NHS
Humber Teaching
NHS Foundation Trust

Trust Board Meeting 22 June 2022
Agenda - Public Meeting

For a meeting to be held at 12.30pm Wednesday 22 June 2022, via Microsoft Teams

		Lead	Action	Report Format
	Standing Items			
1.	Apologies for Absence	CF	To note	verbal
2.	Declarations of Interest	CF	To receive & note	√
3.	Minutes of the Meeting held on 18 May 2022	CF	To receive & approve	√
4.	Action Log and Matters Arising	CF	To receive & discuss	√
5.	Staff Story - Pharmacy Services -Anna Addison, Specialist Clinical Pharmacist – Frailty Service & Kerry Finch Medicines Safety Officer – Trustwide / Medicines Optimisation Technician – Inspire attending	JB	To receive & note	√
6.	Chair's Report	CF	To note	verbal
7.	Chief Executives Report	MM	To receive & note	√
8.	Publications and Highlights Report	MM	To receive & note	√
	Performance & Finance			
9.	Performance Report	PBec	To receive & note	√
10.	Finance Report	PBec	To receive & note	√
	Strategy			
11.	Analysis of Ethnicity Mental Health Act Report	JB	To receive & note	√
12.	Summary Briefing: Independent Report – Leadership for a Collaborative and Inclusive Future	MM	To receive & note	√
	Corporate			
13.	Quality Accounts 2021-22 – Colette Conway Asst Director of Nursing, Patient Safety & Compliance attending	HG	To receive & approve	√
14.	External Well Led Review Action Plan Update	MH	To receive & note	√
15.	Fit and Proper Persons Regulation (FPRR) and Trust Compliance 2022/2023	CF	To receive & note	√
16.	Board Assurance Framework – Oliver Sims, Corporate Risk & Compliance Manager attending	MM	To receive & note	√
17.	Risk Register Update -Oliver Sims, Corporate Risk & Compliance Manager attending	HG	To receive & note	√
18.	Equality Delivery System (EDS2) 2022	SMcG	To receive & note	√
	Assurance Committee Reports			

19.	Collaborative Committee Assurance Report	MM	To receive & note	√
20.	Audit Committee Assurance Report	SMcKE	To note	verbal
21.	Items for Escalation	All	To note	verbal
22.	**Any Other Business**			
23.	**Exclusion of Members of the Public from the Part II Meeting**			
24.	**Date, Time and Venue of Next Meeting** Wednesday 27 July 2022, 9.30am via Microsoft Teams			

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Agenda Item 2

Title & Date of Meeting:	Trust Board Public Meeting – 22 June 2022
Title of Report:	Declarations of Interest
Author/s:	Caroline Flint Chair
Recommendation:	To approve: ; To receive & note: ✓ For information: ; To ratify:
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	The report provides the Board with a list of current Executive Directors and Non-Executive Directors interests. • The declarations for Mr Smith have been updated to reflect that he is no longer the Director and sole owner of MJS Business Consultancy Ltd as the company has been dissolved. • Declarations for the Chief Executive have been updated to reflect that she is a member of the ICB Board and IMAS • Declarations for Mr Royles have been updated to include the President Health People Managers Association (HPMA) and removal of the declaration for Strategic Advisor Skills for Health

Key Issues within the report:

Matters of Concern or Key Risks to Escalate: • No issues to note	**Key Actions Commissioned/Work Underway:** • N/A
Positive Assurances to Provide: • Updated declarations	**Decisions Made:** • N/A

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		Collaborative Committee	
		Other (please detail) Monthly Board 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	√			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	

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 • IMAS partner • Humber and North Yorkshire ICB Board Member
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	
Rt Hon Caroline Flint – Chair (Voting Member)	• Husband is a member of Doncaster MBC Councillor and Cabinet member • Brother-in-law works at Sandwell and West Midlands NHS Trust as the Senior Consultant for Ophthalmology at the Birmingham and Midland Eye Centre in City Hospital. He is also Professor of Ophthalmology at Aston University and Hon Consultant at Birmingham Children's Hospital. • Chair of the Committee on Fuel Poverty which is an advisory non-departmental public body sponsored by the Department for Business, Energy and Industrial Strategy
Mr Mike Smith, Non-Executive Director (Voting Member)	• Director Magna Trust • Director, Magna Enterprises 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 • Trustee - The Rotherham Minster Development 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 • Appointed to Baxi Partnership Limited as a Trustee • Appointed as a Trustee to the Spirit Pension Trust
Mr Dean Royles, Non-Executive Director (Voting Member)	• Director Dean Royles Ltd • President Health People Managers Association (HPMA) • Owner Dean Royles Ltd • Advisory Board of Sheffield Business School • Associate for KPMG
Mr Hanif Malik, Associate Non-Executive Director (Non-Voting Member)	• Non-Executive Director, Karbon Homes
Mr Stuart Mckinnon-Evans, Non-Executive Director (Voting Member)	• Chief Finance Officer of the University of Bradford

Humber Teaching NHS Foundation Trust

Item 3

Trust Board Meeting
Minutes of the Public Trust Board Meeting held on Wednesday 18 May 2022 via Microsoft Teams

Present:	Rt Hon Caroline Flint, Chair Mrs Michele Moran, Chief Executive Mr Hanif Malik OBE, Associate Non-Executive Director Mr Stuart McKinnon-Evans, Non-Executive Director Mr Francis Patton, Non-Executive Director Mr Dean Royles, Non-Executive Director Mr Mike Smith, 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 (minutes) Ms Bethia Dennis Engagement Lead Children's Services (for item 89/22) Mandy Dawley, Head of Patient (for item 89/22) Izzy, Young Person (for item 89/22) Mrs Victoria Winterton, Head of Smile Health (for items 105/22 & 106/22) Mrs Alison Flack, Programme Director, HNY HCP MH and LDA Collaborative Programme (for item 104/22)
Apologies:	None

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.

86/22 **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.

The Chief Executive and the Director of Finance have a standing declaration of interest in items relation to the Collaborative Committee.

87/22 **Minutes of the Meeting held 27 April 2022**
The minutes of the meeting held on 27 April were agreed as a correct record.

88/22 **Matters Arising and Actions Log**
The action log and work plan were noted.

89/22 **Humber Youth Action Group (HYAG) – Making A Difference**

The story for this month's meeting was about the work of the Humber Youth Action Group. It is important that young people are involved in all services and that services are co-produced with them to help improve services, ensure their needs are met and give benefits to the young people and the organisation. A short video was played which is shared with schools and colleges to gain interest from young people.

Izzy, a member of the HYAG joined the meeting to share her views. She was asked questions about how she felt about being a member of the group, what she has been involved with, what motivated her to join the group and how she had participated in activities. Izzy explained that she has learned more about the services offered, taken part in interviews and had the opportunity to give her opinions and share them with other young people. She felt the group had a good balance of fun and education and importantly could make a difference. She had learned new skills in design while developing a CAMHS passport to help young people transition from Children's services to Adult services.

The group has guest speakers and Izzy felt that there should be more sessions with just group members to give them the chance to discuss what they would like to do. In terms of learning Izzy felt that hearing more about waiting lists and understanding the reasons for them had helped her. She also would consider a future career with the NHS going forward. On being asked about what is needed to help progress ideas from the group, Izzy felt that having their ideas listened to and for them to be followed through and valued.

Mr Malik has previously worked with young people and youth forums and noted that the age range of the service is 11 – 25. Given this was such a vast age range where a one size fits all approach cannot be used, he asked how this is being considered within the group. Ms Dennis explained that the age range is aligned to the ages of the services that are provided by the Trust. She recognised that it is challenging and there are 23 members of the group aged from 13 – 25 currently who are in school, college or University. There is close working with voluntary services, the workforce team and appropriate safeguards in place to protect all members. The Chair, in her experience with families and youth clubs, said that environment is an issue especially when there are older people in a group. It was something that needed to be considered when reflecting on different spaces for the young people. Ms Dennis clarified that consent forms are completed for each session to protect the young people and as the key liaison she would be aware of any individual's needs. The views will be worked into the programme and reviewed to ensure that requirements are meeting the needs.

The Chief Executive thanked Ms Dennis for making this work a reality. She was impressed with the work that has been done on the CAMHS passport which is a fantastic initiative. She suggested that the Chief Operating Officer provide some feedback to a future meeting on this work. In terms of careers in the NHS, there are many opportunities available, and we need to maximise interest from young people as they are the future workforce. It would be helpful for the group to consider how their ideas can link into the Board structure to influence the work it does as it is important. Ms Dennis will take this away to consider with the group and the team. Izzy thought this was a good suggestion to take back to the group.

Dr Byrne asked how diversity is being considered for the group and suggested that the Constitution is explored around having a young person as a Governor going forward. Ms Dennis said work is progressing this with support from the Patient and Carer Experience team to develop and make connections with other communities. It was noted steps had already been taken to engage and encourage young people to join the membership and the Council of Governors and this continues. It is **r**ewarding to see the confidence of members blossom and to make every young person aware of what is available. The championing of young people is key to ensure that their thoughts and opinions are being listened to and services are asked to feedback to the group.

Ms Dennis and Izzy were thanked for attending and for sharing their thoughts and views.

Resolved: The story was noted
Update on the work of the CAMHS passport to come to a future Board meeting **Action LP**
The HYAG to consider how ideas on diversity and membership can be linked into the Board structure to influence its work.**Action BD/MD**

90/22 **Chair's Report**

The Chair provided a verbal update on activity she has been involved with since the last meeting that included: -

- A visit to Westlands unit took place recently. Some interesting points were raised and discussed particularly in relation to the heating system. These will be shared with the relevant Directors.
- As referred to in the Well Led Review, visits for NEDs are taking place and discussions progressing for this to include Governors
- A Governor Development session is taking place in June. Topics for discussion include primary care and how this shapes up across the patch. There are also some developments with practices taking place.
- Governor elections have completed with the following people elected (uncontested):
    - Brian Swallow – Hull
    - Anthony Houfe – Service User and Carer
    - Marilyn Foster – Service User and Carer
    - William Taylor – Staff, Clinical
    - Joanne Gardner – Staff Non-clinical
- A BAME Network meeting took place with a presentation on reverse mentoring which the Chair attended. This is about, where we can within an organisation at a senior level, learn from peoples experience and understanding about BAME members of staff within the organisation.

Resolved: The verbal updates were noted

91/22 **Chief Executive's Report**

The report provided updates from each of the Directors along with a summary of activities undertaken by the Chief Executive. Of particular note were: -

- Two policies were presented for ratification, the Use of Force policy which replaces the Management of Violence and Aggression policy and the Disciplinary policy. The latter is a complete rewrite of the policy. An additional update was included around the Use of Force Act with the Chief Operating Officer identified as the responsible person in the organisation.
- Details of what the Trust has achieved around the environment, workforce, patient safety and patient experience were included in the report. This has been shared with staff.
- Whitby Hospital has been shortlisted for a design award
- Members of the Research Team were shortlisted in various categories in the new Clinical Research Network (CRN) Annual Awards. Unfortunately, they were unsuccessful, but it is a great achievement to be nominated.
- The Queen's Speech took place and attention was drawn to the changes to Mental Health Legislation and the Royal Assent for the ICS. The Establishment Order was signed on 23 June and will come into force on 1 July with Clinical Commissioning Groups (CCGs) moving into ICS. A public Integrated Care Board meeting will be held on 1 July 2022 in accordance with the guidance. The Chief Executive is a representative for the provider sector
- Reference to primary care was included in the report. There are pressures in the services due to the impact from the system particularly around the ambulance service.
- A section in the report related to strategy and have a discussion how primary care links

into service integration and wraps around services for communities. The strategy work is amazing and EMT will be seeing further work in the coming weeks.

- The Chief Executive's challenge is taking place on 23 June. A Just Giving Page has been set up for anyone who wishes to donate. All funds go into the staff health and wellbeing and Health Stars. Morale support is welcome on the day!

Operations Update
The Chief Operating Officer provided an update on the operational pressures which have stabilised recently and are at OPEL 2. Thank you to our staff who are managing the pressures to enable this to take place. Pressures are high as can be seen from the performance information. We have pressures in community services in Whitby, Scarborough and Ryedale due to the wider system pressures. Other organisations within the ICS are operating at OPEL 4 level for the majority of the time albeit with some temporary reduction. These pressures are in relation to discharge of patients from the acute hospital which is a key role for our community services in Whitby, Scarborough and Ryedale and Pocklington and this also impacts on our primary care with level of demand. We continue to work with system partners to manage our own pressures, so we are not adding to the system pressures, but also to look at further improvements and developments across the system for example with virtual wards which was referred to in last month's report.

Preparation is underway for the four day Bank Holiday weekend and actions being taken to ensure that this is managed. In the system there are some reports of improved ambulance waiting times, but these are fluctuating. A reduction is being seen in infection rates for Covid, but a surge is anticipated late June/July.

Quality Accounts
A draft version of the Quality Accounts has been submitted to the Quality Committee and will come to the June Board. The final version will include the four quality priorities that have been consulted on and approved by the Quality Committee. Feedback received from stakeholders is included verbatim and is very positive.

Future Focused Finance (FFF) Level 1 Award
The finance team have submitted their reaccreditation application for the Future Focused Finance (FFF) level 1 award. The team have held the award since 2019 and are progressing towards level 2 accreditation.

Mr Patton referred to the areas of success and celebration included in the report suggesting that these should be included in the annual report if they aren't already. It is a fantastic achievement and should be shared wider. The Chief Executive reported that it has been circulated by a global e mail to staff and the intention is to share with stakeholders with a launch and comms. There is still work to do but it demonstrates what has been achieved in a pandemic when services still continued and did not stop.

It was queried how many Professional Nurse Advocates places are available and whether this was restricted due to training. Mrs Gledhill explained that this is a new role at a Masters level training and supports the development around quality of supervision. It is hoped that appropriate staff will take up the opportunity and go onto the programme as long as the training is available.

The stories about the Pharmacists were well received and really successful initiatives. The Chair reminded the Board that the Pharmacy team is coming to the next meeting to tell their story. On recent visits to inpatient units, the Chair heard about the positive difference that the changes have made to both staff and patients. The Estates team has refurbished the space in units and teams are really proud of how this has been transformed for patients. Mr Smith referred to opportunity for patients to discuss their medication with someone who comes to them rather than just a doctor is a tremendous positive for the inpatient experience and for patients to understand their medication.

Mr Malik asked about the international nurse recruitment and as previously discussed, the importance of giving them additional support to breach the cultural divide. He wondered if any lessons have been learnt over recent months that can be taken forward with new cohorts. The Chief Executive meets the new nurses to welcome them to the organisation. They start of currently at Hornsea which is a good base, but there are issues around cost of living and accommodation. Mrs Gledhill added that meetings are held regularly with the nurses and the trainers. All of them have passed their OSCEs. One of the areas of leaning is around the transition to the clinical services and theses services are becoming more involved in the first weeks of training to familiarise them with each other. It was suggested that the Board might like to have a story from the international nurses for them to share their journey.

Further to previous discussions around policies and the ratification process, Mr Royles expected to see some commentary around the changes that had been made for example to reflect whether something is in line with national guidance, an emphasis on system learning or early resolution of issues. The Chair agreed with his comments as there was no reference to what had changed or anything the Board needed to be aware of. Some suggestions have been made outside of the meeting and it was proposed that to take this matter forward, the section for the next meeting will be circulated to Mr Royles for comments before being finalised.

Mr Smith referred to the Use of Force Act which has been raised in this report, Quality Committee and at the Mental Health Legislation Committee. He wanted to confirm the position for the public, that the Act codifies most of the work that is already done with the addition of a responsible officer. He did not want the public to take the perception that this was something new as the Trust is a positive outlier in terms of restrictive interventions. He wanted to make it clear that the organisation is all over the Use of Force Act as it is what we do. The Chair thanked Mr Smith for this clarification and context.

The Board ratified the Use of Force Policy and the Disciplinary Policy

Resolved: The report and updates were noted. The Use of Force and Disciplinary policies were ratified.
International nurses story to be considered for a future Board meeting **Action HG**
Description of changes to policies for ratification to be shared with Mr Royles before presenting to Board to ensure new style of reporting meets requirements of NEDs.**Action MH**

92/22 **Publications and Highlights Report**
The report provided an update on recent publications and policy with updates provided by the Lead Executives.

Mr Royles referred to the Infection Control guidance noting that the guidance for the public and NHS is not the same and suggested that an update was provided on the organisation's position in relation to visiting. Mrs Gledhill reported that all services are open to visitors with the correct risk assessment completed and the wearing of a face mask. If anyone has Covid symptoms, they are asked not to visit. More infection control guidance is expected to try and normalise Covid and what needs to be done to achieve this. Any surges or outbreaks will be managed appropriately

Resolved: The report and update was noted.

93/22 **Performance Report**
Mr Beckwith presented the report relating to the current levels of performance as at the end of April 2022 incorporating the changes discussed at the last meeting. Detailed commentary was provided on the safer staffing dashboard for on fill rates and positive assurance on the Care Hours Per Patient Day. Also included was a chart on the overall demand for services in terms of referrals to support the commentary on waiting times. Positive assurance can also be seen for clinical supervision given that the target has been increased.

The safer staffing dashboard related to March data and Mrs Gledhill reported this was a time

when eight Covid outbreaks were being dealt with which warranted increased engagement for patients who were not particularly compliant with isolating. Clinical supervision has improved compared to the month before when some units did not send in data. Good CHPPD as has been pointed out and improvement noted with registered nurse fill rates. A slight improvement was reported with sickness. No units were flagging with five red indicators and overall there are no reds for statutory and mandatory training which was good given the pressures teams were facing. Outbreaks were well managed and controlled and kept patient flow going to help reduce out of areas. Going forward we have to work with Covid and keep services going so patients have access to bed when they need them.

Mrs Parkinson provided the Board with an update on the current position relating to waiting times. The focus remains on reducing waiting times across all services Paediatric Autism Spectrum Disorder waiting times progress has slowed due to to Covid related sickness in the sub contract providers. This is being covered and reassurance provided that this is being addressed.

Mr McKinnon-Evans referred to the waiting times excluding ASD paediatrics graph, asking if there is confidence when setting the plan and the budget for next year that we are doing all that we can to address the persistent rise in waiting times. Mrs Parkinson explained that the graph was provided for information to support the commentary on the front sheet which demonstrated that referrals across the board are rising into all of our service. Mrs Parkinson reported that at the moment demand is being seen for urgent responses across a lot of the services. Teams are constantly prioritising and reprioritising between routine and urgent demand. More focus on ADHD waiting times is needed and discussions with commissioners are taking place around trajectories and where additional investment is required. Mr Beckwith felt it was important to note that we operate on a block funding mechanism and plan to deliver within the financial resource available.

Mr McKinnon-Evans commented that the front sheet graph gives a volume of the total business showing an aggregate rise in demand for services overall translating into waiting times. He will raised about the link between our risk assessment and performance management and where we are trying to get to later in the meeting.

It was noted that the innovative quality and patient safety target of 85% is running at 12%. Mr Patton asked if this was an error. Mr Beckwith confirmed that this was an error that had been carried forward from the previous page and will be rectified.

On page 107 of the report the target for patients seen within two weeks of referral Mr Patton noted that it seemed to be out of kilter with a target of 60 and current in month target of 6.3. Mrs Parkinson reported that for the IAPT position there has been a change in provider and in the narrative the expectation that the six week trajectory will be be back on track by the end of July with a new contract that is in place. The service is striving to ensure that it is meeting the 18 week access target.

It was interesting to see that in the past couple of months sickness levels for Covid related sickness are going down, although Mr Patton noted that it is no longer the main cause of sickness. He asked if this is due to fatigue, stress etc. Mr McGowan said it was fair to assume that vacancies and workload pressures will take its toll on staffing and will provide a breakdown of sickness data outside of the meeting. The Chief Executive explained that the Workforce & OD Committee does look at sickness detail across all services. We do look at statutory and mandatory targets and in future we will be including some detail on the community aspects of services in the performance report and data is being collated currently for this

Resolved: The report and verbal updates were noted
Breakdown of sickness figures to be provided outside the meeting **Action SMcG**

94/22 **Finance Report**

Mr Beckwith presented the highlights from the finance paper as at the end of April 2022.

Highlights included: -

The Trust submitted a budget to deliver a planned deficit of £1.011m for the 2022/23 financial year. A further planning round is expected in June where additional efficiencies may be requested to reach a breakeven position. The report is shorter due to it being a month 1 report.

At Month 1 a financial position consistent with plan has been recorded. Cash balance at the end of April was £32.008m which has increased due to the Provider Collaborative moving to invoicing rather than block income.

Resolved: The report was noted.

95/22 **Quality Committee Assurance Report & 2 February 2022 Minutes**

The report following the last meeting was presented. Mr Smith reported that he is attending the QPAS meeting in July as part of the recommendations from the Well Led Report. A good meeting was held. The minutes from the meeting on 2 February were provided for information

Resolved: The report was noted.

96/22 **Mental Health Legislation Committee Assurance Report**

The report provided details of discussions that took place at 5 May meeting. Mr Smith escalated to the Board the Implications of MCA consultation particularly in terms of workforce capacity.

The Mental Health Use of Force Act implications were considered, and this is being reviewed by the Reducing Restrictive Interventions (RRI) group which provides assurance to the Committee.

A good presentation was received on Multi Agency Public Protection Arrangements (MAPPA) and the Trust is making good progress under the leadership of Dr Yorke. Mr Smith has attended the MAPPA meeting and undertaken the foundation training. Overall good assurance is received at the Committee.

The Chair also attended the meeting as part of her annual programme.

Resolved: The report was noted.

97/22 **Audit Committee Assurance Report**

Mr McKinnon-Evans presented the report from the 11 May Audit Committee meeting. He reported that good assurance was provided overall. There was discussion around the Trustwide Risk Register and the salient residual risks largely relate to staffing and supply and capacity of CAMHS. The Mental Health Division representatives led an informative discussion and provided details of the process. It was very clear how the Operational Management team use risk management actively in their day to day work. There was a wider discussion about the risk methodology and linked to Mr McKinnon-Evan's previous comment raised under the performance item. There are some ambitious targets for risk management that may be unrealistic and the need to continually sense check the target levels given the resources we have to work with bearing in mind the increase in demand being seen

An update was received from Counter Fraud and details provided around the self assessment. There is one area of non compliance due to a technicality which is not likely to be fully compliant for some time and this has been previously reported. The Committee was encouraged by the activity and engagement in Counter Fraud.

Strong assurance was received from internal audit around the audit programme and heading towards a positive Opinion at year end. Good progress is being made with audit recommendations and the Committee thanked Executives for their assistance in progressing recommendations.

At the next meeting the annual report and accounts will be submitted, and external audit work is on track to meet this timescale.

Mrs Gledhill commented that it was helpful that the Committee makes the link with the risk appetite and target risks and starts to see risks and understand them better. This is the mantra that needs to go out across teams to ensure it is considered and the link made as everything cannot be low risk due to the environment we are working in. Discussions have been held with Mr Sims with when working with managers to ensure there is that discussion. Mr Sims has also been asked to put something in place to capture when target risks have been met which can be detailed in the annual report to show how realistic they are. This is a learning curve as we go forward with what is trying to be achieved and the risk appetites does give this and reinforces it. Mrs Gledhill thanked the Audit Committee for discussing and progressing this area.

Mr McKinnon-Evans clarified that he was not encouraging people to be complacent or not to chase better performance or better risk management. The art is to connect risk management, performance management, resource management decisions and all of that action plan that goes together. Connecting up is really important and will be a focus of the Committee going forward.

Mr Royles complimented and echoed Mrs Gledhill's response around risk management. It is a sign of a maturing organisation and start to see risk and understand them better and determine what the risk appetite is and how we live with it. It is good to see that kind of debate coming through. There was also a good discussion at the Governor Development session around risk and how it was assessed.

Dr Byrne noted that the Committee reviewed cyber security. He asked Mr McKinnon-Evans from a professional perspective whether assurance can be taken for everything the Trust is doing in this area given it is one of the high risks. Mr McKinnon-Evans has been a SRO in this area in a previous organisation and was a concern as the risk cannot be eradicated completely. The Committee received a report about Cyber at the meeting and he took assurance from a number of things including that you can't eradicate the factuality of threats either through malice or unintended and slips and trips incidents tend to be around data security accident or human error as well as malicious external.

The Committee discussed this at meeting identifying the dynamic threat environment and taking action on the technical infrastructure, soft and hardware, the skills, not only technical skills but of all members of staff on being data security aware backed by process and policy and discussed about behaviours. The Committee took assurance that all these things are understood and being worked on. Assurance was provided that the IG group had the right attendance. It is never ending, and we cannot rule out that something will happen at some time, but the work being done with staff and ensuring that IT functions are as strong as they can be

Dr Byrne appreciated the response, and it was helpful with the aspiration to be a digital organisation. We will be able to articulate this how we think about cyber security as we do deal with confidential and patient information. Dr Byrne noted with interest the reference to slips and trips and that there is always the human error factor. It does help that Cyber is talked about and that it is understood that there are some things that rely on individuals. Mr Beckwith advised not thinking about only a cyber risk as information can be on a letter as well as in an e mail to a wrong address for example.

Resolved: The report was noted

98/22 **Collaborative Committee Report**

The paper provided an executive summary of discussions held at the meeting on 28 April 2022. The Chief Executive chaired the meeting which was not quorate and main issue for lack of decisions made. Good discussions were held at the meeting. Good learning in relation to the quality work and the community development of Eating Disorder pathways which are really

positive as we move to a more preventative approach to support people in the community and in their own homes.

There is still more work to do on the risk register which hopefully will come back to the next meeting. An update was received on the Schoen clinic which received an inadequate CQC rating. The Trust is a commissioner not a provider and admissions have been temporarily paused

The Chief Executive thanked David Harvey, Clinical Director and Mrs Gledhill for their invaluable support and contribution to the Committee

Resolved: The report was noted.

99/22 **Annual Committee Effectiveness Reviews & Terms of Reference**

The effectiveness reviews for the Trust Board and each of the Board's sub Committees for 2021/22 were presented. The effectiveness reviews demonstrate good governance with Committees and Board meeting the requirements of their terms of reference throughout the year. The terms of Reference for Board and each Sub Committee were presented for approval.

Quality Committee

Mr Smith reported excellent support from QPAS to the Committee and Committee papers are of a good standard. The Committee operates will under the leadership of Mrs Gledhill. The effectiveness review was noted and the Terms of Reference approved.

Finance & Investment Committee

The meeting is well supported. Mr Patton thanked Ms Norton who provided support before she left the organisation. The Well Led Review suggested that another Non-Executive Director (NED) attends the Committee. When the new NED is in post the membership will increase to three NEDs from two,

The effectiveness review was noted. The Terms of Reference were approved.

Workforce & Organisational Development Committee

Mr Royles reported good support from the Workforce team during the year.

In relation to the Terms of Reference, there is mention of a NED being appointed as a Deputy Chair. On other Terms of Reference, the wording states that another NED will take over the Chair should it be necessary. It was agreed that this would be amended to reflect this

The effectiveness review was noted. The Terms of Reference were approved subject to amendment to reflect that in the absence of the Chair another NED would take over.

Charitable Funds Committee

No changes have been made to the Terms of Reference. Work continues to be progressed. Mr Malik commented that he is not listed in the attendance list in the effectiveness review. Subject to this inclusion, the effectiveness review was noted, and the Terms of Reference approved.

Collaborative Committee

The effectiveness review was presented. Mr McKinnon-Evans minor amendment to the Terms of Reference under the role/purpose section where the word "provide" was omitted. The sentence should read:-

*"The purpose of the Collaborative Committee is to **provide** assurance to the HTFT Board on matters of finance, quality assurance and performance ensuring delivery of the overall HCV Specialised Provider Collaborative aims to transform care for people in low and medium secure mental health services, CAMHS in-patient and Adult in-patient eating disorders*

services".

It was felt that with the emerging landscape, the frequency of the meetings for example may be reviewed and this will be progressed during the year.

The effectiveness review was noted and the Terms of Reference approved, subject to the identified amendment being made.

Mental Health Legislation Committee
A good year was reported for the Committee. The sub group is working effectively and as a consequence of its work, Committee meetings are reducing in length. The use of Section 4 when a second doctor is available has been at nil for some time and Dr Byrne was thanked by the Committee for his work in this area. Mr Smith also thanked Ms Sparkes and Ms Nolan for their support to the Committee.

The effectiveness review was noted, and the Terms of Reference were approved by the Board.

A**udit Committee**
The effectiveness review for the Committee was positive and good assurance received. A minor amendment was requested to the Terms of Reference to change "Chairman" to "Chair". Mr Beckwith reported that some other changes had been identified after the last meeting had been held. These related to reference to NHS Protect on page 4, which needs amending to NHS Counter Fraud Authority; on page 7, the reference at the end of the counter fraud paragraph should read 24 as there are now 4 subsections, and the reference to NHS standard contract needs to be removed.

The effectiveness review was noted and the Terms of reference approved subject to the amendments identified

Remuneration and Nomination Committee
The effectiveness review was presented to the Board. Some amendments have been made to the Terms of Reference which were highlighted in the document. The Chair thanked everyone involved in the Committee for their advice and support.

The effectiveness review was noted, and the Terms of Reference approved.

Trust Board
The Chair thanked Mrs Jones and the Board Support Unit for their assistance over the year. The Chair has learned about the working of the Board and in year adjustments are made as required. No changes were proposed to the Terms of Reference although there are ongoing discussions about future meetings and time outs which may result in some changes going forward.

The effectiveness review was noted and, the Terms of Reference were approved.

The Chief Executive is not a member of the Committees but does attend when possible. Her thanks were expressed to the NEDs for the undertaking of chairing the sub Committees and the associated work. The Well Led Review recognised the good work taking place in the Committees and it was good to see such positive effectiveness reviews. EMT has also undertaken an effectiveness review which will be shared with the Board

Resolved: The effectiveness reviews and Terms of Reference for Board and Sub Committees were approved, subject to some minor changes as identified in the discussions.
Workforce & Organisational Development Committee terms of Reference to be amended to reflect that in the absence of the Chair another NED would take over **Action MH**
Charitable Funds Committee – Mr Malik's attendance to be added to the effectiveness review. **Action MH**

Collaborative Committee Terms of Reference to be amended under Role/Purpose to include the missing word as described in the minute **Action MH**
Audit Committee terms of Reference, amendments to be made to reflect Chair not Chairman, NHS Protect to NHS Counter Fraud Authority and NHS Standard contract reference to be removed **Action MH**
The effectiveness review for EMT to be shared with the Board **Action MH**

100/22 **Council of Governors 13 January 2022 Minutes**
The minutes of the public meeting held on 13 January were presented for information.

Resolved: The minutes were noted

101/22 **Risk Management Annual Report and Risk Management Strategy Update**
The report provided an overview of risk management activity across the Trust for 2021/22 summarising the developments and year-end position for risks on the corporate risk register as well as providing an update on the implementation of the Trust Risk Management Strategy and delivery of risk management ambitions. The report has been to most of the Board Sub Committees for information.

A summary of the total number of risks was provided in the report by the recorded current rating for April 2021 and March 2022 to highlight the movement in-year for 2021/22 and reflected the 'confirm and challenge' arrangements in place within the Trust. At year-end for 2021/22 there were 6 risks reflected on the Trust-wide risk register which records all risks currently scored at a rating of 15 or above for 21/22. There are 169 risks held across on the Trust's risk registers and represents year-end position for 2021/22.

Mr Sims explained that risk FFI205 is going to be reviewed in the new financial year and rescoped and rescored accordingly. A view will also be taken from the Board going forward around the waiting list risks which link in with the national position.
.
In terms of risk ambitions there has been work in year to move this on. Positive performances were recorded in the Board Assurance Framework and Risk Management internal audits that were undertaken and the recommendations from the reports have been addressed.

Further work to be progressed is to re-embed the training arrangements across the organisation and putting in additional support for staff. Implementation of Risk Management champions is in the three year strategy and the work that has started will be taken forward. The learning from the Well Led Review has been implemented and will ensure that timelines for review and timescales of when the risk was scoped are included so there is a clear trail. Any risks with initial current and risk scores that are the same with mitigation will also be effectively challenged within the governance reporting arrangements.

It has been a positive year overall. With the move to getting back to normal after Covid, future work includes promoting the use of Datix more effectively with Divisions and ensuring that new staff in the organisation receive Risk Management induction to help embed that risk is everyone's responsibility in the organisation.

Mr McKinnon-Evans confirmed that the report was discussed at the last Audit Committee meeting. Good assurance was received from internal audit and good examples of discussions around risk being embedded in operational management. It was encouraging to see and for Mr Sims to keep up the good work. He asked if during the year was a review of anything that went wrong undertaken and whether this is included in the process. Mr Sims explained that all patient safety incidents are considered for the previous 24 hours at the daily huddle meeting. As part of this process further assurance can be requested and if it is felt there is further risk it is escalated to the relevant division or to Mrs Gledhill. There is also work to ensure that divisions are learning from incidents and any findings are implemented. Initial and post investigation assessment for Serious Incidents and SEAs are undertaken.

Mr McKinnon-Evans said that he was referring more to an event at an organisation level or a non patient instance that didn't go as expected. He felt it was good to have some reflection in risk discussions as if documentation is good and systems and process are in place, other discussions may not take place. The Chair suggested a case study to illustrate this may be helpful for a future report.

Mrs Gledhill confirmed that the daily huddle picks up non patient incident reporting too. The methodology at these meetings does also consider if there is anything else that needs to be escalated to the Risk Register. Consideration of the any risks is also part of all agendas so there is the constant reminder to discuss this aspect.

Dr Byrne suggested benchmarking our risks against NHSE risks to see if there are any that the Trust should be considering. Mr Sims felt this would be useful and will consider how to take this forward and welcomed any suggestions from Board members.

Resolved: The report was noted
Consideration to be given to benchmarking NHSE risks against the Trust's and how this could be progressed **Action HG/OS**

102/22 **External Review of Governance Action Plan Update**

The updated action plan to demonstrate progress against actions to address the recommendations arising from the external review of governance was presented. All actions to address the recommendations are underway and on track for delivery within the required timeframe.

The external review of governance was formally reported to Board in April 2022, and it was agreed the action plan to address the recommendations within the report would be reported to Board monthly through to completion. A review of embeddedness of the actions will be undertaken in quarter 3 and reported to Board.

The Chair thanked Mrs Hughes for her support to her during the review and since she has been in post as Chair.

Resolved: The report and action plan were noted

103/22 **Annual Declarations 2021/22 Report**

A summary of the annual declarations that are required to be made by the Trust, evidence of how the Trust meets these declarations ensuring the views of Governors are taken into consideration was presented.

Audit work is being undertaken in this area and the outcome will be shared when completed. The Chief Executive explained that this is an important part of the declarations that are made as a Foundation Trust. She confirmed to the Board that the Well Led Report has been shared with the NHSE Regional Director and acknowledgement has been received.

The Trust is required to make annual declarations after the financial year end and was asked to approve the following annual declarations, based on the evidence included in the 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.

Resolved: The Board approved the annual declarations for 2021/22 as detailed in the report

104/22 **Humber and North Yorkshire Health and Care Partnership – Mental Health, Learning Disabilities and Autism Collaborative Programme Update**

The Chair welcomed Mrs Flack to the meeting to present the report.

Mrs Flack explained that this was the quarterly update for the work of the partnership. She highlighted that work over the last few months has been around the planning submissions and triangulating the finance activity and workforce submissions across all of the providers in the footprint. As a result of this there are a number of recovery plans where the the trajectory has not been met.

Another big piece of work was the safe and wellbeing reviews for people with a Learning Disability in inpatient settings. These were to ensure patients were safe and well and had future plans for discharge. A learning event was held yesterday about the common themes and how to improve processes to ensure patients are kept safe and well. Good example of the system working together and good clinical engagement

Health and justice bid – we continue to recruit to posts. There are three test and learn sites one in Hull and continue to build relationships with Director of Children's Services and the regional probation service. More detail to be provided as the programme develops.

Long term strategy plan for Children and Young people - the Executives received a report on a co-production piece of work with Mind as to what young people want from a digital offering of support for their mental health and this work is being taken forward

The Chief Executive said that as we move to change from leadership lead to collaborative lead due to her work with the ICB Board. A Chief Executives meeting has been established which is chaired by the Chief Executive and will continue to be joint SRO. Work is progressing to develop the accountability structure and to what sits in other portfolios and what sits in the collaborative and to try and move some of the transactional work. The Trust continues to be the host and lead provider.

Dr Byrne welcomed the report and asked if this is shared with other boards within the collaborative. Mrs Flack explained that the report was prepared for the Trust as other briefings are prepared for other provider senior leadership teams. Dr Byrne felt as it was system wide others should be seeing this. He also referred to the digital issue raised in the report and was interested to know what the dashboard is who's doing it and what difference it will make to providers such as the Trust. Mrs Flack reported that inter-operability has increased the number of SMI physical health checks that are being recorded. These were happening but there are now improved systems to be able to do the recording. There has been a significant increase in Q4 particularly in low performing areas. Mr Rickles has now been assigned to the partnership as the digital lead which is helpful.

