of its NHS Foundation Trust Constitution • The Trust has provided NHS Improvement with a copy of its Board approved Annual Report and Accounts.

Condition	Explanation	Comments
FT2. Payment to NHS Improvement/ Monitor in respect of registration and related costs	The Trust would be required to pay any fees set by NHS Improvement/Monitor.	• If NHS Improvement required fees to be paid by the Trust, the Trust would comply with this condition.
FT3. Provision of information to advisory panel	NHS Improvement/Monitor has established an independent advisory panel to consider questions brought by governors. Foundation trusts are obliged to provide information requested by the panel.	• The Trust would comply with this as required through the provision of any requested information.
FT4. NHS Foundation Trust governance arrangements	Gives NHS Improvement/Monitor continued oversight of the governance of foundation trusts.	*This is a signed declaration on behalf of the Trust as part of the annual submissions. Evidence against this submission is detailed in appendix B.*

	Statement	Sources of Evidence and Assurance
1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	Scheme of Delegation, Reservation of Powers and Standing Financial Instructions have been updated and refreshed – November 2020 Board. Constitution has been reviewed and updated
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Trust Wide Risk Register Board Assurance Framework Board Performance Reports Finance Report and Use of Resources Score
3	The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	Committee Structures well established Committee Effectiveness reviews are reported to Trust Board Annually Clear Accountability through EMT and Executive Directors Portfolios. Level 3 performance reports and 'ward to board' reporting.
4	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.	*External Audit Opinion on VFM (ISA260)* *Going Concern review* *Annual Governance Statement* All Statutory requirements met Delivered Financial Targets in 2020/21 Use of Resource Score of 2 Trust plan agreed to its financial targets for 2020/21 (*prior to the suspension of operational planning*) Monthly Performance report to Trust Board Quality Report to Quality Committee Monthly returns to NHS Improvement Risk Register and Board Assurance Framework Annual Report on non-clinical safety presented to Trust Board *Annual Report and Accounts* *Annual Quality Report*
5		Board Skill Mix

	Statement	Sources of Evidence and Assurance

	The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure:
	(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;
	(b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;
	(c) The collection of accurate, comprehensive, timely and up to date information on quality of care;
	(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;
	(e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and
	(f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.
		CQC well led rating of Good
		
		Board Development Programme
		
		Standing Items to Board
		• Performance Report
		
		• Finance
		
		• Chief Executive Update including
		
		    ○ Nursing Update
		
		    ○ Operations Update
		
		    ○ Medical Update
		
		    ○ HR Update
		
		Refreshed Trust Strategic Objectives
		
		Patient Stories reported to Board
		Programme of Exec Visits (Virtual and Physical)
		Friends and Family Test
		CQC Action Plan/Improvement Plan
		Midday Mail/Midweek Global
		EMT New Headlines
		Board Talk
		Meet with Michele

6	The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.	Trust Board undertake Fit and Proper Persons Test Board Secretary maintains declarations of interest register Staffing Figures reported to the board regularly. Trust Workforce Strategy Workforce included in Service Plans The Trust has established a Workforce Committee

Title & Date of Meeting:	Trust Board Public Meeting -19th May 2021				
Title of Report:	Health Stars Annual Review				
Author/s:	Andy Barber, Smile CEO and Victoria Winterton, Head of Smile Health				
Recommendation:	To approve		To receive & note		X
	For information		To ratify		
	Trust Board are asked to receive and note the contents of the report.				
Purpose of Paper:	The purpose of this paper is to provide the Trust Board with a review of Health Stars activity during the 20/21 financial year.				

Governance: *Please indicate which group or committee this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee	18.5.21	Other (please detail)	

Key Issues within the report: *Please ensure you also complete the monitoring and assurance framework summary below:*	Included within the report are updates on - Overview of 20/21 - People - Presence - Projects - Core Activity - Finances

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*				
√ *Tick those that apply*				
√	Innovating Quality and Patient Safety			
√	Enhancing prevention, wellbeing and recovery			
√	Fostering integration, partnership and alliances			
√	Developing an effective and empowered workforce			
√	Maximising an efficient and sustainable organisation			
√	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			
Legal	√			To be advised of any future implications as and when required by the author
Compliance	√			
Communication	√			
Financial	√			

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Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

1 Introduction and Purpose

The purpose of this paper is to update the Board on the progress Health Stars is making against the agreed charity strategy for Humber Teaching NHS Foundation Trust charitable funds.

2 2020/2021 Overview

Since April 2020 Health Stars have been working hard to grow and develop the effectiveness of the charity ensuring maximum impact is delivered across our Trust wide services. Health Stars have continued to adapt their ways of working since the pandemic hit in March 2020. The team have worked at a fast pace and in a diverse way to ensure the continued support to our NHS teams has continued and made the biggest impact when they have needed it most.

It has been a challenging period for all but one we feel as a team we have approached head on with a positive and effective outcome, we have embraced new working environments taking advantage of the technical resources we have been able to utilise with a "can do" attitude and willingness to learn and evolve. The team continue to work remotely in line with government guidance and benefit from the support of the wider HEY Smile Foundation (Smile) team alongside Humber Teaching NHS Foundation Trust.

Health Stars continue to build and grow the newly established relationships with Trust voluntary services who we have been lucky to work in partnership with on a number of occasions in recent months utilising COVID19 emergency funds.
In recent months we have explored new working opportunities with the Patient and Carer Experience team alongside Senior HR Business Partners to work collaboratively for the enhancement of the charities growth and visibility and in turn a wider investment of charitable funds which will enhance the patients, carers and staffs experience. .

Health Stars continue to benefit from strong leadership from the core HEY Smile Foundation (Smile) team, key individuals have developed significantly within their working roles during this evolving journey of which we are on, this has enabled us to manage the change effectively whilst allowing us to transition to the next chapter

The impact of the pandemic saw the charity receive a reduced amount of wishes compared to previous years due to the strains of which our staff have faced. With that said we have worked alongside teams to ensure we have supported them in every way we can from "wobble rooms" to "care packages" enhancing the working environments of all staff across the Trust who have worked on the frontline. Alongside the COVID19 emergency support we have delivered to staff and patients we have granted 69 "business as usual" wishes since 1st April 2020, which have added that extra sparkle throughout the Trust.

In January 2021 Health Stars launched their second major appeal to raise £200,000 to support the enhancements of Whitby Hospital which will go over and above the

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NHS core spend. Health Stars have been working closely with the Trust' internal team who are leading and managing the project alongside the local community and hospital staff to stimulate fundraising and make a lasting impact for years to come. This has been a challenging area of work due to the restrictions of which we face due to the national pandemic but one we have faced head on. The appeal has been welcomed by all and fundraising is now in underway, albeit virtually at present.

Overall the year will again be seen as a success, despite the many changes we have been faced with but as a team we are proud of the achievements to date and look forward the new world we continue to operate in.

Our thanks continue to go to Michele Moran CEO, Sharon Mays Chair, Pete Beckwith Finance Director, Mike Cooke and his fellow charitable funds committee members for the support and guidance which continues to see Health Stars grow into its role as a strategic partner of Humber Teaching NHS Foundation Trust. We are also excited to be working alongside Steve McGowan, Health Stars new charitable executive lead. There are lots of exciting things upon the horizon as we continue to develop along the way.

1. People

In 2019 we saw some significant changes within the staffing structure within Health Stars, with that said Health Stars now has an established team and solid working structure which as we enter into 2021/2022 are proud for the growth and development of the team we have in place.

Due to COVID19 the appointment of a Charity Champion was put on hold and this remains the same at present as we continually assess the effects of the pandemic and our work going forward.

In January the Whitby Hospital Appeal was launched which saw the Health Stars team grow as we welcomed Jude Wakefield as our Whitby Hospital Appeal Coordinator. Jude was appointed on a 12 month contract to oversee the Appeal and lives in the adjoining village Runswick Bay. Jude's past working experience alongside her local knowledge has been a key part in launching and managing the appeal alongside the wider Health Stars work.

Health Stars were able to utilise NHS Charities Together Stage 1 grant funds of £50,000 to appoint a BAME wellbeing coordinator which is jointly funded with sister charity The Health Tree Foundation who are also managed by the HEY Smile Foundation.

Bibhash Dash joined the team in November 2020 and contracts are managed through HEY Smile Foundation. This is an exciting piece of work and the "Dost" project was recently launched providing support for all members of the Black, Asian, Minority, Ethnic community.

Our main focus remains on grant funding and digital fundraising. We have identified that both of these aspects will remain a prime source of income over the coming months as we transition out of lockdown, Our events remain to be continually reviewed and plans have started to commence for in person events for the back end of 2021 and into 2022, we remain to be vigilant and comply with national guidance but are excited for what the future holds at Health Stars.

Current resource:

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- Victoria Winterton (Lead, Head of Smile Health)
- Kristina Poxon (Fundraising Manager)

Additional support from Smile: Andrew Barber, Ann Newlove, Sarah Shepherdson

- Jude Wakefield (Whitby Hospital Appeal Coordinator)
  - Funded through the Appeal.
- Bibhash Dash (BAME Wellbeing Coordinator)
  - Funded through NHS Charities Together Stage 1 Grant

2. Presence

Health Stars has vastly increased its presence yet again across the last year. Our social media channels have seen larger engagement. The support of Smile Communications lead, Sarah Shepherdson has been a great support and Health Stars continues to gain new followers on Twitter, Facebook and is now building a strong profile on Instagram.

This presence is being built to support further asks of our stakeholders for fundraising campaigns and gift in kind requests. Vitally it is used to show our stakeholders how the funds raised are invested in the Humber Teaching NHS Foundation Trust services, and equally the difference it is making to staff and patients.

Thanks to the Trust communications team regular press releases are being made on the Whitby Hospital Appeal and Positive Publication stories to support the generation of wish requests internally, this year we will be launching our communications plan with thanks to Trust communications lead Rachel Kirby, this is an opportunity to further our growth but equally celebrate our successes to date.

We are actively reviewing our charitable funds held and how trust services from Willerby to Whitby can benefit, we continue to build both the knowledge of our Trust teams of the charity and also ours of their current and future potential to maximise funds allowing us to deliver those enhancements which have the biggest impact.

We continue to aim to expand our reach internally and externally of the Trust.

- Twitter Followers: 1119
- Facebook Likes/Followers: 704/751
- Instagram Followers: 254

3. Projects

- **Whitby – *Redevelopment of existing site***

Prior to lockdown restrictions the Health Stars team made a number of site visits with Trust leads to scope the level of enhancements that could be made on the refurbished areas operated by Humber NHS Teaching Foundation Trust. The team have built strong relationships with key members of staff at Whitby alongside the local community and continue to do so by overseeing the newly establish Task & Finish groups Health Stars remain proactive in the rebuild developments and are in attendance to all internal and external project groups.

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We were extremely grateful to receive a contribution of over £24,500 from the League of Friends Whitby in March 2020 who decided to disband, transferring all remaining funds to Health Stars, to support the Whitby Hospital Appeal. This very much felt like a vote of confidence from the Whitby League of Friends volunteers in Health Stars moving forwards

- **Employee enhancements – COVID-19**

Due to the COVID-19 pandemic a large focus in the last month of the financial year was placed on supporting our Trust operational teams. This included the delivery of food and well-being hampers to each site, and the exploration of Wobble Rooms for a number of sites.

During the most detrimental part of COVID19 we were able to deliver hampers for a six week period, these reached 40 primary & community care teams and 13 inpatient units. In total we spent £56,000 and were able to lovingly deliver 5184 hampers covering a total of 13,000 miles.

2020/21 continues to be driven by the grant rounds and funding availability of the NHS Charities Together to which we are a member.

We will ensure that our team remain agile and prepared to respond to opportunities which become available at short notice through this new funding stream. We will look to work with our NHS partners in our region and as the funding evolves and also maximise our links with the wider community.

We continue to connect into the PROUD programme with the Trust supporting investments into staff wellbeing. This work will continue alongside the investment from NHS Charities together.

- **Community investments**

In the year end 2020 we completed a review of all restricted funding. Highlighting the opportunity of community funds held within Bridlington specifically, but also Driffield and Withernsea. These funds had been stagnant predominately and in 2021 we have proactively been reviewing opportunities to work with partners in the health and Voluntary and Community sectors.

This was a long but valuable process which has seen funds being able to be utilised by the beneficiary group on a wider range of services, supporting a prevention agenda as well as in-patient services.

4. Core activity

- **Circle of Wishes**

Since the 1st April 2020 we have granted 69 wishes, this was significantly reduced due to the wider uncontrollable attributes but we continue to support in a number of diverse ways whilst actively promoting the circle of wishes process, ensuring that the voice and influence of Trust employees, patients and relatives are heard in the granting of charitable funds entrusted to Health Stars and Humber Teaching Foundation Trust.

The skills and connections of the Health Stars and Smile teams ensure that we make funding go further, work harder and last longer.

Therefore we continue to have both the financial capacity to deliver more, however our current people resource would suggest that a maximum of 180 wishes a year

would be our capacity, this will be actively reviewed based on the other work streams of which Health Stars support

A focus for the team in the coming year will therefore be;

- *Looking to encourage larger Wishes and potential projects*
- *Scalable projects for multi-site delivery*

5. Finances

In the financial year 20/21 we generated £201.1k against a target of £206.1k.

We finished the year with a fund holding of £708.6k against a target of £601.1k.

We generated £2.60 for every £1 we spent on operational costs against a target of £2.50.

We invested £93k on patient experience and staff benefit against a target of £208.5k.

This reduction in spending is due to an £82k agreed spend in year for the Impact Appeal that Health Stars was not invoiced for until April 2021.

Conclusion

With the significant amount of changes over the last financial year, we find ourselves in a positive financial position. We have evolved our people resources in line with operational need reducing our fixed costs, but equally further maximising the central resources of Smile to meet our current need.

We are particularly proud of our teams' resilience and ability to adapt to new working demands and environments. We are excited to have our second major appeal underway and we are proud to be engaging with a wider group of stakeholders and community groups in the process.

We remain focused on reducing our fund holding, working with partners within the communities we serve to maximise the funding we hold for greater impact. Equally we are aware that we as the Charity of Humber NHS Teaching Foundation Trust still have more opportunities to work with internal services and departments and this is something we are actively exploring and developing.

With a continued proactive approach we can continue to develop even in tough operating circumstances, supporting our NHS teams, patients and relatives. Our Corporate Trustee continues to expand its services, and receive national accolades for service improvements and innovation. In the coming year we hope to support that continued success even further.

Caring, Learning and Growing

Title & Date of Meeting:	Trust Board Public Meeting – 19 May 2021				
Title of Report:	Humber Coast & Vale 2020/21 Annual Report				
Author/s:	Michele Moran Chief Executive				
Recommendation:	To approve		To receive & note	✓	
	For information		To ratify		
Purpose of Paper:	Please find attached the first annual report of the Integrated Care system, covering the work of the partnership throughout 20/21. The Board is asked to note the contents and work throughout what has been a challenging year.				
Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date			Date
	Audit Committee		Remuneration & Nominations Committee		
	Quality Committee		Workforce & Organisational Development Committee		
	Finance & Investment Committee		Executive Management Team		
	Mental Health Legislation Committee		Operational Delivery Group		
	Charitable Funds Committee		Other (please detail) Annual report		✓
Key Issues within the report:	Included in the report				

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*				
√ *Tick those that apply*				
	Innovating Quality and Patient Safety			
	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
	Developing an effective and empowered workforce			
	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			
Legal	√			To be advised of any future implications
Compliance	√			

Communication	√			as and when required by the author
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Humber, Coast and Vale
Health and Care Partnership
Annual Report
2020/21

Humber, Coast and Vale

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About the

Humber, Coast and Vale Health and Care Partnership

The Humber, Coast and Vale Health and Care Partnership is a collaboration of health and care organisations which believe they are stronger when working together. We are striving to improve the overall health and wellbeing of our population as well as the quality and effectiveness of the services we provide.

Together we form the system of organisations that are responsible for planning, paying for and providing health and care services within Humber, Coast and Vale. We serve a population of 1.7 million people, all with different health and care needs.

The HCV Partnership works across a geographical area of more than 1,500 square miles which includes cities, market towns and many different rural and coastal communities. Our area stretches along the east coast of England from Scarborough to Cleethorpes and along both banks of the Humber. Humber, Coast and Vale incorporates the cities of Hull and York and large rural areas across East Yorkshire, North Yorkshire and Northern Lincolnshire.
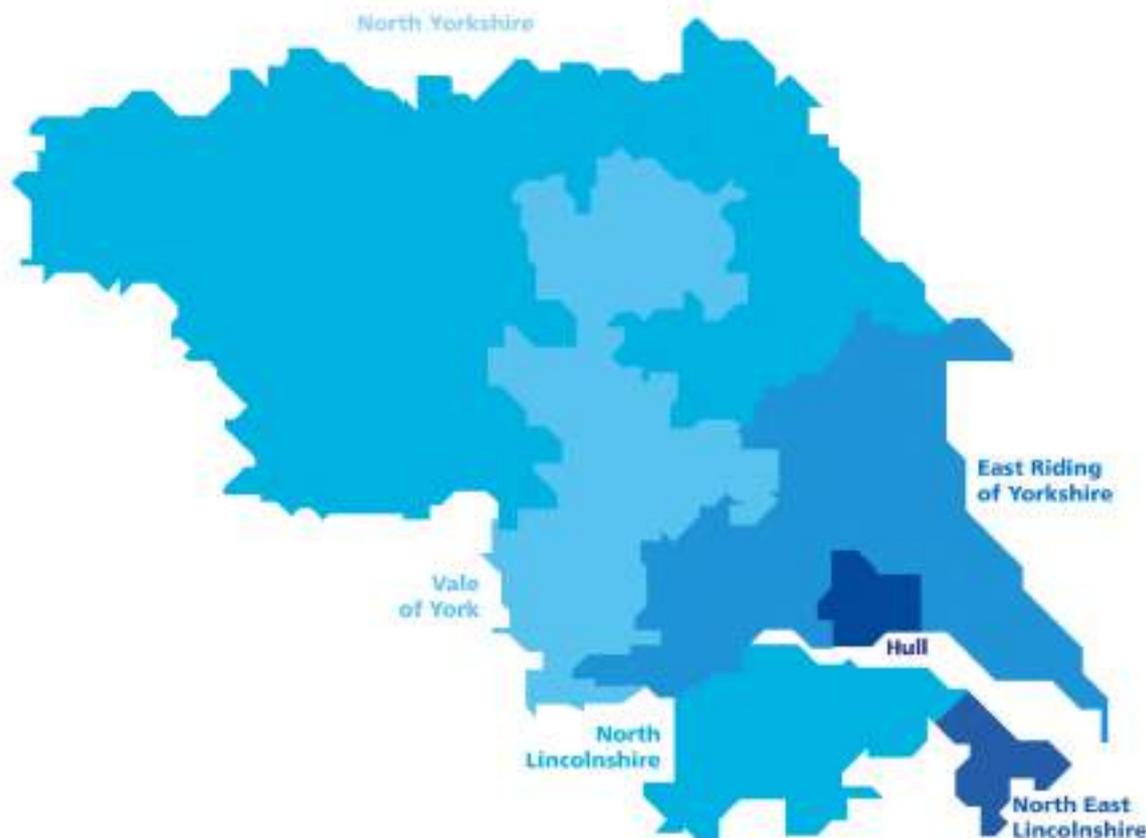
The HCV Partnership was established in early 2016, when organisations from the NHS, local councils, other health and care providers, and the voluntary and community sector came together to start thinking about the challenges facing the NHS and wider health and care sector in future years. Since then, we have been working together – within our six places (shown on the map) and across wider geographies where it makes sense to do so – to look for ways to join up health and care services and to make them work better for our local people.

There are different organisations from across the health and social care sector which are **formal members of the HCV Partnership**. This includes our four acute hospital trusts, three mental health providers, six clinical commissioning groups (CCGs), six local councils, three community services providers and two ambulance trusts.

These organisations, however, only represent part of the health and care system across our area. Across Humber, Coast and Vale there are around 230 GP practices, 550 residential care homes, 10 hospices, 180 home care companies and thousands of voluntary and community sector organisations all helping to keep our local people well.

For more information about the HCV Partnership please visit **humbercoastandvale.org.uk/where**

Introduction

We are pleased to announce that the 2020/21 Humber, Coast and Vale Health and Care Partnership annual report has been published.

It is something of an understatement to say that 20/21 has been a difficult year due to the challenges that the coronavirus pandemic has presented for our health and care system. But, despite the challenges, this has been another year of success and achievement.

The annual report captures the Partnership's work and documents some of the key achievements of our different programmes throughout the year in line with the requirements of the **Humber, Coast and Vale Partnership Long Term Plan**, which provides an overview of the work that we are undertaking to improve the health and wellbeing for our population and is aligned with the **NHS Long Term Plan**.

In the HCV Partnership Long Term Plan we identified **four priority areas or key things** we want to achieve in order to deliver the vision set out by the Partnership; and the activity outlined throughout this report aligns to these priority areas.

In May 2020 the Partnership **announced it had become an Integrated Care System (ICS)**, after its application for ICS status was ratified by NHS England and NHS Improvement (NHSEI).

Achieving ICS status – a year earlier than required to – is a real testament to the strength of commitment of all of our leaders across our Local Authorities, NHS bodies and other health and care organisations to developing a strong and effective partnership across Humber, Coast and Vale.

It is also a signal of the confidence that the national team has in our Partnership and should be a source of great pride for everyone who is a part of the Humber, Coast and Vale Health and Care Partnership.

Working as an ICS enables our local services to provide better and more joined-up care for patients and improve the health and quality of life of local people.

In November 2020, NHSEI **set out principles for the future of ICSs in England** and outlined two proposals for how ICSs could be embedded in legislation by April 2022.

Much of the approach outlined in the NHSEI document is already being developed or is in place in partnerships across England including in Humber, Coast and Vale; and we need to build on that as we consider the adjustments that need to be made to reflect the policy changes.

With support from NHSEI colleagues and the neighbouring ICSs we will continue to move forward and implement shadow arrangements from April 2021, with further work to be undertaken during the year as part of the transition period, prior to full implementation in April 2022.

As a health and care system we are determined to emerge from the coronavirus pandemic better equipped to tackle the health issues which affect our communities.

When faced with the rapid increase in Covid-19 cases and restrictions that were put in place to stop the spread of the virus, health and care teams across Humber, Coast and Vale worked quickly to make changes to the way they delivered services to ensure they could continue to provide the best possible care in a manner which was safe to staff and patients.

These innovations and changes were compiled into our **Understanding our Response to Covid-19 rapid insights report**. The reason for collating all these examples was so lessons could be learned and shared across our health and care system.

Towards the end of 2020, following on from the initial response to Covid-19, the attention of the NHS turned to determining how we would gain the upper hand in the fight against coronavirus.

The Covid-19 vaccination programme is considered a key turning point in the fight against coronavirus and its roll-out is a significant step in the right direction as we look to return to a way of life which resembles the one we enjoyed before the pandemic.

On 9th December 2020, 84-year-old **great-grandmother Sheila Page** became the first person in the Humber, Coast and Vale region to receive the Covid-19 vaccine.

More than four months on from that historical day (as of 18th April 2021) the Humber, Coast and Vale Covid-19 vaccination programme has administered more than 1.2 million vaccine doses across our region.

Below are just a few of the many achievements of the work that has been undertaken in partnership across Humber, Coast and Vale over the year from April 2020 to March 2021. By working collectively as a Partnership we:

- **Achieved Integrated Care System (ICS) status** in May 2020 – a year earlier than required to. Being awarded ICS status recognises the significant progress the Partnership has made in recent years in developing local health and care services that meet the needs of our population.

- As of 18th April 2021, we have administered more than 1.2 million vaccine doses as part of the Humber, Coast and Vale Covid-19 vaccination programme.

- Were awarded £16million to **upgrade hospital A&E departments** across the region to help respond to the Covid-19 pandemic and winter pressures.

- Transformed our health and care services in response to the emergence of Covid-19 to ensure they could continue to provide the best possible care safely. More than 330 unique changes and innovations were captured in our **Understanding our Response to Covid-19 rapid insights report**, with this learning being used to improve health and care services in our communities long after the pandemic is over.

- Launched the **Ask a Midwife Facebook service** with maternity service providers so expectant and new mums and their partners could communicate with midwives to raise any concerns conveniently, as well as receive key information as their pregnancy or labour progressed.

- Introduced a new **emergency department digital integration (EDDI) system which allows people to be allocated a time via the NHS 111 service to visit A&E** for non-life threatening conditions. Introducing this system in our hospitals has helped to manage the number of people waiting in emergency departments at any one time, which has helped with social distancing and other Covid-19-related guidelines.

- Encouraged more than **6,500 people to complete suicide prevention training during the last year as part of the Partnership's #TalkSuicide campaign** – which equates to one person trained every 79 minutes.

- Launched the **Humber, Coast and Vale staff resilience hub** to support health, care and emergency service workers who may be struggling from the impact of the Covid-19 pandemic. The service is a confidential and is independent of existing mental health and internal occupational health services.

- Became one of only seven health and care partnerships in the country to **secure funding (worth £500,000) as part of a two-year national green social prescribing scheme** aimed at helping communities hardest hit by coronavirus by connecting people with nature and their local environments to improve their mental health and wellbeing.

- Continued to raise awareness of cancer and promote the importance of early diagnosis through the **Cancer Champion training programme**. Despite needing to pause face-to-face sessions due to Covid-19, the programme was adapted to deliver these sessions virtually and to date has trained more than 2,300 people.

- Developed a **careers pathway with transferable skills matrix**, which was adopted by the Government's Department for Work and Pensions to encourage people looking for work to consider roles in the health and care sector.

- Provided more than **500 tablet devices to ensure that care home residents could remain connected to GPs** from the outset of the coronavirus pandemic. Deployment of this technology meant the care and support that GPs would normally provide to residents during care home visits could continue.

You can read about these achievements, and other accomplishments, in greater detail in the 20/21 annual report.

Professor Stephen Eames CBE
System Lead
Humber, Coast and Vale
Health and Care Partnership

Dr Nigel Wells
Clinical Lead
Humber, Coast and Vale
Health and Care Partnership

Our response to Covid-19

It is something of an understatement to say that 2020/21 has been a difficult year due to the challenge that the coronavirus pandemic has presented our health and care system. But throughout the response to Covid-19 across Humber, Coast and Vale, we have continued to use the strength of the Partnership to support organisations to work together for the good of our staff, patients and communities.

For more than a year now, across our region colleagues have been going above and beyond day after day to respond to the ongoing coronavirus situation. Their dedication and commitment to provide the best possible service to patients and clients within the restrictions and challenges that Covid-19 has created is remarkable.

The initial phase of responding to Covid-19 involved partner organisations taking action to ensure the immediate support our communities needed was available, whether that be critical care capacity within our hospitals or community support for those isolating at home. This work was undertaken rapidly and by working together across organisations and across sectors.

Throughout the initial response, the Partnership supported the operation of mutual aid of personal protective equipment (PPE) between different provider organisations, both within and beyond Humber, Coast and Vale, to ensure all partner organisations had access to the equipment they needed.

A number of working groups were established to provide collective leadership on key issues such as PPE, testing and digital transformation, as well as meeting regularly in a variety of forums to share good ideas and tackle problems and challenges together. Throughout the response to Covid-19, which is of course still ongoing, leaders have taken every opportunity to transform systems and services for the greater good of the people and communities we serve.

In addition to working together to battle Covid-19, partners across Humber, Coast and Vale have worked to ensure other essentials, such as routine cancer care, maternity services and other important health services, can continue.

In April 2020 the Humber, Coast and Vale Testing Steering Group was established to provide strategic leadership and oversight across all aspects of our local testing strategy. The over-arching ambition of this group is to provide a mechanism through which the different aspects of the Government's testing strategy can be coordinated in order to maximise the benefit of testing for the population of Humber, Coast and Vale.

Within each of **six places that make up Humber, Coast and Vale boards** were established to oversee outbreak management plans at a local authority level. The HCV Testing Steering Group provides a mechanism to coordinate between local authorities and NHS partners to ensure all organisations can respond effectively to outbreaks should they arise.

In the early stages of the first Covid-19 wave, a large number of rapid changes and service improvements were made to ensure our staff could continue to deliver quality health and care services in a safe manner during these difficult times. We asked each of the HCV Partnership organisations to submit **examples of how they implemented changes and service improvements in response to covid-19** – and the response was impressive to say the least, with more than 330 unique clinical and non-clinical responses received from across our health and care system.

The Partnership's Clinical and Professional Leaders' Group, led by Dr Nigel Wells, HCV Partnership Clinical Lead, commissioned a report to capture and evaluate all these innovative health and care service changes. The **Understanding our Response to Covid-19 rapid insights report** was produced in partnership with the Yorkshire & Humber AHSN to help us learn from the changes made across the Partnership in response to the pandemic, and this learning is being used to shape how we provide care in the future to ensure we can continue to provide the best possible care.

There were recurring themes within the submissions, including increased use of digital solutions, changes to how services are accessed (e.g. implementation of new triage systems and increased use of advice and guidance), supporting community and social care services in different ways and a focus on the workforce, including supporting their health and wellbeing. A number of enabling factors that were common across many of the changes were identified. These included the role of effective communication, collaborative working, embracing technology, agility of decision-making/removing bureaucracy and changes in behaviour and attitudes.

In summer 2020 following the initial response to the pandemic our partner organisations began collectively planning the next phase of the system's response. The focus began to turn to building capacity back up within organisations while also preparing for subsequent spikes in Covid-19 transmission within local communities.

The continued presence of Covid-19 and measures to control its spread, including strict infection and prevention control procedures, continued to constrain the ability of partner organisations to increase their activity levels over the coming months. Therefore system-wide plans were developed and refined, working through the two geographical partnerships (Humber; North Yorkshire and York) to ensure the most effective use of all available capacity within the health and care system and identify the most appropriate ways to meet the health and care needs of the population.