Dr Byrne asked if more explanation could be given around the IT Community inter-operability issues as the whole point of the Yorkshire and Humber Care Record is to ensure that there are no inter-operability issues. In relation to the dashboard, Mrs Flack reported that some funding has been provided to work on this with NHS England to give a snapshot across the ICS as at the moment providers record different information and want to move to consistent reporting. Focusing on Eating disorders first and will focus on numbers of referrals, numbers waiting for assessment and treatment etc. Dr Byrne commented that there have been some resources through the YHCR and asked if Mr Rickles is involved in this area of work. Mrs Flack said he has not been directly involved but will be going forward and is aware of the work that is going on. Dr Byrne felt it was important that there isn't duplication around dashboards.

The Chief Executive appreciated this and explained that due to working across various systems, the input of Mr Rickles will be helpful. The SMI is a different issue as it wouldn't work with YHCR due to inter-operability issues and why additional funding was provided and

increased the coverage of the SMI piece. The other issue is around the local authority piece and liquid logic. Mr Rickles input will be appreciated in this and to raise the profile in the ICS around YHCR as there is more that can be done to stop the duplication. Dr Byrne felt it was important to remember about the Digital Strategy is and where it is going, and Mr Rickles involvement will provide some protection going forward and to align the workstreams. In terms of liquid logic, he reported that good progress is being made to integrate with YHCR and will help when comes to social care information. Lots of systems are already feeding into this. People are working really hard with SMI and it's good that the data is being captured.

The Chair thought that a system wide update is a good suggestion to take away. As the lead provider she felt it would be good for each board to receive the same update. The Chief Executive does stress to the Chief Executives that something is taken to their boards and the report is shared with them. It is important from a lead provider perspective that the Trust received updates from all of the workstreams including the voluntary sector and will feed this suggestion into the process,

Resolved: The report was noted

105/22 **Health Stars Annual Review**

The report was provided to the Trust Board as Corporate Trustee of the Charity and gave an update on the progress Health Stars is making against the agreed charity strategy for Humber Teaching NHS Foundation Trust charitable funds. Mr Smith declared an interest as he chairs the Charitable Funds Committee at The Rotherham NHS Trust.

Mr McGowan explained that due to the timings for the Board meeting, the report has not been to the Committee. Mrs Winterton reported that it has been a challenging year for fund raising for Health Stars with plans being cancelled. She was pleased with the engagement for the Whitby Hospital appeal and the work of the Task and Finish Group to progress it last summer. A high number of Wishes have been received to help patient and service users. Future fundraising is planned with events including the Chief Executive's Challenge and a golf day. A grant of £66,000 has just been confirmed from by NHS Charities which will fund a Health Trainer role to support staff.

Mr Malik said that with the transition to Mr McKinnon-Evans as Chair, the action around the review of the charity has not been progressed yet. He noted that other reports discussed today include robust action plans with a degree of ownership and deliverables, but this was not there for the charitable funds. He emphasised that this was not a criticism of the Smile team, as it has been a very difficult time during the pandemic, but he did recommend that the review takes place in the near future and that the outcome from that is that there is a robust action plan with deliverables. timescales and key targets as outlined in the KPI paper to come. He felt that what was missing was the middle tier beyond EMT ownership and the operational support to Mr Barber and Mrs Winterton. Mrs Winterton appreciated the comments and thanked Mr Malik for his support during the year.

Mr Smith said it is a common theme around Exec support and one of the things that impressed him about Health Stars when they first came to the trust was the move from being grant funded to a strategic partnership. Have seen this through Inspire appeal and the Children's Centre but there is some more work is to be done. As things improve for the charity sector there is always competition from other charities eg Ukraine but is the time to step up as a complete Trust team and provide support to the charity as we will get it back in spades in relation to patient care.

Mr Royles and Mr Beckwith were on a visit recently where it was mentioned about the Wishes and how well they had been received. Mr Patton echoed this as he too had been part of visits where the team appreciated the additional support received through the Wishes. He commented that PICU is also keen to have some Wishes to provide outside seating. It was good to see these requests progressing within the units.

The Chair suggested that the Committee look at when a job is done how it can be publicised

and spread the message particularly to those people who donate. Mrs Winterton said there is a close working relationship with the Communications team to share case studies, publicising and with external media support.

Resolved: The report was noted.
Timescale for the review and action plan on the action log to be considered **Action SMcG**

106/22 **Health Stars Key Performance Indicators 2022/23**

The report was provided to the Trust Board as Corporate Trustee of the Charity and provided the Board with a proposed suite of KPIs for 2022/23 against which Health Stars performance will be measured.

Mr McGowan explained that the Health Stars Key Performance Indicators (KPIs) were carried forward from 20/21 into 21/22. The Committee has not had the opportunity to discuss these yet but there has been an e mail exchange with the Committee chair.

Mr Patton had some points in relation to:

- Engagement and the total number of Wishes being 150 per year. He suggested that this would depend on the value of them as some may be greater than others and suggested this was considered.
- Minimum of one media story per quarter did not in his view, seem aspirational and he would like to see more media coverage.
- Use of Facebook he could not give a view on this as there was no benchmarking or idea of what other charities have
- Number of Wishes from patients – is this aspirational enough?
- Staff lottery – he was not sure that people taking part in the lottery signifies staff engagement in the charity. There is a lot of engagement but no measure of it.

The Chief Executive did send some comments in and will recirculate these to Mr McGowan as some referred to the points raised. She felt they needed to be more stretched, and more about communication ensuring that staff do fund raise for our own charity as sometimes fundraising events are undertaken for other charities. Engagement for staff was not just about them appreciating the Wishes, but more about the fund raising piece and engagement from staff contributing to the fund. The KPIs were a good starting point to build on.

Mr McKinnon-Evans felt the feedback was helpful and as already mentioned, a review will be undertaken on the charity with a report back to the Charitable Funds Committee in December. The Chair felt that the report could not be approved today suggesting that some further discussions take place around how this will progress and an update provided to the Board in a timescale that fits in with the Committee meetings. The Chief Executive proposed that a discussion take place at the next Charitable Funds meeting.

Mr McKinnon-Evans asked that the KPIs remain for the time being so that colleagues know what is being worked towards. The Chair agreed to the request, but would like something to come back to Board on 22/23 KPIs as soon as possible

Resolved: The report was noted
KPIs to be considered by the Committee and an update on 22/23 KPIs to come back to the Board **Action SMcG**

107/22 **Standing Orders, Scheme of Delegation and Standing Financial Instructions Annual Review**

A review of the document has been completed. The report identified three proposals for change, two of which referred to the Remuneration Committee Terms of reference which have been approved earlier in the meeting.

As a consequence, the Board was asked to approve the changes to the Standing Orders, Scheme of Delegation and Standing Financial Instructions to reflect the proposed changes below.

- Page 34 Section C: Scheme of Matters Reserved to the Trust Board and Delegation
  Following agreement of terms of reference at Rem Comm it is proposed the 4th bullet point under 'Appointments/Dismissal' is removed ie remove: *"Approve proposals of the Remuneration and Nomination Committee regarding Directors and senior employees and those of the Chief Executive for staff not covered by the Remuneration and Nominations Committee."*

- Page 52 section 18.1.4
  Following agreement of terms of reference at Rem Comm it is proposed 18.1.4 is removed ie remove: *"18.1.4 Approve proposals presented by the Chief Executive for setting of remuneration and conditions of service for those employees and officers not covered by the Remuneration and Nomination Committee.*

- Page 61 – Table
  The financial thresholds have been reviewed in recognition of the Trust operating as the Lead Provider for the Humber Coast and Vale Specialised Mental Health, Learning Disability and Autism Provider Collaborative, which has been live since the 1st October 2021 and is part of the Trusts approved budget. The revised thresholds enable the timely authorisation of invoices without the need for dual authorisation (from Non-Executive Directors), and in recognition that finance reports are provided to the Collaborative Committee on a regular basis. reports Authorisation for the Director of Finance would be for £50,000-£249,999, the Chief Executive £249,999-£750,000. All invoices over £750,000 will require Board approval

Mr Royles asked if we are talking about an annual amount or a contractual amount as sometimes it is not clear. He felt this reflected to an annual amount. Mr Beckwith explained the comment was more about contract approval and within Scheme of Delegation contract approval is to do with annual amounts as opposed to the life of the contract. This was following a discussion some years ago where there were relatively low value contracts which ran for some years. The table referred to in the report is for individual invoices. At the moment there is one provider under Provider Collaborative with an annual invoice for £600k – 700k and previously as agreed, a NED considers this before the Chief Executive signs it, but if the proposals are approved today it would negate this additional step being needed.

Resolved: The Board approved the proposals outlined in the paper to the Standing Orders, Scheme of Delegation and Standing Financial Instructions

108/22 **Items for Escalation**
No items were raised.

109/22 **Any Other Business**

Jubilee Bank Holiday
The Board was updated that staffing for services is being reviewed for the period. There will also be some spot prizes to support staff on delivering activities and service user involvement etc. There will also be a top team prize. More information will be circulated outside the meeting.

110/22 **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.

111/22 **Date and Time of Next Meeting**

Wednesday 22 June 2022, 12.30pm via Microsoft Teams

Signed …… Date …….
Chair

Humber Teaching NHS Foundation Trust

Agenda Item 4

Action Log:
Actions Arising from Public Trust Board Meetings

Summary of actions from May 2022 Board meeting and update report on earlier actions due for delivery in June 2022 *Rows greyed out indicate action closed and update provided here*						
Date of Board	**Minute No**	**Agenda Item**	**Action**	**Lead**	**Timescale**	**Update Report**
18.5.22	89/22(a)	Humber Youth Action Group (HYAG) – Making A Difference	Update on the work of the CAMHS passport to come to a future Board meeting	Chief Operating Officer	September 2022	Update to be provided to the Board in September
18.5.22	89/22(b)	Humber Youth Action Group (HYAG) – Making A Difference	The HYAG to consider how ideas on diversity and membership can be linked into the Board structure to influence its work.	Engagement Lead/Head of Patient Carer Experience	June 2022	A meeting has been arranged for 21 June 2022 with the Chief Operating Officer, Children's and Learning Disabilities General Manager, Assistant Director of Patient and Carer Experience and Engagement and Children's Services Engagement Lead to consider how HYAG members can be linked into the Board structure to influence its work.
18.5.22	91/22(a)	Chief Executive's Report	International nurses' story to be considered for a future	Director of Nursing, Allied Health and Social	September 2022	Item not yet due

			Board meeting	Care Professionals		
18.5.22	91/22(b)	Chief Executive's Report	Description of changes to policies for ratification to be shared with Mr Royles before presenting to Board to ensure new style of reporting meets requirements of NEDs.	Head of Corporate Affairs	TBC	June update: No policies for ratification – action to remain open until next policies for ratification presented
18.5.22	93/22	Performance Report	Breakdown of sickness figures to be provided outside the meeting	Director of Workforce & Organisational Development	May 2022	E mailed to Board members 19.5.22
18.5.22	99/22(a)	Annual Committee Effectiveness Reviews & Terms of Reference	Workforce & Organisational Development Committee terms of Reference to be amended to reflect that in the absence of the Chair another NED would take over	Head of Corporate Affairs	May 2022	23/5/22 Changes made and master version of ToR sent to Committee Administrator for future use
18.5.22	99/22(b)	Annual Committee Effectiveness Reviews & Terms of Reference	Charitable Funds Committee – Mr Malik's attendance to be added to the effectiveness review.	Head of Corporate Affairs	May 2022	23/5/22 Confirmation received from Committee Administrator that the change had been made to the master document
18.5.22	99/22(c)	Annual Committee Effectiveness Reviews & Terms of Reference	Collaborative Committee Terms of Reference to be amended under Role/Purpose to include the missing word as described in the minute	Head of Corporate Affairs	May 2022	23/5/22 Changes made and master version of ToR sent to Committee Administrator for future use
18.5.22	99/22(d)	Annual Committee Effectiveness Reviews & Terms of Reference	Audit Committee terms of Reference, amendments to be made to reflect Chair not Chairman, NHS Protect to NHS Counter Fraud Authority and NHS Standard contract reference to be removed	Head of Corporate Affairs	May 2022	23/5/22 Changes made and master version of ToR sent to Committee Administrator for future use
18.5.22	99/22(e)	Annual Committee Effectiveness Reviews & Terms	The effectiveness review for EMT to be shared with the Board	Head of Corporate Affairs	May 2022	19/5/22 EMT effectiveness review and ToR emailed to NEDs

		of Reference				
18.5.22	101/22	Risk Management Annual Report and Risk Management Strategy Update	Consideration to be given to benchmarking NHSE risks against the Trust's and how this could be progressed	Director of Nursing, Allied Health and Social Care Professionals/Corporate Risk & Compliance Manager	June 2022	Included in Risk Report on the agenda
18.5.22	105/22	Health Stars Annual Review	Timescale for the review and action plan on the action log to be considered	Director of Workforce & Organisational Development	June 2022	There is an action under Part 2 of the Board for this to take place in January 2023.
18.5.22	106/22	Health Stars Key Performance Indicators 2022/23	KPIs to be considered by the Committee and an update on 22/23 KPIs to come back to the Board	Director of Workforce & Organisational Development	June 2022	There has not been a CFC meeting since this action was requested
Date of Board	**Minute No**	**Agenda Item**	**Action**	**Lead**	**Timescale**	**Update Report**
27.10.21	206/21	Finance and Investment Committee Assurance Report	Pharmacy services proposed to be a future staff story	Director of Workforce & Organisational Development	April 2022	On agenda This story has been moved to June in agreement with the Chief Executive
26.1.22	18/22	Health Inequalities and the Humber Approach	Discussion on Health Inequalities to take place at a future Board Time Out	Medical Director	July 2022	The divisions will be undertaking a review of their own work and how it links to CORE20PLUS5 as part of a mapping program associated with their Quality Improvement plans for 22/23 which will be presented at Quality Committee. When this is completed a Health Inequalities session will be arranged for a future Board Time Out.

23.2.22	32/22(a)	Performance Report	Consideration as to whether indicators on the safer staffing dashboard for Granville Court can be provided	Director of Nursing, Allied Health and Social Care Professionals	March 2022	BI have commenced a manual process to capture CHPPD. The information will start to pull through into the safer staffing dashboard in April's data which is submitted to the Board in June.
30.3.22	51/22	Finance Report	Discussion on the cash balance and how it can be used for patient care to be held at September Board Time Out	Director of Finance	Sept 2022	Item not yet due
27.4.22	69/22(b)	External Review of Governance Report, Recommendations and Action Plan	Information on visits for Board members to be updated	Chief Executive/Chair	June 2022	Updating in progress
27.4.22	71/22	Chief Executive's Report	A report on the Use of Force Act to be prepared by the Mental Health Legislation Committee for a future meeting	Chief Operating Officer/Medical Director	September 2022	Report to go to the next Mental Health Legislation Committee meeting and then to Board
27.4.22	73/22	Performance Report	Narrative to include that consultant vacancies are covered by temporary agency staff	Director of Finance	May 2022	Updated Narrative included in the performance report Front Sheet
27.4.22	81/22	Freedom to Speak Up (FTSU) Annual Report 2021/22	The next report will break down the data by ethnic group and gender	FTSU Guardian	October 2022	Item not yet due

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

NHS
Humber Teaching
NHS Foundation Trust

Board Public Workplan 2022/2023 – *(no August or December meeting) (v2j)*

Chair of Board: ___**Caroline Flint**_____
Executive Lead: _____**Michele Moran**_____

Board Dates:- / Reports:	Strategic Headings	LEAD	27 Apr 2022	18 May 2022	22 June 2022	27 Jul 2022	28 Sep 2022	26 Oct 2022	30 Nov 2022	25 Jan 2023	22 Feb 2023	29 Mar 2023
Standing Items - monthly												
Minutes of the Last Meeting	Corporate	CF	x	x	x	x	x	x	x	x	x	x
Actions Log	Corporate	CF	x	x	x	x	x	x	x	x	x	x
Chair's Report	Corporate	CF	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
Collaborative Committee Report	Committees	SMcKE	**x**	**x**	**x**	**x**		x	x	x	x	x
Quarterly Items												
Finance & Investment Committee Assurance Report	Committees	FP	x			x	x	x		x		
Charitable Funds Committee Assurance Report	Committees	SMcKE			x		x			x		x
Workforce & Organisational Development Committee	Committees	DR	x			x		x		x		
Quality Committee Assurance Report	Committees	MS		x			x		x		x	
Mental Health Legislation Committee Assurance Report	Committees	MS		x			x		x		x	
Audit Committee Assurance Report	Committees	SMcKE		x			x		x		x	
Board Assurance Framework	Corporate	MM			X		x		x			x
Risk Register	Corporate	HG			X		x		x			x
HCV Update	Corporate	MM		x			x		x		X	
6 Monthly items												
Trust Strategy Refresh/Update due to July Board	Strategy	MM			X to July	x						x
Freedom to Speak Up Report	Quality & ClinGov	MM	X A/R					**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		

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Board Dates:- Reports:	Strategic Headings	LEAD	27 Apr 2022	18 May 2022	22 June 2022	27 Jul 2022	28 Sep 2022	26 Oct 2022	30 Nov 2022	25 Jan 2023	22 Feb 2023	29 Mar 2023
Annual Agenda Items												
Review of Strategic Suicide Prevention Strategy	Strategy	JB/HG	X def			X						
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 not due until 2023	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	Reg.Comp	HG			x							
Risk Management Strategy Update	Strategy	HG	x									
Infection Control Strategy	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 –	Quality &ClinGov	LP					x					
Health Stars Strategy Annual Review	Strategy	SMcG		x								
Health Stars Operations Plan Update (moved to May from April)	Perf & Delivery	SMcG		x								
Annual Operating Plan	Strategy	MM									xdraft	x
Report on the use of the Trust Seal	Corporate	MM	x									
Review of Standing Orders, Scheme of Delegation and Standing Financial Instructions	Corporate	MH		x								
Annual Non Clinical Safety Report - moved to July for review by FIC	Corporate	PBec			X moved to July	x						
Annual Declarations Report	Corporate	MH		x								
Charitable Funds Annual Accounts	Corporate	PBec						x				
Equality Delivery Scheme Self Assessment moved to June from May	Corporate	SMcG			x							
Gender Pay Gap	Corporate	SMcG				x						
WDES Report — reports into Workforce & Organisational Development Committee , but separate report to the Board	Reg. Compl	SMcG				x						
WRES Report reports into Workforce Committee with report to Board	Corporate	SMcG				x						
Equality Diversity and Inclusion Annual Report	Corporate	SMcG				x						
Board Terms of Reference Review	Corporate	CF		x								

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Board Dates:- / Reports:	Strategic Headings	LEAD	27 Apr 2022	18 May 2022	22 June 2022	27 Jul 2022	28 Sep 2022	26 Oct 2022	30 Nov 2022	25 Jan 2023	22 Feb 2023	29 Mar 2023
Committee Chair Report	Corporate	CF										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	
Review of Disciplinary Policy and Procedure	Corporate	SMcG	x									x
Fit and Proper Person Compliance	Corporate	CF			x							
Workplan for 2021/22: To agree	Corporate	CF/ MM		x								
Deleted /Removed Items												
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						

Humber Teaching NHS Foundation Trust

Agenda Item 5

Title & Date of Meeting:	Trust Board Public Meeting – 22 June 2022
Title of Report:	Staff Stories - Pharmacy
Author/s:	Weeliat Chong – Chief Pharmacist

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

Purpose of Paper: *Please make any decisions required of Board clear in this section:*	Anna Addison (Specialist Clinical Pharmacist – Frailty Service) and Kerry Finch (Medicines Safety Officer – Trust Wide/ Medicines Optimisation Technician – Inspire) will introduce their roles and share the stories of their journey that led them to where they are today.

Key Issues within the report:

Matters of Concern or Key Risks to Escalate: N/A	**Key Actions Commissioned/Work Underway:** N/A
Positive Assurances to Provide: Clinical Pharmacists and Pharmacy Technicians are core members of the frontline clinical teams with diverse role profiles.	**Decisions Made:** N/A

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		Collaborative Committee	
Not previously presented	Y	Other (please detail)	

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
Y	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	

Humber Teaching NHS Foundation Trust

Agenda Item 7

Title & Date of Meeting:	Trust Board Public Meeting – 22 June 2022
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: *Please make any decisions required of Board clear in this section:*	To provide the Board with an update on local, regional and national issues.

Key Issues within the report:

Matters of Concern or Key Risks to Escalate: • Nil	**Key Actions Commissioned/Work Underway:** • N/A
Positive Assurances to Provide: • Awards and menopause friendly employer accreditation • Memorandum of Understanding with East Riding Council • Work on developing the zero events.	**Decisions Made:** • N/A

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		Collaborative Committee	
		Other (please detail) Monthly report to Board	✓

Caring, Learning & Growing Together

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	√			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	

Chief Executive's Report

1 Items for Approval

1.1 Trust Policies

No policies have been presented to EMT for approval since the last report to Board that require ratification by Board.

2 Around the Trust

2.1 Menopause Friendly Employer

I am delighted to say that the Independent Panel has confirmed that Humber is now an Independently Accredited Menopause Friendly Employer. We will look to see if we can include the logo within our branding and also mention this status as part of our recruitment campaigns and will plan our events for World Menopause Day in October.

2.2 Awards

Our Finance team have again been shortlisted for the HFMA (Yorkshire and Humber) close partnering and collaboration award. Well done the team!

2.3 Parliamentary Awards Regional Winners

The Acute Community Services team from Humber were nominated by Emma Hardy for their work with older patients who present with acute and complex mental health needs. The service responded to an increase in demand for services for older people during the pandemic. They aim to reduce the need for inpatient admissions by providing an effective and safe alternative to inpatient care.

Jodi Roper, Child Psychological Wellbeing Practitioner, was nominated by Graham Stuart for her response to the unprecedented pressures and challenges of working clinically for the last two years. Her positive working attitude, commitment and solution-oriented thinking were highlighted as well as the impact she has made on her patients and colleagues.

All regional winners will be invited to the national awards ceremony, which will be held on 6 July in Westminster, a day after the NHS's 74th birthday. Great news and very well done against strong competition.

2.4 Student Nursing Times Shortlisting

West Hull CMHT has been shortlisted by the student Nursing Times for student community placement of the year. This is a fantastic achievement for a team that experienced so many difficulties about 4 years ago.

This just shows what a strong and supportive leadership team can do in our submission we described them as a "team that was like a phoenix rising from the ashes". This has also been evidenced by 3rd year student nurses keen to get posts within the team and also in the continual positive evaluations we are seeing.

2.5 White Ribbon

I along with others signed up to the White Ribbon commitment to never excuse or remain silent about male violence against women champions

2.6 Place Links

As places develop it is import that we play a major part in the work and priorities of each place therefore we now have named key staff members linking into each place. These are :

- North Yorkshire – Chris Rooke
- York – Liz Bowman
- East Riding – Sarah Clinch
- Hull – Jon Duckles
- North Lincolnshire and North East Lincolnshire - Suze Elmore

2.7 Memorandum of Understanding for Adult Mental Health Services East Riding of Yorkshire

Since 2002, East Riding of Yorkshire Council has delivered its adult community mental health service provision in partnership with the Trust and initially this was under a S75 formal arrangement. In January 2021 the Council approached the Trust outlining the requirement for a review of the current operational model and a new partnership arrangement to be introduced, we agreed that this would be underpinned by a new Memorandum of Understanding (MOU). The council and the Trust already considered this partnership very positively and the value it brought as a service delivery model to the outcomes for the people it supports. Changes in legislation and organisational drivers have impacted on the delivery of this service e.g. the Care Act 2014 and more recently the Council's adult social care change programme and the national redesign and transformation of Community Mental Health Teams. A programme of work commenced with joint executive sponsorship between the Trust and the council with the drive towards implementing a new 'whole system approach' to the delivery of adult mental health care. Wider stakeholders and staff working in the service engaged with this programme which has led to improved clarity about how social workers, social care and community mental health teams work together. New professional lead roles for social workers have been introduced to strengthen the delivery of the requirements in the Care Act. The MOU sets out some key principles and has now been finalised and agreed by the executive management team. These key principles are it:

- ensures that residents of ER receive a coordinated community mental health service delivered by the Local Authority and the NHS and in partnership with other relevant agencies. This is to work towards achieving the person's independence and/or recovery by the provision of support from Community Mental Health Teams staffed by both Local authority and the Trust drawing on appropriate service delivery from other relevant services.
- promotes co-production with individuals and forums to the ongoing delivery and development of Adult Mental Health service provision in the East Riding. This is aimed at continuous service improvement for people who use mental health services based on their feedback and experiences of using the services.
- leads, support and contributes to the system wide mental health Transformation Agenda to ensure that vulnerable people receive a legally compliant and appropriate service.
- provides robust, evidenced performance management (statistical and qualitative) to meet the needs of both organisations

3 Around the Integrated Care System (ICS)

3.1 Humber & North Yorkshire Senior Responsible Officer

Humber and North Yorkshire has a new Senior Responsible Officer (SRO) for its workforce programme. Jason Stamp will be taking on the position which was previously held by Steve Russell until earlier this year.

4 National News

4.1 Mental Health Act Proposals

As stated previously the Queen's Speech noted that proposals to overhaul the Mental Health Act 1983 will be considered by Parliament over the next year. It will produce a draft bill designed to reduce the number of detentions, tackle longstanding racial disparities in the use of compulsory powers and end the detention of people on the sole grounds of them being autistic or having learning disabilities.

The draft bill is welcomed but we need to ensure funding for mental health services follows due to ever growing need and demand for services.

Key areas:

The Bill is nearly complete – currently 50 clauses and 3 schedules.

- It will be published by **early July a**long with explanatory notes and an Impact Assessment
- It will be subject to pre-legislative scrutiny in Parliament – with a committee expected to review the Bill and report in **late autumn**
- The Government plans to respond quickly to this report, amend the Bill in line with its recommendations, and introduce next year
- Royal Assent is achievable within 2023.
- Commencement (i.e. the law starting to take effect) will take place starting mid 2024/25, and will run to 2030/31

Detention criteria – therapeutic benefit and risk

- Learning Disability and autism – restricting the use of the Act
- Responsible clinician – hospital nomination
- Treatment – consent, refusal and second opinions
- Community Treatment Orders
- Nominated Person

Detention periods, tribunal application periods and automatic referrals

- Conditional discharge with deprivations of liberty
- Transfers from prison to hospital – 28 day limit
- Independent Mental Health Advocates – extension of provision
- Information about how to make complaints
- S117 aftercare – tribunal power to recommend / clarification of ordinary residence

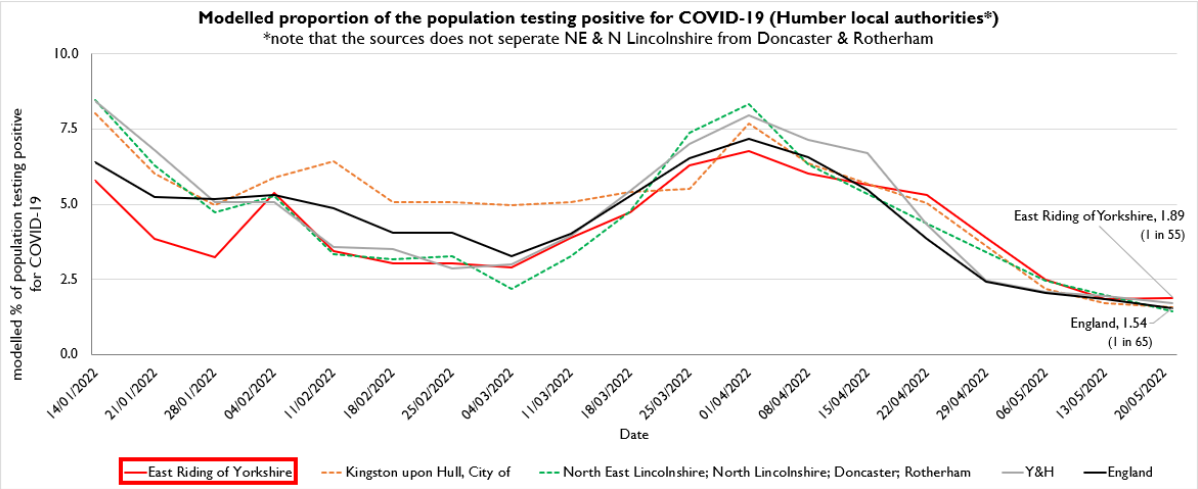
4.2 NHS Providers' Chief Executive
Chris Hopson has been announced as NHS England's new Chief Strategy Officer.

5 Covid-19 Update – June 2022

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. NHS England and Improvement raised the national incident alert level from 3 to level 4 on 13th December in recognition of the impact of the Omicron variant on the NHS of both supporting the increase in the vaccination programme and preparing for a potentially significant increase in Covid-19 cases. On 19th May 2022 the national incident level was reclassified to a Level 3 (regional incident) this was due to community and hospital case numbers declining and the success of the winter and spring vaccination programmes.

As of the 7th June 2022, the cases of Covid-19 for Yorkshire and the Humber are:

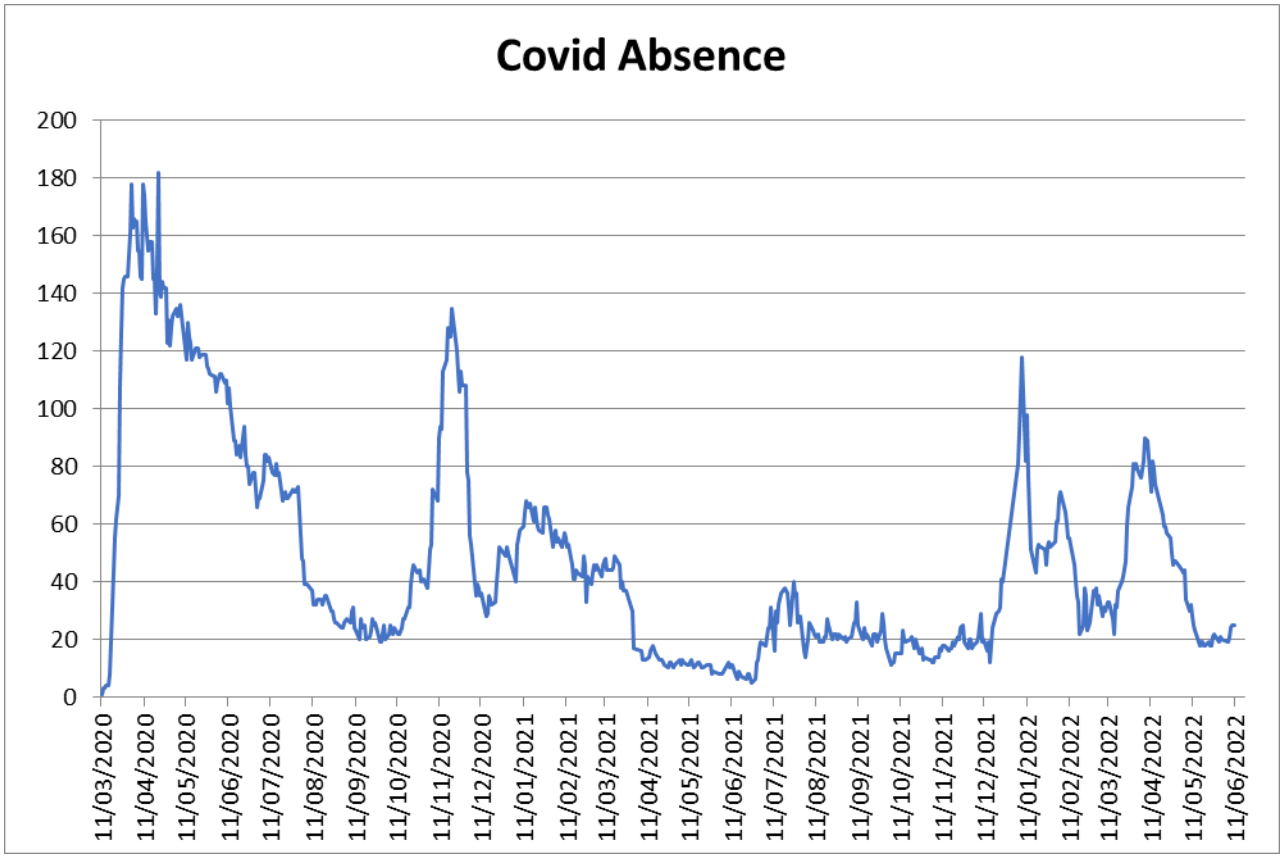
Humber ONS infection survey sub-regional estimate, Yorkshire and Humber: 7th June 2022



As of 7th June, the 7-day rate per 100,000 population for Scarborough is 73.6, for Ryedale is 74.0 and Hambleton is 69.9. The overall 7- day rate for North Yorkshire is 73.3

As of 7th June 2022, there have been 1,869 hospital deaths due to COVID-19 across the Humber area. This includes 1,214 deaths registered by HUTH, 625 deaths registered by NLAG, 27 deaths registered by CHCP (East Riding Community Hospital) and 3 deaths registered by HTFT. York Teaching Hospitals NHS Trust recorded 959 deaths over the same period.

The Trust has recorded a peak of 2 cases of a Covid-19 positive inpatient since the last report, this has reduced to zero cases currently.



Staff sickness absence related to Covid has decreased in the last month to between 18 and 25 cases daily in May and early June. When combined with non-covid related sickness the overall absence position is currently at 7.29%.

The Trust's emergency planning command arrangements were stood down on 31st January 2022. A gold command rota has been instigated over the recent bank holiday weekends due to ongoing high system pressures rather than an increase in Trust pressures. Twice weekly Sitrep reporting remains in place to monitor the ongoing impact of the pandemic on our services. The command arrangements will remain under close monitoring and will be stood up again as necessary. System emergency planning arrangements have remained in place. The Covid- 19 task group chaired by the Deputy Chief Operating Officer continues to meet to ensure that any changed requirement in relation to Covid are responded to and addressed.

Operational service pressures remained high in some areas in May and early June due to the ongoing position related to staff absence. The highest pressures were seen in our community services in Scarborough, Ryedale and Whitby due to ongoing high demand from the acute hospitals for discharges to be supported along with ongoing high demand for primary care. The Trusts overall operational pressures remained reduced in the last month with escalation levels (OPEL) being 2 (moderate pressure) predominantly.

Child and Adolescent Mental Health (CAMHS) services are continuing to experience high 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. Demand has continued to plateau during May and early June at a higher level than typical for this time of year, with presenting needs continuing to be of high levels of acuity and complexity. Break down of placements for young people in residential care continues to lead to urgent and crisis admissions to mental health and acute hospital beds. High demand for young people experiencing complex eating disorders has led to pressure on CAMHS beds locally and nationally leading to admissions to acute hospital beds. System and ICS work is ongoing to enhance provision to support out of hospital care for children and young people including those with eating disorders. Focus continues on reducing waiting times in these services, particularly in relation to autism and attention deficit hyperactivity disorder diagnosis.

Nationally requirements are in place to eradicate the use of out of area mental health beds and our services are implementing plans to achieve this. Our out of area bed use is reducing. Our overall bed occupancy has remained high in May and early June with the pressures especially high for mental health, learning disability beds and our community beds at Malton and Whitby Hospitals, it has been between 79.6 – 86.8%.

System pressures have remained very high in North Yorkshire and York and in the Humber areas in May and early June for both health and social care, system command arrangements remain in place. Acute hospital partners in all parts of our area have reported pressures at OPEL 4 for periods of time during the last month. Local authorities have also seen their pressures remain very high due to staff availability and the national requirement that all patients who do not meet the criteria to reside in an acute hospital should be discharged. Ambulance services have continued to experience pressures and delays in handover times at acute hospitals resulting in decreased call response times. The combined impact of these pressures has seen system pressures reach overall OPEL 3. System work has focussed on reducing the number of patients in the acute hospitals who do not meet the criteria to reside to accommodate a rise in the number of patients requiring admission who are covid positive, to reduce ambulance handover times and to recover elective activity.

Ongoing work has been taking place by our recruitment team to increase the number of staff available to us on our bank, recruitment campaigns focussed on specific clinical areas e.g., CAMHS have had some success.

Testing, Infection Prevention and Control Requirements and Isolation Arrangements

Updated guidance was received from NHS England/Improvement on 14th April "Next steps on IPC: Publication of revised UK Infection Prevention and Control (IPC) Guidance and an IPC Manual for England". This revised guidance was implemented across the Trust supported by local risk

assessments as appropriate. On 1st June 2022 NHS E/I wrote to Trusts describing that IPC guidance was continuing to evolve and setting out further changes following updates from the UK Health Security Agency (UKHSA). UKHSA has updated its UK IPC guidance with new COVID-19 pathogen-specific advice for health and care professionals. This advice should be read alongside the National Infection Prevention and Control Manual (NIPCM) for England. Any IPC measures beyond those contained in those publications is now a matter for local discretion. Updated guidance was therefore issued by the Trust and is summarised below:

Universal mask wearing

Staff

Non- clinical areas

- Health and care staff will not be required to wear facemasks in non-clinical areas e.g., ward and community offices, social settings, unless this is their personal preference or there are specific issues identified as part of a risk assessment. This includes areas such as offices, the lecture theatre and the trusts training facilities.