In parallel, the Partnership's Clinical and Professional Leaders' Group worked collaboratively to agree a set of system-wide principles and a shared approach to clinical priorities to support the implementation of recovery plans across Humber, Coast and Vale. The principles and associated plan sought to ensure all partners were working together to meet the health and care needs of our population within the continued restrictions put on the system by Covid-19.

With outbreak management plans and other measures in place in all six areas of Humber, Coast and Vale our Partnership was able to respond well to the second wave of Covid-19, which arose at the back-end of summer 2020 after national lockdown restrictions had been relaxed and further intensified following the arrival of cooler weather in autumn and winter.

And towards the end of 2020, following on from the initial response to Covid-19, the attention of the NHS turned to determining how we could gain the upper hand in the fight against coronavirus. Throughout December and January 2021, our collective Covid-19 response included working together to establish the Humber, Coast and Vale Covid-19 vaccination programme, bringing partners together to rapidly deploy vaccinations across the region.

The Covid-19 vaccination programme is considered a key turning point in the fight against coronavirus and its roll-out is a significant step in the right direction as we look to return to a way of life which resembles the one we enjoyed before the pandemic.

On 9th December 2020, 84-year-old great-grandmother Sheila Page became the **first person in the Humber, Coast and Vale region to receive the Covid-19 vaccine** in our first hospital hub run by Hull University Teaching Hospitals NHS Trust.

More than four months on from that historical day (as of 18th April 2021) the Humber, Coast and Vale Covid-19 vaccination programme has administered more than 1.2 million vaccine doses across our region.

As touched on earlier, health and care services had to be reconfigured quickly in response to the emerging threat of coronavirus in the early months of 2020, while some non-urgent outpatient appointments and routine surgeries were postponed to support this work and provide staff with the capacity to deal with the sharp rise in Covid-19 hospital admissions during the pandemic's first wave.

Waiting times for hospital treatments are therefore very much a recognised concern across the Humber, Coast and Vale Health and Care Partnership, as they are in every part of the country due to the disruption caused by Covid-19. And with the continuing pressures on our hospitals, the HCV Partnership's Elective Care programme was refocused to concentrate on the recovery phase of the response of Covid-19.

Initially focusing on specialties with the most significant waiting lists where comprehensive recovery plans could be developed, the Elective Care programme agreed with provider trusts to focus initial efforts on the ophthalmology, urology and ear, nose and throat (ENT) specialties.

Clinicians working within the acute trusts within the Partnership, supported by the Elective Care programme, continue to work tirelessly to perform as many operations as possible within the constraints of the coronavirus pandemic.

We are exploring how patients can be offered additional support while they wait to be seen. For example health training, coaching and support are being developed to help patients better manage their health while waiting for care or treatment.

Priority 1

Helping people to look after themselves and stay well

See pages 9-15 of the Humber, Coast and Vale Partnership Long Term.

The NHS has historically functioned as an 'illness' service rather than a 'health' service. In Humber, Coast and Vale we want to see a fundamental shift in focus of our health and care services from picking people up when they fall ill to helping to prevent people from becoming unwell in the first place. This also means getting better at anticipating when people may need support and being proactive in providing it.

We know from our extensive engagement with local communities that not everyone finds it easy to get the health or the care they need. Sometimes this can mean people don't get the right help, or get it later than is ideal. We want to ensure our health and care services are fairer and easier to access for our population, especially those who need them most. By achieving this we will contribute to how long people can expect to live in good health and help to reduce the inequalities in life expectancy that we see in our region.

There cannot be a 'one size fits all' approach to these challenges, which is why in each of our six **places** we need to work with local people and professionals differently over the coming years. Whilst the way in which we work will vary from place to place, there are common principles, themes and strategies which we will adopt everywhere.

These are:

- Embedding prevention into our service models to help people to stay healthy; and where this is not possible, to slow or halt the progression of disease.

- Increasing the resilience of our local people and communities, helping them to cope with change better in the future.

- Focusing on particular areas within the Humber, Coast and Vale Health and Care Partnership where we have significant health inequalities, recognising that these are driven largely by socio-economic factors and therefore we need to work with many partners to address these.

- Increasing personalisation of care and support, embracing the fact that none of these challenges can be met if we treat everyone the same, so we need to give people greater control over their own health, care and wellbeing.

These programme updates follow in this section of the HCV Partnership annual report: Population Health Management; Voluntary, Community and Social Enterprise (VCSE); and Black, Asian, Minority Ethnic (BAME) Network of Networks.

Population Health Management

During 2020/21 a number of new priority programmes emerged within the Humber, Coast and Vale Health and Care Partnership, reflecting the ever-changing landscape of health and social care and the subsequent need to adapt accordingly.

The following section describes the emerging Population Health Management programme, including its progress to date and longer-term objectives.

Early in 2020 the Humber, Coast and Vale Health and Care Partnership was selected to participate in the **NHS Population Health Management Development Programme** (see also **P67** of the Humber, Coast and Vale Partnership Long Term Plan).

Population health management is a technique that enables local health and care partners to use data to design new models of proactive care and deliver improvements in health and wellbeing which make best use of the collective resources.

Population health management also focuses on the wider determinants of health – which have a significant impact on a person's health as research demonstrates that only 20% of their health outcomes are linked to the ability to access good-quality healthcare.

For example, people who live in cold, damp housing may be more likely to develop respiratory problems in years to come because their lungs are affected by the mould spores in their home. If we improve their housing now by working with partners such as local councils and housing associations, they may not end up with various health conditions (asthma and other respiratory problems) in the future.

As set out in the **NHS Long Term Plan**, local NHS organisations will increasingly focus on population health and local partnerships with local authority-funded services, through Integrated Care Systems (ICS), such as the HCV Partnership. Therefore population health management is a critical building block and will enable primary care networks, places and the ICS to deliver with their local partners true personalised care.

The overriding objective of the 22-week NHS Population Health Management Development Programme is to support the HCV Partnership to make better use of available data and local intelligence to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across our entire **1.7 million population**.

Seven primary care networks from across Humber, Coast and Vale have participated in the programme – **Whitby, Coast and Moors**, **Selby Town**, **Meridian Health Group** (North East Lincolnshire), **Symphonie** (Hull), **Scarborough Core**, **Holderness** and **North Lincolnshire South**. The Partnership has also delivered a place-focused workstream in York and, after a successful expression of interest, we have secured the delivery of two enhanced finance and contracting modules across York and North East Lincolnshire.

Despite the challenges of Covid-19, we have seen a brilliant effort from colleagues across the HCV Partnership to embrace the NHS Population Health Management Development Programme. During this time, we have made significant progress in many areas including data maturity, segmentation and clinical decision making based on data and analytics.

The HCV Partnership is now approaching the conclusion of the programme. The Partnership's ambition is to become a leading system in the use of population health management techniques, while longer term we want every strategic decision to be made with population health management in mind for the benefit of the residents of Humber, Coast and Vale.

Looking ahead in order to scale population health management across Humber, Coast and Vale, specific actions around infrastructure, insight and intervention will be prioritised. To ensure the HCV Partnership continues to build on the momentum gained during the programme, and embraces the full capabilities of population health management, commitment is required across the HCV Partnership.

> *More information*
> *Also see pages 10, 17 and 67 of the Humber, Coast and Vale Partnership Long Term Plan.*

Voluntary, Community, Social Enterprise

During 2020/21 a number of new priority programmes emerged within the Humber, Coast and Vale Health and Care Partnership, reflecting the ever-changing landscape of health and social care and the subsequent need to adapt accordingly.

The following section describes the emerging Voluntary, Community and Social Enterprise (VCSE) programme, including its progress to date and longer-term objectives. See also **page 11** of the Humber, Coast and Vale Partnership Long Term Plan.

The VCSE sector is an important partner for statutory health and social care organisations and plays a key role in improving health and care outcomes for its communities, not only by delivering services but also by shaping their design and advocating for, representing and amplifying the voice of service users, patients and carers.

The importance of the VCSE sector is highlighted throughout the **NHS Long Term Plan**. This view is also reflected in the **Humber, Coast and Vale Partnership Long Term Plan** which led to the inception of the Humber, Coast and Vale VCSE Leadership programme in the early months of 2020.

The VCSE sector has been integral to the response to Covid-19 in our most vulnerable communities across Humber, Coast and Vale. The work they have undertaken has been hard to measure but they were key partners in co-ordinating services at a time to when communities needed them most.

Jason Stamp was appointed as chair of the Humber, Coast and Vale VCSE Leadership programme in July 2020, while Gary Sainty joined as programme director in February 2021.

The emergence of Covid-19 halted the programme's progress in parts but the forming and embedding the VCSE's Leadership Group at pace during the pandemic, particularly during its peak, enabled the VCSE sector to be included in conversations around the health and care system's recovery and restoration from an early stage and has enhanced visibility and appreciation of the sector's role within health and social care.

Once the Humber, Coast and Vale response to Covid-19 had been developed and implemented, work resumed to integrate the VCSE sector into the wider HCV Partnership and to look at how its collective skills, experience and knowledge can be used to help us all achieve better outcomes at both a place and system level.

Through participation in the VCSE Leadership programme, the HCV Partnership is working with the VCSE sector towards the following outcomes/benefits:

• Increased VCSE sector involvement and visibility in design and delivery of integrated care.

• Embedding of partnership working between the VCSE sector and local out-of-hospital care (in particular through emerging primary care networks).

• Improved relationships and deeper trust between VCSE and statutory organisations in all **six geographical areas (places) of Humber, Coast and Vale**.

• Improved recognition and mutual understanding among statutory organisations of the structures, role, value and impact of the VCSE sector and commitment to sustain an equal partnership beyond the lifetime of the programme.

The programme has made great strides over the year to integrate the VCSE sector into the HCV Partnership. Some of the VCSE's key achievements to date include:
In December 2020, it was announced that the Partnership has become one of just seven health and care partnerships in the country to **secure £500,000 as part of a two-year national scheme** aimed at helping the mental wellbeing of communities hardest hit by coronavirus.

The 'green social prescribing' project examines how health and care services, working with communities and local organisations, can connect more people with nature and nature-based activities to improve their mental health and wellbeing.

The Partnership was also successful in its bid for £30,000 from NHS England and NHS Improvement to undertake work to evaluate and embed **NHS Volunteer Responders** into local systems.

> *More information*
> *Also see pages 11 of the Humber, Coast and Vale Partnership Long Term Plan.*
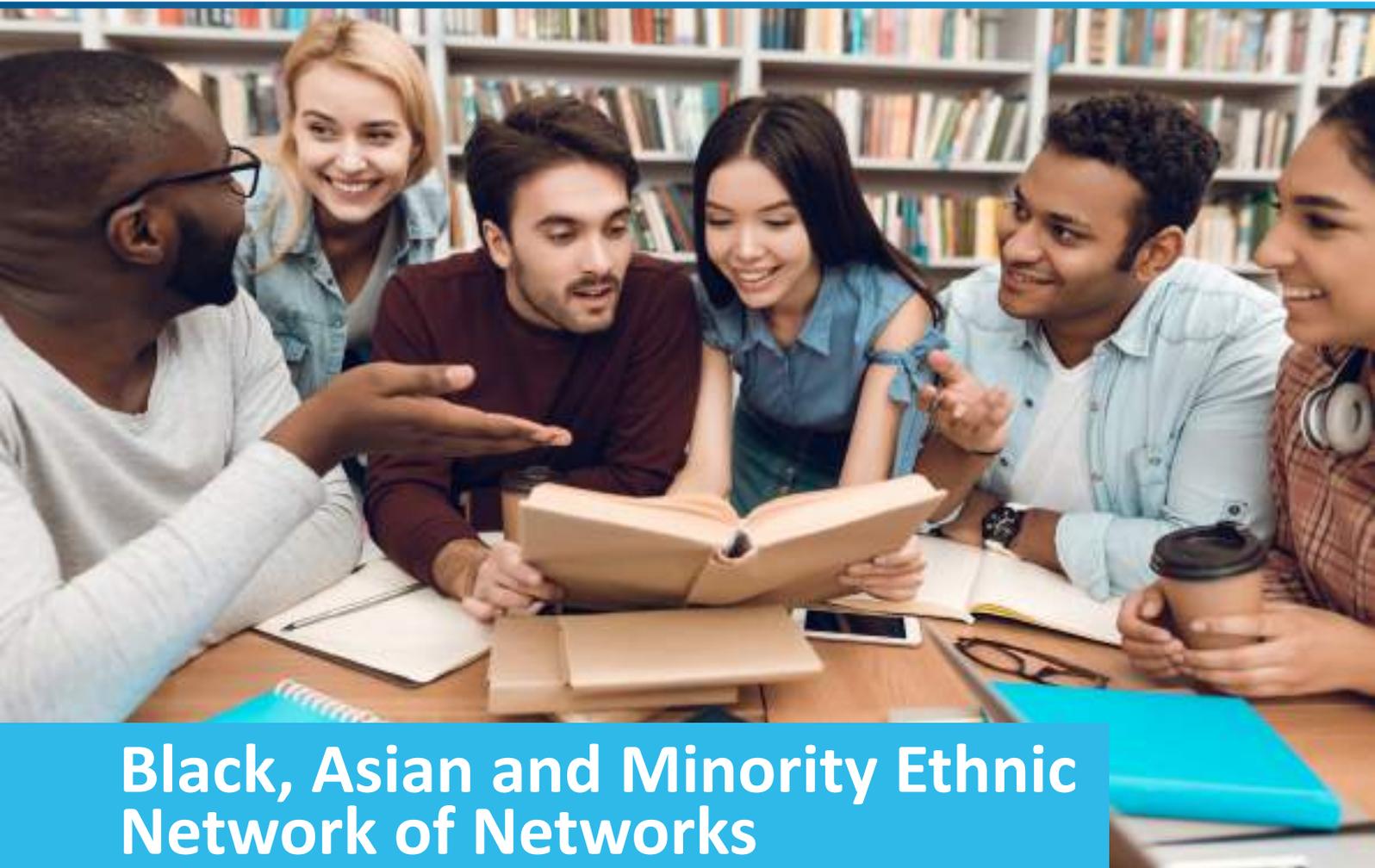
Black, Asian and Minority Ethnic Network of Networks

During 2020/21 a number of new priority programmes emerged within the Humber, Coast and Vale Health and Care Partnership, reflecting the ever-changing landscape of health and social care and the subsequent need to adapt accordingly.

The following section describes the emerging Black, Asian and Minority Ethnic (BAME) Network of Networks programme, including its progress to date and longer-term objectives. See also **P9-12** of the Humber, Coast and Vale Partnership Long Term Plan.

The death of George Floyd in May 2020 and the subsequent Black Lives Matter demonstrations across the world have challenged everyone, including those working in the NHS and the wider health and social care sector, to shine a light on the continuing presence of racism and racial injustice in our societies, as well as the disproportionate effects of Covid-19 on our Black, Asian and Minority Ethnic (BAME) colleagues and communities.

The Humber, Coast and Vale Health and Care Partnership, like many other Integrated Care Systems across the country, has begun to develop a specific workstream to focus on anti-racism and improved representation of people from BAME communities.

This work is being led by Steve Russell, Chair of the HCV Partnership's BAME Network of Networks and Chief Executive of Harrogate and District NHS Foundation Trust; and Jayne Adamson, the HCV Partnership's People Lead.

The first meeting of the Humber, Coast and Vale BAME Network of Networks took place in late February 2021. During the meeting the network began to consider a set of actions to take forward, including:

• Developing a Humber, Coast and Vale workplan for feedback and comments from existing BAME networks.

• Continuing to develop and expand the membership and focus of the Humber, Coast and Vale BAME Network of Networks with clear governance that provides safe spaces for psychological safety and encourages greater inclusivity.

• Developing other areas of support and governance such as a white allyship group to gain executive sponsorship, collaboration and buy-in to the agreed workplan and our ambitions.

The BAME Network of Networks is working with the Humber, Coast and Vale Voluntary, Community and Social Enterprise (VCSE) programme to develop knowledge and understanding of existing community leaders and support organisations within our BAME communities across Humber, Coast and Vale. This work supports the HCV Partnership to engage and involve more effectively with organisations and local leaders across our diverse communities.

The BAME Network of Networks is also working to create stronger links between community representatives and our BAME workforce, which is important for attracting new BAME staff members to our workforce.

More information
Also see pages 9-12 of the Humber, Coast and Vale Partnership Long Term Plan.

Priority 2

Providing services that are joined-up across all aspects of health and care

The complexity of our health and care system can make it difficult for patients to navigate between different organisations and services. It places responsibility on individual patients, their families and carers to co-ordinate between the different organisations and aspects of their care, often when they are least equipped to do so.

Working together, the Humber, Coast and Vale Health and Care Partnership has the opportunity to fundamentally reshape services so that they are properly joined-up and working together based around the needs of individual patients, not the needs of organisations.

The experience of someone who needs care should be completely seamless so that the care provided meets all of their needs in the most efficient and effective way possible, regardless of how many different organisations or professionals are involved.

To achieve this outcome, we are working together in a number of areas:

- Developing primary care, so that every neighbourhood has access to a single team of health and care professionals who can meet a wide range of their needs locally and in a joined-up way.

- Joining up services outside of hospital, so that care is designed around the needs of the person, not the needs of the different organisations providing it.

- Developing our unplanned care services, so that appropriate care, advice and support is available to citizens of Humber, Coast and Vale when they need it unexpectedly.

- Securing a long-term, sustainable future for our hospital services, so that our hospitals are working together to provide high-quality care for our populations when they need to be in hospital.

These programme updates follow in this section of the HCV Partnership annual report: Primary Care; Urgent and Emergency Care; and Acute Services Reviews.

Primary Care

Primary care services provide the first point of contact in the healthcare system, acting as the 'front door' of the NHS. Primary care includes general practice (GP), community pharmacy, dental, and optometry (eye health) services.

During 2020/21, the Humber, Coast and Vale Primary Care programme remained aligned with the national planning requirements set out in the **GP Forward View**, the **NHS Long Term Plan**, the **five-year framework for GP services**, as well as the changes to the **GP contract agreement** for 20/21 to 23/24.

The planned programme of work was significantly affected by Covid-19 so some priorities were reset to concentrate on service continuity, particularly in respect to the realignment of care across the community. Subsequently, elements of the transformation plans have been deferred.

Ensuring access (including face-to-face appointments) to GP services, delivering support for high-risk patients and providing access to adequate supplies of personal protection equipment (PPE) were prioritised. Later in the year, the rollout of the vaccination programme also required the diversion of significant resources.

Also see pages 17-20 of the Humber, Coast and Vale Partnership Long Term Plan.

20/21 priorities

These Humber, Coast and Vale priorities and plans were developed for delivery over the remaining period within the five-year plan, up to 2023/24:

• To optimise funding to support the development of primary care.

• To invest in and develop our existing workforce to improve service resilience (see **P17** of the HCV Partnership Long Term Plan).

• To utilise digital transformation opportunities, extending and enhancing the care offered to patients and improving access; and to support clinicians and other staff to manage workloads while delivering care effectively and efficiently (see **P18** of the HCV Partnership Long Term Plan).

• To improve the infrastructure across primary care services and continue to utilise funding secured through the **Estates and Technology Transformation Fund**.

• To make sure our people can access services that are safe and consistent in quality across Humber, Coast and Vale.

• To support **primary care networks** to deliver initiatives set out in the **primary care network service specifications**, in order to meet the unique health and care needs of their local populations, delivering clear benefits for both patients and clinicians (see **P17** of the HCV Partnership Long Term Plan).

• To maintain service transformation and access to primary care services as outlined through the **next steps response to Covid-19** letter from NHS England and NHS Improvement.

• To deliver a collaborative approach to the flu vaccination programme across GP practices and community pharmacies.

• To procure an electronic eyecare referral service for Humber, Coast and Vale.

20/21 Successes

Investment

A total of £266million has been invested in primary care via the six Humber, Coast and Vale clinical commissioning groups (CCGs) during 20/21. By the close of the five-year funding programme the total investment will be £1.2billion. An additional £5.4million was allocated this year through the GP Covid-19 capacity expansion fund.

Investment included:

• The CCGs' designated budgets for local GP primary care services.

• Core CCG funding to improve patient access to services outside of normal working hours

• **GP Forward View** investment to support practice resilience and improvement, the retention of experienced GPs and the recruitment of GPs from overseas. This amount was over £1million and, as a forecast spend for the recruitment of clinical staff through the **Additional Roles Reimbursement Scheme**, totals £7.757million. The workforce pooling scheme secured an additional £120,000 to support implementation.

• Funding for primary care networks to implement organisational development plans and pay clinical directors for the additional commitment required to local vaccination programmes.

Transformation funding through the **GP Forward View** programme has been allocated across four programme areas:

• Over £7.5million to support the delivery of premises projects planned for completion in 2022 through the **Estates and Technology Transformation Fund** or NHS development capital in Humber, Coast and Vale.

• £4million for digital transformation.

• £1.4million to support a local electronic eyecare referral project.

• £1.3million to support additional costs incurred from managing Covid-19 and maintaining services.

Primary care networks

Humber, Coast and Vale achieved 100% primary care network coverage last year, with a total of 39 primary care networks now in operation. Although four planned **direct enhanced services** (non-core services) were deferred, the direct enhanced service for care homes has been successfully implemented. The early cancer diagnosis work, which supports practices to review their referral systems and patient monitoring, began as planned.

Workforce

Work with **Health Education England** to develop workforce capacity and skills to meet primary care needs continued. In 2020, all 109 advertised Humber, Coast and Vale GP training vacancies were filled. The Humber, Coast and Vale Health and Care Partnership's Workforce Board continues to support the implementation of all national programmes.

Work and training programmes launched before Covid-19 also continued. Further priorities include sponsoring work to progress the Additional Roles Reimbursement Scheme through initiatives that facilitate joint roles across the system with social care, community health, mental health providers and ambulance services.

The building bridges, GP mentorship, training hub and GP fellowship initiatives have continued to build on their initial success. **Hull York Medical School** and the local **training hub** have developed a year-long course for practice nurses. Health Education England has funded the development of this programme, which began this year and will lead to an academic qualification.

Finding has been secured to develop a **GP workforce pooling tool** for Humber, Coast and Vale and will be developed and implemented in 2021.

Digital and technology

Online consultations have improved patient access to care and helped clinicians manage demands on their time. All of Humber, Coast and Vale GP practices now offer online consultations.

From the outset of Covid-19, the initial priority was to invest in online technology to support the continuation of primary care services. This included online consultation and video consultation platforms as well as laptops for clinicians and tablets for care homes.

During the second half of the year, delivery of the **Digital First Primary Care** programme was prioritised. Over £1million in revenue funding was used to support the **Yorkshire and Humber Care Record** in piloting several innovative projects.

Capital investment worth £5million supported a comprehensive upgrade of IT infrastructure, computer software licences for the primary care workforce and IT equipment for primary care network staff.

Estates and Technology Transformation Fund

Seven major premise development projects were completed in 20/21. The projects secured a total investment of approximately £4million through the Estates and Technology Transformation Fund and have increased practice capacity through significant extensions and remodelling. Standard funding secured £579,000 for improvements across 12 projects.

Community pharmacies

The collaboration between community pharmacies and primary care networks continues, with the **GP community pharmacist consultation service** supporting patients to access the most appropriate healthcare service for their needs.

Early on in the response to Covid-19, community pharmacies quickly implemented systems to remain open for face-to-face services, working hard to complement system transformation and ensure patients received their medication. Community pharmacies were also key in delivering the flu vaccination programme.

Covid-19 vaccination programme (primary care-led)

Primary care networks and community pharmacies (later on) were instrumental in the launch of the national **Covid-19 vaccination programme**. Working at speed and to challenging schedules, local programmes were quickly operational.

General ophthalmic services – electronic eyecare referral service

The service specification and local pilot planned for Humber, Coast and Vale was adopted for the North East and Yorkshire region following the launch of the national initiative in December 2020. A provider for the system across Humber, Coast and Vale was procured and funding of approximately £1.4million was secured.

20/21 challenges

Recruitment to the Additional Roles Reimbursement Scheme has proved challenging. The area is not fully utilising the funding available under the updated GP contract funding offer, but Humber, Coast and Vale CCGs have been exploring options to address this. Work is ongoing to increase training capacity in local areas struggling with recruitment, such as Hull, Scarborough and North East Lincolnshire.

The impact of Covid-19 on service transformation plans involving the development of clinical capacity and service provision has been significant. Primary care networks have been required to

set up Covid-19 vaccine programmes within a challenging timeframe, co-ordinating this alongside existing competing demands on capacity across the system.

Primary care services have had the task of sourcing adequate PPE and supplies to ensure key services including dental, pharmacy and opticians could remain open and provide face-to-face patient care.

21/22 priorities

As we move into 2021/22, our focus will be on these key priorities:

• Maintaining investment in primary care through the GP Forward View and five-year framework for GP services.

• Continuing with the workforce development programme, while expanding the Additional Roles Reimbursement Scheme to include posts such as paramedics, mental health practitioners and allied health practitioners.

• Developing and implementing the GP workforce pooling tool for primary care networks in Humber, Coast and Vale.

• Work with Health Education England, which is planning to offer 129 GP training posts for Humber, Coast and Vale during 2021.

• Complete the 10 delayed Estates and Technology Transformation Fund projects.

• Supporting primary care networks on organisational and/or operational and workforce development plans for recruitment to additional roles.

• Schedule planning across the programme to realign priorities with the **NHS Long Term Plan** and **Five Year Framework for GP Services**.

• Develop a GP community pharmacist consultation service with engagement of the local representative committees and primary care networks to support referral of patients from GP practices to community pharmacies for less severe health conditions.

• Implement the electronic eyecare referral service across Humber, Coast and Vale.

More information
Read the Humber, Coast and Vale Partnership Long Term Plan pages 17-20 for more information about the Primary Care programme.

Urgent and emergency care

Urgent and emergency care is a key part of the health and care system and the Humber, Coast and Vale programme is working to ensure that people can access advice, care and support in an urgent or emergency situation in an easy, straightforward way.

In 2020/21 we set out ambitious plans to work towards achieving a seamless, integrated service that is easy to access when needed and avoids emergency department attendances when appropriate.

In line with the **NHS Long Term Plan**, we set the target of reducing emergency department attendances by 114,000 across the Humber, Coast and Vale Health and Care Partnership area by the end of March 2023 - a 20% reduction on 19/20 activity.

We developed our priorities early in 2020, just as the Covid-19 pandemic was beginning to emerge. As with all workstreams the pandemic has had a significant impact on the work of the Urgent and Emergency Care programme and working in a Covid-19-constrained environment has provided opportunities to challenge the status quo, change how we deliver care and improve the patient journey through the system.

Also see pages 21-23 of the Humber, Coast and Vale Partnership Long Term Plan.

20/21 priorities

Consolidating our relationships within the HCV Partnership, strengthening links to the **acute service reviews** and providing more targeted and focused support at local level and A&E delivery board areas, in order to facilitate delivery against our ambitions of reducing emergency department attendances by:

- Developing and implementing a 'right person, right place, first time' model of care, supported by the NHS 111 First approach (see **P21** of the HCV Partnership Long Term Plan), with direct booking used wherever possible.

- Ensuring that alternative services are fully implemented and consistent to avoid unnecessary emergency department attendances.

- Reviewing and implementing a consistent urgent treatment centre model.

- Expanding the use of the voluntary sector to support alternative pathways.

- Fully rolling out the implementation of the urgent and emergency care app **RAIDR**, which monitors system capacity and acts as an early alert when there is pressure in the system.

- Establishing and embedding the integrated stroke delivery network, supported by completing a gap analysis of community services, reviewing location and quality of hyper acute stroke care, workforce development, improved data quality and addressing inequalities revealed as a result of this work.

20/21 Successes

From April 2020, Covid-19 hospital admissions began to increase. Our acute hospitals were struggling to manage the number of A&E walk-in attendances, alongside the requirements of social distancing.

To keep people safe, they collectively asked the Humber, Coast and Vale Urgent and Emergency Care programme to act to manage this demand in alternative ways. This was in line with our plans to reduce emergency department attendances, so we established a task and finish group called Talk Before You Walk to set out an ambitious programme to fast-track some of the work on reducing emergency department attendances across Humber, Coast and Vale.

Because of the pandemic and the switch to online meetings, we were able to significantly improve our engagement across the system and all parts of the network fully engaged with the programme to develop the model of care. Our primary aim was to ensure that people who had an urgent care need were directed to the right part of the healthcare system at the point of contact, rather than arriving at the emergency department for everything.

Our strap line became 'right care, first time and every time'. Our focus was getting patients a clinical assessment as soon after first contact as possible to support them getting the right care for their needs.

From July 2020 there was an expectation nationally to support emergency departments by ensuring that people were encouraged to use NHS 111 in the first instance. Once they contacted NHS 111, they would receive an emergency department arrival time. This objective, put in place to help maintain social distancing, was to be achieved by the start of December 2020.

This included implementing a system known as **emergency department digital integration (EDDI)**, which enabled patients to be booked into an arrival slot in any emergency department from NHS 111 (see **P21** of the HCV Partnership Long Term Plan).

The Humber, Coast and Vale Urgent and Emergency Care programme incorporated this work into our Talk Before You Walk programme. Additionally, we worked collaboratively across the wider Yorkshire and Humber system, with Yorkshire Ambulance Service NHS Trust as our NHS 111 provider, to ensure there was sufficient capacity to manage additional enquiries.

We also welcomed Harrogate and District NHS Foundation Trust into our network in April 2020, taking our acute hospital trusts to four across Humber, Coast and Vale.

Overall, the Urgent and Emergency Care programme delivered the following key changes in line with our priorities for 20/21:

- NHS 111 First in place and fully operational by 1st December 2020.

- A Humber, Coast and Vale-wide clinical assessment service in place at weekends over the winter to manage referrals to emergency departments.

- Increased access to the urgent treatment centres, as an alternative to the emergency department, with a minimum consistent offer across Humber, Coast and Vale, and with direct booking.