Clinical areas

- Health and care staff will not be required to universally wear facemasks in general circulation areas within any inpatient or community setting unless there is a known or suspected cluster transmission of SARS-CoV-2, e.g., during an outbreak.
- Fluid repellent surgical face masks will still be required as part of the personal protective equipment requirements when caring clinically for a suspected/confirmed COVID-19 patients or other transmissible disease by the airborne route (such as influenza) or when caring for a patient considered to be at a high risk of infection due to immunosuppression e.g., oncology patients.
- This should also extend to include settings where untriaged symptomatic patients may present such as in the 136 suite, primary care or the urgent treatment centre at Whitby Hospital.

Patients within the clinical inpatient setting

- Fluid repellent surgical face masks should continue to be encouraged for inpatients with suspected or confirmed COVID-19 when in any multi-bedded bays or communal areas. The requirement for patients to wear a facemask however must never compromise their clinical care, such as when oxygen therapy is required or where it causes distress.
  Patients with suspected or confirmed COVID-19 transferring to another care
  area should wear a fluid repellent surgical face masks (if tolerated) to minimise reduce environmental contamination.

  All other patients who do not fit into the category above are not required to wear a facemask unless this is a personal preference.

For outpatients, the urgent treatment centre and primary care settings

- Patients with respiratory symptoms who are required to attend the urgent treatment centre or primary care should wear a facemask/covering, if tolerated, or offered one on arrival.
- All other patients are not required to wear a facemask unless this is a personal preference.

Visitors

- Visitors and individuals accompanying patients to outpatient appointments or the emergency department are not routinely required to wear a facemask unless this is a personal preference.
- In inpatient settings where patients are at high risk of infection due to immunosuppression, e.g., patients undergoing cancer treatment visitors may be asked to wear a facemask following a local risk assessment

Social distancing requirements

A review of the social distancing requirements in clinical areas across the majority of our sites has already been undertaken. Following this in several areas the social distancing requirements have been reduced from 2 metres to 1 metre. It is critical that all areas have a good understanding of their local risks including the outcome of the ventilation survey (specific to in patient areas) and their local cleaning arrangements and IPC audits. To facilitate a reduction in social distancing to one metre there is an expectation that a local risk assessment has been undertaken by the matrons/service/clinical manager to ensure all necessary mitigations are in place before the social distancing requirements are reduced. If social distancing of 1 metre cannot be maintained then masks should still be worn. Standard precautions should be used where it is indicated clinically based on transmission risk

Staff Testing

The is currently no changes to the national guidance and all processes currently in place will remain. Frontline staff continue with twice weekly LFD screening and recording on the Trust intranet site. All patient facing staff should continue to test twice weekly when asymptomatic. LFD tests will continue to be available through the government portal.

Patient Testing

Inpatients will continue with day 1, day 3 and once between day 5-7 COVID-19 screening requirements as per the Trust screening guidance in accordance with the national standard operating procedure.

Covid-19 Vaccine

Our hospital vaccination hub remains stood down.

An Autumn vaccination programme has been announced as despite the known uncertainties, in the year ahead, winter will remain the season when the threat from Covid-19 is greatest both for individuals and for health communities. It is JCVI's interim view that:

- an autumn 2022 programme of vaccinations will be indicated for persons who are at higher risk of severe COVID-19; such as those of older age and in clinical risk groups
- precise details of an autumn programme cannot be laid down at this time
- this advice should be considered as interim and for the purposes of operational planning

We continue to encourage and support any of our staff who are not vaccinated to have the vaccine.

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 remain at good levels.

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 the pandemic for 26 months and in some areas service demand and operational pressures remain high, they are continuing to tell us that

they are feeling fatigued. Staff continue to have access to a range of options for wellbeing 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 remains 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. Monthly “Ask the Exec” sessions continue, and these are positively received.

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.

Covid-19 Clinical Advisory Group

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

- Ensuring that our covid related changes and interventions do not increase restrictive practices.
- Ensuring that all areas are following national changed guidance as applicable.
- Maintaining focus on developing further use of digital clinical interventions.

Operational Planning - Recovery and Restore

The **operational planning guidance for 2022/2023** was published on 24th December. It set out that the NHS’s financial arrangements for 2022/23 will continue to support a system-based approach to planning and delivery and will align to the new ICS boundaries agreed during 2021/22. It asks systems to focus on the following priorities for 2022/23:

- Invest in workforce
- Respond to COVID-19 ever more effectively
- Deliver significantly more elective care to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards.
- Improve the responsiveness of urgent and emergency care (UEC) and build community care capacity
- Improve timely access to primary care
- Improve mental health services and services for people with a learning disability and/or autistic people
- Continue to develop our approach to population health management, prevent ill health and address health inequalities
- Exploit the potential of digital technologies to transform the delivery of care and patient outcomes
- Make the most effective use of our resources – moving back to and beyond pre pandemic levels of productivity when the context allows this.
- Establish ICBs and collaborative system working – working together with local authorities and other partners across their ICS to develop a five-year strategic plan for their system and places.

The Trust continues to effectively manage the impact of Covid-19 within its ongoing arrangements. The current continuing phase of delivery and planning is crucial to ensure that we can sustain our services supported with adequate capacity to manage the ongoing and anticipated increase in demand. The ICS Mental Health, Learning Disability and Autism collaborative continues to maintain focus on delivering the ambitions within the long term plan and particularly those areas with increased clinical challenges including CAMHS and Learning Disabilities.

Trusts have been asked to prepare for a public inquiry into the government's handling of the pandemic commencing in the spring of 2022 and the government have now announced the chair of the enquiry.

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 exceedingly impressive and we continue to demonstrate our appreciation for that.

6 Director's Updates

6.1 Chief Operating Officer Update

6.1.1 Redesigning Adult Inpatient Mental Health Services

A detailed plan has been drawn up for the Pre-Consultation Business Case (PCBC) and an engagement lead has been appointed who will start with the Trust towards the end of June. The engagement lead will develop the relationships with partners and key groups as the PCBC progresses. The process to appoint a clinical transformation lead is also in progress.

6.1.2 East Riding of Yorkshire (ERY) Integrated Specialist Public Health Nursing Service (ISPHNS)

A project in Bridlington commenced in January 2021 to enable recovery from the impacts of the COVID-19 pandemic. The initiative was part of an East Yorkshire strategy to encourage local communities to protect, promote and support breastfeeding. The number of mothers currently breastfeeding in Bridlington was low in comparison to other areas in East Yorkshire. The aim of this project was to understand and remove some of the barriers towards breastfeeding. Its aims were to increase the number of mothers who felt that they could breastfeed for as long as they wished to and promote Bridlington as a breastfeeding friendly town. The efforts of all services has resulted in an increase in breastfeeding prevalence at 10 days and 6 weeks illustrating an increased linear trend towards breastfeeding in Bridlington. This project has received funding from ERY Council for another 12 months due to its positive impact on child health outcomes.

6.1.3 Prison Mental Health Service

The prison population are well documented as having complex health needs. They have higher than average mental health problems and typically experience past trauma. The offence committed by prisoners impacts on what type of setting they are detained in. Those in custody ('prisoners') are categorised and held in either closed conditions or open conditions, according to their risks and needs.

Category A prisoners are those that would pose the most threat to the public, the police or national security should they escape. Security conditions in category A prisons are designed to make escape impossible for these prisoners.

Category B prisoners do not need to be held in the highest security conditions but, the potential for escape should be made very difficult.

Category C prisoners cannot be trusted in open conditions but are considered to be prisoners who are unlikely to make a determined escape attempt.

Category D prisoners can be trusted in open conditions.

In our geography there is a Category A prison: HMP Full Sutton, a Category B prison: HMP Hull. Earlier this year the Trust worked in partnership with Tees Esk and Weir Valley NHS Trust (TEWV) to bid for mental health services for those in Humber and Hull prisons. HMP Humber is a category C Resettlement Prison for over 1000 adult males. HMP Hull is a category B prison holding around 900 males.

We were successful in the bid and are now working closely with TEWV on the implementation phase of work. This entails mapping the service delivery requirements including detail of caseloads and specific clinical needs: this will include ensuring that reception screening, medication rounds and transition plans can be delivered. Humber is focussing on the specialist mental health support with psychiatry, psychology and pathway work. Pathways will include utilising the Humber and North Yorkshire single point of access for referrals to inpatient forensic beds. Another strand of work is recruitment to the new posts, fortunately our forensic services are relatively well-staffed and we have some of the specialisms already in post. Clinical staff specifically with experience with personality disorders and neurodiversity will be providing clinic sessions for the men in prison.

The main aim is to ensure a whole pathway approach for those within the prison system to enhance clinical care, patient experience and health outcomes. An evaluation is planned at the end first year of delivery of the new service model which will be focussed evidencing progress made in these areas.

6.1.4 Hull 0-19 Service

The Hull 0-19 public Health Nursing service has now successfully transferred from City Health Care Partnerships (CHCP) and initial transformation work is now started with an immediate focus on recruitment and the role of the team in safeguarding children. An introduction day for all staff who transferred was held on the 13th May supported by members of the Executive Management Team and the wider Trust service. Evaluation of the transfer process are very positive, with staff feeling welcomed to the organisation and positive about their new employment.

Work will continue throughout 2022 to modernise and transform this service alongside national commissioning guidance set out by the Office of Health Improvement and Disparities.

6.1.5 East Riding Partnership (ERP) Addictions Service

East Riding Partnership (ERP) Addictions Service became aware of unmet need to provide opioid substitution therapy (OST) to a hard-to-reach cohort of patients within the East Riding of Yorkshire. Intelligence networks evidenced a cohort of people accessing the needle exchange service or finding themselves in police custody, addicted to heroin and predominantly young men who had arrived in the UK to work but due to the pandemic, faced limited job opportunities and fell into poverty and substance misuse. This was particularly prevalent within the rural town of Goole. Engaging with these people and titrating them safely into OST has become the focus of the past 12 months.

Over the past 3 years, 92-94% of the needle exchange transactions at pharmacies by East Riding Service users who identified themselves ‘White other’ or ‘Any other ethnic group’ accessing the needle exchange service live in Goole. Within the town of Goole, there is a 9.9% Russian/Lithuanian/Latvian/Polish population (2022 data). ERPs aim was to ensure it reached a representative patient cohort from this population. The service currently has 5.8% representation under their care, an increase from a position of 0.72%. All of whom were new to treatment and needed to start OST within the past 12 months.

After notifying the local Healthwatch branch of the change in our patient demographics, a plan is in place to implement a patient survey to further understand the root cause of opioid dependency in this demographic after their arrival in the UK. This understanding will result in further targeted prevention initiatives. The patient survey has been reviewed by volunteers from Healthwatch’s

Read Right Group and built into an online survey by the Trusts Comms Team so that it can be translated into any of 100 languages.

The intention is to better understand from existing patients via analysis of the survey results, what can be done to attract others to our service and where/how/when there is a need to target our publicity campaigns to reach more from this minority population. It is widely recognised (RCGP, 2022) that only 50% of those accessing needle exchange schemes are known to drug services.

Alongside this, ERP has offered to support the Drug & Infections Scientists at UK Health & Security Agency to enable multi-lingual translation of the national Unlinked Anonymous Monitoring Survey (UAM) of People Who Inject Drugs. This will ensure that those who do not comprehend English can be included in their annual surveillance. This is particularly important given the greater incidence of Hepatitis C infection within the Eastern European population.

6.2 Director of Nursing, Allied Health and Social Care Professionals

6.2.1 White Ribbon Accreditation – Ending Violence against Women. Progress Update

HTNFT gained White Ribbon accreditation in October 2020 showcasing the commitment the Trust has to ending male violence against women. An action plan was required to be developed to obtain accreditation and we are now in our second year of delivery against the plan.

The second year workstream has focused on how we support employees of HTNFT, (one of the requirements of being accredited is that we become an employer of choice). This has involved development of posters for staff who may be experiencing domestic abuse or who may be concerned about their own behaviour. A staff leaflet has also been developed and cascaded to all team leads, service and division managers. In addition, there are patient posters to be displayed in all clinical areas. The posters are universal to North Yorkshire, East Riding and Hull so it is expected that visits to all clinical areas will see the designs in place. The work within the sexual safety group has focused on the development of a pathway to follow up any staff member who is subject to any sexual incident whilst at work. The uptake and effectiveness of this will inform the next iteration of the White Ribbon action plan.

In addition to the posters, manager guidance has been developed with the Human Resources Team to sit alongside the Domestic Abuse policy. A specific training module is being developed for all managers to access so they are confident in how human resource policies can assist support of staff affected by domestic abuse. This work reflects the recommendations within the ‘Department of Health Responding to Domestic Abuse: a resource for health professionals` document in how health organisations respond to staff affected by domestic abuse.

Further work is underway looking at how service user feedback can inform the White Ribbon action plan. We will be using our existing Patient and carer Forums including the Youth Board to capture feedback.

In order to engage men and boys, there will also be a focus upon uptake of staff signing the white ribbon promise with a particular focus on encouraging uptake from junior doctors.

A total of 78 domestic abuse champions are working across the Trust, this is an increase from 47. Domestic abuse champions across the divisions are as follows

- Children and LD – 19
- Community and Primary Care – 17
- MH Planned – 16
- MH unplanned – 17
- Forensic services – 3
- Other - 9

It is important to ascertain the overall impact to the Trust since gaining White Ribbon Accreditation.

The data below reflects the comparison of the 2021/22 financial year to 2020/21 and 2019/2020, this continues to show an increase in calls to the duty safeguarding practitioner where domestic abuse has been identified as a concern. This shows how far we have come in changing the culture and raising awareness as part of our WR action plan.

Duty calls linked to domestic abuse			
Quarter	2019/2020 Financial year	2020/21 financial year	2021/22 financial year
Q1	No data	26	56
Q2	No data	34	48
Q3	26	54 (gained accreditation)	64
Q4	20	52	72

6.2.2 Zero Events 2022-23

As part of the organisation's continued drive to minimise patient harm in line with the Trust's Patient Safety Strategy, focus is given to a number of key performance indicators called zero events on an annual basis.

Zero events are derived from themes arising from patient safety incidents, serious incident investigations, patient/carer feedback and audits with the aim of driving improvement in the quality of care in specific areas. Themes from incidents etc are reviewed by the Quality and Patient Safety Group (QPAS) and consideration is given to the areas where a zero event would, using quality improvement methodology, drive improvement.

The Executive Management Team have approved the new suite of zero events for 2022/23 as follows:

Zero event	Arising from	To commence	Data source	Links to
No failure to complete actions and submit for closure any patient safety alert within the stipulated timeframes.	CQC insight report Internal audit findings Links to national and Trust Patient Safety Strategy	Quarter 1	CAS systems CQC insight report	National Patient Safety Strategy Local systems are required to have 100% compliance declared for all Patient Safety Alerts NHS England » Our National Patient Safety Alerts
No avoidable incidents of harm associated with falls/no failure to recognise and manage the risk of falls as per Trust policy within mental health inpatient units	Theme arising from DATIX and IIRs regarding management of falls in Mental Health in patient units. Links to Trust Falls Policy and Trust Patient Safety Strategy	Quarter 1	Datix/ Initial Incident Reviews (IIRs)	CG161 Quality standards Falls in older people CQC KLOEs S2.5, S2.6 CQC KLOEs S6.5
No failure to complete an initial risk assessment at the first planned visit within the community	Themes arising from IIR/PURL reviews and Record Keeping audits	Quarter 1	Record keeping audits	CQC KLOEs S2 and E1 Record Keeping | Royal College of Nursing (rcn.org.uk)

nursing teams without clear documented rationale				
No failure to undertake Venous Thromboembolism (VTE) assessment within the inpatient units	Poor compliance as identified on the VTE compliance reports and through a FOI request. Links to Trust Patient Safety Strategy. NICE Guidance	Quarter 1	Record keeping audits triangulated with reports from S1 and Lorenzo	NHS England » NHS Standard Contract Particulars – Full Length All inpatient Service Users undergoing risk assessment for VTE. Threshold 95% NG158 and NG89 CQC KLOEs S2.5 & S2.6 Regulation 12: Safe care and treatment | Care Quality Commission (cqc.org.uk)
No incident of moderate harm or above were there has been a failure to consider a patient's mental capacity as per the Trust policy	Theme arising from incidents. Safeguarding MCA audits.	Quarter 2	Datix	NCISH | The University of Manchester personalised risk management NG108 Decision making and mental capacity CQC KLOEs E6.1, 6.3, 6.5 Regulation 9: Person-centred care | Care Quality Commission (cqc.org.uk) capacity to consent
No failure to undertake a seclusion review as per the policy	Review of Datix Seclusion review audits Links to compliance with MHA COP	Quarter 2	Datix Seclusion review audit where reviews have been missed.	CQC mental health brief guide 2 - seclusion rooms.pdf How CQC identifies and responds to closed cultures | Care Quality Commission CQC KLOEs S1.2, S1.6, S1.7, C3
No failure to include families/carers in the care of patients due to lack of 'significant other' being included in the clinical records.	Theme from several SI and SEAs in 2021. Patient Survey findings Difficulties arising from identifying next of kin when seeking to undertake duty of candour in relation to SEA/SIs. Link to CQC closed cultures	Quarter 3	BI report of next of kin details within the clinical records (removal of the open referrals data)	https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-20-duty-candour NCISH | The University of Manchester Family involvement and personalised risk management CQC KLOEs C.2 How CQC identifies and responds to closed cultures | Care Quality Commission

Zero events are monitored by QPAS and the Quality Committee. The annual report describing achievements against the zero events for 2021-22 will be submitted to the Committee in August with progress against the zero events for 2022-23 scheduled for review by the Committee during 2022-23.

6.3 Medical Director Updates

6.3.1 Medical Education

Nominated for five HYMS Awards (ceremony 24th May 2022):

- Medical Education Team
- Jane Lloyd - Medical Education Team Programme Officer
- Dr Carolien Lino (nominated for x2 awards) – Medical Education GP Lead
- Dr Gabriel Michael

Several of our new Consultants have been approved as Trainers in the last few weeks and are allocated a Core Trainee for August 2022 which is very positive:

- Dr Sathya Vishwanath
- Dr Zeeshan Hashmani
- Dr Muzammil Hayat
- Dr Alex Khrypunov

Delivered 'Perceptions on Suicide' event, approx. 180 attendees, planned and facilitated by Dr Amelia Gledhill, Higher Trainee

Next Event: 20th May 2022 (fully subscribed)

- AM – Leadership Fundamentals for Clinicians
- PM – Applying Sports Psychology to Clinical Practice

Events in Planning:

- 21st and 28th September 2 day Motivational Interviewing Course (fully subscribed)
- 5th November – half day 'Chimp Management'
- 30th November – half day 'Neuropsychiatry' event

-

Two junior doctors were instrumental in the development of an 'International Medical Graduate' Handbook – this will be shared widely through HEE and all HR Departments – Dr Niranjani Gadgil and Dr Aya Qashta

A plan is in place to recruit to a Medical Education Nurse Lead post, full time, Band 7.

6.3.1 Quality Improvement

To support the delivery of the QI Strategy, work is underway with members of the Patient and Carer Forums to review the communications plan including key messages and approach to promoting all the hard work. The group will also look at the development of the Staff QI leaflet to produce one suitable for PACE.

Following on from the success of the Junior Doctors Approach, two face to face training sessions - Let's Talk QI - will be run jointly with Clinical Audit at Trust HQ and Whitby Hospital followed by a drop in to discuss ideas and where to get started. If successful, these will be expanded to other sites across the Trust.

Following approval from NHSI&E, QSIR Practitioner will be scheduled as a blended approach from September with two days in the classroom and a further 5 half days via MS Teams.

Quarterly meetings have taken place with NLAG< HUFT and York to share learning and explore new ideas.

Fourth QI Week will take place 20-24 June 2022

6.4 Director of Workforce & Organisational Development Update

6.4.1 BAME Aspirant Nurse Leadership programme for the North East & Yorkshire

The programme below has been communicated out to our staff :-

The Unlocking Your Talent: BAME Aspirant Nurse Leadership programme is now available in our region. This programme is open to registered nurses & midwives currently at Band 5/6 who identify as BAME within the NEY region working in a healthcare setting and has been designed to support leadership and career development. The aims of the programme are to provide support for individuals to recognise and realise their leadership potential. As part of this, they will identify and work on a service improvement initiative which will provide the opportunities for the transfer of learning to real life benefitting the delegate, their organization and patients and their families.

6.4.2 Mentoring Scheme

As part of the PROUD OD programme, Executive Management Team agreed a mentoring scheme for Trust staff to access. Communications and training for mentors takes place during June.

6.5 Director of Finance Update

6.5.1 Cyber Security Updates

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

The Trust is using new software to track that status of its digital estate, consequently new data is included in this section of the report.

In terms of CareCerts

- CareCERT notices issued during 2022: 100 (Inc. 18 in May)
- High Priority CareCERT notices Issued during 2022: 6 (Inc 1 issued in May)

May Data

- CareCERT Notices with patch(s) NOT approved for deployment: 0
- CareCERT notices with patch(s) applied to all devices: 13
- CareCERT notices with devices still to check in to patch: 5

Workstations update:

- Total workstations detected 3,355 (2,902 are laptops)
- Workstations non seen in last 60 days (45)
- Workstations non seen in last 90 days (8)

There were no Distributed Denial of Service (DDoS) attacks against the Trusts internet connections during May 2022.

6.5.2 Digital Updates

The Trusts upstream postal has been improved to view information from Hull University Hospital NHS Trust and we are also providing additional information to the Yorkshire & Humber Care Record.

The Yorkshire & Humber Care Record has received cyber essential accreditation.

Lee Rickles has joined an NHS England National team to achieve record sharing between the different shared care records and to implement the international patient summary. Lee is also a panel member at the NHS Confed expo discussing 'How UK healthcare organisations are accelerating innovation with the cloud' which is linked to the Trusts move of Lorenzo to the cloud.

The Trust has carried out soft market testing with suppliers for the Digital Aspirant Plus Innovator programme. The engagement event have included operational and digital staff with possible system suppliers. This information is being used to develop the options for the Digital Aspirant Plus Innovator outline business case, which will follow the Trusts established governance processes.

The Malton ward has successfully gone live with electronic prescribing and medicine management. This has been received very positively by the operational staff on the ward.

EMT have agreed to close the office 365 project as it has been successful implemented across the Trust

6.5.3 Blend and Thrive

The tender for works to convert the new office building have been accepted and is awaiting formal sign off, costs reflect general economic conditions and the requirement to comply with infection prevention and control ventilation requirements.

Meeting rooms will be themed around the geographical areas that the Trust operates in and will be the subject of a competition open to all staff. A detailed communications plan has been developed for June and July in anticipation of the building work starting to keep staff informed on progress.

6.5.4 Healthcare Finance Management Awards

The Trust has been shortlisted for the Close Partnering and Collaboration award in recognition of the work undertaken to establish the Lead Provider Collaborative. The awards ceremony takes place on Thursday 23rd June 2022.

6.5.5 Estates and Hotel Services Updates

Contracts for the early enabling works at the Humber Centre (Gym and Shop) are due for completion on the 24th June 2022, sampling will take place prior to occupation. Works package to reconfigure the reception areas is currently out to tender with returns due July 2022.
Staff Welling works continue to progress with 46 areas now complete

Recruitment to the estates structure is progressing well with a Mechanical Compliance post and Buildings Managers now recruited to.

Estates surveys have been issued to understand satisfaction levels with the service provided, the result will be reported internally once established and validated.

7 Communications Update

Key Projects - External Communications

Awards Submissions

Entering awards is an excellent way to put ourselves in the spotlight and to celebrate our success. It's also another opportunity to acknowledge the hard work and dedication of our team. The team supports the nomination process, ensuring they are of the highest possible quality and that staff have the support they need to complete the process.

This month we supported the submission of ten HSJ Awards nominations and have been successful in being shortlisted for an NHS Parliamentary Awards (embargoed until 13/06).

Jubilee Weekend Celebrations
We supported national NHS messaging around the celebration as well as marking 'Thank You Day' and Volunteers Week which fell over the same period. Our staff competition to create wall displays and enter a royal themed bake off created great content and engaged staff and patients with the event.

Trust Strategy Launch
The communications and strategy teams are working closely on a plan to launch our new five-year plan. This will include a blended in-person/online launch and a video created to share our ambitions with a diverse audience – including a version developed with and for young people.

Event Support
The team are working on the event coordination and promotion of two upcoming Trust events.

Whitby Thank you & Celebration Event – 3rd October
A reception to mark the end of the official build process and thank stakeholders and volunteers for their support and participation in the project.

Miranda House 25 Years – 15th July
A reception to commemorate 25 years since the site opened. The event will welcome staff old and new and include the burying of a time capsule in line with the official opening in 1997.

- **Trust Website Update**

	Target	Performance over period
Bounce Rate	50%	67%
Social Referrals	12% (a 10% increase in 2019 position)	3%

- **Social media**

	Target	Performance over period
Engagement Rate	4%	2%
Reach	+50,000 p/m	70286
Link Clicks	1500 p/m	647

Public Relations and the Media

- **Media Coverage**

Due to a high number of 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 around Smoking Cessation and Carers Support.

Positive new stories published		Negative new stories	
Local media	5	Local media	1
Humber website	16		
TOTAL	**21**		**1**

- **Awareness Days**

In May and June so far we have worked with teams to mark a wide range of awareness days across our internal and external communications including;

- EDI Week
- Mental Health Awareness Week
- International Nurses Day
- Dementia Action Week
- Clinical Trials Day
- World No Tobacco Day
- Volunteers Week
- Carers Week

Internal Communications

Covid-19 Guidance
The team is supporting the circulation of updated infection and prevention control guidance on mask guidance and social distancing across our services.

New Office Accommodation
A communications plan has been created to support the opening of the new Willerby offices in late summer. We are also supporting the designers to ensure the spaces bring to life our brand in action.

Poppulo – Internal Emails
This month our Open Rates increased by 3.25%. Our click through rates held at twice the sector average.

	Trust average engagement rates this month	Average Rates for Health Care Sector*
Open Rate	65.5%	23.7%
Click Through Rates	6.5%	3.0%

*According to Campaign Monitor's 2022 Email Marketing Benchmarks Report

Intranet
Our intranet platform has been visited 230,632 times between 3 May and 7 June 2022.

	Target	Performance over period
Bounce Rate	40%	58%
Visits	+20% on 2021 average	+6%

8 Health Stars Update

Events

On Thursday 23rd June 2022 Michele Moran will cycle 85 miles to raise money for the Trust Charity, Health Stars.

The Challenge will start at 7am and will aim to conclude for 5pm. The event will be located within Lecture Theatre at NHS Headquarters, Willerby HU10 6ED.

The virtual route will commence at Inspire CAMHS Inpatient Unit Hull, virtually visiting each of Humber's Inpatient Units before Virtually finishing at Whitby Hospital.

The cycle route can be found here:
https://www.komoot.com/tour/758414837?share_token=awDjNshLKzZpBBtmPJieUNlK7S8uAVlbCE1G32OsiSoxD1bjcn&ref=wtd

Within the Lecture theatre there will be 5 static cycles. Cycle 1 will be manned by Paul Warwick, Modern Matron Inspire. Cycle number 2 will be manned by Enrique Moreno, Foundation Pharmacist. Both staff members will be cycling the full 85 mile challenge alongside Michele. Cycle 4 will be a team bike which will be shared by Richard Murfitt, Senior Administartion assistant Newbridges. Steve Roberts, Environmental and Waste Manager. Gary Jennison, Health Trainer for Staff and Volunteers and Mandy Dawley, Assistant Director of Patient and Carer Experience and Engagement, who will collectively cycle the 85 Miles with Michele.

An additional bike provided by Pete Beckwith will allow a 'drop in' cycle for Executives, Sponsors or Visitors to also participate in the challenge.

We are delighted with the donations received in sponsors for the day so far and a range of virtual ways to support the challenge have also been created.

To sponsor Michele and the staff supporting her in this year's challenge you can do donate by:
Texting **CEOCHALLENGE** to **70085** to donate £5

https://health_stars.donr.com/ceochallenge

Refreshments will be available on the day so please feel free to pop by and show your support!
For further information please contact Kristina.Poxon@nhs.net

Whitby Hospital Appeal
Health Stars continue to fundraise for £42,735.22 to meet the fundraising appeal target for Whitby Hospital.

The team have submitted 3 grant applications this period and the details are listed below:

- Application Submitted Whitby Freemasons -£5,451.62
- Application Submitted Liz and Terry Bramall Foundation- up-to £32,000
- Application Submitted Screwfix Foundation- £4750.00

The fundraising bricks campaign is still live. Personalised bricks can be purchased at £20 each and these will be installed within the new dementia friendly garden, encasing the retaining wall to create a bespoke focal point within the grounds leaving a legacy for all to see.
You can sponsor a brick here: https://healthstars.org.uk/community-services/fundraising-bricks/

Wishes
Health Stars have been working closely with a range of staff teams, and the Charity Executive lead this period, to help bring wishes to life through accessing Charitable funds.

An insight into some of our recent wishes granted can be seen below:

- Wall Murals for Avondale
- Printing of Chaplaincy Cards
- Garden Resources for Maistor Court
- Garden Resources for STaRS

A range of other wishes are currently being processed by the charity and we look forward to hearing more about the difference these have across our Trust.

You can submit your wish requests here: https://healthstars.org.uk/submit-your-wish/

Michele Moran
Chief Executive
June 2022

NHS
Humber Teaching
NHS Foundation Trust

Agenda Item 8

Title & Date of Meeting:	Trust Board Public Meeting – 22 June 2022
Title of Report:	Publications and Policy Highlights
Author/s:	Name: Michele Moran Title: Chief Executive
Recommendation:	To approve ( ) To receive & note (/) For information ( ) To ratify ( )
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	To inform and update the Trust Board on recent publications and policy since the April Board: I. Care Quality Commission and NHS Resolution sign new Memorandum of Understanding II. Innovation in General Practice and Regulation III. The Constitutions of Integrated Care Boards IV. Biggest shake-up in health and social care leadership in a generation to improve patient care

Key Issues within the report:

Matters of Concern or Key Risks to Escalate: • No issues identified.	**Key Actions Commissioned/Work Underway:** • n/a
Positive Assurances to Provide: • n/a	**Decisions Made:** • n/a

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	9/6/22
Mental Health Legislation Committee		Operational Delivery Group	
Charitable Funds Committee		Collaborative Committee	
		Other (please detail)	

Caring, Learning
& Growing Together

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	√			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	

Publications and Policy Highlights

The report provides a summary key publications and policy since the previous Board.

1. Care Quality Commission and NHS Resolution sign new Memorandum of Understanding CQC 24 May 2022

CQC and NHS Resolution have signed a new Memorandum of Understanding (MoU) agreement. It sets out how we will work together to share information. The agreement will support services to provide high quality safe patient care.

NHS Resolution is an arm's length body of the Department of Health and Social Care (DHSC). It provides expertise to the NHS on:

- resolving concerns and disputes
- sharing learning for improvement
- preserving resources for patient care.

The MoU provides a framework for the working relationship between the two organisations. It confirms that we will act in the public interest by sharing information about the quality of NHS services. This includes any concerns or evidence of safety risk.
The sharing of information supports our joint aims to:

- improve safety cultures in the NHS and highlight good practice
- more effective use of data to improve patient care
- deliver effective services within the new structures and systems envisaged by the Health and Care Act
- consider the impact of innovation and new technology on healthcare
- promote equality, diversity and inclusion.

Working together and sharing information will help us achieve these shared strategic ambitions.

Lead: Director of Nursing, Allied Health and Social Care Professionals

The new memorandum of Understanding between the CQC and NHS Resolution is noted and any actions for the Trust will be addressed through the CQC relationship meetings.

2. Innovation in General Practice and Regulation CQC 12 May 2022

The Care Quality Commission (CQC) and Yorkshire & Humber Academic Health Science Network (AHSN) have published findings from their research into how GP practices use innovative methods to address local health inequalities. The work will inform CQC's developing regulatory approach so that it can better recognise and encourage innovation.

This project has been made possible by a grant from the £3.7 million Regulators' Pioneer Fund, launched by the Department for Business, Energy and Industrial Strategy (BEIS). The fund enables UK regulators and local authorities to help create a UK regulatory environment that unleashes innovation and makes the UK the best place to start and grow a business.
To get a broad range of input, CQC and Yorkshire & Humber AHSN conducted a literature review, direct engagement with GPs and their practice teams, roundtable discussions with external stakeholders, and spoke with people who use services and carers.

Tackling inequalities in health and care is central to CQC's new strategy, along with understanding how providers in local systems are working together to improving outcomes for everyone in their area.

As well as taking what has been learned from this project into its developing regulatory approach, CQC will be publishing an online resource later this year to help GP providers demonstrate their innovation to the regulator. https://www.cqc.org.uk/node/8479

Lead: Medical Director

This report will be shared with the 'GP lead for general practice as well as with the Patient Safety team with regard to possible CQC framework changes for information with regard to possible implications with regard to CQC inspections.

3. **The Constitutions of Integrated Care Boards** NHS England 1 June 2022

Under the Health and Care Act 2022, 42 Integrated Care Boards (ICBs) will be established on 1 July 2022. Each ICB will have a constitution setting out the board membership and governance arrangements for the organisation. As required by the Act, Clinical Commissioning Groups, working with designate ICB leaders, have engaged with key local stakeholders in developing the constitutions for each ICB before proposing them to NHS England. NHS England will bring the following constitutions into effect through the order that will establish ICBs on 1 July 2022. NHS England » The constitutions of Integrated Care Boards

Each ICB's supplementary governance documents, for example details of committees it is establishing, will be made available on the relevant ICB website when live.

Lead: Chief Executive

The Board is aware of the developing ICS and has contributed to the development of the constitution. The CEO is a member of the ICB board and the Chair is involved in the development of the ICP. The Board will be regularly briefed on the developments of the ICB

4. **Biggest shake-up in health and social care leadership in a generation to improve patient care** Department of Health and Social Care 8 June 2022

Publication of an independent review of health and adult social care leadership, in what will be the biggest shake-up in health and social care leadership in a generation, is accepting all seven transformative recommendations they have put forward.

Strengthening leadership and embedding the best examples of management is vital in ensuring every pound of investment is well spent, with the government investing a record amount in health and care services over the next three years to tackle the Covid backlog. Aimed at ensuring the right leadership is in place at all levels, the recommendations seek to ensure services can deliver the best possible care, tackle the Covid backlog and address the disparities the pandemic has exposed across the country.

These include an induction for new joiners to instil core values across health and social care, a mid-career programme for managers, stronger action on equality and diversity to ensure inclusive leadership at all levels, clear leadership and management standards for NHS managers with a standardised appraisal system, and greater incentives for top talent to move into leadership roles in areas facing the greatest challenges, to help combat disparities across the country.

The seven recommendations are:

1. Targeted interventions on collaborative leadership and a unified set of values across health and social care, including a new, national entry-level induction for

all who join health and social care and a new, national mid-career programme for managers across health and social care.

2. Action to improve equality, diversity and inclusion (EDI), including embedding inclusive leadership practice as the responsibility of all leaders, committing to promoting equal opportunity and fairness standards, more stringently enforcing existing measures to improve equal opportunities and fairness, and enhancing CQC's role in ensuring improvement in EDI outcomes.
3. Consistent management standards delivered through accredited training, including a single set of unified, core leadership and management standards for NHS managers, and a curriculum of training and development to meet these standards, with completion of this training made a prerequisite to advance to more senior roles.
4. A simplified, standard appraisal system for the NHS, including a more effective and consistent appraisal system, to reduce variation in how performance is managed and focus on how people have behaved not just what they have achieved.
5. A new career and talent management function for managers, including the creation of a new function at regional level to address a lack of clarity and structure in NHS management careers, providing clear routes to progression and promotion, and ensuring a strong pipeline of future talent.
6. More effective recruitment and development of Non-Executive Directors (NEDs) - NEDs play a vital role in providing scrutiny and assurance, and an expanded, specialist Non-Executive Talent and Appointments team will encourage a diverse pipeline of talent.
7. Encouraging top talent into challenged parts of the system, including a better package of support and incentives in place to enable the best leaders and managers to take on some of the most difficult roles, whereby roles in challenged areas are seen as the best jobs rather than the most feared jobs.

Lead: Director of Workforce & Organisational Development

A summary of this report has been prepared for the Board in order that the content and recommendations can be considered. Initiatives are already in place in the Trust that align with some of these recommendations, the intention of this report is to provide a standardised approach to leadership development across health and social care.