- Increased the number of GP surgeries able to offer direct booking.

- Ensured that alternative community pathways were mapped to the directory of services and appropriately ranked to offer as an alternative to the emergency department.

- Reduced ambulance conveyance to emergency departments by increasing the use of 'hear and treat' (where telephone advice is given by an ambulance service to 999 callers who do not have serious or life threatening conditions) and 'see and treat' (where paramedics and technicians deliver care in-situ but no journey to an emergency department is made).

- Expansion of the use of RAIDR into primary care and care homes.

- Emergency departments fully implemented EDDI and started taking bookings for arrival slots for people with urgent care needs from NHS 111 enquiries.

- Same-day emergency care pathways established for acute medicine, acute surgery and frailty.

- Same-day specialty clinics being developed to support on-the-day appointments for patients with an urgent need.

- Criteria to reside (discharge) guidance implemented.

Impact of actions in 20/21

- From April 2020 to December 2020 emergency department attendances reduced by 79,000 across Humber, Coast and Vale. Although much of this reduction will be due to Covid-19, we are starting to see the impact of our actions above.

- Local clinical assessment service redirection rate away from emergency departments rose to 70% (an increase of 20% over the core clinical assessment service).

- GP direct booking availability increased from 25% to 94%.

- Urgent treatment centre referral activity increased by 10% from November 2020 to January 2021.

- Increased use of alternative pathways from 2.4% in November 2020 to 17% in January 2021.
- NHS 111 emergency department referrals decreased from 90% in October/November 2020 to 80% in January 2021.

20/21 challenges

Although 20/21 was a difficult year for all because of Covid-19, our key issues in terms of deliverability were related to the risks we have every year:

- Capacity to deliver the alternative system – transformation takes time and sufficient people in the system willing and able to implement the changes.
- Workforce shortages have been significant in the push for change in the urgent and emergency care system; new roles and capacity in other parts of the system are needed.
- System flow is a key driver to maintaining access to urgent and emergency care and delays in discharge have an impact on the emergency department's ability to care for people.
- Interdependencies with other programmes have an impact on priorities and timescales for delivery.
- Digital capacity: As with other programmes digital solutions are a key enabler for the Urgent and Emergency Care programme and there are competing demands on their capacity to support delivery across the system.

21/22 priorities

Building on our successes of 20/21, we wish to consolidate some areas, ensure a seven-day service focus and put in place some key building blocks to further transform the urgent and emergency care system.

These include a digital clinical messaging service to support the earlier clinical contact and help ensure that people are put on the right pathway for their needs; and an 'any to any' digital booking solution to enable people to be booked into the appropriate setting for their needs. These two digital enablers will support the ambitions set out below.

- A service that delivers early clinical assessment of people entering the urgent and emergency care system via NHS 111.
- Seven-day same-day emergency care services for paediatrics, medicine, surgery and frailty.
- An any-to-any booking solution for the system for urgent care needs.
- All urgent treatment centres operating to the 2021 principles and delivering a locally agreed enhanced offer.
- A range of local alternative seven-day crisis response services to meet two-hour crisis response for physical health and other appropriate community same-day emergency care services.
- Full implementation of the new urgent and emergency care measurements and reviewing at a system level.
- Increased ambulance conveyance using alternative pathways to emergency departments.
- Increased use of 'hear and treat' and 'see and treat' to reduce the overall number of conveyances to emergency departments.

- A clinical messaging tool to support rapid clinical conversations to agree pathways for individual patients.

- Consistent use of emergency care data sets across all providers.

- Reduce overall emergency department attendances by 114K (one year earlier than planned).

> **More information**
> *Read the Humber, Coast and Vale Partnership Long Term Plan pages **21-23** and/or visit the **HCV Partnership website** for more information about the Urgent and Emergency Care programme.*

Acute Service Reviews

Following a short pause in response to the Coronavirus pandemic, the Humber, Coast and Vale Health and Care Partnership continued its work on the two reviews of acute hospital services across the region throughout 2020/21 – the **Humber Acute Services** Programme and the **Scarborough Acute Services Review**.

Through these reviews the HCV Partnership is seeking to make the most of opportunities for our hospitals to work more closely together to share specialist staff, knowledge and expertise and to achieve the scale necessary to provide the best quality of care for patients, whilst enabling as much care as possible to take place as close to home as possible.

During 2020/21 both programmes made the transition from review stage - with the focus on identifying the problems and difficulties faced within our hospital services and the underlying causes for such challenges; to design and implementation - with the focus on designing solutions for the future and engaging with staff, patients and communities on how services could be better in the future. This work will continue over the coming months and years.

Also see pages 23 and 46 of the Humber, Coast and Vale Partnership Long Term Plan.

Scarborough Acute Services Review

The Scarborough Acute Services Review began in 2018 to find solutions to significant challenges facing hospital services in and around Scarborough. During that time, a comprehensive review of hospital services at Scarborough Hospital was undertaken, to provide a **detailed analysis of existing services**, how they work and how they are used, alongside data that looks at how these services may change and develop in future years as the population's needs change.

20/21 successes

During 2020/21, the programme had a number of significant achievements.

Emergency department investment

The review took as its starting point the commitment to retain an emergency department on the Scarborough Hospital site. In early 2020, the capital investment required to rebuild Scarborough Hospital's A&E department was confirmed. Planning work was undertaken throughout 20/21 to develop and secure approval for the initial business case for the £47million investment, which will deliver a new emergency and urgent care department with approximately double the clinical space as well as a new integrated critical care floor for intensive care and coronary care (see **P46** of the HCV Partnership Long Term Plan).

Service improvements

During 20/21 work continued in relation to a number of specialties where change had already been implemented or where a pressing need for change was identified. This included general surgery; urology; oncology; stroke services and paediatrics (services for children).

Overall this work has led to significant improvements in quality and safety at Scarborough Hospital. The new clinical model for general surgery services (implemented in 2019) has resulted in the stabilisation of services, allowing the general surgical team to provide consistent support for the emergency department in Scarborough.

Changes to the pathway for stroke patients were adopted in order to comply with national guidance on stroke care and improve the outcomes for patients living in and around Scarborough by ensuring they are now able to directly access a hyper acute stroke unit directly, which is the standard model of care nationally. Changes to patient pathways were also implemented in urology services and oncology services in order to ensure services could be maintained safely.

Engagement with patients and staff supported this work throughout the year. In particular, targeted engagement exercises were undertaken to listen to and gather the views of patients and staff in urology and oncology, where changes had been made in order to maintain safe services for patients. Initial work was also undertaken to identify opportunities to improve the model of care for paediatric services.

21/22 priorities

A review of the programme scope, aims and objectives began in March 2021. As the programme is reviewed and refreshed it will increasingly look beyond hospital-based services to also explore the delivery of healthcare services in the community wherever this is seen as best for patients.

Specific priorities for 2021/22 include:

• Complete the final business case for a new emergency department and intensive care building.

• Undertake engagement to support new models of care for paediatrics.

• Review and refresh the vision and scope for the programme.

Humber Acute Services Programme

In October 2020 a review of the Humber Acute Services Programme and governance was undertaken. As a result a **comprehensive change programme** was agreed, which aims to design and deliver better and more accessible health and care services for the population of the Humber over a 10-year period. A portfolio of three inter-related programmes was mobilised:

• Interim clinical plan (programme one): Stabilising services within priority areas over the next couple of years to ensure they remain safe and effective, seeking to improve access and outcomes for patients.

• Core hospital services (programme two): Long-term strategy and design of future core hospital services, as part of broader plans to join up services across all aspects of health and social care.

• Building better places (programme three): Working with a wide range of partners in support of a major capital investment bid to government to develop our hospital estate and deliver significant benefits to the local economy and population (see **P46** of the HCV Partnership Long Term Plan).

20/21 successes

Across all three programmes of work, progress was made during 2020/21.

Programme one: Interim clinical plan

In early 2020, a detailed examination of all acute services across Hull University Teaching Hospitals NHS Trust and Northern Lincolnshire and Goole NHS Foundation Trust was completed. As a result of this exercise, 11 specialties were identified where changes were needed over the next two years to ensure hospital services are sustainable and continue to be safe for all patients across the Humber.

In March 2021, following a programme review, specialised paediatrics was incorporated into the paediatrics workstream in programme two and as a result there are now 10 specialties within programme one.

An outline plan to respond to these challenges was developed during 2020, known as the interim clinical plan. Despite the challenges posed by Covid-19, clinical engagement continued across both hospital trusts, enabling plans to be put in place to establish joint clinical and managerial teams for the specialties within the interim clinical plan, ensuring greater consistency in care and treatment as well as a consistent approach to clinical prioritisation, management of waiting lists so there is equity for patients across the Humber region. These changes will be implemented on a phased basis throughout 2021. Further detail is available in the **interim clinical plan summary**.

Programme two: core hospital services

The overall objective of programme two is to design sustainable and effective service models for the future delivery of hospital services across the key building blocks of hospital services: urgent and

emergency care; maternity, paediatric and neonatal services; planned care and diagnostics. From November 2020 to February 2021, clinical workshops – involving approximately 400 clinical and managerial colleagues from across hospital services, primary care (GPs), community services and clinical commissioning groups – took place to begin shaping ideas for future service models across the different service areas. This work will continue throughout 21/22, supported by a comprehensive engagement strategy to ensure patients, the public, staff and other stakeholders are involved in shaping the future of their hospital services.

Programme three: Building better places

Work began during 2020 to develop a comprehensive investment proposal to redevelop and/or replace significant elements of the hospital infrastructure across the Humber region. An innovative and collaborative approach to developing the estates and capital development proposals was devised and was supported by the formation of multi-agency partnership to take forward the capital development programme. This new partnership brought together public and private sector bodies, including local authorities, universities and local enterprise partnerships.

A comprehensive **economic and social impact study** was undertaken to support the case for investment in the Humber region, in addition to an **investment prospectus**, which sets out the aims and ambitions of this innovative approach to building better places.

21/22 priorities

• Implement the clinical and managerial changes set out in the interim clinical plan to put in place Humber-wide networked services for all priority specialties.

• Review the pathways across all priority specialties to identify opportunities to improve care and patient experience (including listening to existing patients).

• Complete reviews of temporary service changes – oncology; haematology; ear, nose and throat (ENT); and urology.

• Undertake a comprehensive engagement programme to support the development of plans for the future shape of core hospital services.

• Develop the framework for the strategic outline business case for major capital development.

More information
Read the Humber, Coast and Vale Partnership Long Term Plan pages P23 and P46 and/or visit the Humber Acute Services Programme or Scarborough Acute Services Review sections on the HCV Partnership website for more information.

Priority 3

Improving the care provided in key areas

See pages 24-28 of the Humber, Coast and Vale Partnership Long Term.

We anticipate that, through our efforts to support communities and individuals to take more control over their health and wellbeing, we can improve the overall health of our population and the overall impact of disease and ill health. Nevertheless, we know that people will continue to need high-quality, safe and effective healthcare services.

As outlined in the **Humber, Coast and Vale Partnership Long Term Plan**, the Partnership is working together to improve the care we provide for the people of Humber, Coast and Vale in a number of important clinical areas to ensure we get the best possible health outcomes for our population. This includes looking for opportunities to narrow the gap by supporting those with the worst health outcomes in our communities.

We are focusing on improving care in the following key areas:

• Cancer

• Mental Health

• Elective (planned) Care

• Maternity

In each of these clinical priority areas, we are working together to ensure the population of Humber, Coast and Vale can access the best possible care and have the best possible chance of living a happy, healthy life.

These programme updates follow in this section of the HCV Partnership annual report: Cancer; Mental Health and Learning Disabilities; Elective (planned) Care; and Maternity.

Cancer

The Cancer Alliance represents all partners responsible for the commissioning and delivery of cancer services in Humber, Coast and Vale. This includes our GP practices, hospital trusts and clinical commissioning groups (CCGs).

As a Cancer Alliance, we have a diverse population and geography, so we need to recognise the challenge this presents and have a clear strategic overview with our partners about how we reduce variation in terms of equity of access to early diagnosis and treatment, ensuring people live longer, as per the **NHS Long Term Plan** ambition:

• By 2028, 55,000 more people each year will survive cancer for five years or more.

• By 2028, 75% of people with cancer will be diagnosed at an early stage (stage 1 or 2).

In order to do this, we have four dedicated programmes of work across the Alliance: awareness and early diagnosis; diagnostics; treatment and pathways; and living with and beyond cancer.

Cancer has always been a high priority both nationally and for the Humber, Coast and Vale Health and Care Partnership (see **P25-26** of the Humber, Coast and Vale Partnership Long Term Plan), but Covid-19 has exacerbated the pre-existing inequalities with regards to cancer.

We therefore need to ensure our priorities are focused on addressing this through our programmes of work. The Cancer Alliance is committed to working tirelessly to address these inequalities, ensuring our work is clinically led, with patients at the centre of our programme of transformation.

20/21 priorities

Whilst we have been working with the challenge of Covid-19 we have done this with an eye toward recovery. This has been done with the recognition that we need to look at how we retain the innovations and alternative ways of working that we have implemented during the pandemic, and also look at how we implement further innovations and alternative pathways to ensure we restore cancer services to pre-pandemic levels. Examples of how we have adapted our services are detailed below.

20/21 successes

Primary care

At the beginning of 2020, the Cancer Alliance recognised the need for a focused programme of work with primary care. As a result, the Alliance established a clinically led primary care group and **appointed a GP Lead**, supported by Cancer Research UK.

The group is making good progress on understanding where GPs and primary care networks are with regards to screening uptake, two-week wait referrals, and variation; and has a more detailed programme of work in 2021/22 (see 21/22 priorities section later in this report) to ensure we really understand what is happening with early diagnosis and referrals to get into those communities where we need to improve cancer outcomes.

Cancer Champion programme

The **Cancer Champion programme** has gone from strength to strength in 20/21 and has now delivered awareness training to more than 2,300 people across Humber, Coast and Vale since it began, a considerable achievement given this training had to be redesigned to be delivered online following the emergence of Covid-19.

We have had lots of feedback from attendees that the training has enabled them to spot the signs of early cancer among themselves or friends or family, which has resulted in successful diagnosis and treatment at a much earlier stage.

The next stage of the programme involves working more closely with hard-to-reach communities, linking to the work we are doing with GP practices.

Alternative pathways to diagnosis and innovation

Following the emergence of Covid-19 one of the more significantly affected pathways was the lower gastrointestinal pathway that diagnoses bowel cancer. This was because key diagnostic tests that are needed to diagnose bowel cancer were temporarily paused due to the pandemic, so we had to look at alternative pathways to diagnose patients during this time.

One of those innovations saw the introduction of the faecal immunochemical test as part of the two-week wait referral process. Whilst the test was not new, it had never been used for the purpose of diagnosing cancer via the two-week wait referral pathway. It is still early days, but we are looking at how the new pathway is being adopted to ensure we maximise the benefit of working this way for patients and clinicians.