NHS
Humber Teaching
NHS Foundation Trust

Agenda Item 9

Title & Date of Meeting:	Trust Board Public Meeting – 22nd June 2022
Title of Report:	Performance Report May 2022
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: *Please make any decisions required of Board clear in this section:*	This purpose of this report is to inform the Trust Board on the current levels of performance as at the end of May 2022. The key issues are highlighted below with full detail in the paper. 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

Key Issues within the report:

Matters of Concern or Key Risks to Escalate: Safer Staffing Dashboard (*see narrative in report*) • Fill rates on five wards • Sickness levels continue to impact on clinical supervision levels. Over 52 week waiting times remain a challenge and a high operational priority.	**Key Actions Commissioned/Work Underway:** • Phased mobilisation of new IAPT providers is in progress • Recruitment to EIP posts progressing
Positive Assurances to Provide: • Mandatory Training Compliance has increased to 90.4% • Clinical Supervision is above the revised target	**Decisions Made:** • n/a – report 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	

Caring, Learning
& Growing Together

	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

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

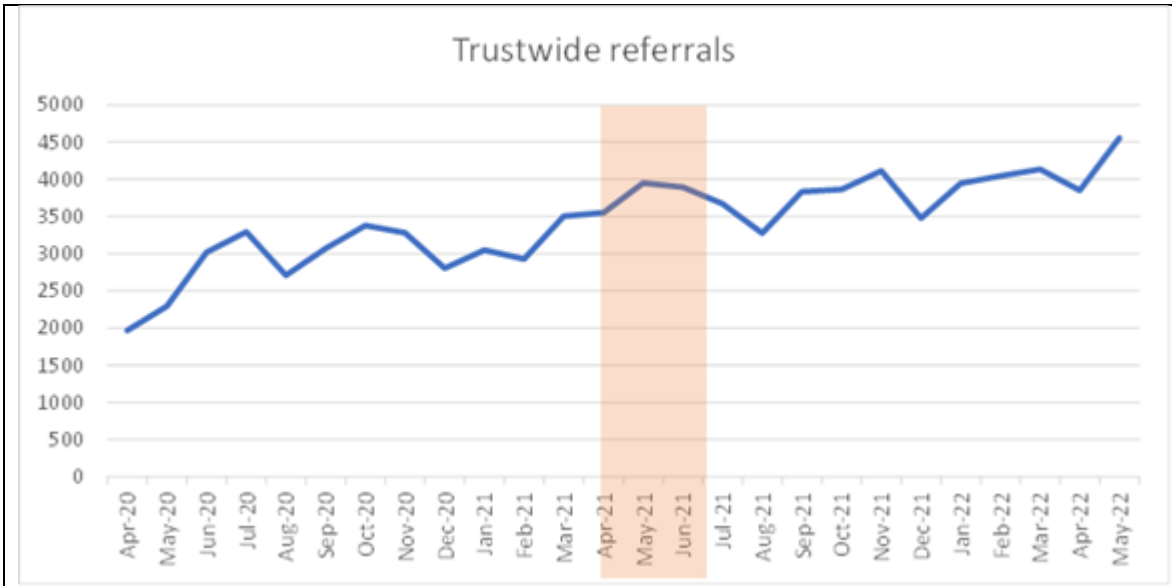
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			To be advised of any future implications as and when required by the author
Legal	√			
Compliance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

Performance Report - Key Issues:

Over 52 week waiting times remain a challenge and a high operational priority. Focussed work has progressed with all areas on validation of waiting lists to identify data quality issues. Main areas contributing to the over 52 week waiting time position are:

- Children's ADHD and ASD
- Adult ASD
- Memory Services

Overall demand for service remains high in some areas and the chart below demonstrates the position with overall rates of referrals. Work continues in all areas with high waiting times to implement their recovery plans. Levels of vacancies and staff available with the required experience continues to impede rates of recovery of waiting times in some areas. Weekly performance meetings take place with each Team and focus on the longest waiting patients, this work is overseen by the Deputy Chief Operating officer who is supported now by a new Access and Performance manager who is dedicated to supporting the reduction in waiting times.



Paediatric ASD - progress with wating times has been challenged during the last month with a sub-contracted supplier failing to deliver against the agreed activity. This is being resolved by changing supplier.

Activity levels have been agreed that will ensure our recovery trajectory remains on track for achieving zero 52ww by September 2023. Referrals are being transferred in June and assessments will commence over July and August initially.

Memory Diagnosis - An element of the recovery plan for this service included increasing the medical capacity, this resource has now been identified and will have a very positive impact on long waiting times.

Early Intervention in Psychosis - This service has seen a significant increase in referrals which has impacted on waiting times whilst staff absences and vacancies have impacted on available capacity. The service is now nearly fully recruited with some new postholders commencing shortly, others in late July/August and September. Changes have been made to the clinical pathway including triage and assessment, to optimise the available capacity and reduce waiting times

IAPT 6 weeks- Two new providers have started a phased mobilisation from 1 April and will be working to full capacity against the contracted target by the end of May. The recovery plan is therefore on track to achieve the 6 week wait position by July 2022. The service is compliant with the 18 week standard.

Early Intervention in Psychosis -_ Following investment, the service is in the process of recruiting to key posts and is expecting this to be completed by August. Once fully established, recovery of the 14 day standard will be achieved. Work has taken place to ensure that there is a robust clinical triage process in place to ensure that high risk need is identified and responded to.

Financial Year
2022-23

NHS
Humber Teaching
NHS Foundation Trust

TRUST PERFORMANCE 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:
May-22

Humber Teaching NHS Foundation Trust
Trust Performance Report

For the period ending:	May 2022

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	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	Number of Incidents per 10,000 Contacts	Number of Incidents per 10,000 Contacts (based on contacts and occupied bed days)
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

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 (East Riding)	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). Including and Excluding Covid Sickness
Goal 4	Staff Turnover	Percentage of leavers against staff in post (excluding employee transfers wef April 2021
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

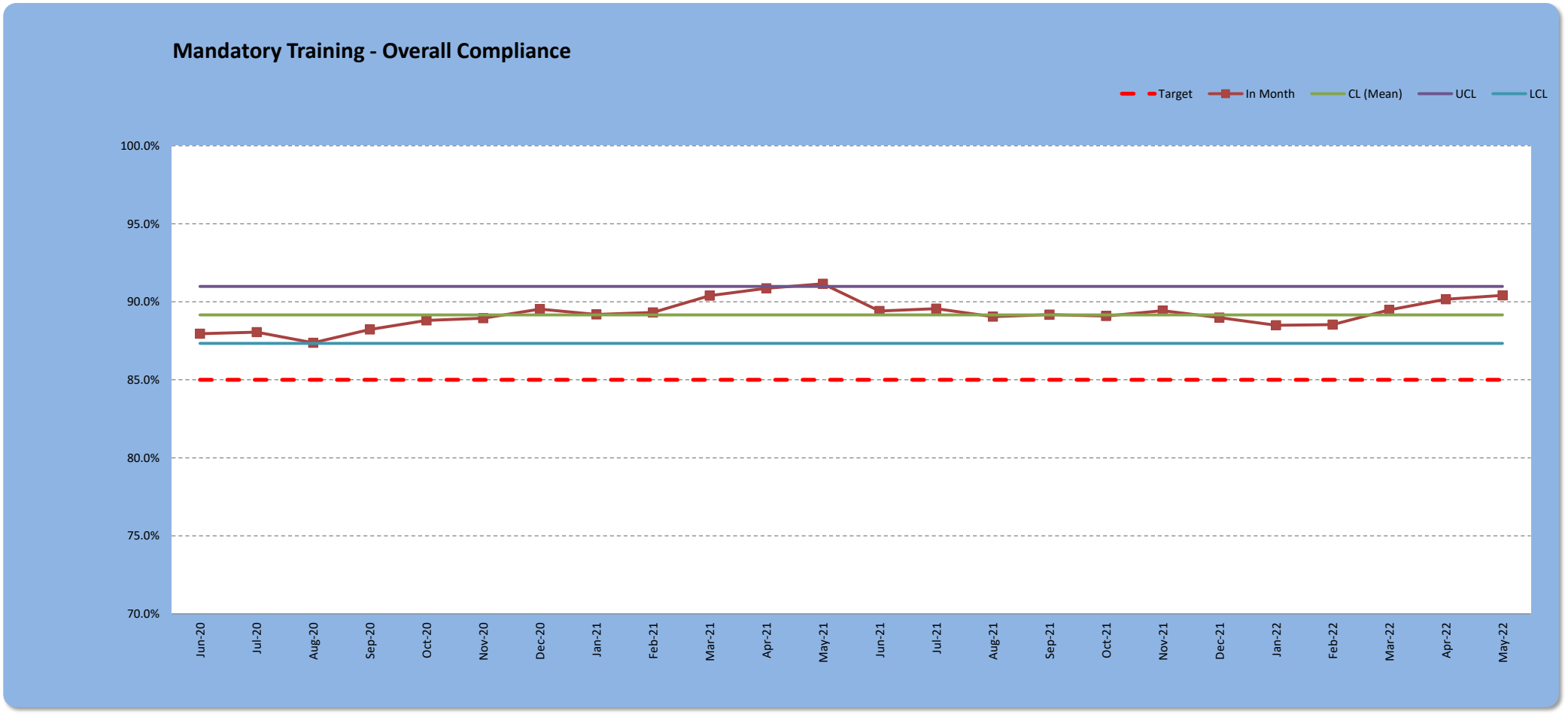
PI RETURN FORM 2022-23

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **May 2022**

Target:	Amber:	Current month stands at:
85%	80%	90.4%

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



Please refer to the accompanying front sheet/report for any relevant commentary

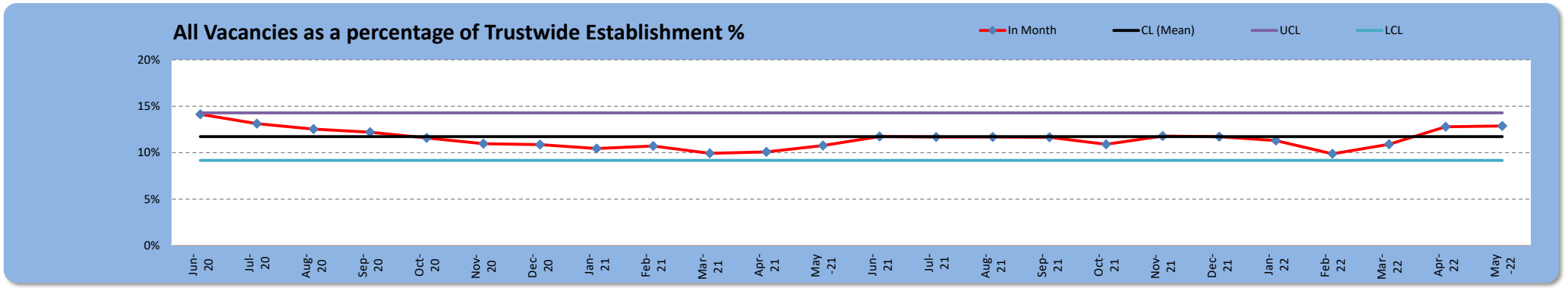
PI RETURN FORM 2022-23

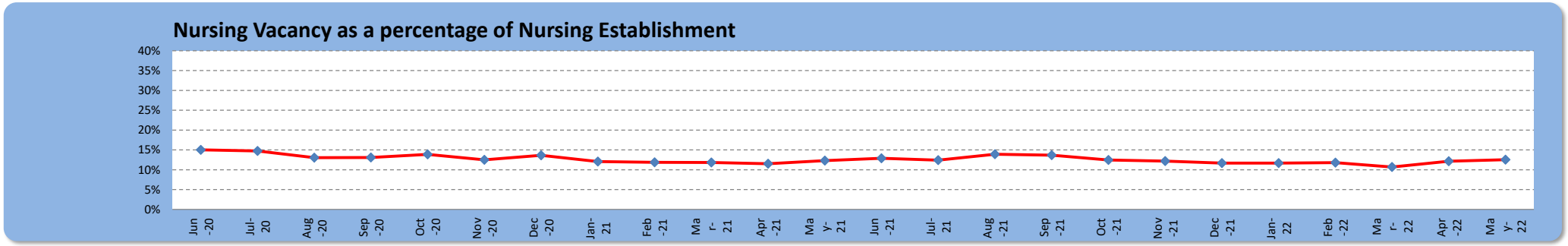
Goal 1 : Innovating Quality and Patient Safety

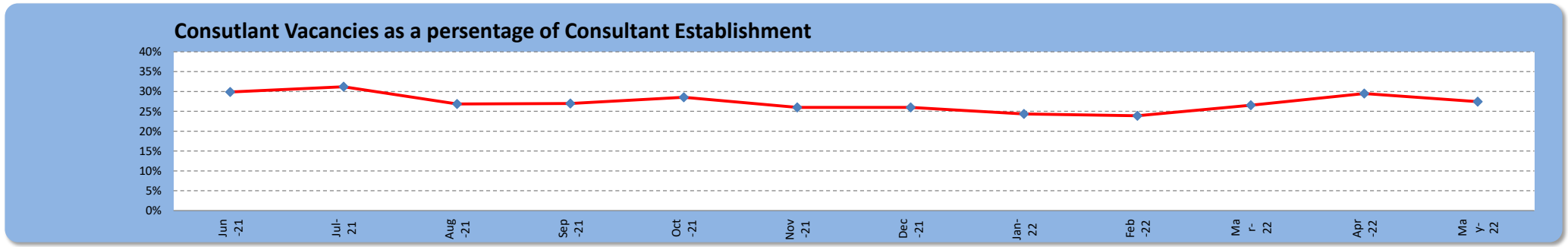
Target:	Amber:	Current month stands at:
85%	80%	12.9%

For the period ending: **May 2022**

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







Please refer to the accompanying front sheet/report for any relevant commentary

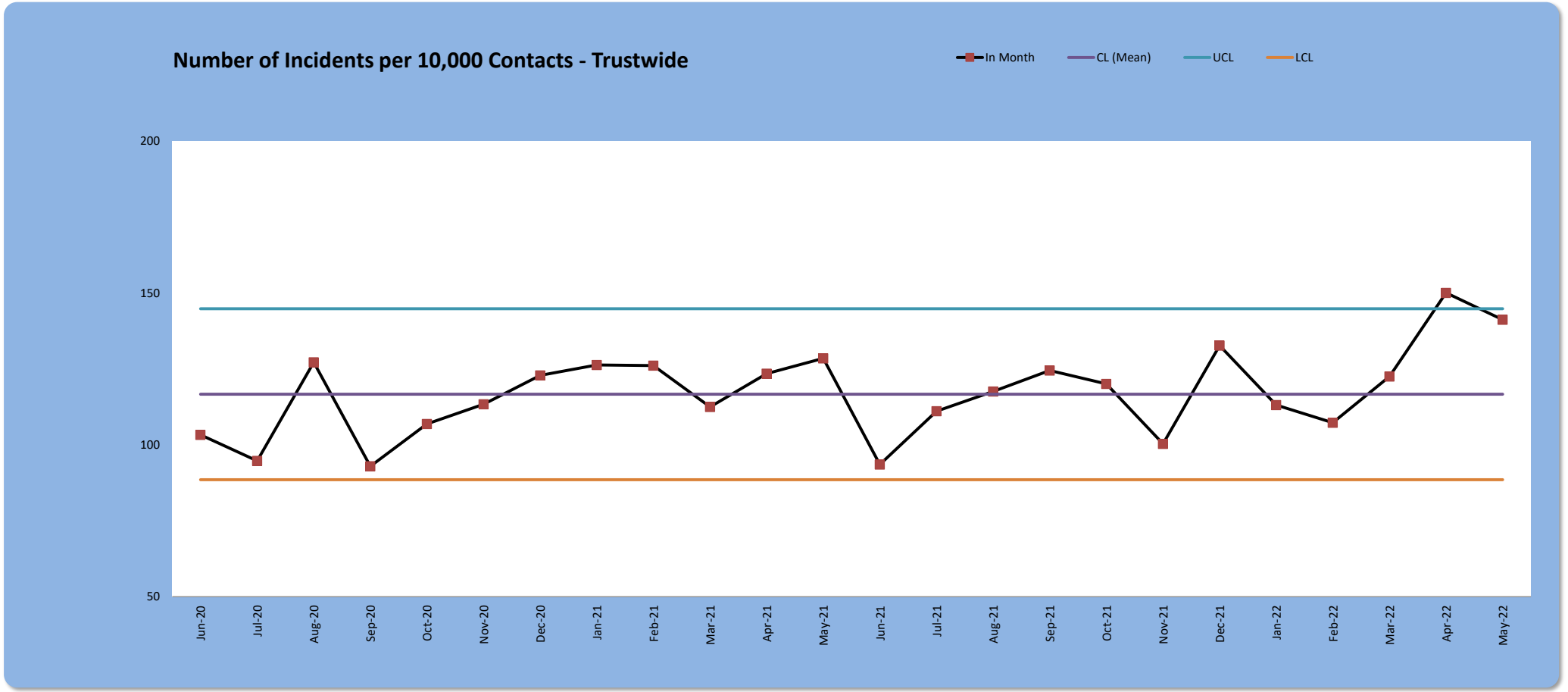
PI RETURN FORM 2022-23

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **May 2022**

Target:	Amber:	Trustwide current month stands at:
0	0	141

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Incidents	Number of Incidents per 10,000 Contacts (based on contacts and occupied bed days)	Hilary Gledhill	IA_TW



Please refer to the accompanying front sheet/report for any relevant commentary

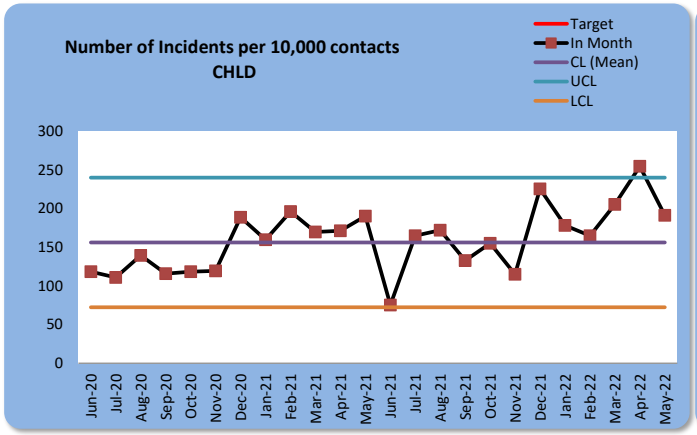
PI RETURN FORM 2022-23

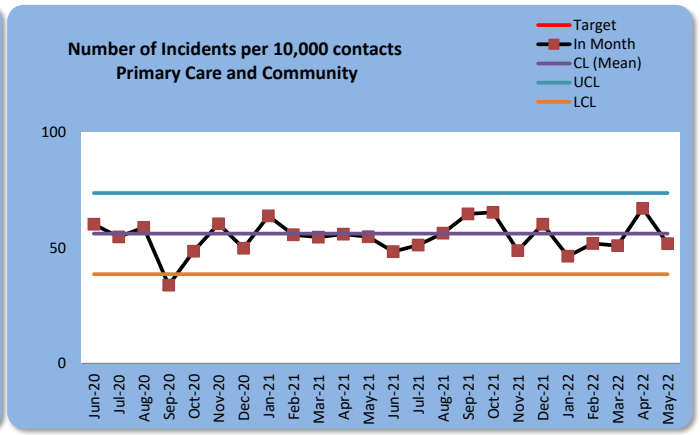
Goal 1 : Innovating Quality and Patient Safety

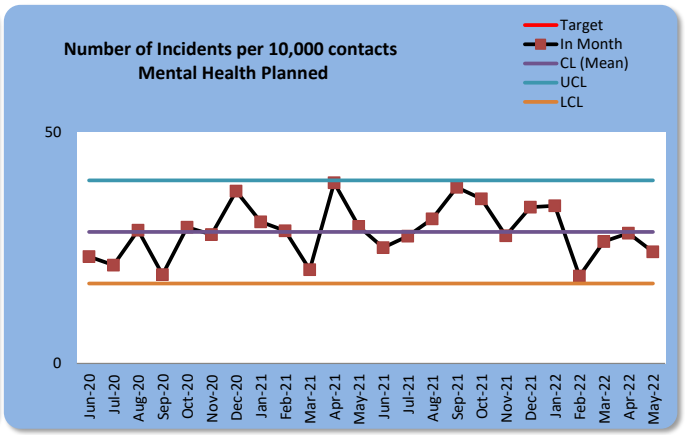
For the period ending: **May 2022**

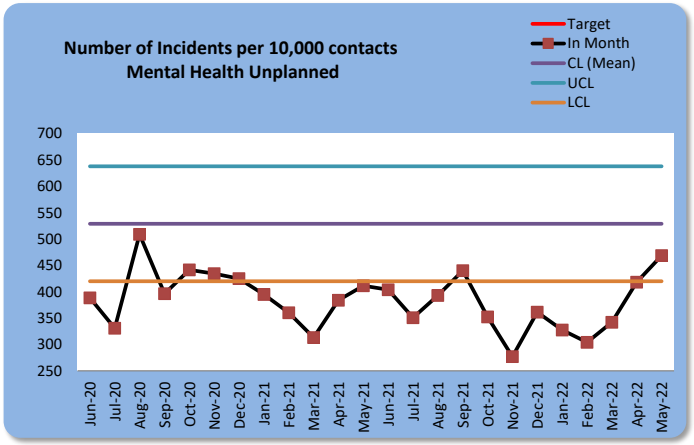
Target:	Amber:	Trustwide current month stands at:
0	0	141

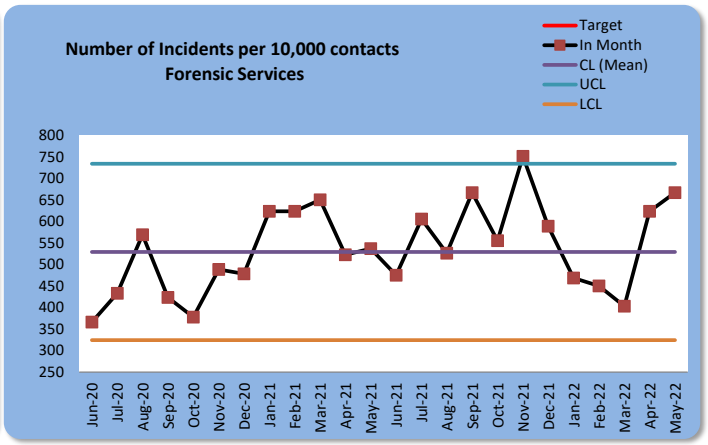
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Incidents	Number of Incidents per 10,000 Contacts (based on contacts and occupied bed days)	Hilary Gledhill	IA_TW











Current Month per Division

Children and Learning Disability	191
Primary Care and Community	52
Mental Health Planned	24
Mental Health Unplanned	469
Forensic Services	666

Please refer to the accompanying front sheet/report for any relevant commentary

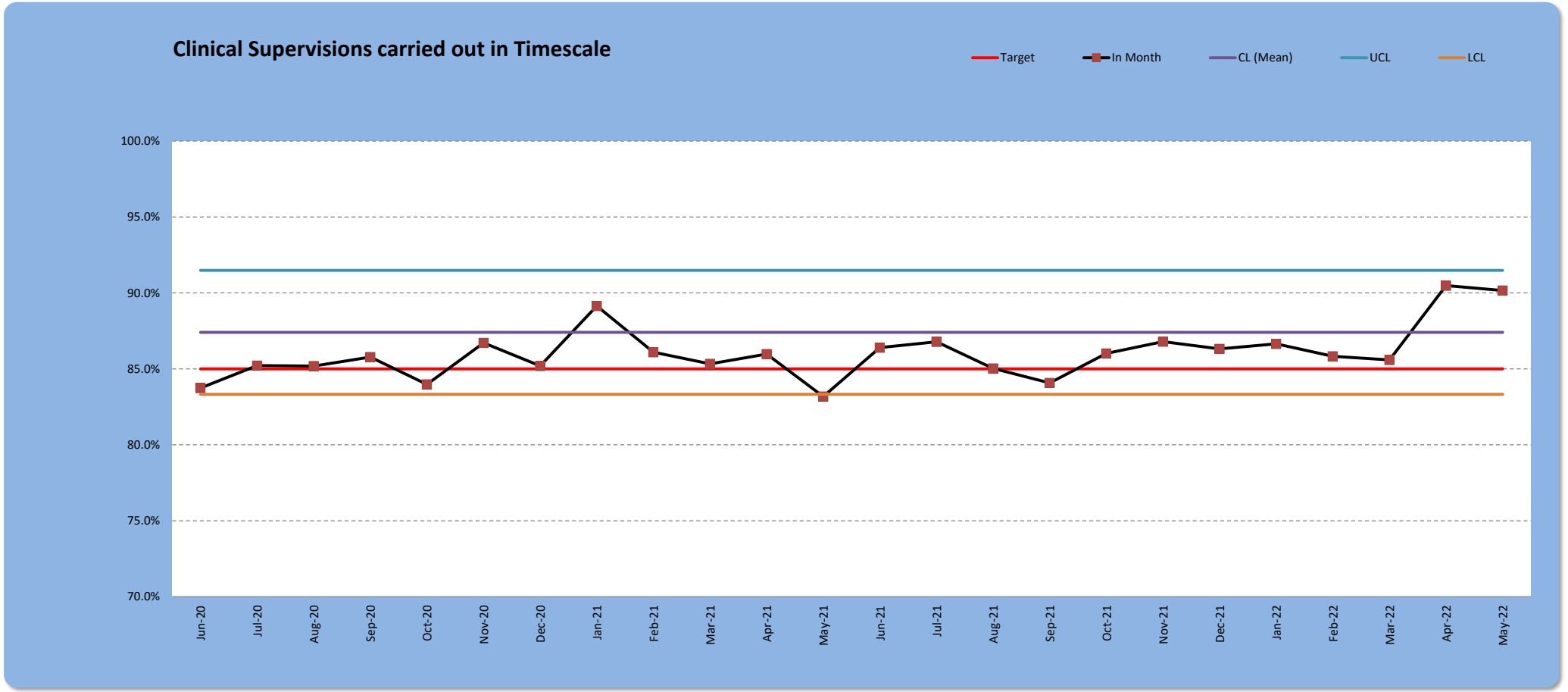
PI RETURN FORM 2022-23

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **May 2022**

Target:	Amber:	Current month stands at:
85%	80%	90.2%

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



Please refer to the accompanying front sheet/report for any relevant commentary

HUMBER TEACHING NHS FOUNDATION TRUST
SAFER STAFFING INPATIENT DASHBOARD

Staffing and Quality Indicators

Contract Period: 2022-23

Reporting Month: Apr-22

Humber Teaching NHS Foundation Trust

Shown one month in arrears

Units						Bank/Agency Hours				Average Safer Staffing Fill Rates				High Level Indicators													
										Day		Night		QUALITY INDICATORS (Year to Date)												Indicator Totals	
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)	Mar-22	Apr-22
Adult MH	Avondale	Adult MH Assessment	27.8	65%	13.4	19.1%	↑	12.0%	↓	84%	81%	109%	92%	0	0	5	0	100.0%	85.2%	72.7%	60.0%	3.5%	3.0	2	1
	New Bridges	Adult MH Treatment (M)	41.9	97%	8.67	17.1%	↓	9.0%	↑	70%	99%	97%	128%	0	0	2	0	No Ret	91.6%	84.2%	84.6%	3.8%	0.1	2	3
	Westlands	Adult MH Treatment (F)	36.0	94%	8.61	14.7%	↑	16.8%	↑	83%	81%	91%	116%	0	0	1	0	78.9%	90.6%	73.3%	50.0%	9.6%	2.4	4	3
	Mill View Court	Adult MH Treatment	27.9	95%	8.01	13.0%	↑	27.0%	↓	76%	84%	95%	102%	0	0	0	0	100.0%	88.2%	62.5%	73.3%	1.8%	5.8	4	2
	STARS	Adult MH Rehabilitation	37.9	107%	23.03	15.1%	↑	1.8%	↓	72%	52%	100%	100%	0	0	0	0	97.3%	88.4%	86.7%	78.3%	4.0%	0.5	3	3
	PICU	Adult MH Acute Intensive	31.9	63%	26.32	29.9%	↓	31.9%	↑	85%	121%	96%	150%	0	0	0	0	100.0%	78.7%	66.7%	78.6%	7.2%	3.0	1	1
OP MH	Maister Lodge	Older People Dementia Treatment	29.4	56%	20.28	18.3%	↑	7.4%	↑	92%	100%	110%	100%	0	0	0	0	94.4%	81.7%	80.0%	45.5%	7.3%	3.0	3	2
	Mill View Lodge	Older People Treatment	22.1	106%	14.01	25.0%	↓	17.9%	↑	72%	102%	100%	133%	0	0	0	0	95.5%	84.9%	66.7%	66.7%	1.1%	1.8	3	2
	Maister Court	Older People Treatment	17.4	93%	19.48	19.1%	↑	18.9%	↑	113%	116%	100%	103%	0	0	0	0	92.9%	88.2%	100.0%	72.7%	8.9%	0.8	0	2
	Pine View	Forensic Low Secure	30.6	82%	10.13	20.6%	↑	0.0%	→	77%	123%	62%	110%	0	0	0	0	96.7%	94.5%	100.0%	77.3%	5.0%	1.8	3	1
	Derwent	Forensic Medium Secure	27.1	70%	13.05	7.2%	↑	0.0%	→	95%	69%	97%	80%	0	0	0	0	84.0%	95.2%	88.9%	72.2%	16.6%	0.8	2	2
	Ouse	Forensic Medium Secure	24.9	100%	6.13	16.0%	↓	0.0%	→	57%	94%	97%	93%	0	0	1	0	83.3%	95.2%	75.0%	84.2%	17.2%	2.6	3	3
	Swale	Personality Disorder Medium Secure	28.8	93%	9.19	29.4%	↑	0.0%	→	96%	104%	110%	94%	0	0	2	0	51.9%	93.5%	81.8%	73.7%	11.2%	1.4	2	3
	Ullswater	Learning Disability Medium Secure	37.7	50%	17.36	9.2%	↑	0.0%	→	80%	103%	100%	98%	0	0	0	0	80.0%	90.0%	77.8%	77.3%	11.0%	-0.1	3	1
Child & LD	Townend Court	Learning Disability	38.6	86%	33.68	20.0%	↑	19.7%	↓	75%	94%	88%	144%	0	0	0	0	82.8%	89.0%	61.5%	87.0%	17.4%	3.0	4	2
	Inspire	CAMHS	60.0	85%	16.16	11.9%	↑	15.5%	↓	51%	97%	89%	120%	0	0	0	0	100.0%	82.9%	54.5%	57.9%	9.8%	2.0	3	4
	Granville Court	Learning Disability Nursing Treatment	51.7	85%	17.51	31.8%	↑	7.6%	↓	108%	83%	101%	99%	0	0	0	0	89.1%	87.6%	83.3%	88.6%	5.4%	0.0	0	1
CH	Whitby Hospital	Physical Health Community Hospital	43.2	90%	8.98	2.5%	↑	1.9%	↑	105%	86%	108%	98%	0	0	0	0	88.9%	88.7%	77.8%	28.6%	6.9%	1.8	3	2
	Malton Hospital	Physical Health Community Hospital	30.4	93%	7.53	Not on eRoster	↓	Not on eRoster	↓	104%	81%	102%	97%	0	0	0	0	100.0%	82.0%	87.5%	58.8%	0.0%	-2.0	3	3

HUMBER TEACHING NHS FOUNDATION TRUST
SAFER STAFFING INPATIENT DASHBOARD

	Staffing and Quality Indicators
Contract Period:	2022-23
Reporting Month:	Apr-22

Humber Teaching NHS Foundation Trust

Exception Reporting and Operational Commentary

Safer Staffing Dashboard Narrative : April

5 wards continue to have below target levels of fill rates on days. In all instances this is due to having only 1 RN on duty instead of 2. The registered fill rates on nights are all above the threshold with the exception of Pine view which is showing fill rates of 62% due to frequently only having 1 registered nurse on nights . However, all CHPPD levels remain above the threshold. Maltons fillrates are above target but their bed occupancy has been high resulting in a drop in their CHPPD to 7.53 which is below the overall Trust target but consistent with the recommended CHPPD for an EMI ward.

The low fill rates on STARS are because there is often 1 OT on shift during the day, but this is not being reflected in the demand template. This will be addressed in the next safer staffing review. Overall their fill rates are improving.

Supervision is above target for all units with the exception of Newbridges which did not return and Swale. This has been addressed with the Matrons who report significant clinical pressures, vacancies and absence as the reasons.

A full review of ILS and BLS compliance has been undertaken and was reported to the workforce and OD committee in November .Additional capacity has been bought in and the recovery trajectories are being monitored closely. Since April numbers have increased overall and the resuscitation officer has been up at Whitby delivering ILS PILS and BLS. The BLS figures are still low for Whitby and Malton however, we have recruited to the BLS trainer post and are just waiting for DBS etc, as soon as they are in post they will be targeting areas such as Whitby as a priority and expect to see a significant rise in compliance.

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.
Inspire is not fully open therefore the fill rates and CHPPD is not RAG rated until such time the facility is fully opertional.