To support diagnostics during 20/21, we have been fortunate to have access to innovations such as **colon capsule** and **cytosponge** endoscopies across Humber, Coast and Vale. These will speed up diagnostics in the lower and upper gastrointestinal pathways and, over the coming year, will extend further with other innovations such as blood tests to detect likelihood of cancer, and digital technology in radiology reporting for breast and lung cancers.

Teledermatology

A further challenge presented in 20/21 due to Covid-19 was the number of people waiting for skin cancer tests and how we could work with partners to ensure we had a standardised approach to the use of **teledermatology** across Humber, Coast and Vale. Whilst teledermatology is not new, it was not being used consistently, which led to variation in access to services.

The use of teledermatology supports the taking of digital images to accompany two-week wait referrals, which is helping to safely manage a high number of skin cancer referrals and supporting earlier and faster diagnosis for patients.

Rapid diagnostic centres

Humber, Coast and Vale's first rapid diagnostic centre service in York, which helps to quickly diagnose or rule out cancer for patients with non-specific symptoms, has played a key role in helping to diagnose cancer early throughout the pandemic.

The Alliance has made good progress towards implementing rapid diagnostic centre services across Humber, Coast and Vale. In January 2021 York and Scarborough Hospitals NHS Foundation Trust launched the rapid diagnostic centre service in Scarborough, while the Alliance is working with stakeholders to develop rapid diagnostic centre services within Northern Lincolnshire and Goole NHS Foundation Trust and Hull University Teaching Hospitals NHS Trust.

Patient experience and personal stratified follow-up

Living with and beyond cancer is an important element of our programme of work and often one where people don't recognise the importance of supporting patients once physical treatment has been completed.

The Cancer Alliance has worked with local hospital trusts to ensure a maintained focus on patient experience and follow-up during the pandemic, as often patients were afraid to attend hospitals for treatment during the very early days of the pandemic. We have developed several videos to demonstrate what patients can expect when visiting hospital for treatment. The Alliance has also worked in collaboration to implement a personalised stratified follow-up for breast and colorectal cancer treatment in a way that minimises the need to see clinicians face to face, while still receiving all the appropriate surveillance tests and scans.

Cancer support group network

To support people living with and beyond cancer, the Alliance has further developed its online support during 20/21. We have done this by providing a **support directory** that effectively promotes wellbeing support. We have also hosted virtual 'share and learn' events for local cancer support group representatives.

Cancer improvement collaborative

Colleagues working for teenage and young adult services at Castle Hill Hospital have captured the views of their patients in order to gain a better understanding of how they can improve the service. This has been done as part of a national cancer improvement programme supported by the Alliance. The feedback and insight will be used to improve patient experience and quality of care within teenage and young adult cancer services at Hull University Teaching Hospitals NHS Trust.

20/21 challenges

Managing the impact of Covid-19 – Targeted Lung Health Checks

One of the biggest successes, and greatest challenges in equal measure, was the commencement of the **Hull Targeted Lung Health Check service** and its subsequent postponement due to Covid-19. The service helps to diagnose lung cancer at a much earlier stage, which can greatly improve life expectancy.

The programme started in January 2020 and was paused once coronavirus became prevalent in the UK. The programme resumes in April 2021 and will be key to addressing the worrying trend during the pandemic where lung cancer patients do not seek medical help or only do so at a much later stage with poorer outcomes. Future plans include a wider roll-out that will help to increase cancer survival rates, and improve lung cancer outcomes for patients in Humber, Coast and Vale.

Diagnostic recovery

One of our greatest challenges, not just across the Humber, Coast and Vale Health and Care Partnership but nationally also, is how we reduce waiting lists which have built up during the pandemic. We are working as a system to understand what we need to do differently, which will include introducing alternative filter tests and pathways, ensuring we utilise the capacity that we have wisely, and developing new initiatives such as community diagnostic hubs across our region.

Help Us Help You

To address the barriers that deterred some people from accessing NHS services during the height of Covid-19, the Cancer Alliance supported the national **Help Us Help You** campaign and delivered a wide range of communication activities, including **virtual walk through videos** that highlighted the safety measures in place at local trusts.

21/22 priorities

In 2021/22 the Alliance will continue to provide oversight of cancer services across Humber, Coast and Vale, drive new innovations, and prioritise NHS Long Term Plan and HCV Partnership Long Term Plan activity.

The Alliance will also lead work to support the national aims to restore cancer pathways in a transparent and equitable way, so that all patients across Humber, Coast and Vale have equitable access to treatment and outcomes for cancer.

The priorities for recovery include:

• Restoring urgent cancer referrals at least to pre-Covid-19 levels.

• Reducing waiting lists at least to pre-Covid-19 levels on 62-day (urgent referral and referral from screening) and 31-day pathways.

• Ensuring sufficient capacity is in place to manage increased demand moving forward including follow-up care.

> **More information**
> Read the Humber, Coast and Vale Partnership Long Term Plan pages **25-26** and/or visit the **Humber, Coast and Vale Cancer Alliance website** for more information about our Cancer programme.

Mental Health and Learning Disabilities

In a challenging year for all, the work of the Humber, Coast and Vale Mental Health and Learning Disabilities programme in 2020/21 continued to drive forward the priorities set out in the **NHS Long Term Plan**.

The programme has had to adapt working practices and be extremely flexible in the way that we deliver services, to meet the needs of our population in different and innovative ways.

Mental health is now rightly at the forefront of the health and care sector's efforts to maintain the health and wellbeing of the people in our communities. The programme has seen some recognition of this over the past year, with increased national funding for mental health, learning disabilities and autism announced to support delivery into 2021/22.

As the Humber, Coast and Vale Health and Care Partnership, the region's **Integrated Care System**, moves towards **full statutory body status** in April 2022, the Mental Health and Learning Disabilities programme will continue to work collaboratively to drive the delivery of, not only the national objectives, but also the things that we know will make a difference to our local populations

Also see pages 27-31 of the Humber, Coast and Vale Partnership Long Term Plan.

Some of our key successes and challenges in 2020/21 together with our priorities for 2021/22 can be found below.

20/21 priorities

In 20/21 our priorities were to continue to deliver mental health service transformation relating to the following existing workstreams:

• Children and young people

• Community mental health

• **Individual placement and support**

• Perinatal mental health

• Suicide prevention

• Urgent and emergency care (mental health)

We also committed to focusing on some key system developments and enablers outlined below:

• To expand the scope of the mental health programme to include learning disabilities and autism.

• To develop a mental health resilience hub to support both our staff and public during and beyond the Covid-19 pandemic.

• To create a workstream dedicated to improving physical health inequalities for people with severe mental illness.

• To establish a detailed analysis of local **place-based** commissioning and provision relating to improving access to psychological therapies (IAPT) programme commitments in the NHS Long Term Plan and national IAPT standards.

• To continue to work with partners and service users across our system to better inform our planning and service delivery (co-production).

• Workforce professionals continue to work with organisations and education providers to develop a successful and sustainable workforce.

20/21 successes

We are extremely proud of a number of achievements this year. These include:

• The programme has been expanded to include learning disabilities and autism workstreams, and there has been a detailed review of the learning disabilities transforming care partnership across Humber, Coast and Vale.

• We were successful in our bid to NHS England and NHS Improvement to gain funding to support the development of a **key worker service**. The service means that all children and young people with autism and/or learning disabilities admitted to or at risk of admission to a mental health inpatient unit will have an allocated key worker.

• We have commissioned **Kooth**, an online counselling platform for children and young people, to ensure that they have access to emotional wellbeing and mental health support when schools and colleges were closed during Covid-19.

- **The Humber, Coast and Vale staff resilience hub** was launched in February 2021. The hub provides vital mental health and wellbeing support services to health and care staff and emergency workers affected by Covid-19.

- Funding was granted for community mental health transformation. All providers were engaged with the process for submitting the bid which is an excellent example of co-production across the HCV Partnership.

- A steering group has now been established to focus on improving physical health inequalities for those with severe mental health illnesses.

- A deep dive took place to establish a detailed analysis of place-based commissioning relating to IAPT commitments and an IAPT steering group has been established.

- The HCV Partnership was one of the first areas in England selected to develop a pilot **maternal mental health service**.

- Perinatal mental health staff **completed specialist training** to identify patients suffering from domestic abuse.

- **Qwell**, a free, anonymous online counselling and emotional wellbeing service for men, was launched in January 2021.

- More than 6,500 people across Humber, Coast and Vale have **completed suicide prevention** training in the last year – equivalent to one person trained every 79 minutes.

- 24/7 open access telephone support implemented for those people in crisis, enabling rapid access to support and advice.

- A clinical assembly was established which comprises of knowledgeable and passionate clinicians across Humber, Coast and Vale to ensure that their expertise is used to strongly influence and shape our programmes of work.

- Second annual international conference held virtually to an audience of more than 300 across the world with significant engagement.

20/21 challenges

We know that we have some areas of our workforce that will come under increasing pressure if we are not able to increase our complement of staff with the right skills and training. Workforce planning will form a key part of our planning for 21/22.

The coronavirus pandemic has meant both staff and service users and their families have had to adapt to new ways of working, particularly digital solutions.
Staff sickness and restrictions due to social distancing have caused pressures, particularly in frontline services.

21/22 priorities

In 2021/22 the HCV Partnership Mental Health and Learning Disabilities programme will focus its work on the following key workstreams:

• Autism and learning disabilities

• Children and young people's mental health

• Community mental health (IAPT, dementia and serious mental illness health checks)

• Urgent and emergency mental health care

• Building mental health resilience

• Perinatal and maternity mental health services

• Suicide prevention

• Individual placement and support

> *More information*
> *Read the Humber, Coast and Vale Partnership Long Term Plan pages 27-31 and/or visit the*
> *HCV Partnership website for more information about the Mental Health and Learning*
> *Disability programme.*

Elective (planned) Care

Elective care is routine care, which can be planned or booked following a referral by a GP or an outpatient clinic and is how the majority of people access NHS services.

The Humber, Coast and Vale Health and Care Partnership's Elective Care programme is working to improve the provision of services with planned appointments or interventions in hospital or community settings; including planned surgery, outpatient appointments, day cases and appointments in a GP surgery, health centre or other facility.

The programme is focused on prevention, early diagnosis and management of long-term conditions to improve outcomes and experience, particularly for people with diabetes, cardiovascular disease and respiratory conditions.

We have worked to identify better ways for people to access services that meet their needs; and have introduced plans to help manage demand and to ensure people receive the care or treatment they need in the right place and at the right time.

Also see pages 32-35 of the Humber, Coast and Vale Partnership Long Term Plan.

20/21 priorities

The Elective Care programme reviewed its priorities for 2020/21 early in the year, to support the Humber, Coast and Vale response to Covid-19, to focus on:

• Elective care recovery activity working with the acute trusts with specific initiatives to help those patients who have been waiting the longest for care or treatment.

• Long-term conditions in key areas of the programme where work is already under way (with some other areas paused); and priorities arising from new activity relating to the Humber, Coast and Vale response to Covid-19.

• Supporting self-care and self-management resources.

20/21 successes

Covid-19 has obviously been a significant challenge for all health and care services but, in general terms, the challenges it has presented has led to more collaboration across elective care, cancer and diagnostic services to align activity where appropriate and utilise resources more effectively.

Elective care recovery programme

• The HCV Partnership established an elective care recovery programme, which aims to shorten patients' waits where possible, with Partnership organisations taking a consistent approach to clinical prioritisation to ensure that the care and safety of people is maintained while they are on a waiting list.

• The programme secured an additional £183,000 from NHS England and NHS Improvement (NHSE/I) to support the co-ordination of elective care activity in Humber, Coast and Vale.

• It carried out clinical validation of all patients on waiting lists against the nationally agreed priority levels (priorities 1-4).

• Developed a shared view of the **referral to treatment patient treatment list** (which indicates the number of patients waiting for treatment) with the hospital trusts; working together to provide shared understanding and reporting.

• Reduced face-to-face outpatient appointments where appropriate to help to prevent Covid-19 transmission (see **P33** of the HCV Partnership Long Term Plan). This led to the implementation of referral assessment systems and triage processes through:
  - Increased usage of telephone/video patient consultations, including the introduction of the **Attend Anywhere video consultation system** across Humber, Coast and Vale. Approximately 430,000 virtual appointments have been carried out during 20/21, equivalent to 27% of all outpatient activity.
  - During 2021 we continued to engage with Humber, Coast and Vale digital leads resulting in the successful regional procurement of a video consultation platform which commenced in April 2021.
  - The implementation of the **Patients Know Best video consultation** service by Hull University Teaching Hospitals NHS Trust has been successful, with more than 45,000 patients registered. During 2021/22 York and Scarborough Teaching Hospitals NHS Foundation Trust and Northern Lincolnshire and Goole NHS Foundation Trust will adopt Patients Know Best within their services.
  - The establishment of referral assessment systems at Hull University Teaching Hospitals NHS Trust and Northern Lincolnshire and Goole NHS Foundation Trust.
  - Increased use of advice and guidance to support GPs to manage referrals.

• Introduced patient initiated follow-ups across a range of pathways within each of the four hospital trusts in Humber, Coast and Vale.

Pharmacy and medicines optimisation

• The **community pharmacy consulting service** launched in Humber, Coast and Vale in November 2020 to give GP practices the option to refer patients to pharmacists where most appropriate to reduce unnecessary GP appointments. To date 47 GP practices have agreed to participate in the programme, with more practices expected to sign up in future.

• The **NHS discharge medicines service**, which ensures better communication of changes to a patient's medication when they leave hospital, went live in February 2021 across Humber, Coast and Vale.

Respiratory

• The Humber, Coast and Vale Respiratory Clinical Network has been established, which builds on the progress made by the Humber, Coast and Vale Respiratory Steering Group. Dr Mike Crooks has been appointed as Humber, Coast and Vale respiratory clinical lead.

• Respiratory programme priorities have been agreed with both the Humber and North Yorkshire and York geographical partnerships (see **P35** of the HCV Partnership Long Term Plan).

• The delivery of the following services (via the Humber and North Yorkshire and York geographical partnerships):
  - **Post Covid-19 assessment services** (also known as long Covid clinics).
  - **Covid-19 pulse oximeter device at home service** (within primary care teams).
  - Covid-19 virtual wards (within hospital trusts and community teams) to support the most vulnerable people in our communities.

Diabetes

• The **NHS Diabetes Prevention Programme** moved to online delivery from April 2020 in response to the emergence of Covid-19 (see **P34** of the HCV Partnership Long Term Plan).

• The HCV Partnership was one of only 10 pilot areas in England to launch the **NHS Low Calorie Diet Programme** towards the end of 2020 to help people who are overweight and living with type 2 diabetes improve their health. As of March 2021, 127 patients have been referred to the programme. The average weight lost by participants who have completed the 12-week diet replacement phase is 13.5kg (30lbs).

• Like the NHS Diabetes Prevention Programme, other diabetes education courses could not be delivered face-to-face and therefore were repurposed for digital delivery.

20/21 challenges

One of the biggest challenges facing the HCV Partnership is managing the growing lists of patients waiting for access to treatment and care.

As of the end of January 2021 (latest available figures) 130,282 people were waiting to start treatment in Humber, Coast and Vale, while 4,901 people started treatment during the month.

Considerable efforts are being made to ensure we continue to work as a system so that we are able to offer time critical surgery across Humber, Coast and Vale area.

21/22 priorities

Recovery of elective care will be a key priority for the HCV Partnership in 2021/22. The Elective Care programme is initially concentrating on specialties with particularly long waiting lists where comprehensive recovery plans can be developed. The programme has agreed with hospital trusts to focus initial efforts on the following specialties: ophthalmology; orthopaedics; urology; and ear, nose and throat.

Key workstreams for 21/22 to support recovery include:

- Continued focus on the redesign of pathways to make the most of the capacity available, including through outpatient and out-of-hospital care models.

- We understand that lengthy waits for appointments and referrals can be a frustrating and worrying time for patients, therefore we are developing a 'waiting well' approach to provide support to patients on waiting lists, particularly focused on areas where there are higher levels of health inequalities.

- Creating additional capacity for services with particularly long waiting lists and agreeing collaborative ways to deliver services with long waiting lists but low-complexity cases.

- The co-ordination of care supported by waiting list management and mutual aid.

In addition, the Elective Care programme we will continue to focus on:

- Diabetes: Increasing participation in the NHS Diabetes Prevention Programme and the NHS Low Calorie Diet Programme; offering digital-based education; and improving the treatment and care of people with type 1 and 2 diabetes.

- Respiratory: Supporting the recovery of respiratory services through the two geographic partnerships in Humber, Coast and Vale (Humber; North Yorkshire and York).

- Pharmacy and medicines optimisation: Working together across all parts of the health and care sector.

> **More information**
> *Read the Humber, Coast and Vale Partnership Long Term Plan pages 32-35 and/or visit the HCV Partnership website for more information about our Elective Care programme.*

Maternity

The **Humber, Coast and Vale Local Maternity System (LMS)** supports the complete maternity journey for all women and families - including pre-conception, neonatal and postnatal services - as one of the priority programmes of the **Humber, Coast and Vale Health and Care Partnership**. We work to improve physical and mental health, ensure consistency and fairness in care provided, and support all staff to provide great services and develop personally.

Our key workstreams focus on quality and safety across all services, providing **choice and personalisation** within services, support for prevention and population health ambitions, participation with workforce and digital programmes across the HCV Partnership and involvement in neonatal care.

Also see pages 36-38 of the Humber, Coast and Vale Partnership Long Term Plan.

20/21 priorities

LMS team growth and increased involvement in different projects continued throughout 2020/21. During this time there was more focus than anticipated on aspects such as guidelines and pathways due to the changes in operational requirements caused by Covid-19. Nevertheless many projects also continued as planned, and in some cases exceeded expectations.

Key project milestones met during this period included:

• After achieving the 35% **continuity of carer** target in March 2020, there was progression towards the overall 51% target in March 2021 (see page **36** of the HCV Partnership Long Term Plan).

• Developing surveys for women and families to tell us how they feel about the implementation of continuity of carer in partnership with our five **Maternity Voices Partnerships** (MVPs) in Humber, Coast and Vale.

• Conducting surveys and questionnaires relating to pregnancy or birth experience, postnatal checks or mental health issues; as well as representation in regional-wide projects such as the **Neonatal Critical Care Transformation Review**.

• Expansion of the number of LMS-wide guidelines to support consistency and equity of practice across hospital trusts; and making it easier and safer for staff to transfer between sites.

• Creating a number of sub-groups related to the postnatal plan agreed in March 2020, creating new pathways and processes for midwifery and health visiting transfers, links to electronic red books and other projects.

• To revitalise joint work with the MVPs, particularly with the safety agenda, and ensure they are represented at key meetings to give effective voice to women and families.

• Progress in developing and implementing the single maternity IT system across Humber, Coast and Vale and provide a women's app.

• To employ additional support into the LMS for the health promotion aspects of the programme and to maintain links with universities, colleges and other HCV Partnership projects.

• To test ways of making home births and births at midwifery-led units more attractive and accessible to women and their partners (see page **36** of the HCV Partnership Long Term Plan).

• To employ a safety lead to work alongside the LMS clinical lead and support the further integration of work between obstetric and neonatal units.

• Continued work to achieve the **Maternity Incentive Scheme** (part of the **Clinical Negligence Scheme** for hospital trusts) and **Saving Babies Lives (version two)** care bundle requirements.

• Progress workforce reviews of specific staff groups to understand more about training requirements, additional guidelines and succession planning.

• Develop an action plan around breastfeeding support across the LMS that supports an increase in women feeding their babies this way.

20/21 Successes

The LMS continued to achieve many of the key priorities it aimed to during 20/21, particularly building on the recruitment of key personnel during the previous year. There has been the addition of a safety lead; a six-month secondment post to explore the requirements of midwifery support workers; more clinical input and leadership; and most recently the appointment to two prevention-related posts – one focused on alcohol misuse in pregnancy and the other concentrating on weight management in pregnancy (both especially important during the pandemic). The core team continued to work together throughout the year and supported new operational projects that arose.

Maintenance of the continuity of carer teams was prioritised as the value they bring to women and families is recognised by all partners; particularly during some of the more difficult periods of 20/21. Continuity of carer provision above the target of 35% was maintained throughout the year, and increased across all areas to 48% in February 2021.

Additional support for Black, Asian and Minority Ethnic (BAME) women and families was introduced during the year. Subsequently we've seen lower rates of inductions, better mental health support and higher satisfaction levels from the people supported in this way.

The Saving Babies Lives care bundle work was affected by Covid-19, with frequent changes to appointment provision, sonography and carbon monoxide monitoring. Recording and reporting of information via the **Maternity Services Data Set** (MSDS) also changed a number of times over the year, but by the end of March 2021 there had still been significant improvements against the objectives at all hospital trusts, and all had also achieved the 12 required points of reporting against the MSDS aims. Our services are now safer than they've ever been – and we can prove that.

New supporting clinical guidelines have also been written and ratified over this period; including those referencing the LMS's new role in the oversight and performance management of serious maternity incidents (which is required by the **Ockenden Report**). Information about these serious incidents is shared as soon as they happen, and trends or individual failings are acted upon quickly.

The LMS has also overseen the submission of gap analysis reports from all areas to the regional board of the **Maternity Transformation Programme** and continues to ensure consistency of reporting. This work also builds on ambitions outlined in the **NHS Long Term Plan**. As a result we've seen more consistency in the way women have care provided – ensuring best practice is followed, and making it easier for our staff to be safer. This will continue as we ratify more guidance and set higher standards across the area.

We want to support a better quality of care in units and parent accommodation, as well as highlighting the staffing levels required for this care. This sits alongside the **Humber Acute Services Programme** (also see page **33** of this report) and has promoted further integration between the maternity and neonatal units across the LMS. We've used these improved relationships to identify dedicated clinical leadership support, which has been really appreciated by the staff on the units.

The prevention workplan had some particularly relevant aspects during the pandemic. Midwives, health visitors and neonatal staff have completed training associated with the **ICON programme**

which works to support parents with crying babies, and subsequently reduce the incidence of abusive head trauma in babies.

Our web presence continues to grow; with additional content on the **Humber, Coast and Vale LMS website** helping women with their birth choices, as well supporting them during the postnatal period.

The **Bump the Habit** website was launched to help families stop smoking, while the **MVP website** links to surveys, outcomes and other information. Additionally, an **Ask a Midwife** Facebook service was set up this year and has been extremely popular with women as it allows them to receive rapid responses to their maternity-related questions.

21/22 Priorities

The two main priorities for the next year will be the continued work on requirements outlined in the Ockenden Report, particularly additional quality and performance monitoring aspects; and the implementation of the single maternity IT system across Humber, Coast and Vale (see page **37** of the HCV Partnership Long Term Plan).

More will be added to workplans going forward. We look forward to being able to evidence even more improvements for women and families through all our projects and share these successes with partners and stakeholders.

We will ensure:
- Ongoing continuity of carer team rollout across Humber, Coast and Vale to meet the **Better Births** target that more than 51% of women are on a continuity of carer pathway.

- A review of current actions relating to BAME and vulnerable women and families, and identify existing gaps or new actions to support these people.

- Progress in developing and implementing the single maternity IT system across Humber, Coast and Vale, as well as support women to access their records digitally.

- Intensive scoping and action plans derived around the two initial prevention priorities: alcohol misuse and weight management in pregnancy.

- Access to specialist maternity advice for women with existing or new medical issues during pregnancy via maternal medicine networks across the Yorkshire and Humber region.

- Development of maternal mental health services in partnership with the HCV Partnership's perinatal mental health programme.

- Increased take-up of a single electronic care plan around pregnancy and birth.

- Commencement of a pre-term working group to ensure maternity and neonatal teams work in collaboration, therefore improving outcomes for women and babies.

> *More Information*
> *Read the Humber, Coast and Vale Partnership Long Term Plan pages 36-37 and/or visit the LMS website for more information about the Maternity programme.*

Priority 4

Making the most of all our resources

See pages 39-51 of the Humber, Coast and Vale Partnership Long Term Plan.

Within Humber, Coast and Vale we face a number of challenges that mean it is increasingly difficult to continue to provide high-quality, effective care that is keeping pace with rising demand and the changing needs of our local populations.

For example, it is becoming increasingly difficult to ensure all patients can access diagnostic tests and begin treatment in a timely manner due to ageing diagnostic equipment and shortages in trained staff. Additionally, our dispersed, rural population makes delivering home care more challenging and makes transport to and from healthcare provision difficult for citizens as well as professionals.

Despite these challenges, Humber, Coast and Vale is an area rich in assets and strengths. We have a vibrant voluntary and community sector, offering a vast range of opportunities to citizens and communities to improve their health and wellbeing.

Our region boasts some of the most beautiful countryside England has to offer, a rich cultural offer including the historic cities of York and Hull, four blue flag beaches and a thriving industrial sector that is home to the largest port complex in the UK and is at the cutting edge of the renewable technology sector.

Advances in technology, alternative approaches to recruiting, training and deploying staff and other new ways of working offer many opportunities to improve the quality of care we provide and improve the outcomes for local people.

As a Partnership, we are working together with a broad range of external partners to leverage these assets and resources to ensure we make the most of what Humber, Coast and Vale has to offer so that our citizens can all **start well, live well and age well**.

These programme updates follow: Workforce; Digital; and Sustainability and Net Zero.

Workforce

Covid-19 has brought many workforce challenges across the Humber, Coast and Vale Health and Care Partnership and has been the main focus of 2020/21. Our workforce has been responsive and flexible, stepping up to the challenges of a global pandemic. Acquisition and use of personal protective equipment (PPE) created a need for urgent training and our healthcare students came forward to support clinical colleagues.

Staff have worked long hours under great pressure, while the national **Bring Back Staff programme** encouraged people to return to health and care roles to support our existing workforce and the Covid-19 vaccination programme.

Workforce health and wellbeing has never been more important. In recognition of this, the Workforce programme team is working with colleagues to identify new programmes and initiatives for all staff, including around traumatic stress and debriefing; coaching and mentoring; and holistic and practical interventions.

The recent publication of the **Health and Social Care Bill white paper** will bring about the biggest reforms of the health and care sector in 30 years. To ensure our workforce strategy remains aligned to our programme priorities, a significant review will take place this year across the HCV Partnership. The review will confirm how we can ensure we have the right workforce with the right skills to meet

our service priorities, address our challenges and realise opportunities across our health and care communities now and in years to come. The review will also support the implementation of the **NHS People Plan** and its priorities across the HCV Partnership.

Also see pages 40-42 of the Humber, Coast and Vale Partnership Long Term Plan.

20/21 Priorities

Increase workforce supply:

• Work with **Health Education England** and higher education institutions to deploy healthcare students into clinical areas.

• Two initiatives were run in response to the Bring Back Staff programme. The first initiative was instigated in Feb/March 2020 by NHS England and NHS Improvement; the second in Nov/Dec 2020 and was led from within the HCV Partnership to support our health and care system, and latterly our vaccination centres.

• Work with the Department for Work and Pensions to encourage people on furlough or displaced due to Covid-19 to consider roles within the health and care sector.

Covid-19-related training opportunities:

• PPE and Covid-19-related training in care homes.

• Education and training provision aggregated into one place on the **HCV Partnership website**.

• Health and wellbeing initiatives focusing on coaching, mentoring, physical and emotional health, in particular with a focus on trauma and traumatic stress.

Black, Asian and Minority Ethnicities – engagement, inclusion and equality:

• A new priority workstream to support greater equality, inclusion and justice for Black, Asian or Minority Ethnic (BAME) colleagues and communities, introduced in response to the death of George Floyd in the US in May 2020, and the subsequent Black Lives Matter protests across the world (see also page **19** of this report for more information about this programme).

The disproportionate impact of Covid-19 on BAME communities and the increasing disparities we are seeing in society in the wake of the pandemic have also placed this at the fore. Programme priorities will be:

- Non-executive director recruitment – improving representation of people from BAME backgrounds across our boards.
- A new fellowship programme – we are exploring the potential for a fellowship programme to be developed for BAME colleagues.
- Network of Networks – the first meeting of a new 'Network of Networks' for staff from BAME backgrounds was held in February 2021, made up of the chairs and members of existing BAME networks across the HCV Partnership. In order to support the new network, an audit has been carried out of existing equality networks across the HCV Partnership and the group is in the process of determining 21/22 priorities.
- Anti-racism drives across the HCV Partnership, including development of the white allies group, anti-racism training, and awareness campaigns within organisations and across the communities we serve.

Provide greater support to the health and wellbeing of our workforce:

• Identify and support organisational initiatives, with funding from NHS England and NHS Improvement's **Enhanced Occupational Health and Wellbeing programme**.

• Support the launch and development of the **Humber, Coast and Vale Resilience Hub**, a confidential service which offers advice and support for health and care staff and emergency service workers.

• Roll-out of system-wide health and wellbeing initiatives, in particular focused on coaching, mentoring, trauma and debriefing, and holistic interventions.

Development of the existing and future workforce:

• Maximise the **apprenticeship levy** in general practice and smaller organisations. Instigate and enable apprentice levy transfer between our organisations.

• Planned growth of advanced clinical practitioners and physician associates determined by workforce need, supported by a quality assurance and governance framework developed by partners across the HCV Partnership.

• Greater access to learning opportunities for hard-to-reach staff. For example, the **ECHO project** which uses video conferencing technology to share knowledge and expertise has been utilised to support those working in care homes.

• Work with the Department for Work and Pensions and Humber **Local Enterprise Partnership** to promote career pathways in health and care, encouraging people looking for work to consider their transferable skills and vacancies in the health and care sector.

• System-wide approach to increasing placement capacity to strengthen the route into health and care vacancies.

• Increased partnership working with local authorities and social care organisations.

20/21 Successes

Student nurse and midwife redeployment

Of 5,278 students who came forward to support clinical areas at the start of the coronavirus pandemic 4,736 were released to employers. At least 3,844 student nurses and midwives began work with employers as part of their final year of education across the HCV Partnership.
Careers pathway with transferable skills matrix

The HCV Partnership's **careers pathway with transferable skills matrix** was adopted by the Department for Work and Pensions. The pathway will initially be adopted to support those displaced by Covid-19 but will be continue to be utilised by Department for Work and Pensions colleagues working across our area, encouraging people looking for work to consider roles in the health and care sector.