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 (Rolling 12 months)

Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
10.10%	8.92%	8.70%	11.20%	8.70%	10.90%	10.30%	10.50%	8.80%	7.20%	13.90%	

Slips/Trips and Falls (Rolling 3 months)

Rolling 3 months	Mar-22	Apr-22	May-22
Maister Lodge	4	7	4
Millview Lodge	4	0	3
Malton IPU	0	4	7
Whitby IPU	1	4	4

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

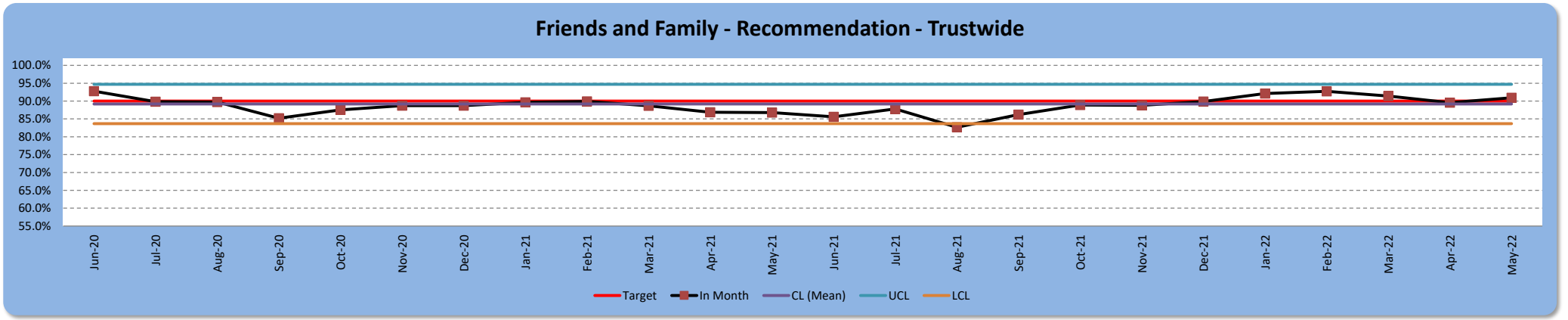
PI RETURN FORM 2022-23

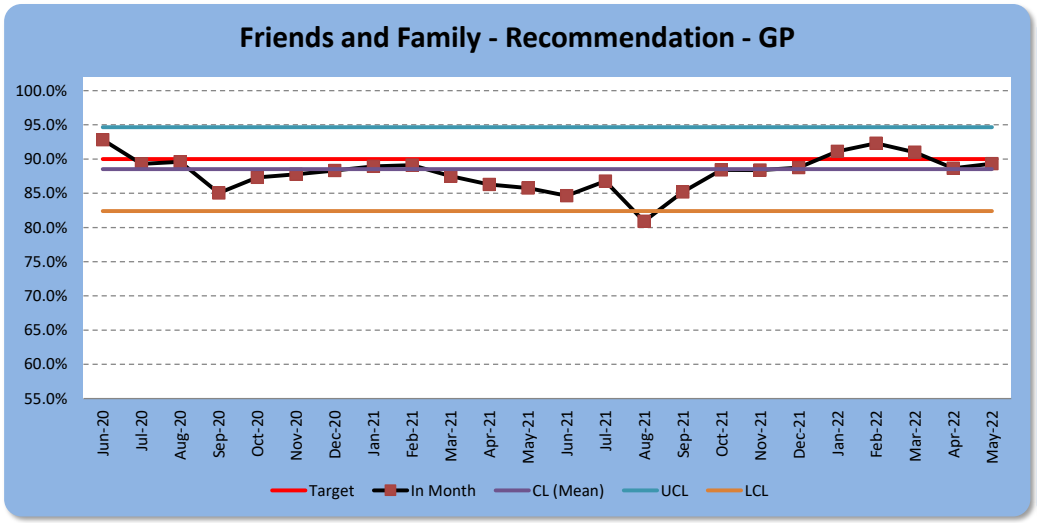
Goal 1 : Innovating Quality and Patient Safety

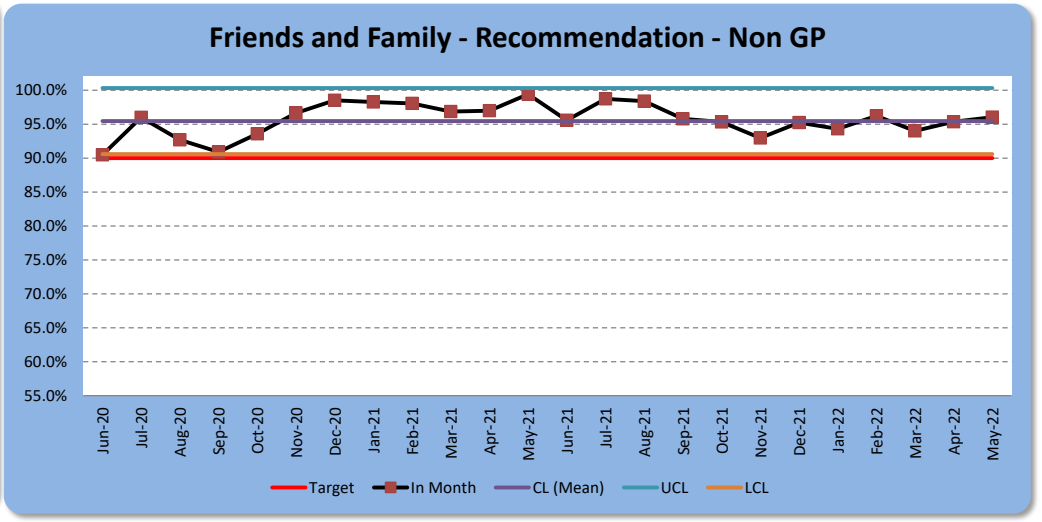
Target:	Amber:	Current month stands at:
90%	80%	90.9%

For the period ending: **May 2022**

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 %







Please refer to the accompanying front sheet/report for any relevant commentary

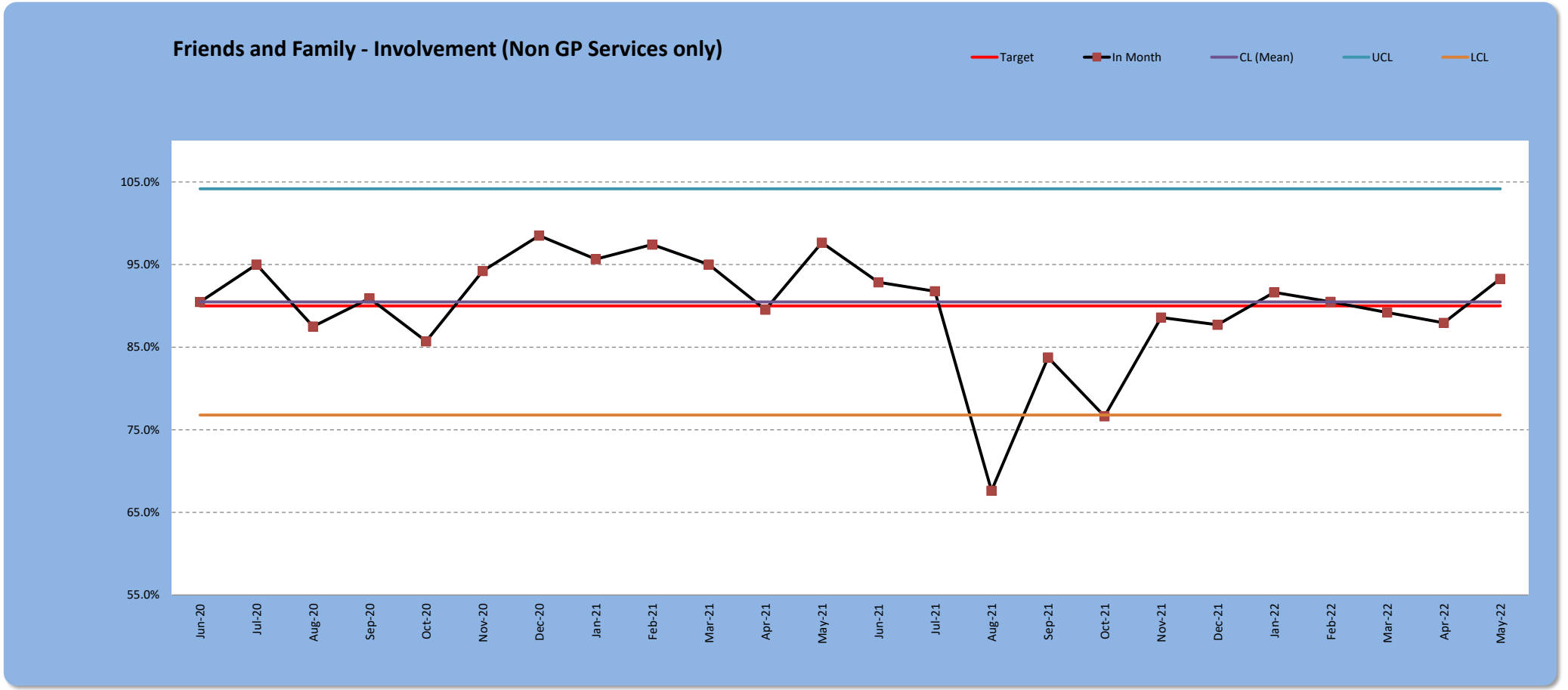
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2022**

Target:	Amber:	Current month stands at:
90%	80%	93.3%

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



Please refer to the accompanying front sheet/report for any relevant commentary

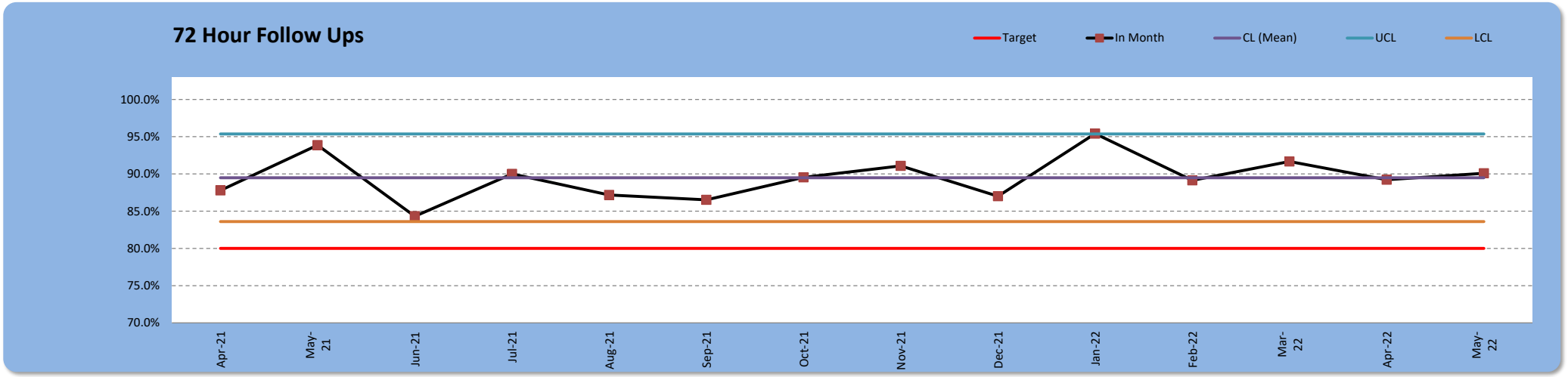
PI RETURN FORM 2022-23

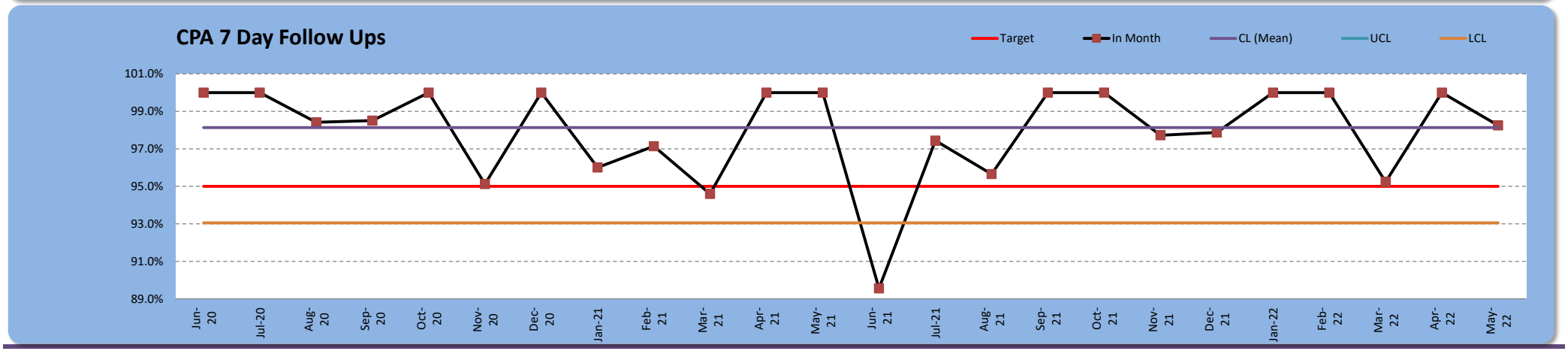
Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2022**

Target:	Amber:	Current month for 72 hour stands at:
80%	60%	90.1%

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





Please refer to the accompanying front sheet/report for any relevant commentary

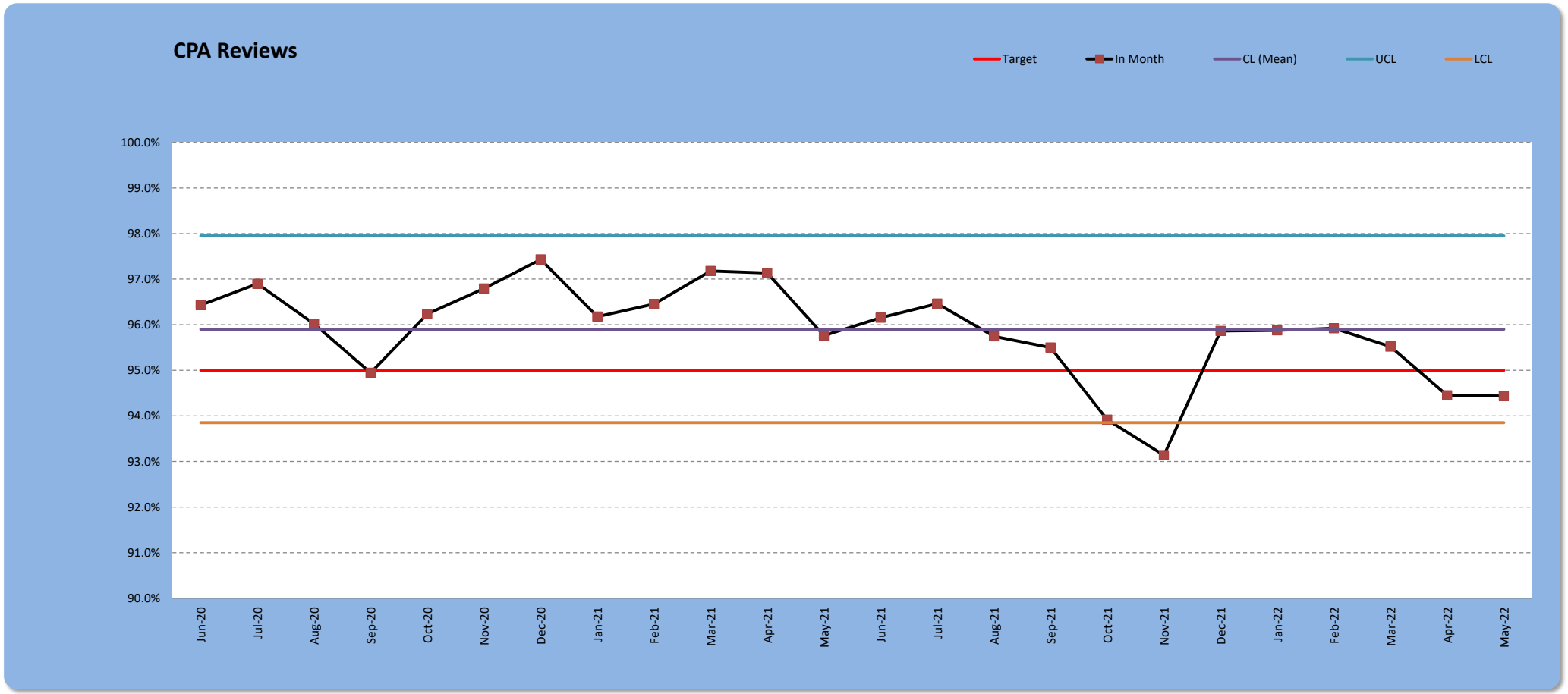
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2022**

Target:	Amber:	Current month stands at:
95%	85%	94.4%

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



Please refer to the accompanying front sheet/report for any relevant commentary

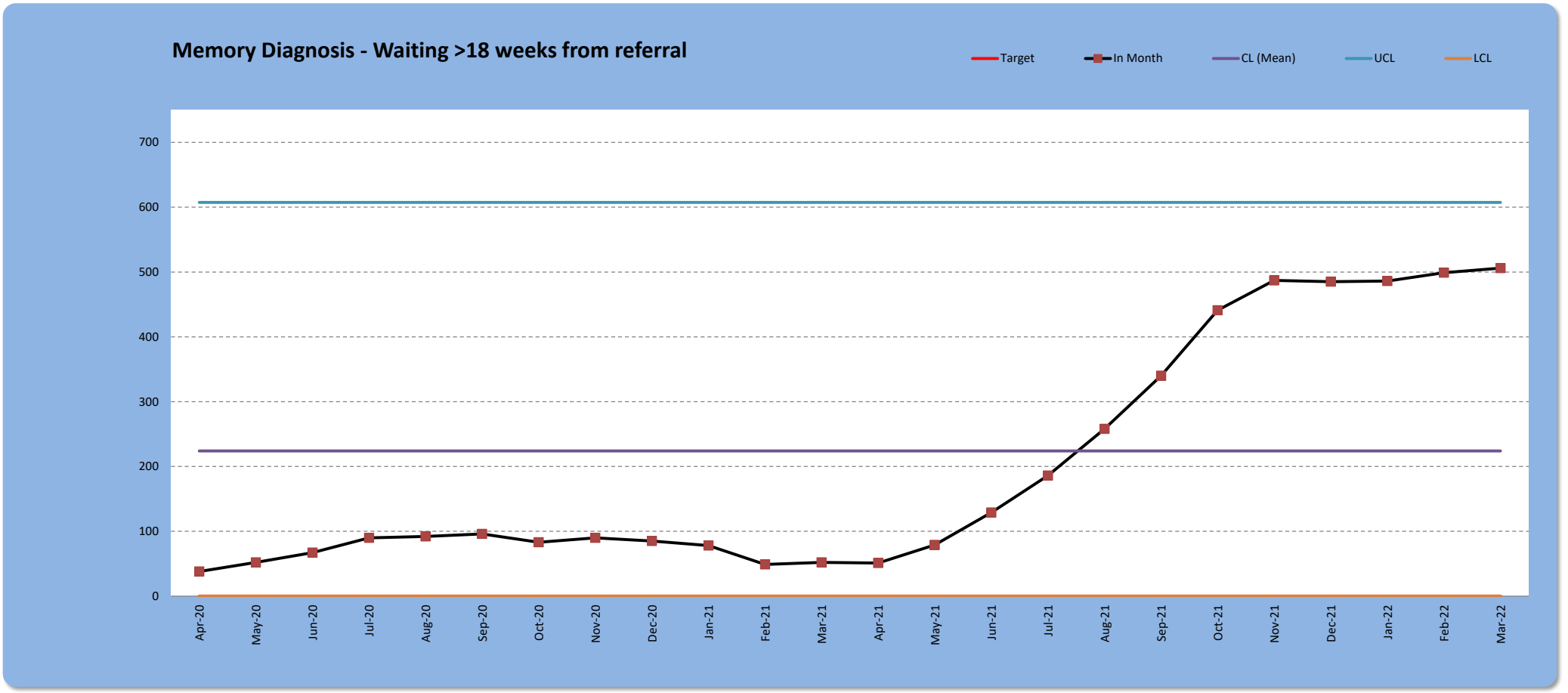
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2022**

Target:	Amber:	Current month stands at:
n/a	n/a	506

Indicator Title	Description/Rationale		KPI Type
Memory Service - Assessment/Diagnosis Waiting List	Referral to Assessment/Diagnosis Waiting Times (Incomplete Pathways) : The number of patients referred to the Memory Service are awaiting greater than 18 weeks for assessment and/or feedback of diagnosis.	Executive Lead Lynn Parkinson	MemAssWL



Please refer to the accompanying front sheet/report for any relevant commentary

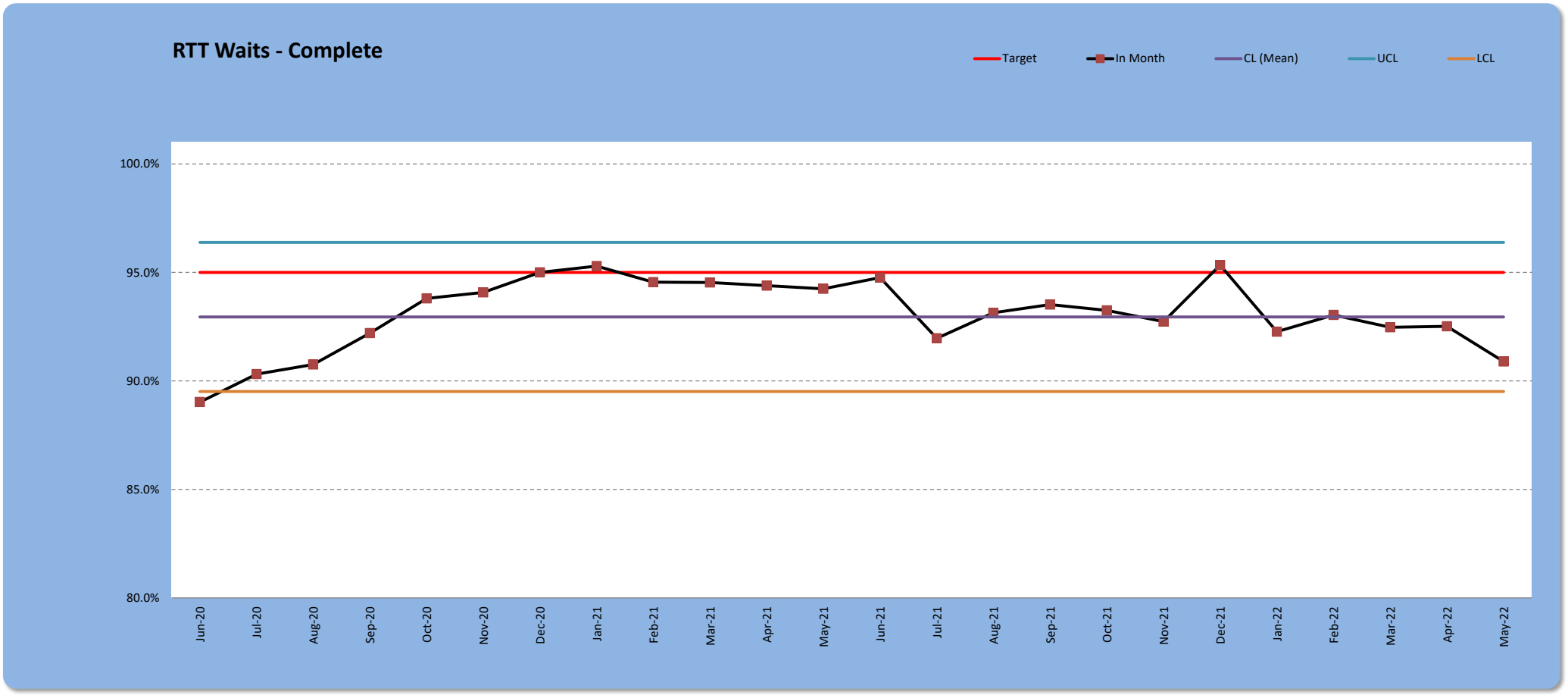
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

Target:	Amber:	Current month stands at:
95%	85%	90.9%

For the period ending: **May 2022**

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



Please refer to the accompanying front sheet/report for any relevant commentary

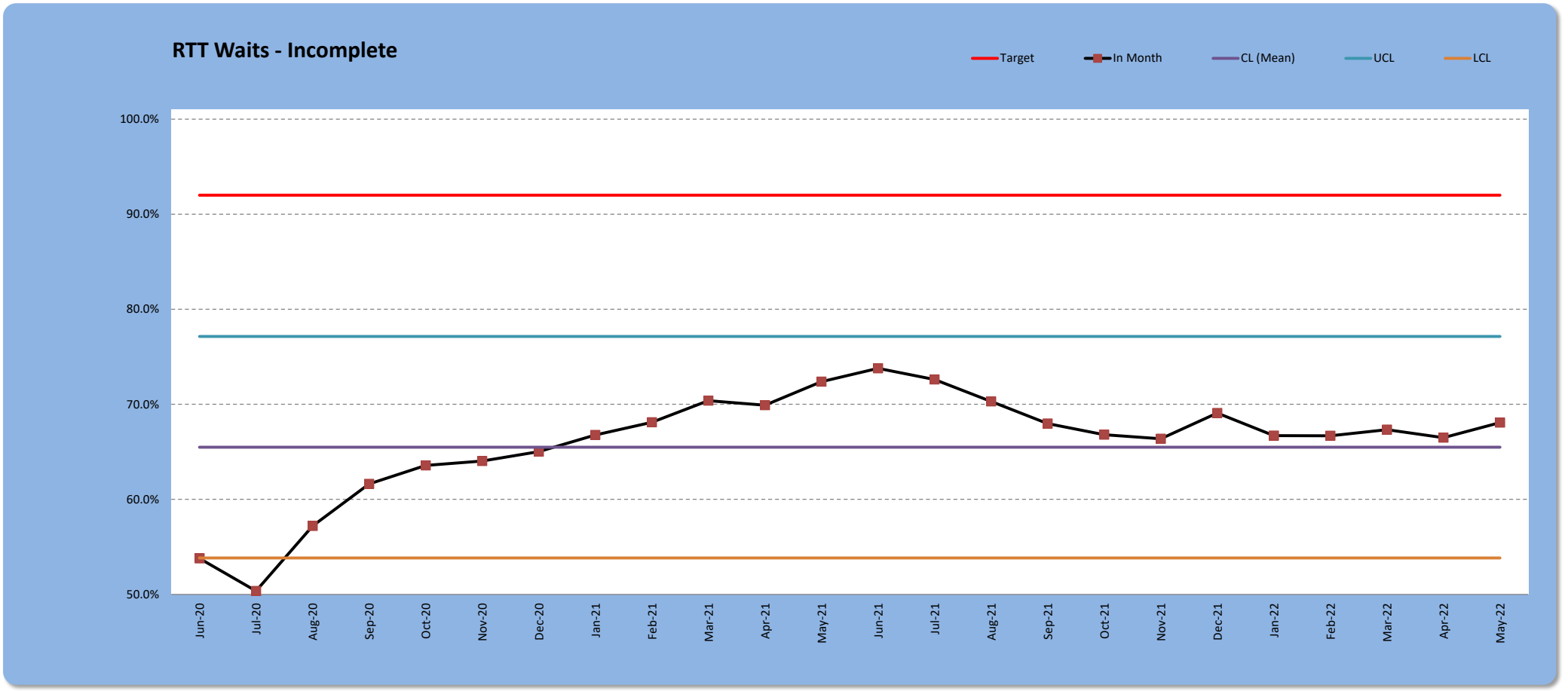
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2022**

Target:	Amber:	Current month stands at:
92%	85%	68.1%

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



Please refer to the accompanying front sheet/report for any relevant commentary

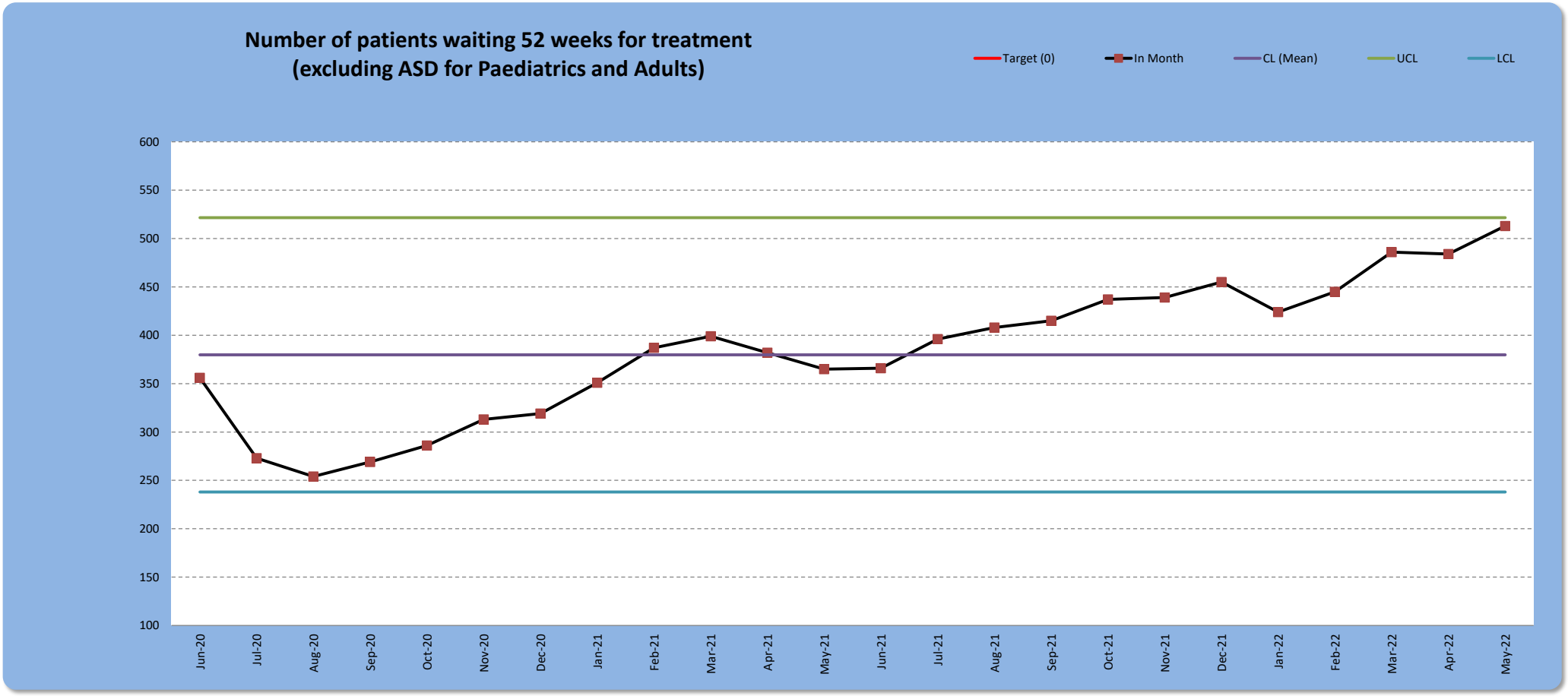
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2022**

Target:	Amber:	Current month stands at:
0	0	513

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



Please refer to the accompanying front sheet/report for any relevant commentary

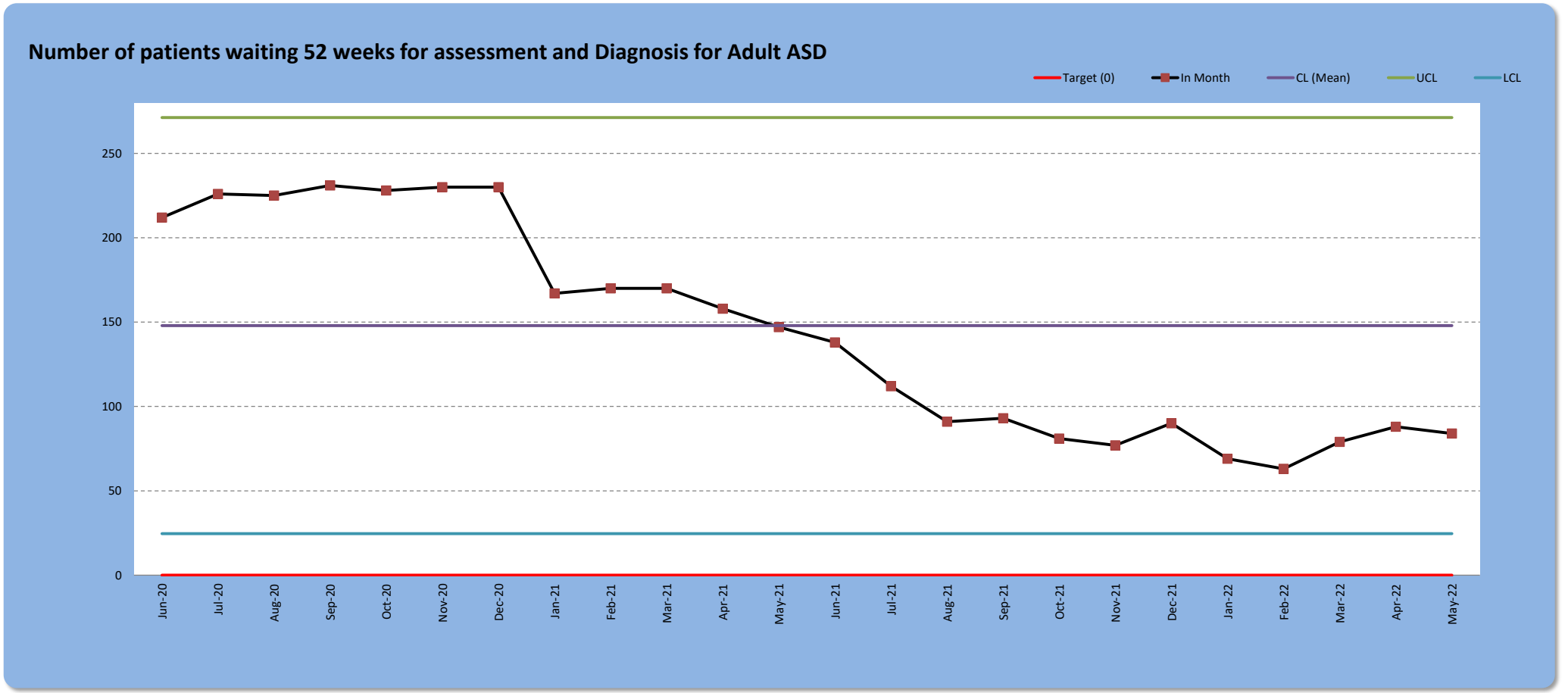
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

Target:	Amber:	Current month stands at:
0	0	84

For the period ending: **May 2022**

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



Please refer to the accompanying front sheet/report for any relevant commentary

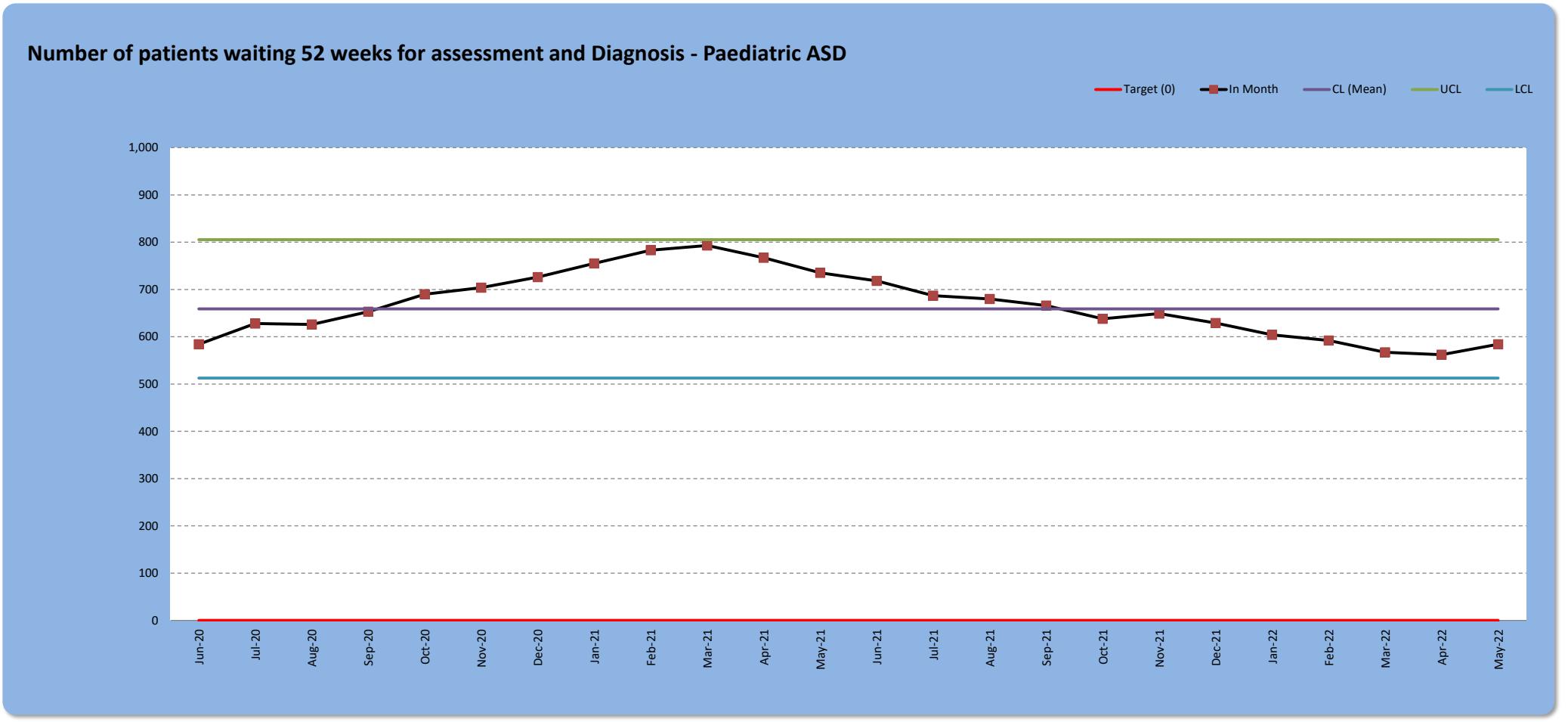
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2022**

Target:	Amber:	Current month stands at:
0	0	584

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



Please refer to the accompanying front sheet/report for any relevant commentary

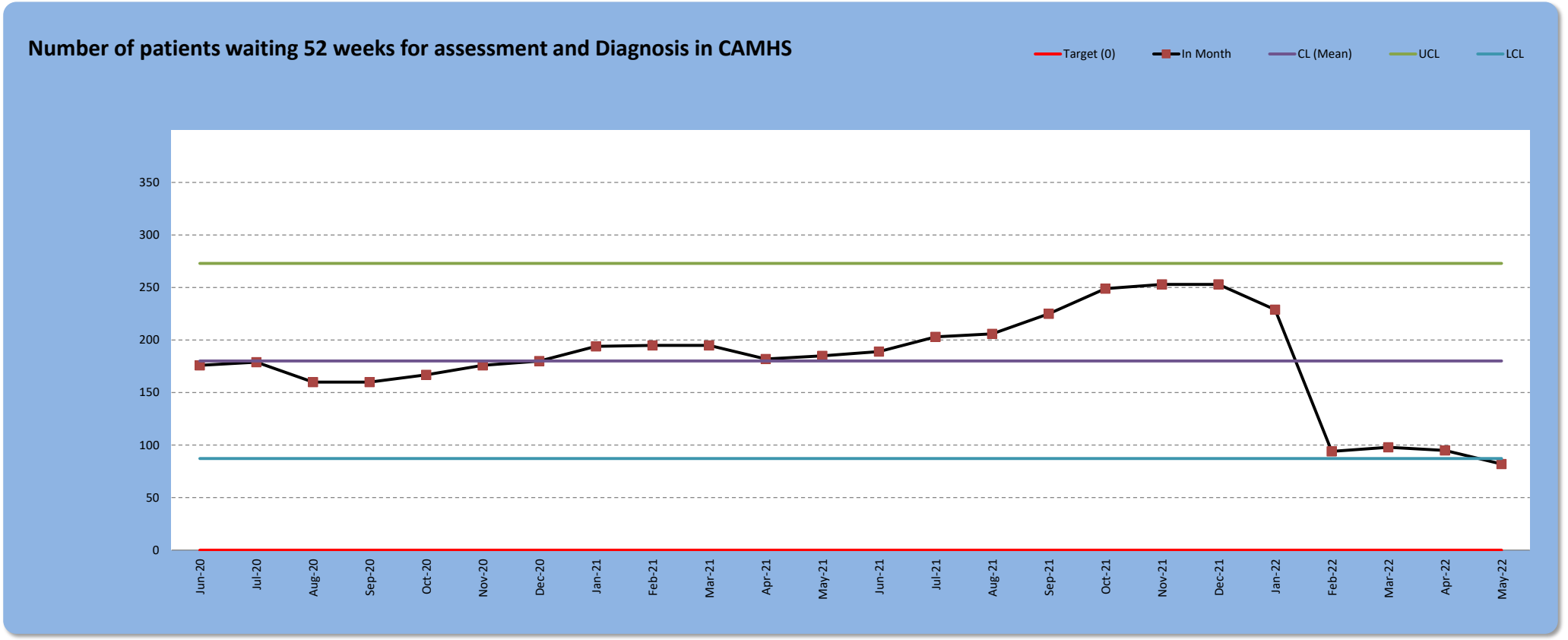
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

Target:	Amber:	Current month stands at:
0	0	82

For the period ending: **May 2022**

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



Please refer to the accompanying front sheet/report for any relevant commentary

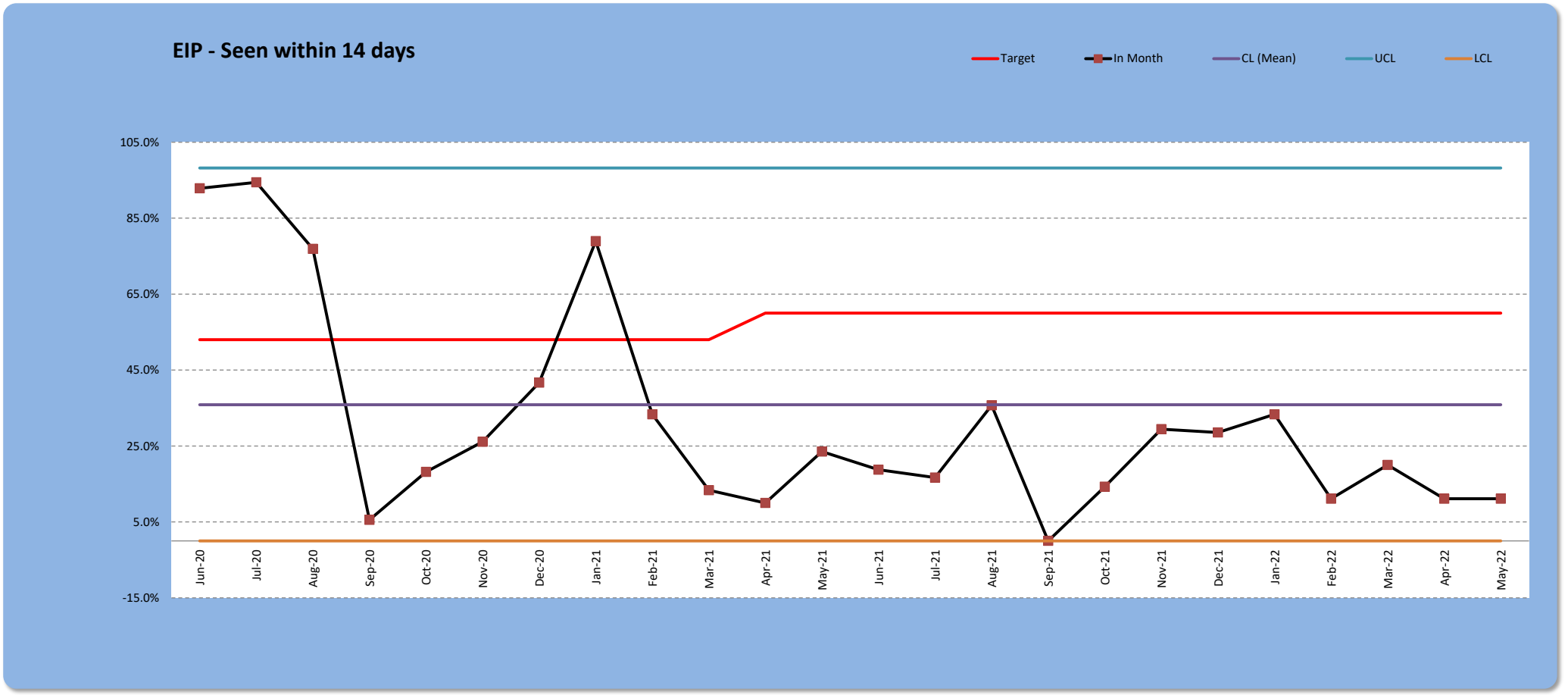
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2022**

Target:	Amber:	Current month stands at:
60%	55%	11.1%

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



Please refer to the accompanying front sheet/report for any relevant commentary

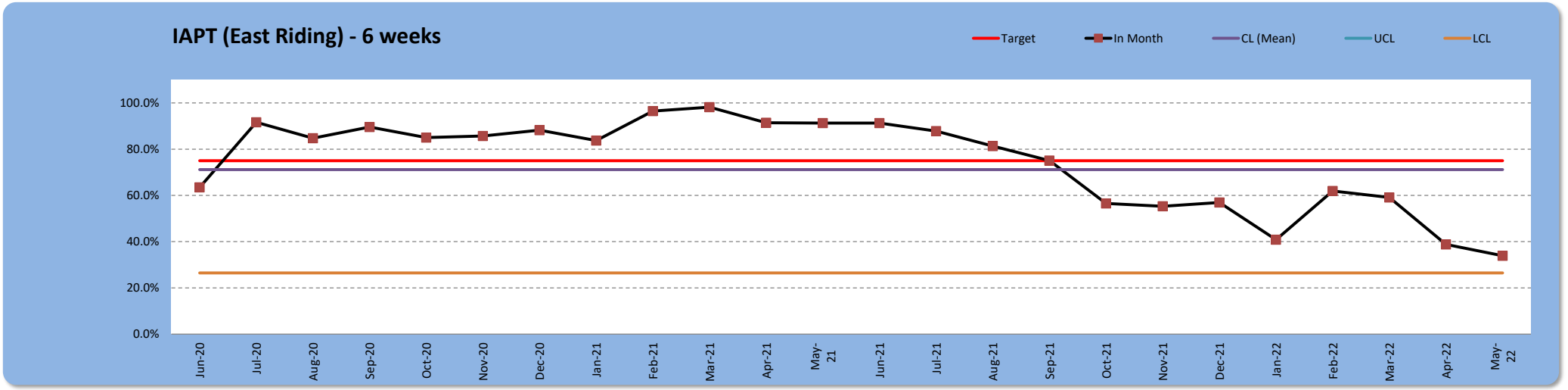
PI RETURN FORM 2022-23

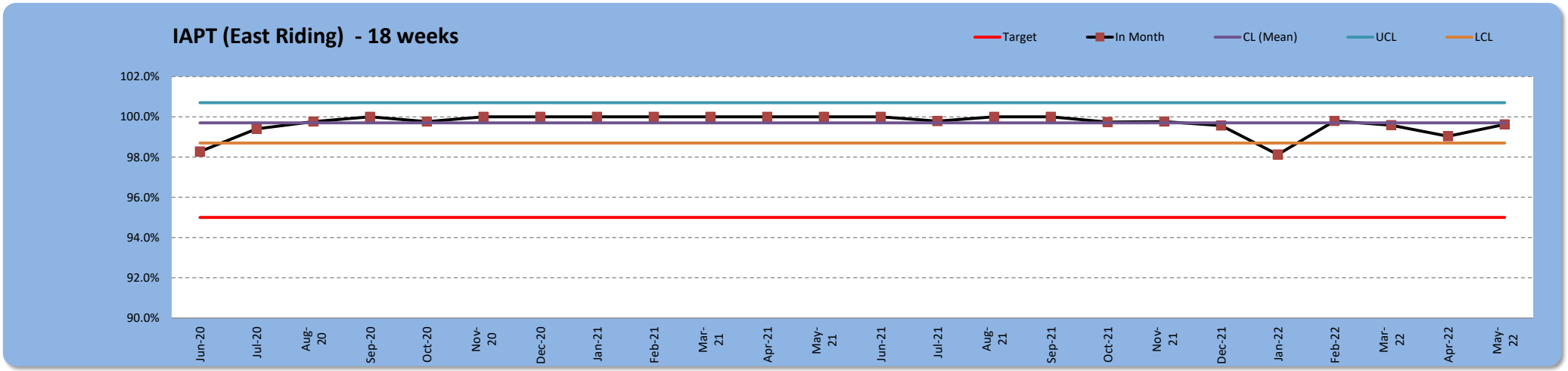
Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2022**

Target:	Amber:	Current month 6 weeks stands at:	Target:	Amber:	Current month 18 weeks stands at:
75%	70%	33.9%	95%	85%	99.6%

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





Please refer to the accompanying front sheet/report for any relevant commentary

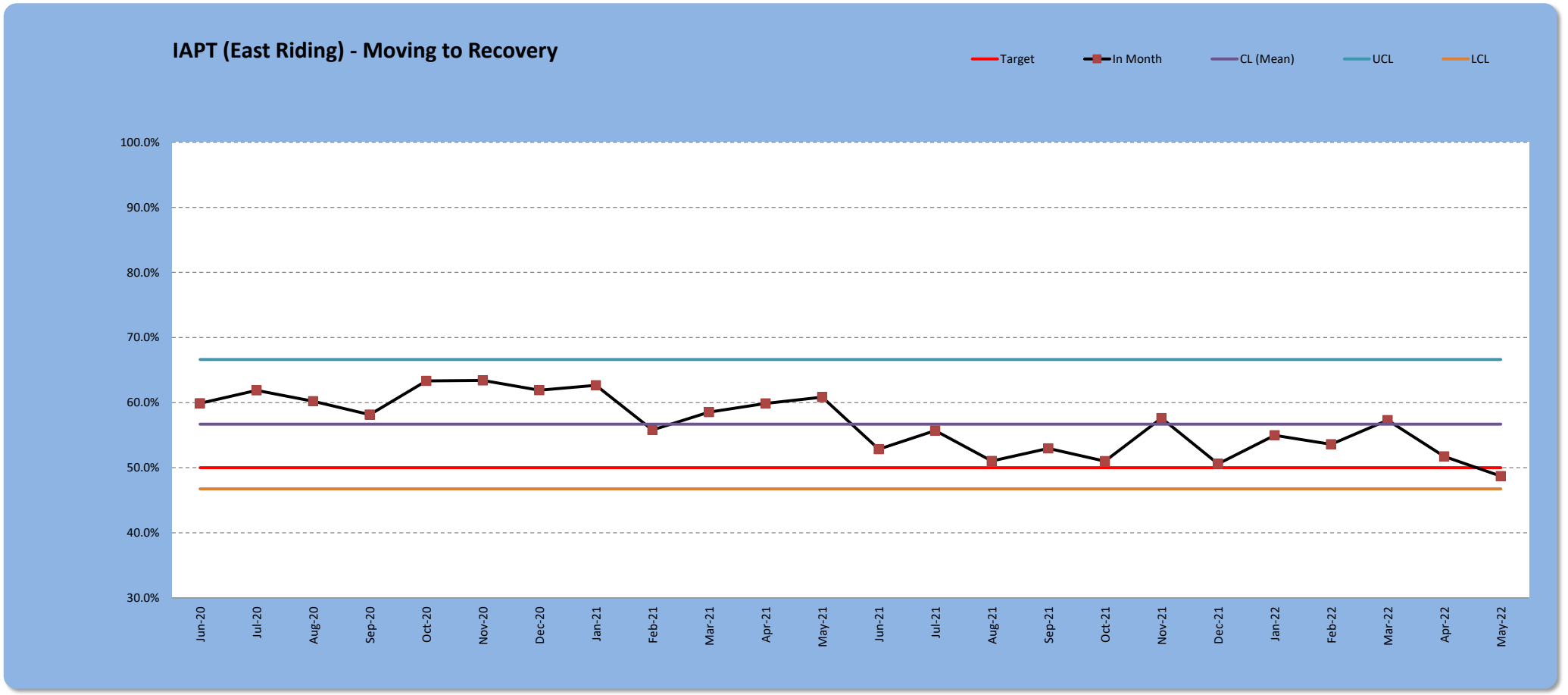
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2022**

Target:	Amber:	Current month stands at:
50%	45%	48.7%

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 (East Riding)	Executive Lead Lynn Parkinson	OP 11



Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2022-23

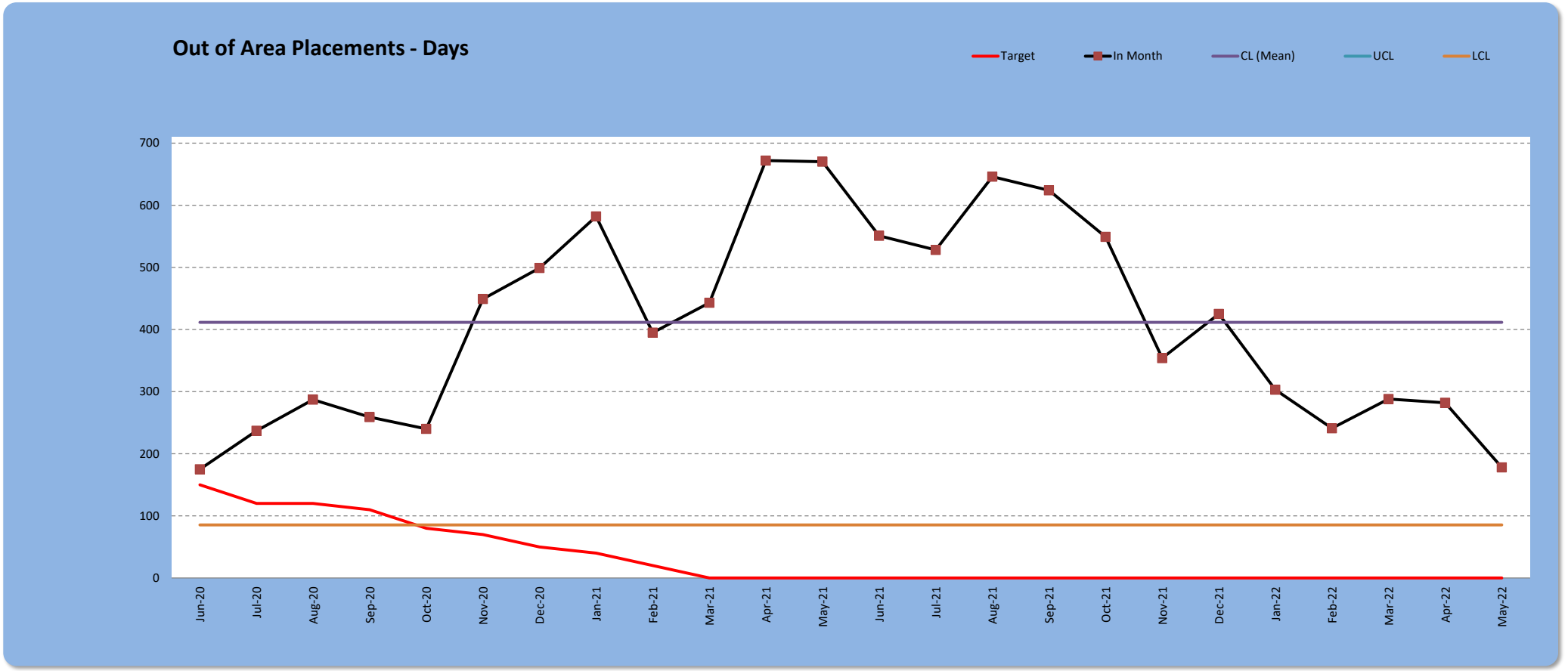
Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **May 2022**

Target:	Amber:	Patients OoA within month:
0	0	9

Split:	# days	# patients
Adult	0	0
OP	87	4
PICU	91	5

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



Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2022-23

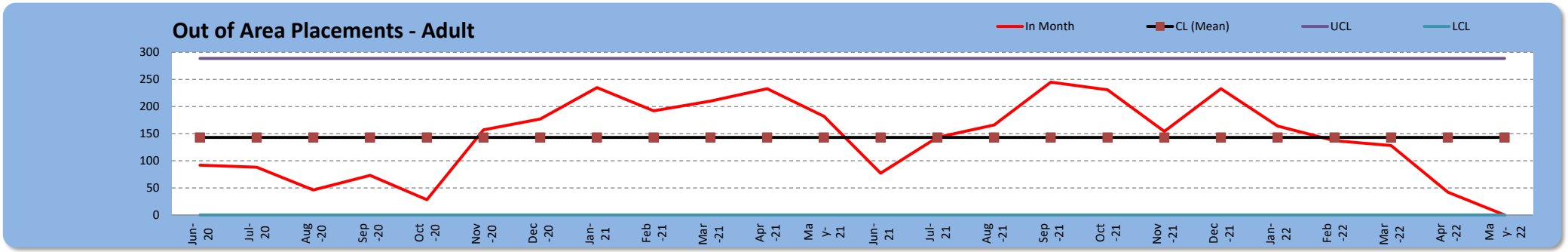
Goal 3 : Fostering Integration, Partnership and Alliances

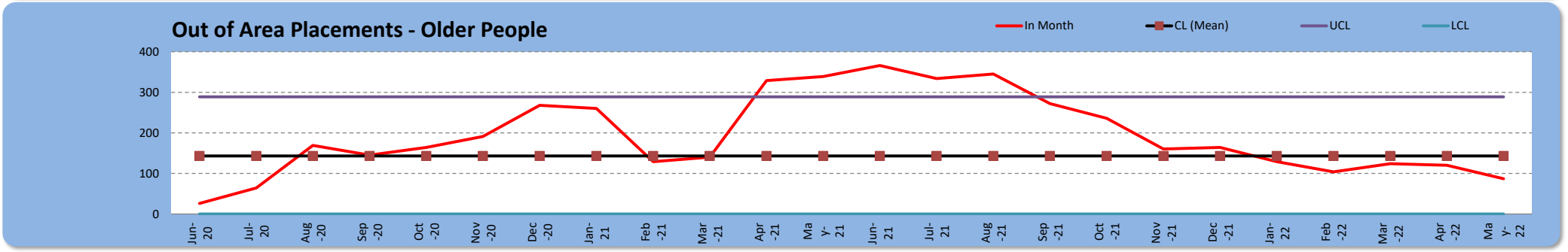
For the period ending: **May 2022**

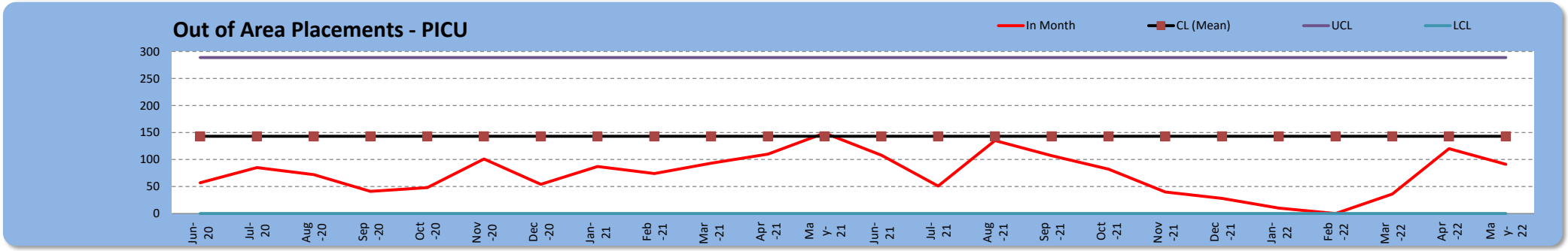
Split for Current month:

May-22	
0	Adult
87	OP
91	PICU
178	Total

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







Please refer to the accompanying front sheet/report for any relevant commentary

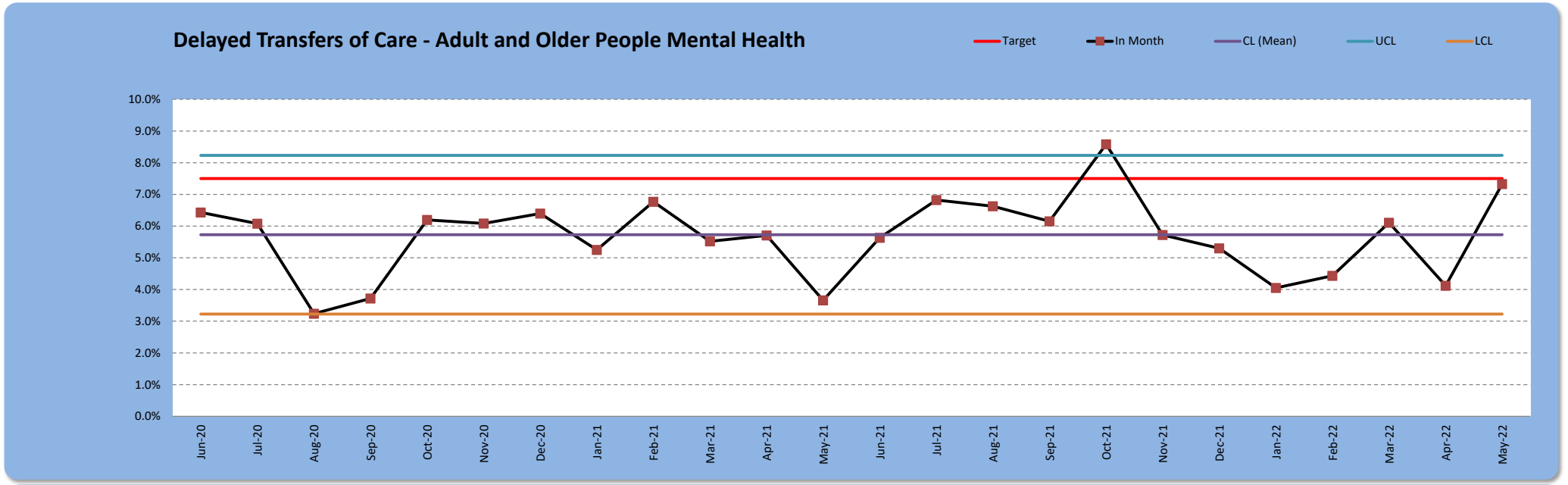
PI RETURN FORM 2022-23

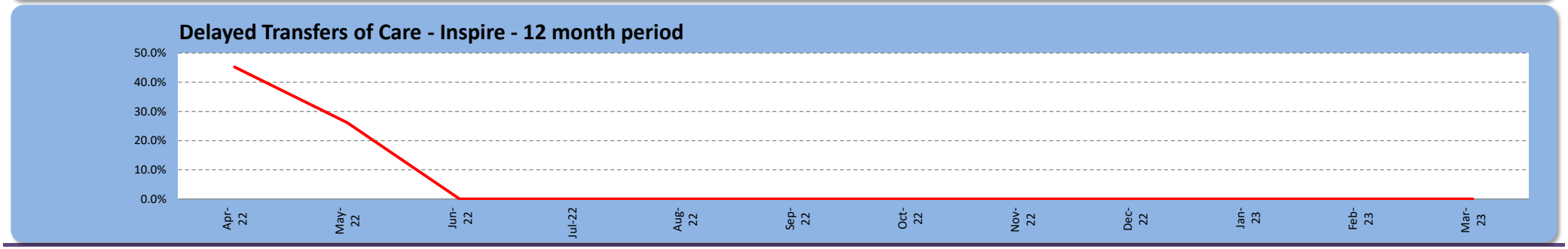
Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **May 2022**

Target:	Amber:	Current month stands at:
7.5%	7.0%	7.3%

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





Please refer to the accompanying front sheet/report for any relevant commentary

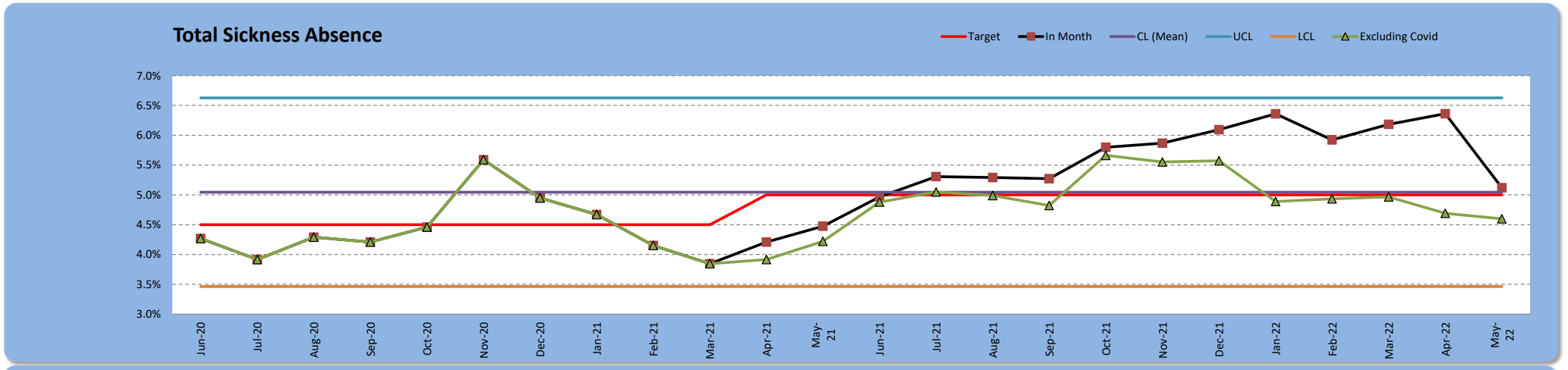
PI RETURN FORM 2022-23

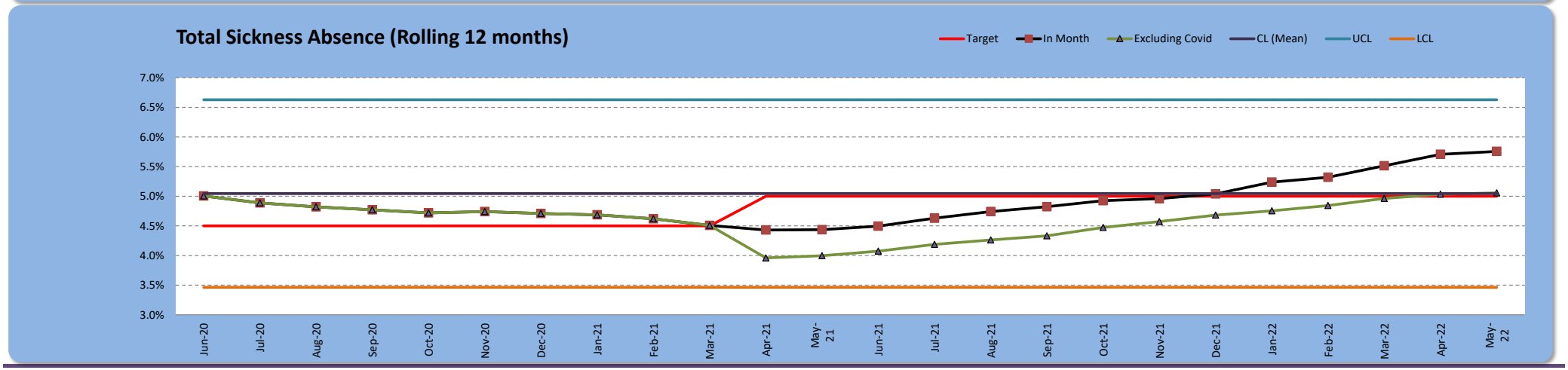
Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **May 2022**

Target:	Amber:	Current month stands at:
5.0%	5.2%	6.2%

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





Please refer to the accompanying front sheet/report for any relevant commentary

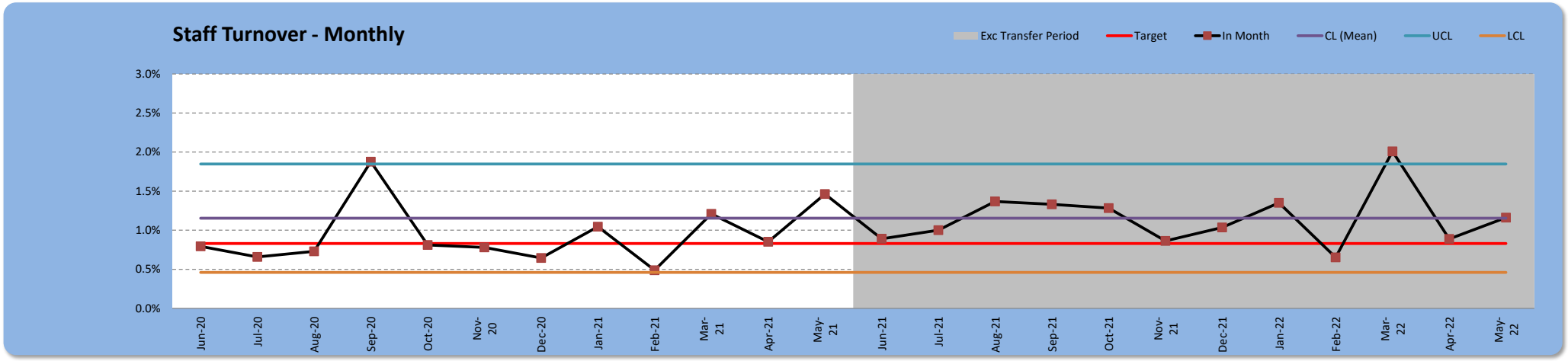
PI RETURN FORM 2022-23

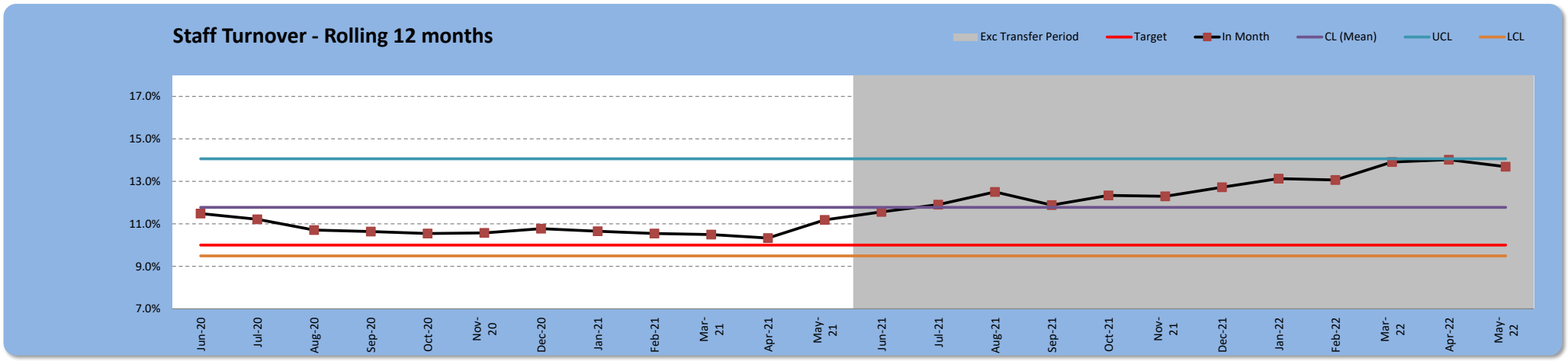
Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **May 2022**

Target:	Amber:	Current month stands at:	Target:	Amber:	Rolling figure stands at:
0.8%	0.7%	1.162%	10%	9%	14%

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, transfers (up to Mar21), retirements and staff coming to the end of temporary contracts. It doesn't include junior doctors on rotation. From April 2021 Employee Transfers Out have also been excluded	Executive Lead Steve McGowan	WL 3 TOM Exc TUPE





Please refer to the accompanying front sheet/report for any relevant commentary

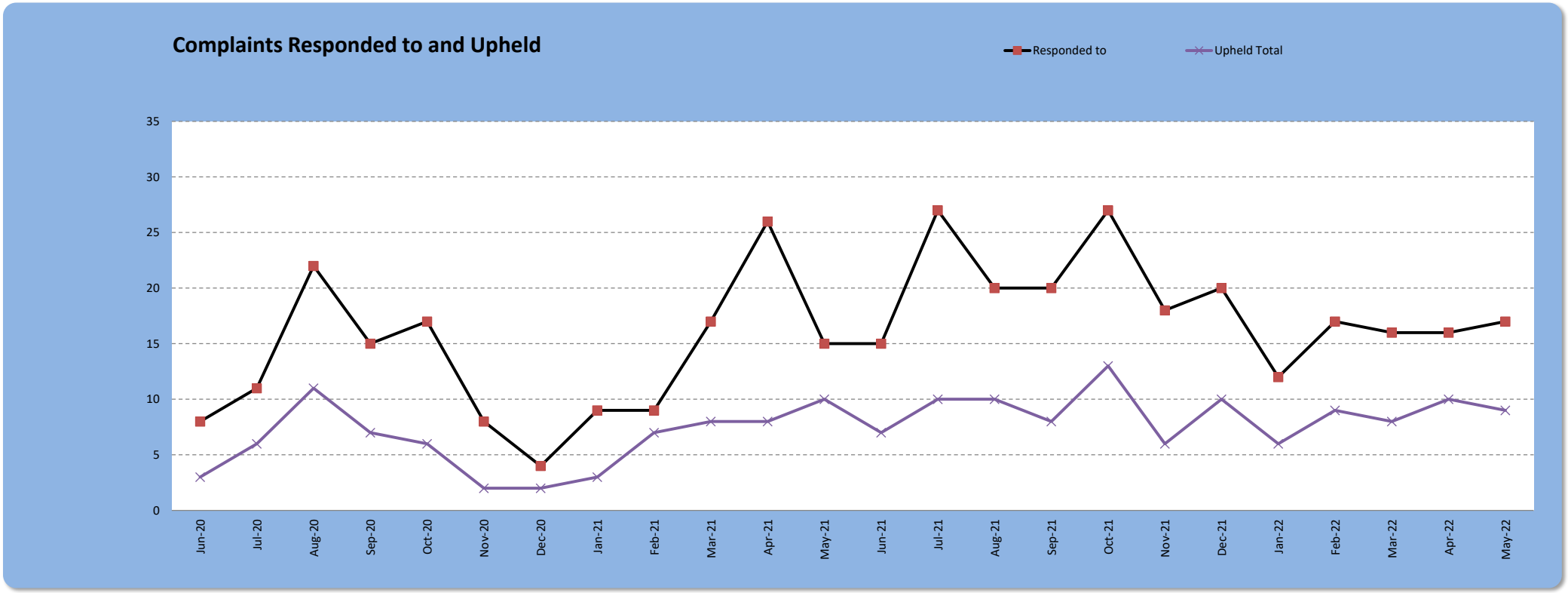
PI RETURN FORM 2022-23

YTD Upheld	No. of Complaints upheld in month	Current month upheld stands at:
50.0%	n/a	1

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **May 2022**

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



Please refer to the accompanying front sheet/report for any relevant commentary

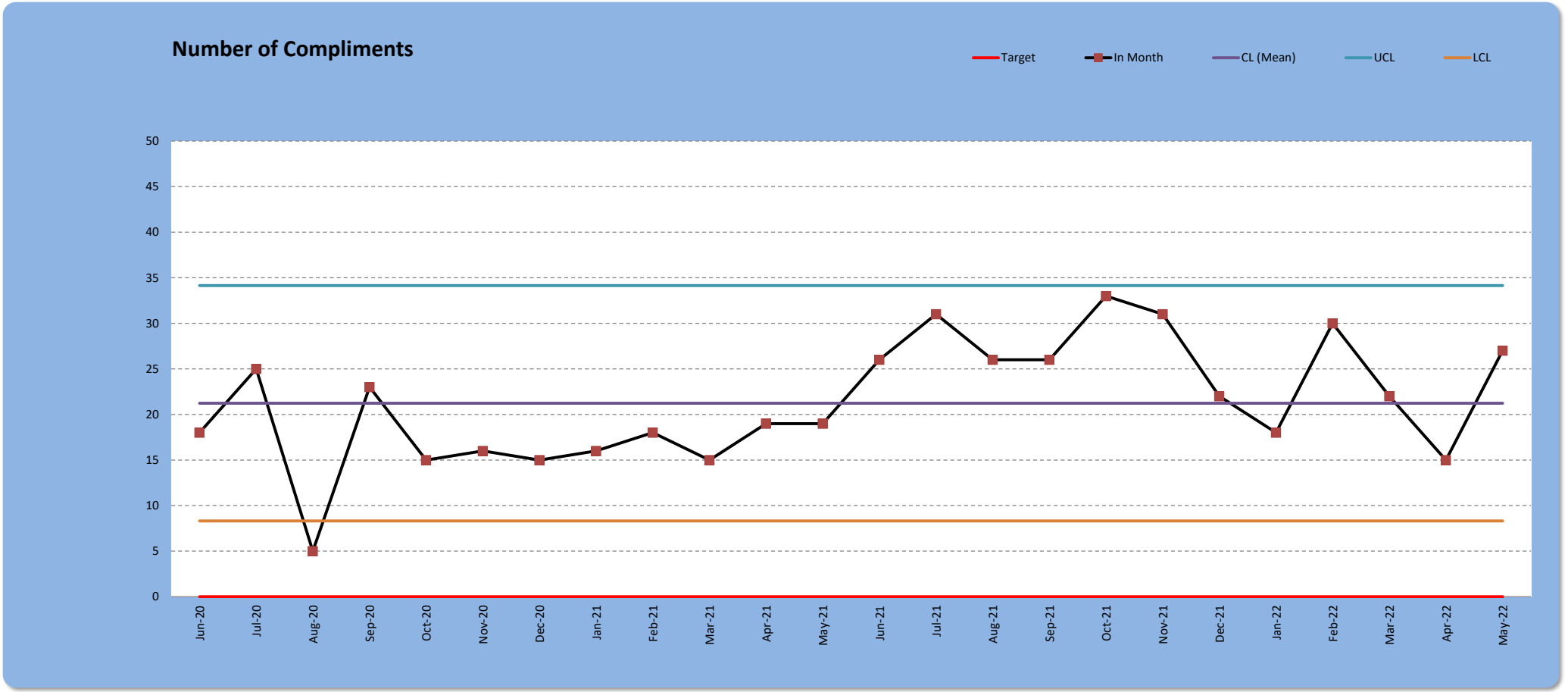
PI RETURN FORM 2022-23

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **May 2022**

Target:	Amber:	Current month stands at:
n/a	n/a	27

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



Please refer to the accompanying front sheet/report for any relevant commentary

Humber Teaching
NHS Foundation Trust

Executive Team:

Chief Executive:	Michele Moran
Chair:	Caroline Flint
Chief Operating Officer:	Lynn Parkinson
Director of Finance:	Peter Beckwith
Director of Workforce and Organisational Development:	Steve McGowan
Medical Director:	John Byrne
Director of Nursing:	Hilary Gledhill

Caring, Learning
& Growing Together

Issue Date: 13/06/2022

NHS
Humber Teaching
NHS Foundation Trust

Agenda Item 10

Title & Date of Meeting:	Trust Board Public Meeting – 22 June 2022
Title of Report:	Finance Report May 2022
Author/s:	Name: Peter Beckwith Title: Director of Finance
Recommendation:	To approve [ ] To receive & note [✓] For information [ ] To ratify [ ] The Trust Board are asked to note the Finance report for May and comment accordingly.
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	This report is being brought to Board members to provide the financial position for the Trust as at the 31 May 2022 (Month 2). The report provides assurance regarding financial performance, key financial targets and objectives

Key Issues within the report:

Matters of Concern or Key Risks to Escalate: • The Year to Date Agency expenditure was £1.322m, this is £0.273m more than the previous year's equivalent Month 2 position.	**Key Actions Commissioned/Work Underway:** • The Better Payment Practice Code figures show achievement of 84.2% for Non NHS invoices and 68.1% for NHS invoices, work is ongoing to improve the position.
Positive Assurances to Provide: • The Trust recorded an overall deficit of £0.275m for Month 2 consistent with the Trust's planning target • Cash balance at the end of Month 2 was £32.529m of which £4.682m relates to the Provider Collaborative	**Decisions Made:** • The Trust Board are asked to note the Finance report for May 2022, and comment accordingly.