ECHO project

Over 300 remote learning sessions have been delivered to more than 2,600 care home staff on subjects including PPE, infection control and end-of-life care.

Bring Back Staff Programme

The project encouraged 415 nurses to return and seek employment across Humber, Coast and Vale. 34% have subsequently been deployed to clinical areas and in support of vaccination centres across our area.

Health and wellbeing

£510,000 secured from NHS England and NHS Improvement to enable health and care organisations to implement health and wellbeing initiatives. Organisations and partners across the HCV Partnership used the funding to support a range of initiatives from financial wellbeing and supporting the return to work of staff to specific mental health initiatives.

Apprenticeship growth

More GP practices across the HCV Partnership can now receive a levy transfer, following development of a levy transfer process. £569,000 of levy has been gifted by larger health and care organisations, creating 69 new apprenticeship roles in smaller organisations.

2021/22 Priorities

Strategic review of Workforce Programme priorities

The world has changed since the emergence of Covid-19, so the Workforce programme will bring consideration and analysis to the NHS People Plan, workforce data, Integrated Care System reform and stakeholder feedback to ensure our strategy, planning and deployment of resources reflect key priorities, and promote excellent health and care collaboration and sustainability. This work commenced in April 2021.

Supporting the national and regional Integrated Care System developments

Supporting our executive leads, colleagues and organisations across the HCV Partnership to implement the **Health and Social Care Bill reforms** and subsequent national legislation which will see all Integrated Care Systems across England become statutory bodies from April 2022.

Increase the future workforce supply

Subject to outcome of the strategic workforce review:

• Development of new and existing roles.

• Increasing training places and apprenticeships.

• Maximising recruitment and pipelines into health and care roles – creating and strengthening our employment ambition.

• Quality assurance and governance framework operationalised that supports advanced clinical practitioner education.

Develop and support the existing workforce

Subject to the outcome of the strategic workforce review:

Increasing support for health and wellbeing of staff.

• Retention programme working with NHS England and NHS Improvement.

• Development of skills and system leadership.

• **Place-based** plans that support talent management and create new opportunities within the health and social care sector.

• Expansion of the ECHO project into primary care and domiciliary care teams.

Continuing to support the Covid-19 response

The Workforce programme will continue to implement changes and transformation at pace in response to Covid-19, in particular supporting the wellbeing of staff in the workplace, retention and sickness, health and wellbeing and the Covid-19 vaccination programme.

Driving greater equality for people from BAME backgrounds, a new programme will focus on greater inclusion, diversity and equality across the workforce; providing increased representation, opportunity and awareness.

More Information
Read the Humber, Coast and Vale Partnership Long Term Plan pages 40-42 and/or visit the HCV Partnership website for more information about the Workforce programme.

Digital

In recent years, digital technology has played an increasingly important role within the health and care sector in Humber, Coast and Vale; and even more so following the emergence of Covid-19.

The 2020/21 year has been an unprecedentedly busy one for the Humber, Coast and Vale Health and Care Partnership's Digital programme, thanks in part to the pandemic. Subsequently, the programme has achieved a large number of transformational objectives across the region.

20/21 priorities

Alongside activity associated with the response to Covid-19, the Digital programme priorities for 20/21 were to:

• Continue work to provide a fully joined-up digital care record across all health and social care providers in Humber, Coast and Vale.

• Ensure all GP practices in the region are signed up to access the **Yorkshire and Humber Care Record**.

• Increase the use and sharing of the **Electronic Palliative Care Co-ordination System (EPaCCS)**.

• Further develop the system to book GP practice appointments via the NHS 111 service.

20/21 successes

Covid-19 response

At the beginning of 20/21 our partner organisations had the Herculean task of enabling remote and Covid-19-safe working for their workforce, while dealing with the effects of Covid-19 on their staff. Those staff able to work from home were issued with secure laptops with access to key business and clinical systems. A huge amount of work was undertaken to enable at-scale remote working, including the rollout of Microsoft Teams for video conferencing purposes.

Nearly 2,000 additional laptops were secured for use across three of our four acute hospital trusts - York and Scarborough Teaching Hospitals NHS Foundation Trust; Hull University Teaching Hospitals NHS Trust and Northern Lincolnshire and Goole NHS Foundation Trust. The laptops were configured and issued to the workforce as quickly as possible. In the social care sector, **work completed in June 2020 to equip all care homes with tablet devices** meant that the HCV Partnership was in a strong position to quickly enable remote monitoring, which allowed care home residents to contact their GPs digitally and, during lockdown, allowed them to interact with their loved ones when face-to-face visits were not allowed as part of national lockdown restrictions.

All of the GP practices across Humber, Coast and Vale had already implemented online patient consultation systems before the emergence of Covid-19. These were used widely throughout the year, and video consultations were rapidly deployed too. Suppliers also developed their products to meet the challenges of digital triage and added features to better assist clinicians providing services remotely during successive lockdowns. Every GP practice was provided with additional laptops to ensure that the delivery of primary care services was not solely dependent on face-to-face interaction.

In the latter part of 2020, GP vaccination hubs and mass vaccination centres were quickly established. A strong and co-ordinated collaborative response allowed us to rapidly implement digital solutions in these settings, despite working in sometimes challenging environments. As a result, areas of Humber, Coast and Vale gained special recognition in a televised Prime Minister's briefing for the speed at which we have vaccinated people in our local communities.

The digital rollout associated with the Humber, Coast and Vale Covid-19 Vaccination programme benefited from an established approach that focuses on collaborative problem solving. Working with partners from the NHS, community interest companies, local authorities and primary care networks, we were able to ensure that the centres and hubs were ready to operate from a digital perspective as soon as the vaccines began to arrive onsite.

Core digital projects

While the Covid-19 response has taken centre stage, significant digital solutions have continued to be rolled out across Humber, Coast and Vale. Work continued on these key projects:

• Our system-wide Electronic Palliative Care Co-ordination System (EPaCCS), which ensures that all parties involved in a patient's end-of-life care are fully empowered to understand the patient's requirements.

- **GP Connect**, which facilitates further connectivity across primary care, building on previous success.

- Onboarding GP practices and other organisations to the Yorkshire and Humber Care Record to ensure all healthcare practitioners have access to patient information. The Yorkshire and Humber Care Record **won the Best Digital Transformation Product or Service – Public and Third Sector award** at the 2020 Computing Technology Product Awards.

- Improving access to urgent and emergency care services with the NHS 111 First initiative. Our solution allows NHS 111 to book an arrival slot for a patient in an emergency department or primary care service.

- The 'any to any' booking service ensures that patients can be referred to the right service, first time. An artificial intelligence pilot programme to support online consultation outcomes is in development to further support this.

The Humber, Coast and Vale Digital Fast Forward Plan

The **Humber, Coast and Vale Digital Fast Forward Plan** outlines how, this year, the rapid development of digital enablers has reduced the digital exclusion gap, ensuring that those people without IT equipment or skills can still easily access healthcare services.

We have engaged with industry leaders in digital inclusion to ensure that we develop a fully inclusive programme. For example, in a nationally published case study, **NAViGO is shown to be improving access to mental health services through digital initiatives**. We are also supporting exciting projects that will see the development of digital access hubs and practice-led portals that assist in assessing patients' digital maturity.

It is our intent to empower patients to be as involved in their care as possible. GP records are accessible through the **NHS App** and our hospital trusts are developing additional approaches to patient-held records, with more than 45,000 people using the deployed services in Hull alone. We continue to enhance our **health and care app store**, with coverage extending across the HCV Partnership.

The Digital Fast Forward Plan supports the recovery through redesign of our health and care system, and is built on five pillars:

- Our commitment to change – inspired transformational leadership and governance.

- Investing in our people – our incredible workforce.

- Protecting and sharing information – information management, protection and security.

- Investing in our infrastructure – financial planning, commitment and investment.

- Our digital future – digital skills, knowledge and deployment.

The Digital Fast Forward Plan is based on the premise that we are a digital society and that healthcare now functions within a complex digital ecosystem. To fully realise the benefits of digital solutions, through engagement with stakeholders, it aims to build the digital maturity of our population. It also seeks to support those who are digitally excluded so that they can benefit from the opportunities digital innovations offer.

To provide oversight and assure a collaborative and integrated approach to digital provision, the HCV Partnership established a strategic digital board. The purpose of the board is to provide confident and visible strategic leadership in delivering the HCV Partnership's digital strategy and vision.

To support the strategic digital board, both the Humber and the North Yorkshire and York geographic partnerships have digitally focused partnership groups, consisting of representation from across all health and social care partners. These two groups are essential to the smooth delivery of strategic digital outcomes. Additionally, public representation ensures that the digital leads are informed directly of how their work is impacting on care delivery.

The digital operations forum

To further support and strongly progress collaborative working the digital operations forum has been established. This forum meets fortnightly and is attended by digital leads from each of the HCV Partnership's partner organisations, as well as representatives from the voluntary, community and social enterprise sector. The forum provides a valuable regular information exchange including regular updates about each organisation's priorities, issues and digital workplans; so that expertise and better ways of working can be shared.

The acute digital collaborative group

The HCV Partnership has established a formal approach to acute provider collaboration. This approach initially involved York and Scarborough Teaching Hospitals NHS Foundation Trust, Hull University Teaching Hospitals NHS Trust and Northern Lincolnshire and Goole NHS Foundation Trust. Next year it will look to include Harrogate and District NHS Foundation Trust. The acute digital collaborative group, which comprises of chief information officers from HCV Partnership organisations, meets regularly to explore how the trusts can work more effectively together, sharing ways of solving their day-to-day digital enablement issues and best practice on joint working. The group is actively engaged in establishing the HCV Partnership's digital strategic priorities for 2021-22.

2021/22 priorities

Digital leads from all partner organisation have been involved in setting HCV Partnership digital priorities. All defined priorities are aligned to:

• Putting the citizen at the centre of care.

• Responding to Covid-19.

• Restoring services.

• Transforming care services.

• Addressing health inequalities and developing population health systems.

• Connecting health and care services.

• Building strong foundations.

Alongside this work, and to ensure our resources are used to best effect, Humber, Coast and Vale digital leads have defined a digital prioritisation framework. Because the digital landscape is so wide ranging, and our resources are limited, this will be used to form consensus across the HCV Partnership on how resources should be directed and utilised.

Looking forward to 2021/22 we will look to provide strong, confident digital leadership, working collectively with all partners so that our digital foundations support joined-up working, reduce bureaucracy, promote digital literacy, are inclusive and, most importantly, answer the needs and digital abilities of our communities.

More information
Read the Humber, Coast and Vale Partnership Long Term Plan pages P43-45 and/or visit the HCV Partnership website for more information about our Digital programme.

Sustainability and Net Zero

During 2020/21 a number of new priority programmes emerged within the Humber, Coast and Vale Health and Care Partnership, reflecting the ever-changing landscape of health and social care and the subsequent need to adapt accordingly.

The following section describes the emerging Sustainability and Net Zero programme, including its progress to date and longer-term objectives. See also page **46** of the Humber, Coast and Vale Partnership Long Term Plan.

The past year has been dominated by Covid-19 and the pandemic continues to be the most significant health emergency facing our communities. However, climate change poses the most significant long-term threat to our health, not to mention our planet.

In October 2020 the **NHS vowed to become the world's first carbon net zero national health system**, which means it will change the way it operates so that its total greenhouse gas emissions would be equal to or less than the emissions it removes from the environment.

The ambitions laid out in the **Delivering a 'Net Zero' National Health Service report** sees the NHS commit to:

• Achieving net zero emissions for the emissions the NHS controls directly by 2040, with an ambition to reach an 80% reduction by 2028 to 2032.

• Achieving net zero emissions for the emissions the NHS can influence, including the wider supply chain (NHS carbon footprint plus), by 2045, with an ambition to achieve an 80% reduction by 2036 to 2039.

The challenge to decarbonise the NHS is significant as the NHS contributes to about 5% of the UK's carbon emissions. Between 5% and 7% of all road traffic is NHS orientated. In addition, around 7% of the UK's healthcare estate is located in flood plains or is at risk from sea inundation in the next 30-50 years. The Humber, Coast and Vale area is likely to be affected by a sea level rise of between one and three metres by the end of 2100.

This commitment comes amid growing evidence of the health impacts of climate change and air pollution and aims to save thousands of lives and hospitalisations across the country – as air pollution is linked to conditions such as asthma, heart disease, strokes and lung cancer. Academics have linked high-pollution days with hundreds of extra out-of-hospital cardiac arrests and stroke or asthma-related hospital admissions.

In order to achieve zero emissions in the timescales, we need to change our models of care, our estate, fleet and operations, our supply chain and, ultimately, how we provide treatments and care to patients. We also need to be prepared to adapt to the changes that climate change will inevitably bring and the effect it will have on our healthcare system.

The Humber, Coast and Vale Sustainability and Net Zero programme was introduced towards the end of the 2020 and has gained real momentum with the establishment of a network of organisation-level sustainability leads and the appointments of Chris O'Neill as director and Alexis Percival as climate change lead.

Initial work has been carried out to establish the HCV Partnership's baseline carbon footprint to understand the scale of the task. Work is under way to develop a Humber, Coast and Vale climate change vision statement and green plan, which will be underpinned by green plans that are being developed by partner organisations. The key areas of work that will be looked at in this coming year as part of the net zero and climate change agenda will be:

• Baseline assessments and establishing the HCV Partnership's carbon footprint.

• Working with all health and social care partners to identify a route to net zero.

• Green plan assessment.

• Anaesthetic gas assessment with a phase-out programme.

• Primary care decarbonisation strategy.

• Climate change adaptation planning.

• Awareness campaigns.

Recently we were pleased to receive confirmation that three of Humber, Coast and Vale's hospital trusts have received funding worth more than £66million to support work to reduce carbon emissions at their hospitals.

The Department for Business, Energy and Industrial Strategy has awarded these grants as part of its £1billion **Public Sector Decarbonisation Scheme** to fund capital energy efficiency and heat decarbonisation projects. Northern Lincolnshire and Goole NHS Foundation Trust **has been allocated £40.3 million** to make improvements at all three of its hospitals – Scunthorpe General Hospital, Goole and District Hospital and Diana Princess of Wales Hospital in Grimsby. Harrogate and District NHS Foundation Trust **has received £14million** for improvements at the hospital, while Hull University Teaching Hospitals NHS Trust **was awarded £12.6million** for upgrades at Hull Royal Infirmary and Castle Hill Hospital.

Looking to the future, the HCV Partnership will be working with all partners to drive down emissions and look at opportunities for funding, education and partnership knowledge sharing as well as working towards a net zero Humber, Coast and Vale.

> **More information**
> Also see page *46* of the Humber, Coast and Vale Partnership Long Term Plan.

If you would like to find out more about the work of the Humber, Coast and Vale Health and Care Partnership, please get in touch.

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Humber, Coast and Vale