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		Collaborative Committee	
		Other (please detail) Monthly 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	√			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 – May 2022

1. Introduction

This report is being circulated to The Board to present the financial position for the Trust as at the 31 May 2022 (Month 2). 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 31 May 2022

The Trust has initially been set has been set a deficit budget of £1.010m by the ICS and this is reflected in the monitoring position for Month 2. Work is progressing at ICS level to revise financial plans, this work concluded after the ledger had closed for Month 2.

Table 1 shows for the period ended 31 May 2022 the Trust recorded an operating deficit of £0.275m. Excluded from this is the Donated Depreciation and the Provider Collaborative positions.

Within the Month 2 position is a provision to cover the impending pay award, as income has been received to cover this cost.

The Month 2 position is summarised in the table on the following page:

Table 1: 2021/22
Income and Expenditure

	22/23 Net Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Income							
Trust Income	**155,811**	**12,999**	**13,084**	**84**	**25,567**	**25,500**	**(66)**
Clinical Income	**15,653**	**1,337**	**1,455**	**118**	**2,633**	**2,747**	**114**
Total Income	**171,464**	**14,336**	**14,538**	**202**	**28,200**	**28,247**	**47**
Expenditure							
Clinical Services							
Children's & Learning Disability	35,710	2,966	2,959	6	5,750	5,718	32
Community & Primary Care	30,550	2,662	2,737	(74)	5,288	5,356	(68)
Mental Health	52,657	4,452	4,580	(128)	9,317	9,174	144
Forensic Services	11,202	974	950	24	1,948	1,942	6
	130,117	**11,054**	**11,226**	**(172)**	**22,303**	**22,190**	**114**
Corporate Services	**36,772**	**2,697**	**2,777**	**(80)**	**4,976**	**4,996**	**(20)**
Total Expenditure	**166,890**	**13,751**	**14,003**	**(252)**	**27,279**	**27,185**	**94**
EBITDA	**4,574**	**586**	**535**	**(50)**	**921**	**1,062**	**141**
Depreciation	4,596	383	401	(18)	766	868	(102)
Interest	148	12	(1)	14	25	(3)	27
PDC Dividends Payable	2,341	195	195	-	390	390	-
Operating Total	**(2,510)**	**(5)**	**(60)**	**(55)**	**(260)**	**(194)**	**66**
BRS	(1,500)	135	81	54	15	81	(66)
Operating Total	**(1,010)**	**(139)**	**(141)**	**(1)**	**(275)**	**(275)**	**(0)**
Excluded from Control Total							
Donated Depreciation	70	6	5	1	12	10	2
	(1,080)	**(145)**	**(145)**	**(0)**	**(286)**	**(284)**	**2**
Excluded							
Commissioning	1	0	(0)	0	1	(0)	1
Ledger Position	**(1,081)**	**(146)**	**(145)**	**0**	**(287)**	**(284)**	**3**
EBITDA %	**2.7%**	**4.1%**	**3.7%**		**3.3%**	**3.8%**	
Surplus %	**-1.5%**	**0.0%**	**-0.4%**		**-0.9%**	**-0.7%**	

2.2 Income

Trust Income is overachieving against its income budget by £0.047m year to date with Month 2 showing an overachievement of £0.202m which includes a number of minor variances to budget.

2.3 Divisional Expenditure

The overall Operational Divisional Gross Expenditure is showing an underspend of £0.114m.

2.3.1 Community and Primary Care

Community and Primary Care is reporting an overspend of £0.068m.

Primary Care is showing an overspend of £0.274m which is primarily due to pressures caused by the required increase of Locum Doctors which are significantly more expensive than substantive staff, offset by savings in Community of £0.206m

2.3.2 Mental Health

The Division is showing an underspend of £0.144m. There are pressures within the Unplanned service division which relates to the acuity of patients within PICU and the Older Adult Units which requires increased safer staffing numbers. This is currently offset by underspends on staffing within the Planned division.

4. Cash

As at the end of Month 2 the Trust held the following cash balances:

Table 3: Cash Balance

Cash Balances	£000s
Cash with GBS	32,318
Nat West Commercial Account	163
Petty cash	49
Total	**32,529**
Of this £4.682m relates to the Provider collaborative	

Included within this amount is the Provider Collaborative cash amount of £4.682m, this has increased as the payment mechanism between lead provider collaboratives has moved to recharges rather than the former block payment mechanism.

A strategic cashflow forecast is scheduled to be presented to the finance and investment committee in July.

5. Agency

Actual agency expenditure for May was £0.759m. The year to date spend is £1.322m, which is £0.273m above the same period in the previous year.

Table 4 Agency Spend v previous year

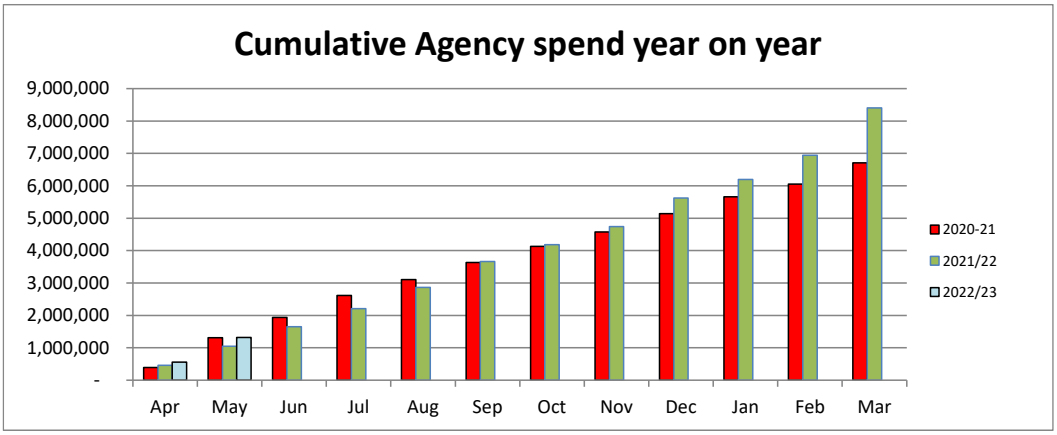


Table 5 Agency spend by staff group

Staff Type	Apr-22	May-22
	£000	£000
Consultant	319	313
Nursing	125	201
AHPs	13	(27)
Clinical Support Staff	50	214
Administration & Clerical	56	57
Grand Total	563	759

The table above shows the agency spend by staff type by month, the majority of expenditure relates to Consultants.

A plan to recover agency spend has been requested by EMT and is being led on by the Chief Operating Officer.

6. Better Payment Practice Code BPPC

The BPPC figures are shown at Table 6. The current position is 84.2% for Non NHS and 68.1% for non NHS. Investigation regarding performance has shown that invoices that are queried have not been put on hold and work is ongoing to improve the position internally through Communications and then by monitoring.

Table 6 Better Payment Practice Code

Better Payment Practice Code	YTD Number	YTD £
NON NHS		
Total bills paid	6,247	17,360
Total bills paid within target	5,262	15,785
Percentage of bills paid within target	**84.2%**	**90.9%**
NHS		
Total bills paid	135	1,075
Total bills paid within target	92	940
Percentage of bills paid within target	**68.1%**	**87.4%**
TOTAL		
Total bills paid	6,382	18,435
Total bills paid within target	5,354	16,725
Percentage of bills paid within target	**83.9%**	**90.7%**

7. Recommendations

The Trust Board are asked to note the Finance report for May and comment accordingly.

NHS
Humber Teaching
NHS Foundation Trust

Agenda Item 11

Title & Date of Meeting:	Trust Board Public Meeting Part I – 22nd June 2022
Title of Report:	Analysis of Ethnicity and MHA Annual Report
Author/s:	Dr John Byrne, Medical Director
Recommendation:	To approve: ; To receive & note: √ ; For information: ; To ratify:
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	The report provides ethnicity data for Hull and East Riding population in relation to the Mental Health Act for the Committee's Analysis of Ethnicity Annual Report.

Key Issues within the report:

Matters of Concern or Key Risks to Escalate:

- A small trend noted showing ethnic minorities more likely to be detained as informal rather than formal.
- In respect of people from ethnic minorities not using services, consideration given to more work locally and nationally between health and social care services.
- Whilst the Trust has a small ethnic minority population there is a large East European population that should be given ongoing consideration.

Key Actions Commissioned/Work Underway:

- The total number of admissions to Humber inpatient units for ethnic minorities in the last 3 years remained similar but the ratio between informal and formal changed.
- MHA detentions in Hull and East Riding for people who are non-white appears to be decreasing.

Positive Assurances to Provide:

- Mental Health Act Legislation Steering Group has asked for continued discussion in networks and with consultant psychiatrists, with particular focus on the issue that of the ethnic population not accessing services and how this can be addressed.
- Data has been shared with appropriate networks for review.

Decisions Made:

- To continue to monitor any trends and disparities

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	3.2.22	Operational Delivery Group	
Charitable Funds Committee		Collaborative Committee	

			Other (please detail)	

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	√			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:

Analysis of Ethnicity and Mental Health Act

Introduction

This report 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.

Amongst the five broad ethnic groups, known rates of detention for the 'Black or Black British' group (288.7 detentions per 100,000 population) were over four times those of the White group (71.8 per 100,000 population), (NHS Digital - Mental Health Act Statistics, Annual Figures 2017-18 publication date: 09 October 2018).

Using the above data the Care Quality Commission Report (The rise in the use of the MHA to detain people in England, January 2018) emphasised that providers, researchers and national bodies believe this is a rising trend for BME groups. Many staff that they interviewed during their site visits recognised that people from BME groups – specifically Black Caribbean and Black African people – were over-represented in their local detained populations. It was commonly believed that Black people, and particularly Black men, will often have first contact with services late in their illness which makes them more likely to be detained.

Summary of data

Data was taken from the Office of National Statistics mid-year population estimates to calculate the number and proportion of the population across East Riding and Hull who are over 18 years old and estimated to be defined as being White or Non-White (Table 1). This original data (collated throughout 2017) has been updated during 2019 however the Office of National Statistics data no longer provides a split for **over 18s**. Hence Table 7 shows the current distribution of population and ethnicity across East Riding and Hull for **over 16s**.

Data produced from the Business Intelligence Team was reviewed by the MHL Steering Group to identify the proportion of those informal or detained under the Mental Health Act who were described as White or Non-White. It is difficult to accurately assess the local data if the actual population percentages are not updated annually as they are unlikely to be based on the current population numbers because our population has changed dramatically in the last 10 years in terms of ethnicity. The available data for comparison of over 18s covers the previous 5 years. With regards to the population figures, despite a census being completed last year, these are the most up to date figures we have available to us.

For those over 18s the informal and sections 2, 3 and 4s of the MHA are similar between 2020 and 2021 and the figures look consistent to the population figures. The only possible significant change is with regards to non white people being detained on sections other than S2, S3 and S4; 18.8% in 2021 compared to 5.9% in 2020. This is however related to a difference of one person in 2020 versus 3 people in 2021 so probably statistically this wouldn't make a significant difference. Those 'other' sections are mainly forensic sections and include S47/49, S48/49, S38, S37/41 and S37; in the main this data relates to patients from other catchment areas. As was discussed in last year's report the 'other' sections especially the forensic sections are not necessarily a representation of our population.
In the white population the numbers are fairly similar, with some differences in the non- white population, however the numbers are very small you only need one or two individuals who are detained a lot then it completely skews the figures.

In terms of gender the over 18 and the over 16 categories were similar; there were slightly more females detained however there are slightly more females informal also; if you look at common mental disorders such as anxiety and depression it is more common in women, which also is likely

to be similar nationally. Scientifically depression is a very common mental disorder which is twice as common in women than men and that will show through to admission and detentions, it may not be anything to do with discrimination it may be to do with conditions been more common in certain genders.

This is why we have zero females who represent the 'other sections' because we don't have any secure female beds.

If we look at conditions like depression and borderline personality disorder they are more prevalent in females and the Steering Group suspected those statistics might be similar throughout the country with females. If there was a difference in race that might be more difficult to explain scientifically. We have a few borderline patients in our Trust who on their own can get sectioned several times a year, which could skew the figures. The majority of the very rapid cycling patients are female so they're going to bump these figures up.

The data in the report suggested that whilst the number of informal admissions for Ethnic Minorities had increased slightly over the last year, the number of detentions (S2, 3, and 4) for people from Ethnic Minorities in Hull and East Riding had decreased during 2020 and has continued to decrease into 2021. The recent interim review of the Mental Health Act has highlighted that there is disparity with regard to use of the Act in Ethnic minority populations at a national level.

Over 16
For detained patients over 16 the percentage from Ethnic Minorites admitted to Humber Teaching NHS Foundation Trust has remained the same over the last two years. However, as with the over 18s, informal admissions have increased whilst detentions have reduced in 2021. The available data for comparison of over 16s covers the previous 3 years.

The Steering Group discussed how the informal admissions are lower in the non-white population so there might be an argument we are detaining non-whites a bit more but it's not a huge difference. However it shows people from ethnic minorities are not choosing to use our services voluntarily as much as the local white population and that may be more of an issue than being detained slightly more. So people from ethnic minorities are just not coming to our attention as much, which the Steering Group suspected is probably a national problem as well. It was recalled that when we looked at this data last year we had a similar argument where detentions were kind of similar but when it came to informal admissions we were getting low numbers. It could be that this is the same across all health services, not just mental health, i.e. GPs, A & E departments. There could be a group of non whites who just don't use health services as much. This was also an issue highlighted in terms of the vaccination programme: the uptake in non whites were much smaller compared to whites.

<u>Next steps</u>

This data will be shared with appropriate clinical networks for review.

Table 1 Distribution of population across East Riding and Hull for adults over 18 and ethnicity

	East Riding of Yorkshire	Kingston upon Hull	Total
All persons	337,696	260,240	597,936
Over 18 years	274,931 (81% of total)	204,153 (78% of total)	479,084 (80% of total)
Over 18 years (White)	255,686 (93% of over 18s)	183,125 (89.7% of over 18s)	438,811 (91.6% of over 18s)
Over 18 years (non-White)	19,245 (7% of over 18s)	21,028 (10.3% of over 18s)	40,273 (8.4% of over 18s)

Table 2 Distribution of informal and sectioned (sections 2, 3 and 4) patients over 18 to Humber NHS Foundation Trust 2017

	Total population for ER & Hull	Informal *	Sectioned (2, 3 & 4 MHAct)	Sectioned (other)
Over 18 years	479,084	721	443	36
Over 18 years (White)	438,811 (91.6%)	698 (96.80%)	405 (91.42%)	29 (80.55%)
Over 18 years (non-White)	40,273 (8.4% of over 18s)	22 (3.05%)	35 (7.90%)	7 (19.44%)
Over 18 years (not known)		1 (0.13%)	3 (0.67%)	0 (0 %)

Table 3 Distribution of informal and sectioned (sections 2, 3 and 4) patients over 18 to Humber NHS Foundation Trust 2018

	Total population for ER & Hull	Informal *	Sectioned (2, 3 & 4 MHAct)	Sectioned (other)
Over 18 years	479,084	745	432	29
Over 18 years (White)	438,811 (91.6%)	698 (93.69%)	396 (91.66%)	23 (79.31%)
Over 18 years (non-White)	40,273 (8.4% of over 18s)	40 (5.36%)	34 (7.87%)	6 (20.68%)
Over 18 years (not known)		7 (0.93%)	2 (0.46%)	0 (0%)

Table 4 Distribution of informal and sectioned (sections 2, 3 and 4) patients over 18 to Humber NHS Foundation Trust 2019

	Total population for ER & Hull	Informal *	Sectioned (2, 3 & 4 MHAct)	Sectioned (other)
Over 18 years	479,084	831	491	36
Over 18 years (White)	438,811 (91.6%)	788 (94.82%)	433 (88.18%)	34 (94.44%)
Over 18 years (non-White)	40,273 (8.4% of over 18s)	31 (3.73%)	46 (9.36%)	2 (5.55%)
Over 18 years (not known)		12 (1.44%)	12 (2.44%)	0 (0%)

Table 5 Distribution of informal and sectioned (sections 2, 3 and 4) patients over 18 to Humber NHS Foundation Trust 2020

	Total population for ER & Hull	Informal *	Sectioned (2, 3 & 4 MHAct)	Sectioned (other)
Over 18 years	479,084	705	436	42
Over 18 years (White)	438,811 (91.6%)	681(96.5%)	396(90.8%)	39(92.9%)
Over 18 years (non-White)	40,273 (8.4% of over 18s)	16(2.26%)	37(8.48%)	2(4.8%)
Over 18 years (not known)		8(1.13%)	3(0.68%)	1(2.3%)

Table 6 Distribution of informal and sectioned (sections 2, 3 and 4) patients over 18 to Humber NHS Foundation Trust 2021

	Total population for ER & Hull	Informal *	Sectioned (2, 3 & 4 MHAct)	Sectioned (other)
Over 18 years	479,084	610	518	16
Over 18 years (White)	438,811 (91.6%)	577 (94.6%)	479 (92.4%)	13 (81.2%)
Over 18 years (non-White)	40,273 (8.4% of over 18s)	26 (4.2%)	22 (4.2%)	3 (18.8%)
Over 18 years (not known)		7 (1.1%)	17 (3.2%)	0(%)

Table 7 Distribution of population across East Riding and Hull for over 16s and ethnicity

	East Riding of Yorkshire	Kingston upon Hull	Total
All persons	339,600	261,600	601,200
Over 16+ years	280,200 (82.5%)	215,300 (82.3%)	495,500 (82.4%)
Over 16+ years (White)	268,400 (95.8%)	197,200 (91.6%)	465,600 (94.0%)
Over 16+ years (non-White)	11,800 (4.2%)	18,100 (8.4%)	29,900 (6.0%)

Table 8 Distribution of informal and sectioned (sections 2, 3 and 4) patients over 16 to Humber NHS Foundation Trust 2019

	Total population for ER & Hull	Informal *	Sectioned (2, 3 & 4 MHAct)	Sectioned (other)
Over 16 years	495,500 (82.4%)	836	496	36
Over 16 years (White)	465,600 (94.0%)	793 (94.85%)	437 (88.10%)	34 (94.44%)
Over 16 years (non-White)	29,900 (6.0% of over 16s)	31 (3.7%)	46 (9.27%)	2 (5.55%)
Over 16 years (not known)		12 (1.43%)	13 (2.62%)	0 (0%)

Table 9 Distribution of informal and sectioned (sections 2, 3 and 4) patients over 16 to Humber NHS Foundation Trust 2020

	Total population for ER & Hull	Informal *	Sectioned (2, 3 & 4 MHAct)	Sectioned (other)
Over 16 years	495,500 (82.4%)	723	477	17
Over 16 years (White)	465,600 (94.0%)	696 (96.2%)	434 (91%)	16 (94.1%)
Over 16 years (non-White)	29,900 (6.0% of over 16s)	18 (2.4%)	35 (7.3%)	1 (5.8%)
Over 16 years (not known)		9 (1.2%)	8 (1.6%)	0(%)

Table 10 Distribution of informal and sectioned (sections 2, 3 and 4) patients over 16 to Humber NHS Foundation Trust 2021

	Total population for ER & Hull	Informal *	Sectioned (2, 3 & 4 MHAct)	Sectioned (other)
Over 16 years	495,500 (82.4%)	622	538	16
Over 16 years (White)	465,600 (94.0%)	588 (94.5%)	493 (91.6%)	13 (81.2%)
Over 16 years (non-White)	29,900 (6.0% of over 16s)	28 (4.5%)	24 (4.4%)	3 (18.7%)
Over 16 years (not known)		6 (0.96%)	21 (3.9%)	0 (%)

Table 11 Distribution of informal and sectioned (sections 2, 3 and 4) patients over 18 (by gender) to Humber NHS Foundation Trust 2020

		Section 2, 3 ,4	Informal	Other Sections
White	Female	205	357	0
	Male	217	323	16
	Total	422	680	16
Not Known	Female	1	1	0
	Male	4	6	0
	Total	5	7	0
Non-white	Female	16	11	0
	Male	19	6	1
	Total	35	17	1
	Total	462	704	17

Table 12 Distribution of informal and sectioned (sections 2, 3 and 4) patients over 18 (by gender) to Humber NHS Foundation Trust 2021

		Section 2, 3 ,4	Informal	Other Sections
White	Female	261	310	0
	Male	218	267	13
	Total	479	577	13
Not Known	Female	5	1	0
	Male	12	5	0
	Total	17	6	0
Non-white	Female	11	9	0
	Male	11	18	3
	Total	22	27	3
	Total	518	610	16

Table 13 Distribution of informal and sectioned (sections 2, 3 and 4) patients over 16 (by gender) to Humber NHS Foundation Trust 2020

		Section 2, 3 ,4	Informal	Other Sections
White	Female	216	370	0
	Male	218	326	16
	Total	434	696	16
Not Known	Female	2	1	0
	Male	6	8	0
	Total	8	9	0
Non-white	Female	16	12	0
	Male	19	6	1
	Total	35	18	1
	Total	477	723	17

Table 14 Distribution of informal and sectioned (sections 2, 3 and 4) patients over 16 (by gender) to Humber NHS Foundation Trust 2021

		Section 2, 3 ,4	Informal	Other Sections
White	Female	272	320	0
	Male	221	268	13
	Total	493	588	13
Not Known	Female	5	1	0
	Male	16	5	0
	Total	21	6	0
Non-white	Female	12	9	0
	Male	12	19	3
	Total	24	28	3
	Total	538	622	16

Table 15 Distribution of informal and sectioned (sections 2, 3 and 4) patients over 18 (by gender and ethnicity) to Humber NHS Foundation Trust 2020

Admissions ethnicity over 18

		S2/3/4	Other Section	Informal	Total
Female	Any Other Ethnic Group	3	0	2	5
	Asian or Asian British - Any other Asian background	1	0	0	1
	Asian or Asian British - Indian	2	0	2	4
	Black or Black British - African	3	0	0	3
	Black or Black British - Any other Black background	2	0	1	3
	Black or Black British - Caribbean	1	0	0	1
	Mixed - Any other background	1	1	2	4
	Mixed - White and Asian	2	0	3	5
	Not Known	1	0	0	1
	Not Stated	1	0	1	2
	White - Any other White background	8	1	7	16
	White - British	183	12	348	543
	White - Irish	1	0	2	3
	Total	209	14	368	591
Male		3	0	0	3
	Any Other Ethnic Group	7	0	3	10
	Asian or Asian British - Any other Asian background	1	0	0	1
	Asian or Asian British - Indian	1	0	0	1
	Black or Black British - African	4	0	0	4
	Black or Black British - Any other Black background	0	0	2	2
	Mixed - Any other background	1	1	0	2
	Mixed - White and Asian	1	0	1	2
	Mixed - White and Black African	2	0	0	2
	Mixed - White and Black Caribbean	2	0	0	2
	Not Known	1	1	2	4
	Not Stated	0	0	5	5
	White - Any other White background	12	1	8	21
	White - British	192	25	316	533
	Total	227	28	337	592
	Total	436	42	705	1,183

Table 16 Distribution of informal and sectioned (sections 2, 3 and 4) patients over 16 (by gender and ethnicity) to Humber NHS Foundation Trust 2020

Admissions ethnicity over 16

		S2/3/4	Other Section	Informal	Total
Female	Any Other Ethnic Group	3	0	2	5
	Asian or Asian British - Any other Asian background	1	0	0	1
	Asian or Asian British - Indian	2	0	2	4
	Black or Black British - African	3	0	0	3
	Black or Black British - Any other Black background	2	0	1	3
	Black or Black British - Caribbean	1	0	1	2
	Mixed - Any other background	1	1	2	4
	Mixed - White and Asian	2	0	3	5
	Not Known	2	0	0	2
	Not Stated	1	0	1	2
	White - Any other White background	9	1	8	18
	White - British	193	12	360	565
	White - Irish	1	0	2	3
	Total	221	14	382	617
Male		3	0	0	3
	Any Other Ethnic Group	7	0	3	10
	Asian or Asian British - Any other Asian background	1	0	0	1
	Asian or Asian British - Indian	1	0	0	1
	Black or Black British - African	4	0	0	4
	Black or Black British - Any other Black background	0	0	2	2
	Mixed - Any other background	1	1	0	2
	Mixed - White and Asian	1	0	1	2
	Mixed - White and Black African	2	0	0	2
	Mixed - White and Black Caribbean	2	0	0	2
	Not Known	3	1	4	8
	Not Stated	0	0	5	5
	White - Any other White background	12	1	8	21
	White - British	193	25	319	537
	Total	230	28	342	600
	Total	451	42	724	1,217

APPENDIX 1: Analysis of Ethnicity Mental Health Act Report

Committee noted key items and assurances:

Presented by Dr Fofie the report is the fourth to be received by Committee and is linked to a number of national reports indicating patients from black and ethnic origin were likely to be detained under Mental Health Act (MHA), citing 2017 – 18 report which identified black men were four times more likely to be detained. One explanation was that black men came into services later and, therefore, detention became the last resort.

Last year's report tried to present figures as best as possible to ensure consistency and identify any trends needing addressing in local population. However, this has proved difficult as data is 10 years old and since then East Riding population has increased and ethnic mix has changed.

Mental Health Legislation Steering Group has discussed ONS data and this paper is a summary with main focus on Section 2, 3 and 4, noting Trust has a regional forensic unit which takes male patients from across the country. Other data showed use of MHA for women was higher than for men; possible explanations being depression and personality disorder more common to women. A small trend noted showing ethnic minorities more likely to be detained as informal rather than formal, but numbers are so small it is difficult to make sense of. In this regard, Steering Group has asked for continued discussion in network and with consultants, with particular focus on issue that ethnic population not accessing services and how this can be addressed. Ms Nolan added Equality, Diversity & Inclusion group has also discussed and noting ethnic minorities not using services voluntarily asked if Local Authorities social care services has similar findings. If this is the case perhaps there is a bigger piece of work locally and nationally between health and social care services. Mr Heffernan offered to check for data and liaise with Ms Nolan.

Mr Smith noted Committee is sighted on issue and whilst not wanting to use small numbers in data as an excuse recognises plans in place to investigate further.

Mr Royles commented the 2021 national report on health disparities for ethnic minorities and one recommendation, although controversial, was that the term BAME was not helpful in regard to ethnic populations. This could present an opportunity for Trust to be an exemplar in resetting away from white/non-white categories to say African men and Indian women that would better help staff to understand ethnicity in a broader sense. Dr Fofie agreed cultural differences are important factors referencing a recent suicide report which noted a difference in how Chinese women present compared to African women, and in order to access this level of data suggests local research or quality improvement research. Dr Fofie further noted East European population is included within white data again making it difficult to identify the needs of this particular population.

Mrs Parkinson, referring to Ms Nolan's earlier point around ethnic minorities access to services, explained in a previous NHS role a similar pattern existed in terms of ethnic minority populations accessing mental health services were being overrepresented in terms of use of the Act, so one approach was to work with the local authorities and Voluntary Sector. One voluntary organisation representing ethnic minority groups was commissioned to look at this particular issue, which led to creation of Community Development workers attached to particular populations and their communities with a remit to determine in what ways mental health services were stigmatised and how to destigmatise among ethnic communities. Trust could consider how to work with its local authorities in a community focussed approach and there are other models available.

Dr Byrne summarised stating this year is the fourth time data has been looked at but is mindful there is a challenge with institutional racism in UK and it is important to tackle prejudice in all its forms. Whilst Trust has small ethnic minority population there is a large East European population that needs consideration going forward. However, the biggest challenge is where all this work stems from and the issue remains that a black male is more likely to have poorer outcomes in mental health than a white male, and similarly a black female is likely to have poorer outcomes in maternity services. As a Trust need to be very mindful and understand some of that racism appears to be institutionalised within NHS in its broadest sense, but

also pay attention to protected characteristics. Mr Smith observed people with mental health illnesses experience worse physical health, and this is compounded when overlaid with economic disadvantage and different ethnicity.

Dr Fofie asked if there could be a link between this report and the equality work being led by Dr Byrne and take into account COVID vaccinations. Dr Byrne in regard to staff COVID vaccination explained Trust understood this would be challenge and throughout the programme has monitored data on a daily basis. This has shown there is a very, very small disparity between uptake between white and ethnic origin staff. However, in early stages of pandemic health inequalities have been exposed. As a result NHSE is using core 20+5 approach: +5 relates to high end conditions such as hypertension, SMI checks and pregnant women, and 20% relates to health issues for those in 20% of lowest income bands. Any future work by Trust needs to ensure these are picked up across core services and would like to think ICS as lead on broader health inequalities would manage the 20% with renewed focus. Mr Smith thanked everyone for their input and informed members he would take discussion to Quality Committee.

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Agenda Item 12

Title & Date of Meeting:	Trust Board Public Meeting – 22nd June 2022
Title of Report:	Summary Briefing: Independent Report – Leadership for a Collaborative and Inclusive Future
Author/s:	Lynn Parkinson, Deputy Chief Executive Officer & Chief Operating Officer
Recommendation:	To approve [ ] To receive & note [√] For information [ ] To ratify [ ]
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	The purpose of this paper is to provide a summary of the report which was published on 8th June 2022, **Independent Report – Leadership for a collaborative and Inclusive Future.** The Secretary of State asked Sir Gordon Messenger and Dame Linda Pollard, to examine the state of leadership and management in the health and social care sector. The scope of the review was to examine the nature of leadership across the entirety of health and adult social care, and from the top to the bottom of both. It sets out 7 recommendations to support areas where change and improvement are necessary to ensure leaders and managers are supported to deliver the best possible care.

Key Issues within the report:

Matters of Concern or Key Risks to Escalate:

- Two key standout observations made by the report are:
  - the very real difference that first-rate leadership can make in health and social care, with many outstanding examples contributing directly to better service.
  - that the development of quality leadership and management is not adequately embedded or institutionalised in our health and care communities.
- The report sets out that there has developed over time an institutional inadequacy in the way that leadership and management is trained, developed and valued and that this must be confronted
- External and internal pressures combine to generate stress in the workplace. These pressures have an impact on behaviours in the workplace, encouraging poor behavioural cultures and incidences of discrimination, bullying, blame cultures and responsibility avoidance.

Key Actions Commissioned/Work Underway:
The report makes 7 key recommendations:

- Targeted interventions on collaborative leadership and organisational values
  - A new, national entry-level induction for all who join health and social care, and a new, national mid-career programme for managers across health and social care.
- Positive equality, diversity and inclusion (EDI) action
- Consistent management standards delivered through accredited training
- A simplified, standard appraisal system for the NHS
- A new career and talent management function for managers
- More effective recruitment and development of non-executive directors

	• Establishment of an expanded, specialist non-executive talent and appointments team.
Positive Assurances to Provide: • The report describes that many examples of outstanding practice were encountered including the difference that good, mature, collaborative working can make. • Areas where change and improvement are necessary to ensure leaders and managers are supported to deliver the best possible care were also identified. • The recommendations made in the report are supported by an approach to implementation and will be followed by a delivery plan with clear timelines on implementing the agreed recommendations.	**Decisions Made:** • The Board is asked to note and consider the recommendations made by the review.

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		Collaborative Committee	
		Other (please detail) Board 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	√			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	

Summary Briefing: Independent Report – Leadership for a collaborative and Inclusive Future

1. Introduction

In October 2021, the Secretary of State asked Sir Gordon Messenger and Dame Linda Pollard, to examine the state of leadership and management in the health and social care sector. The purpose of this paper is to provide a summary of the report which was published on 8th June and is available at:

https://www.gov.uk/government/news/biggest-shake-up-in-health-and-social-care-leadership-in-a-generation-to-improve-patient-care

The scope of the review was to examine the nature of leadership across the entirety of health and adult social care, and from the top to the bottom of both. It notes that with a remit of this scale it focused on a few key themes which it intends to yield the largest impact. A key challenge noted was the very different structures, governance and accountabilities that co-exist across sectors. Two key standout observations made by the report are:

- the very real difference that first-rate leadership can make in health and social care, with many outstanding examples contributing directly to better service,
- yet that the development of quality leadership and management is not adequately embedded or institutionalised in our health and care communities.

The focus of the report findings are on areas which improve awareness of the impact that good leadership can have, and which instil it as an instinctive characteristic in everyone, not just those with the word in their job title. It is recognised that the NHS is itself far from a homogenous unified organisation but a federated ecosystem where complex tribal and status dynamics continue to exist. Given the clear benefits of cross-boundary teamwork and collaborative behaviours, everything should be done to encourage greater parity of esteem, conditions and influence between sectors and, within secondary care, a re-balancing of the focus on acute trusts to the benefit of their community, mental health and ambulance trust counterparts. It is recognised that the vast majority of health and care delivery never touches the acute sector, and it is in the interests of all to keep it that way, so more equitable representation and empowerment must be a key enabler to enhanced collaboration. Equally, the more that can be done to instil locally a culture of teamwork, understanding and shared objectives across the primary, secondary and social care communities, the better will be the nation's public health outcomes.

The report sets out that there has developed over time an institutional inadequacy in the way that leadership and management is trained, developed and valued and that this must be confronted. Collaborative behaviours, which are the bedrock of effective system outcomes, are not always encouraged or rewarded in a system which still relies heavily on siloed personal and organisational accountability. External and internal pressures combine to generate stress in the workplace. The sense of constant demands from above, including from politicians, creates an institutional instinct, particularly in the healthcare sector, to look upwards to furnish the needs of the hierarchy rather than downwards to the needs of the service-user. That these pressures have an impact on behaviours in the workplace, encouraging poor behavioural cultures and incidences of discrimination, bullying, blame cultures and responsibility avoidance. It is acknowledged that these symptoms are not necessarily the fault of historical or existing leadership teams or their staff. They are the result of a combination of factors over many years; some structural, some cultural, some born of complex inter-professional and status issues in the workplace. The conclusion is that they should not be tolerated as they

directly affect care of the service-user as well as the staff, and that they can be tackled but only through determined cultural change from the top of the system to the front-line.

2. Methodology

The review was supported by a team which included representatives from the Department of Health and Social Care (DHSC), NHS England, Health Education England, NHSX and social care leaders, as well as clinicians, managers and academics. A decision to ensure strong EDI expertise in the core team was made early in the process. A 'listen and learn' phase engaged with more than 1,000 stakeholders on over 400 different occasions, plus contributions from an open email address. All parts of the system were heard from across the breadth of primary care, secondary care, local government, public health, social care, charity sector, patients and people who draw on care and support. Efforts were made to avoid speaking only to the well-performing, better-known parts of the system and constructive challenge was encouraged.

3. Findings from the review

The report describes that many examples of outstanding practice were encountered including the difference that good, mature, collaborative working can make. Areas where change and improvement are necessary to ensure leaders and managers are supported to deliver the best possible care were also identified.

Cultures and behaviours

The review found the current cultural environment tends to be unfriendly to the collaborative leadership needed to deliver health and social care in a changing and diverse environment. The system is undergoing a fundamental change from a competitive to a collaborative ethic, and behaviours need to reflect this. Decision-making too often relates to a narrow and limited set of accountabilities that do not allow, encourage or reward collaboration. It was recognised that this is a direct result of how performance is currently measured and that a re-balancing towards collaborative, cross-boundary accountability is a pre-requisite to better outcomes. It found staff habitually respond to pressures inherent in the workplace by prioritising the task in hand rather than the team and individuals who together complete that task. Principal among the many agents that cause reactive rather than constructive behaviours are those pressures from above that force upward-looking rather than outward-looking responses. Some staff, for example, are presented with the responsibility to meet an external metric while lacking the ability or resource to meet it, while others operate freely without oversight in isolated areas. The review saw accountability without authority, and vice versa. The review considers that leadership itself is undervalued as a way of setting the context for collaboration. Leadership is viewed as the responsibility only of those in specific line manager or senior leadership positions, rather than as a quality that runs instinctively through the entirety of the workforce.

The reviewers frequently heard that poor inter-personal behaviours and attitudes were experienced in the workplace. Although by no means everywhere, acceptance of discrimination, bullying, blame cultures and responsibility avoidance has become normalised in certain parts of the system, as evidenced by staff surveys and several publicised examples of poor practice. This exists at the micro-level, in individual workplaces, and across sectors, where the enduring lack of parity of esteem, conditions and status between healthcare and social care adversely effects collaborative working. The review proposes that how an organisation performs and behaves in relation to EDI is a clear indicator of its maturity and openness. It will be a clear determinant of how an organisation fares in a rapidly changing social and work context. Improving EDI is also a way of reframing career progression. The

latter frequently depends on chance, contacts, regional variation, available time and budget. Training leaders to identify where such unfairness exists, access to opportunities will become allocated more fairly, and career progression will be determined more equitably.

In the NHS, a sense of a lack of psychological safety to speak up was observed despite the progress made since the Francis Report. The Freedom to Speak Up initiative can be narrowly perceived through the lens of whistleblowing rather than opportunity for organisational improvement, and the reviewers would encourage a broader perspective.

Standards and structures

The review makes observations relating to the NHS specifically about management practice but recognises that many of these issues are equally relevant in wider health and social care. It found that management tends not to be perceived – formally or informally – as a professional activity. Management lacks the status enjoyed by the established professions in health and social care. It reports that this is derived from the absence of acknowledged, universally applied standards to achieve agreed levels of behaviour and competence; and from inadequate, unstructured career support. Management can therefore appear as an under-valued career, rather than one at the heart of great care. Clinicians who choose to take on leadership roles in addition to their clinical work told the review they had little to no specific training to prepare them.

Management and leadership training, although excellent in some instances, is not based on any consistent or agreed universal standards, is an unhelpful mix of accredited and unaccredited courses and opportunities to access training are inequitably applied. Too much management and leadership training and development, and associated cultural transformation work, is piecemeal, partial and isolated. Whilst there are excellent examples of talent management within organisations, they are too widely scattered and are rarely completely inclusive. It was observed that career management does not start early enough, and this leads to narrowing career paths to the detriment of wider experience. Career management needs to support those in their first role as much as those at mid and later career.

The review found a lack of consistency with appraisals. Appraisals ranged from a performance review and a development conversation to a simple tick-box of tasks completed. Development needs are either focused on individual wants with no relationship to organisational goals or are neglected in favour of immediate pressures. It was rare to hear of appraisal linking individual, team, organisational and system goals effectively. The review found that workforce data is not collated and exploited to the benefit of the individuals, teams, organisations, systems or regions as a whole. The result is that excellent talent remains invisible, career support remains opportunistic, talent-hoarding becomes the privileged domain of those that can, and the system struggles to deploy the best people to work where their skills are needed most.

Wider observations

The report comments on some wider observations:

- there is a positive view that the **CQC** can influence collaboration across the whole of health and social care through its inspections and increasing focus on teams and systems. The well-led domain of CQC reports can develop its focus on culture and values rather than on managerial processes, and thereby reflect collaborative, compassionate and inclusive leadership in organisations. A judicious use of metrics and data can be a uniting and enabling agent, particularly if they are the basis for open

and honest discussions; however over-emphasis on metrics can be burdensome and counterproductive. Where quality of care falls below what is required, the tone and outcome of regulatory visits can leave leaders feeling isolated and unsupported, the shift in emphasis from a punitive model to a remedial one is welcomed by the review. Good organisations have a positive relationship with regulators, while those performing less well often wait to be told what to improve. Transparency, and the ability to learn from mistakes and respond without blame, are all necessary for quality improvement; regulators can influence and promote both professional and organisational behavioural changes necessary. The role of the professional regulators (General Medical Council, Nursing and Midwifery Council and others) relates primarily to individuals but is increasingly important in assuring organisational quality. To ensure better read across to professional standards, collaboration should be promoted across all regulators in developing the management standards and the training materials for managers.

- the interaction between the **clinical leadership** community and the rest of the workforce is a key element in setting the right cultures and behaviours. The authority and influence that doctors have both in society and within the NHS, means that the medical profession does have a unique responsibility for leading behavioural change where necessary and supporting a positive culture within their sector where all staff flourish. Clinicians bring a perspective that spans patient interaction and wider population health needs. The review encountered the flawed assumption that simply acquiring seniority in a particular profession translates into leadership skills and knowledge; this both reduces the quality of leadership overall and can drive a sense of frustration for those individuals. Doctors are often co-opted for management roles, particularly early in their consultant career, for which they often feel inadequately prepared in comparison with their clinical training. Allied health professionals reported that the lack of visibility of leaders from their professions on boards created a sense that careers in management would be limited. Senior nurses talked about 'going to the dark side' as a comment made when they moved into senior management roles, although nurse postgraduate training does provide elements of management learning. Overall, even the most successful of clinical leaders reported that their career trajectories had been serendipitous, and that their knowledge was acquired in unstructured opportunities in comparison to their professional training. There are different challenges in primary care where there is significant variation in leadership structures within and between GP practices, in their networks. The new place partnership boards and integrated care boards should provide the outlets that are currently lacking for primary care and public health leaders. The same should be true for local social care leaders.

4. Recommendations Made by the Review

The review makes several recommendations that it states when implemented will drive improvement in leadership and management that will have a positive outcome on both public health outcomes, productivity and efficiency. The recommendations are summarised below:

1. <u>Targeted interventions on collaborative leadership and organisational values</u>

- A new, national entry-level induction for all who join health and social care.
- A new, national mid-career programme for managers across health and social care.

The aim of the **entry level** programme is to introduce new starters to the culture and values that are expected within services and to foster a sense of belonging wider than the immediate organisation. The content of this programme should be co-created by partners across health and social care and should be for all new entrants including those entering formal programmes (such as the Graduate Management Training Scheme or the Assessed and Supported Year in Employment programme) and be used in combination with local inductions. The framework

should be nationally set, with certain allowance for local variation, and made universally available to ensure consistency.

The **Mid-career programme** will be targeted at middle managers working in healthcare, social care, local government, and relevant voluntary and private sector organisation. It needs to be 3 to 5 days and in person to get the full benefit, including ideally the creation of local alumni networks. It should work in harmony with the new national leadership programme outlined in the integration white paper. On implementation, the sectors should work together to identify the cohort for this programme which could include, but is not limited to, GPs, mid-career clinicians, NHS middle managers, principal social workers, registered managers and so on. It is vital that the content is co-created to realise the level of collaboration, system awareness and local delivery needed for the future. Again, the framework content should be nationally set to ensure consistency, with flexible and local delivery, either within ICSs or at place level across regions.

2. Positive equality, diversity and inclusion (EDI) action

- Embed inclusive leadership practice as the responsibility of all leaders.
- Commit to promoting equal opportunity and fairness standards.
- More stringently enforce existing measures to improve equal opportunities and fairness.
- Enhance CQC role in ensuring improvement in EDI outcomes.

3. Consistent management standards delivered through accredited training

- A single set of unified, core leadership and management standards for managers.
- Training and development bundles to meet these standards with completion of this training made a prerequisite to advance to more senior roles.

4. A simplified, standard appraisal system for the NHS

- A more effective, consistent and behaviour-based appraisal system, of value to both the individual and the system.

Appraisals will continue to be an annual performance and career conversation, with in-year follow up, based on a single set of documentation, which should be co-created, agreed nationally and made available to all organisations. It should be designed to sit alongside and complement documentation needed for professional revalidation.

5. A new career and talent management function for managers

- Creation of a new career and talent management function at regional level, which oversees and provides structure to NHS management careers providing clear routes to progression and promotion, and ensuring a strong pipeline of future talent

6. More effective recruitment and development of non-executive directors

- Establishment of an expanded, specialist non-executive talent and appointments team.

The report describes that the current non-executive talent and appointments team within NHS England is highly regarded, yet too small to achieve the depth and reach needed. It proposes that an expanded team could undertake a range of new and scaled up activities to support provider and system boards in close partnership with wider NHS England regional teams. These activities could include maximising attraction, setting standards and consistency in role descriptions, role preparation, induction and onboarding, management of talent pipelines and talent pools, central and regional databases and creating networks.

7. Encouraging top talent into challenged parts of the system

1. Improve the package of support and incentives in place to enable the best leaders and managers to take on some of the most difficult roles, whereby roles in challenged areas are seen as the best jobs rather than the most feared jobs.

5. Plan for Implementation

The report sets out that to ensure the culture and structural changes are achieved the recommendations will be implemented with the support of a Review Implementation Office (RIO) comprised of multi-NHS, social care and local government members to provide and drive the pace and scale of the implementation of this review. Its task is to deliver beyond what exists in the system currently and to foster sector-wide co-creation to set achievable deadlines and apportion appropriate responsibility. This group will have direct mandate from the Secretary of State and support from the leadership in NHS and local government to deliver the review's recommendations. It recognises that the NHS Leadership Compact – 'Our Leadership Way' could be used as it has wide consultation and aligns with the NHS People Plan and People Promise whilst also emphasising there should be a strong local, frontline representation, and service users must be incorporated. Structurally, the introduction of the Health and Care Bill and the advent of integrated care systems (ICSs) provide greater opportunity to promote cross-sector collaborative and inclusive behaviours to deliver better system outcomes. Organisationally, the rationalisation over the coming months into a unitary NHS England (NHSE) provides the opportunity to align behind a core set of values and a common leadership culture. It is recognised by the review that the NHS People Plan, People Promise and Our Leadership Way provide the manifesto for change in the health sector; Culturally, a positive legacy is recognised that the pandemic has changed the workplace dynamic across health and social care; driving accountability downwards, encouraging innovation, magnifying the value of teamwork including across sectoral boundaries, and strengthening a workforce sense of community through common experience and shared hardship which should be capitalised upon. The report will be followed by a delivery plan with clear timelines on implementing the agreed recommendations.

6. Conclusions

The board is asked to note and consider the findings of this review.

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Agenda Item 13

Title & Date of Meeting:	Trust Board Public Meeting– 22nd June 2022
Title of Report:	Draft Quality Accounts 2021-22
Author/s:	Hilary Gledhill, Executive Director of Nursing, Allied Health and Social Care Professionals Colette Conway, Assistant Director of Nursing, Allied Health & Social Care Professionals
Recommendation:	To approve: x; To receive & note: ; For information: ; To ratify:
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	The Board are asked to ratify the Draft Quality Accounts for 2020-21

Key Issues within the report:

Matters of Concern or Key Risks to Escalate:
- None

Key Actions Commissioned/Work Underway:
- As Described

Positive Assurances to Provide:
- The Quality Accounts have been shared with partners as part of the required consultation.
- The Quality Accounts have been circulated to Governors as part of the consultation process no comments have been received to date but the governors have been involved in their development

Decisions Made:
- N/A.

Governance:
Please indicate which committee or group this paper has previously been presented to:

	Date		Date
Audit Committee		Remuneration & Nominations Committee	
Quality Committee	04.05.22	Workforce & Organisational Development Committee	
Finance & Investment Committee		Executive Management Team	11.04.22
Mental Health Legislation Committee		Operational Delivery Group	
Charitable Funds Committee		Collaborative Committee	
		Other (please detail)	

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	√			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	

Draft document (Trust Board June-22)
Yellow highlight – mandated text

Humber Teaching
NHS Foundation Trust

Quality Account

Humber Teaching NHS Foundation Trust

2021/22

Caring, Learning
& Growing Together

Contents

4 pressure ulcers were acquired in our care during **2021/22. This assurance has allowed us to step this zero event down and continue monitoring through routine governance processes.**

Priority Four: To ensure all our **staff feel supported and confident in saying that caring for patients is our main priority as an organisation**

Our fourth priority has been identified following receipt of our 2021 staff survey results which showed that 73.8% of staff felt care of patients/service users was the organisations top priority. This is below the NHS average of 78.5%. This priority will be led by the Deputy Director of Nursing supported by the Executive Management Team.

What we will do in 2022/23

We will
• Understand what our staff say about how able they feel to prioritise caring for patients through surveys and listening sessions including the peer review process/professional forums and clinical visits by the executive. • To establish enablers and barriers to prioritising caring with staff and develop local and Trust wide plans to support staff to prioritise their caring role

2.2 Statements of Assurance from the Trust

2.6 Mandatory Quality Indicators

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Progress in relation to the 6 priorities

Despite the **pandemic, steady and sustained progress continues against all priorities as detailed below.**

Priority 1: To develop a positive and proactive safety culture

Leadership for safety – the PROUD programme is continuing within the Trust, offering 'leadership' and 'senior leadership' development programmes which take place via a blended approach. The programmes reflect our core values through leadership behaviours and introduce delegates to techniques to enhance a strength-based positive approach to leadership.

Our Leadership programmes are delivered in cohorts over an extended period.

Since the last update in March 2021:

- Senior Leadership Development programme: 1 cohort has reconvened, 3 new cohorts have started, this is 39 Senior Leaders across the 4 cohorts currently on the programme

- Leadership Development programme: 2 cohorts have reconvened, 7 new cohorts have started, this is 99 delegates across the 9 cohorts
- Three cohorts are complete which means 25 of our leaders have completed their development programme

Use of data in improving patient safety – dashboards are live within the Datix system for service level and divisional dashboards have been made available in clinical networks and Operational Delivery Groups. Bespoke dashboards have also been developed upon request and are now in use. Training around the use of dashboards will continue to be provided as part of the monthly Datix training modules for the monitoring of patient safety data.

Supporting staff involved in patient safety incidents – being involved in an incident can be a very stressful experience for staff. The Patient Safety team have been working with all divisions and staff involved in incidents to see how we can improve the support offered to staff who are involved in patient safety incidents.

A booklet 'Navigating difficult events at work' has been developed to support staff when involved in an incident and all managers are encouraged to use this resource. Feedback from staff has been positive. The booklet is available on the Trust intranet. Results of our staff survey in 2021 indicate that 80.6% of staff feel secure raising concerns about unsafe clinical practice which is above the national average of 79.6%.

Corporate Safety Huddles –Daily attendance is required from all divisions, medicines management and safeguarding which demonstrates joint working, there is a positive and constructive discussion by participants.

Divisional Safety Huddles - all divisions have now introduced daily huddles to discuss a variety of risks, these include staffing, demand and capacity, previous incidents (Datix), management of complex patients to include falls and the deteriorating patient. Medication related incidents should be incorporated into the daily divisional huddles including feedback from any medicine matters meetings attended.

Freedom to Speak Up - From 1st April 2021 until 31st March 2022 there have been 21 speak up concerns received; this is a slight decrease on the previous year. We are not a particular outlier compared to other similar Trusts of size and speciality.

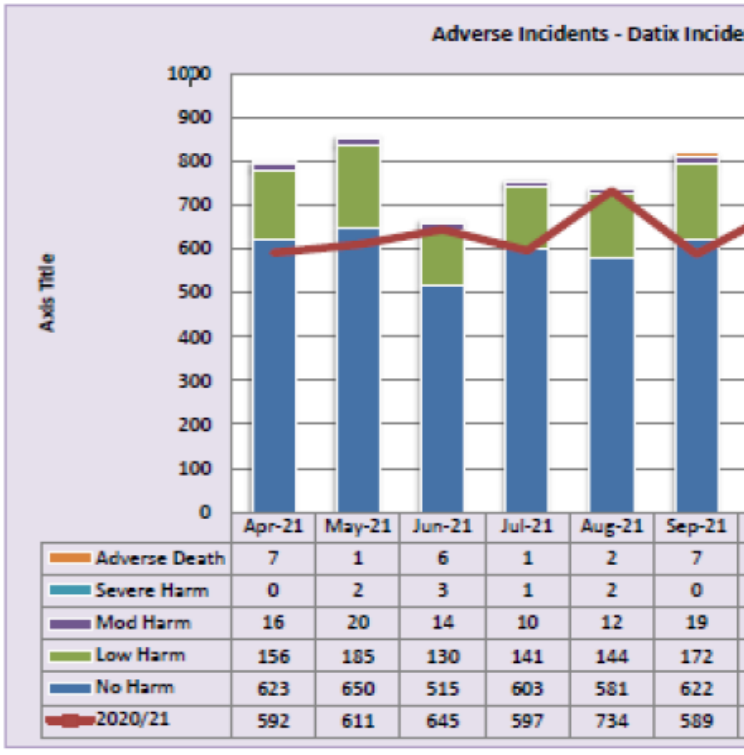
We continue to promote the role of the Guardian across the Trust by holding virtual pop in sessions and during speak up month in October.

Priority 2: To reduce the number of Patient Safety Incidents resulting in harm

Incident reporting trends – to achieve our aim of being a high-reliability organisation, it is essential that we ensure safety incidents are reported and shared.

A total of 17,021 incidents were reported over a 24-month period from April 2020 until March 2022.
Out of the 17,021 incidents 347 were reported as moderate and 28 as severe.

The goal is to see a high number of incidents of low or no harm being reported as evidenced in the graph below.



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Adverse Death	7	1	6	1	2	7
Severe Harm	0	2	3	1	2	0
Mod Harm	16	20	14	10	12	19
Low Harm	156	185	130	141	144	172
No Harm	623	650	515	603	581	622
2020/21	592	611	645	597	734	589

The Patient Safety Strategy has set out an ambition to increase the number of near miss incidents reported and these are shown in the graph on the left.

While it is recognised that more work is required to work with staff around understanding of what constituents a near miss incident from Apr 2020 to Mar 2021, 4.5% of the total incidents were reported as near misses compared to 8.0% for Apr 2021 to Mar 2022 showing a significant increase in this area of reporting.

In April 2021 the Trust declared the following Never Event - *Overdose of insulin due to abbreviations or incorrect device*. The patient was not harmed.

Immediate action was taken including discussion with the staff involved, review of in-house training, practice note sent out to all clinical teams as a reminder of the related patient safety alert and associated risks. The incident was investigated under the Trusts serious incident investigation procedure.

Priority 3 – To work with patients, carers, staff, and key partners to continuously improve patient safety

Emerging themes and learning – themes and trends from the investigation of patient safety incidents and complaints continue to be captured with learning identified across the divisions. Action plans for improvement are devised, and learning is monitored to ensure it is embedded in practice.

The below chart shows the total significant event analysis and serious incident investigations undertaken in 2020/21 compared to 2021/22.

In July 2021, the Patient Safety team held a 'Learning the Lessons' week. Over 200 staff attended the virtual events and positive feedback was received. The team have now introduced Learning the Lessons days incorporating national awareness days which fit with the Trust's learning from SI's as follows:

- November 2021 – Learning the Lessons from diabetes, incorporating World Diabetes Day
- March 2022 – Learning the Lessons from the deteriorating patient in Mental Health and Community services, incorporating Nutrition and Hydration Week
- May 2022 – Learning the Lessons from suicide, incorporating Mental Health Awareness Week
- September 2022 – Learning the Lessons from falls prevention, suicide prevention and sepsis, incorporating World Patient Safety Day

World Patient Safety Day – celebrated every year on 17th September, World Patient Safety Day is a campaign for all stakeholders in the health care system to work together and share engagement to improve patient safety. This year's theme was 'safe maternal and newborn care', for which we raised awareness in our internal communications and on social media, receiving 1,764 interactions which is promising.

Patient Safety Partners – workshops were held with key stakeholders including patients, service users, cares, commissioners, and staff, to determine the specification for the role at the Trust. Feedback was very positively received, and the Trust continues to work towards having two Patient Safety Partners in post by June 2022.

Priority 4: To ensure staff are equipped with the appropriate patient safety knowledge and skills to embed an organisational wide culture of learning from patient safety incidents

Investigating incidents, a system-based approach – as part of the NHS Patient Safety Strategy (2019), there is a requirement to work towards the Patient Incident Response Framework (PSIRF), introduced in response to calls to move away from undertaking a root cause analysis approach to incident investigation, which can lend itself to blame to one of an approach that focuses on systems, learning and continuous improvement.

In preparation, we wanted to ensure practitioners were equipped with the tools and knowledge to start moving towards the introduction on PSIRF. A training provider was sourced who specialises in a 'System Based Approach' to investigating patient safety incidents.

So far, 65 staff have been trained. The feedback has been exceptional, for example:

- "Best training I have had in a long time, really relevant and interesting"
- "Very thought provoking and will change the way I work"
- "Very good, and very clear, precise and informative"

NHS patient safety syllabus – this training has been devised following the publication of the NHS Patient Safety Strategy which contains a patient safety syllabus. The syllabus sets out a new approach to patient safety emphasising a proactive approach to identifying risks to safe care, while also including systems thinking and human factors.

The first two levels, as described below, have been launched by Health Education England, in partnership with NHS England and NHS Improvement and The Academy of Medical Royal Colleges and are available on the ESR.

- Level one 'essentials for patient safety' is the starting point and all NHS staff, even those in non-patient facing roles are encouraged to complete it
- Level two 'access to practice' is for those who have an interest in understanding more about patient safety and those who want to go on to access the higher levels of training

All staff are being encouraged to complete training and work is being done to ensure new staff are made aware of this training at their Trust induction.

In-house training – an updated training package around use of the Datix system has been developed and monthly MS Teams training sessions are available to all staff on incident reporting, incident investigation and risk registers. Use of the dashboard module and the system for monitoring themes and trends is covered as part of the updated training, dates for which are available until December 2022.

Priority 5: To ensure a culture of continual improvement

Quality Improvement – the Trust's Quality Improvement journey to implement a culture of continuous improvement remains with the approval of a new Quality Improvement Strategy for 2021 to 2026, which was co-produced with our Patients and Carers and includes a new roadmap for the duration of the strategy.

Our strategy continues to promote the methodology of the Model for Improvement (Plan Do Study Act) with an emphasis on empowering staff, patients and their carers to identify areas of improvement and undertake the work.

Other key areas are:

- Training – to support staff to develop their QI Skillset a four-tier training is available, of which two of the courses are based on the NHS Improvement methodology of Quality Service Improvement and Re-design (QSIR) and ad hoc training is available on request. To date in 2021/22,

there have been 148 training places and 48 awareness sessions provided.

- QI Projects – anyone undertaking a QI project completes a charter which enables the project out be tracked and ensures that all the QI activities are aligned to the Trust's strategic goals. Completed charters are available to review on the intranet.
- Ad hoc support – is provided individually, at our QI Virtual Cafes and through the QI Consultancy.
- QI activities are celebrated – via monthly QI stories, annual forums, use of intranet and twitter and the internet. During 2021/22, there have been 15 QI stories which were watched live by 389 staff, patients and carers and NHS organisations.

The planned QI forum specifically for Learning Disability, which will be co-produced, has been postponed to the Summer of 2022 and QI continues to support the QI Doctors Programme.

Priority 6: To work with the wider community to improve patient safety

Domestic Abuse – White Ribbon status recognising a trust wide commitment to ending male violence against women was awarded to the Trust at the end of October 2020, the Trust being the first health organisation to gain the accreditation.

Cohort 3 is underway to establish more Domestic Abuse (DA) Champions across inpatient wards.
Champions are pivotal in reinforcing the consistent message of domestic abuse as a priority area on the safeguarding agenda, awareness raising using promotional materials and ensuring their colleagues have confidence in recognising and responding to domestic abuse. On the 1st of May 2021, an e-learning package was developed for routine enquiry and how to complete a 'Domestic Abuse, Stalking, Harassment and Honour Based Abuse' (DASH) risk assessment.

The data relating to referrals into local domestic abuse services and multi-agency risk assessment conferences (MARAC) shall be reviewed over the next year to evaluate the positive impact of the training. An audit relating to the use of risk assessments following domestic abuse disclosure is in the initial stages.

On 29th April 2021, the Domestic Abuse Bill has passed both Houses of Parliament and been signed into law. The amended policy has been ratified and now includes routine and targeted enquiry. The work taken has allowed the Trust to be in a very good position to meet the duties outlined within the Domestic Abuse Act (2021).

A review of the safeguarding database, despite the variables of three national lockdowns, reassure that the trend is that recognition and response to domestic abuse is showing an upward trajectory following White Ribbon accreditation. This is particularly notable for adult safeguarding duty calls. Lockdowns have had a significant impact upon referrals for children's social care (a decline) and this is reflected by the local picture of referrals into MARAC with subsequent increases as restrictions are lifted. Recognition and response for adult victims of domestic abuse is showing a significant increase from the period of White Ribbon awareness raising, in both contacts to the Humber safeguarding team and referrals made. This trend has increased in the first quarter of the financial year 2021/22. This will continue to be reviewed.

Innovation in services – an example of an innovative service is The Juice Bar and how it has been developed for a specific group of patients that 'mainstream' services did not reach. The Juice Bar is part of the East Riding Partnership and provides a service specifically for Image and Performance Enhancing Drug (IPED) users. The drugs most predominantly used are anabolic androgenic steroids. The word 'juice' is slang for steroids, and it was felt that a separate identity was required for this part of the service as this service user group often do not see themselves as substance users.

A variety of interventions take place when we meet our service users face to face which include:

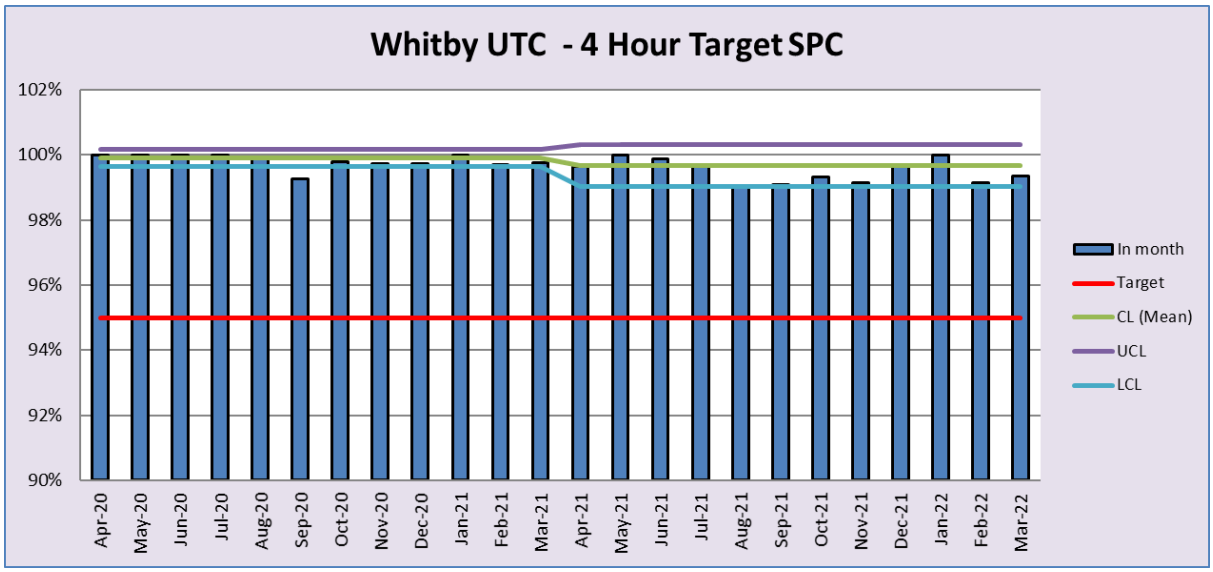
- Harm reduction advice on different IPEDs, dosages, cycle length, identifying fakes etc.
- Safer injecting advice
- Injection site examination
- Needle exchange
- Blood pressure and weight monitoring
- Diet and nutrition advice
- BBV spot testing
- Distributing literature on IPEDs
- Muscle dysmorphia screening
- Support in reducing or stopping use
- Relapse prevention support
- Counselling interventions (e.g., motivational interviewing, cognitive behavioural therapy)
- Sexual health advice

As these service users can be reluctant to attend face-to-face support, we continue to offer alternative ways to contact and access our service. This includes telephone support, text messaging and email support. We also developed the service further by offering a live chat service, allowing services users to access advice, information and support through instant messaging, and this remains live for a number of hours per week. If the service is offline, service users can still send our service a message and we respond to them as soon as we are able. We take messages and queries from a wide geographical area locally and have also had messages from other countries such as The Netherlands, Bulgaria, South Africa, and Australia.

The Trust's Patient Safety Strategy is due a refresh and there will be a series of events throughout Q1 and Q2 2022 to involve staff, patients, carers, and other relevant stakeholders, to ensure the Strategy is co-produced and co-owned by Trust staff and users of our services.

Part Three: Other information on Quality Performance 2021/22

3.1 Key National Indicators



3.2 Performance in Relation to other Indicators Monitored by the **Board**

Annex 1: Statement from Commissioners, Local Healthwatch Organisations and Overview and Scrutiny Committees

Annex 2: Statement of Directors' Responsibilities for the Quality Report

Error! Reference source not found. **Annex 3:** Our Strategic Goals

Annex 5: Glossary and Further Information

If you require any further information about the Quality Account, please contact the Trust Communications Team via email hnf-tr.communications@nhs.net

Welcome to the Quality Account

Welcome to the Humber Teaching NHS Foundation Trust Quality Account.

All providers of NHS care are required to produce an annual Quality Account, showcasing the work undertaken during the year to continuously improve the quality of our services, based on national policy drivers and patient, staff and stakeholder feedback. We are proud to be able to share with you the fantastic work that our staff, patients, and carers have completed together throughout 2021/22 together with some of the challenges we face.

This document is divided into three sections:

Part One: Provides an overview of Humber Teaching NHS Foundation Trust and a welcome from our Chief Executive, Michele Moran.

This section then includes a patient story and concludes by sharing with you a celebration of our successes over 2021/22.

Part Two: Outlines the progress we have made during 2021/22, in relation to the quality priorities set in our last Quality Account. We also share the priorities we have set for the coming year (2022/23), which have been agreed with our patients, carers, staff, and stakeholders.

This section then goes on to share our performance against several mandatory performance indicators identified by NHS Improvement.

Part Three: Includes a report on key national indicators from the Single Oversight Framework (SOF) and shares performance, in relation to other indicators monitored by the Board.

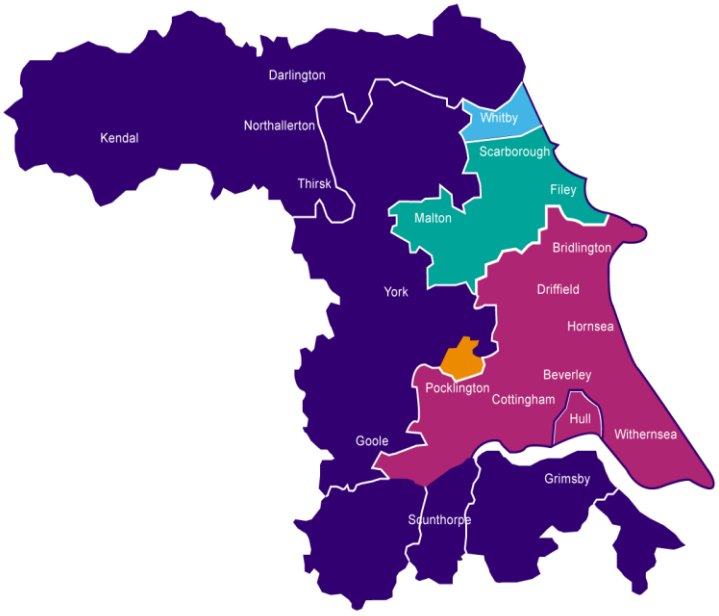
We also share with you the comments we received in relation to the Quality Account from our Commissioners and other key stakeholders This section concludes with a glossary of terms used within the document.

The purpose of Quality Accounts is to enable:

- **Patients and carers to make better informed choices**
- **Boards of providers to focus on quality improvement**
- **The public to hold providers to account for the quality of NHS Healthcare services they provide**

About the Trust

We are a leading provider of integrated health care services across Hull, the East Riding of Yorkshire, Whitby, Scarborough, and Ryedale. Our wide range of health and social care services are delivered to a population of 765,000 people of all ages across an area of over 4,700 square kilometres.



We employ approximately 2,800 staff working across 79 sites within our five geographical areas.

Our staff provide community and therapy services, primary care services, community and inpatient mental health, CAMHS and learning disability services. They also deliver healthy lifestyle support and addictions services.

We also provide Peri natal mental health services and specialist services for children including physiotherapy, speech and language therapy and support for children and their families who are experiencing emotional or mental health difficulties.

Our specialist services, such as forensic support and offender health, support patients from the wider Yorkshire and Humber area and further afield. Inspire, our Children and Adolescent Mental Health inpatient unit serves the young people of Hull, East Yorkshire and North-East Lincolnshire.

We have a dedicated Research and Development team who work to ensure our involvement in both national and global medical research, which, in turn, improves the health and wellbeing of the people we serve, our services and helps improve the care and treatment of people worldwide.

We also have just over 15,000 Trust members which is comprised of public and staff members who we encourage to get involved, have their say, and elect governors. The views of Trust members are represented by our Council of Governors. We have 25 governors made up of public governors, service user and carer governors, nominated governors and staff governors. More than half of the Council of Governors is elected by local people. Nominated governors include representatives of local partnership organisations.

Over 120 dedicated volunteers working across our services give their time and skills freely to support us and our patients and services user. They work alongside our staff to provide practical support to our patients, their families and carers and make a huge difference to our patients' experience.

As a teaching Trust, we work closely with our major academic partners, Hull York Medical School and The University of Hull and Coventry University, nurturing a workforce of tomorrow's doctors, nurses and allied health professionals.

Our Values

Caring for people while ensuring they are always at the heart of everything we do.

Learning and using proven research as a basis for delivering safe, effective, integrated care.

Growing our reputation as a provider of high-quality services and being a great place to work.

These values shape the behaviour of our staff and are the foundation of our determination to:

- ✓ Foster a culture in which safe, high-quality care is tailored to each person's needs and which guarantees their dignity and respect;
- ✓ Achieve excellent results for people and communities;
- ✓ Improve expertise while stimulating innovation, raising morale and supporting good decision-making;
- ✓ Unify and focus our services on early intervention, recovery and rehabilitation;
- ✓ Engage with and listen to our patients, carers, families and partners so they can help shape the development and delivery of our healthcare;
- ✓ Work with accountability, integrity and honesty; and
- ✓ Nurture close and productive working relationships with other providers and our partners.

Our Vision

We aim to be a leading provider of integrated health services, recognised for the care, compassion and commitment of our staff, and known as a great employer and valued partner.

Our Strategic Goals

For further information on our strategic goals, please see Annex 4.

1.1 Chief Executive's Statement

It gives me great pleasure to introduce our annual Quality Account, sharing with you our achievements and celebrations over the past year, as well as the challenges and the areas we have identified to support our continued improvement journey.

It has been another proud year for the Trust as we continue to face the challenges presented to NHS services by the Covid-19 pandemic. Despite ongoing regulations and changes to services, our teams have continued to inspire us in the ways they have stepped up with great resilience, consistently delivering the high-quality patient care that we pride ourselves on.

While we are incredibly proud of this year's achievements, we continue on our journey to be recognised as a Trust that continuously works to improve and deliver outstanding services to the communities we serve.

At the beginning of the year, in March 2021, a feeling of relief flooded through our workforce as we were nearing our second Covid-19 jabs and were almost fully vaccinated. This was a proud moment, as we escalated our very own vaccination programme at pace, at our Trust Headquarters in Willerby.

Shortly thereafter, our vaccination site became a Hospital Hub, meaning that it could be utilised by Harthill PCN, to help protect healthcare workers across the region and roll out to the communities we serve. We are immensely proud to say that, as of April 2022, we have delivered over 50,000 vaccinations at our site, including for those aged 12 – 15 years of age. This achievement would not have been possible without our brilliant vaccinators, pharmacy team, volunteers and management staff.

Throughout the journey of Covid-19, we are immensely proud of our achievements, not only with regards to vaccinations, but also in our overall clinical response. Putting patient and staff safety at the heart of all the decisions made, and continuing all service delivery against unimaginable odds, albeit in new ways that presented a learning curve for us all.

When it comes to staff, our health and wellbeing initiatives have gone from strength to strength throughout the past year. Ensuring every member of our workforce has felt valued was of utmost importance. It was vital that we made a difference to how they felt, as they came into work each day and provided care to our service users, their families and carers during trying times.

I am of the belief that our staff are our greatest asset, which is why not only their health and safety is important to the Trust, but equally their mental health and wellbeing. As a direct response to the events of the past years, we have enhanced our staff offering, including extending access to the Shiny Mind app, increasing emotional support services, all of which are outlined on our Health and Wellbeing Hub, which keeps staff up to date in an easily accessible way on our intranet.

Despite the challenges Covid-19 has continued to present to our services, we are proud to have consistently made developments and improvements, which are highlighted in this report.

Recruitment and retention of professionally registered staff, particularly Nurses, Psychiatrists and General Practitioners, remains an area of challenge for the Trust which mirrors the national picture. As part of our recruitment efforts, we continued to strengthen our Humbelievable recruitment campaign, which aims to show our local communities why our Trust is a great place to work, and also targets those living further afield, to shine a light on our unique geographical patch, advertising key staff benefits, such as staff discounts and relocation packages. 2021 saw us welcoming our first international nurses who are proving to be a real asset to our nursing workforce. The latest campaign within recruitment has been our New Year, New Job initiative, which attracted more than 400,000 interactions on social media and received compliments from those coming to interview.

In May 2021, we were proud to launch our Whitby Hospital Appeal fundraising campaign, led by our Trust charity, Health Stars. As part of this campaign, we set the goal to fundraise to 'add the extra sparkle' to the new community hospital, including for project developments such as the dementia friendly garden on site.

As we moved into the summer months, we saw our popular Health Trainers Fisherman project extended to Scarborough, following a successful pilot on the Holderness Coast. This project is a service for fishermen and their families to access health and wellbeing support from our Your Health Lifestyle and Prevention Team.

We were proud to receive a lot of attention at annual healthcare awards shows around this time, including two Health and Care Award wins, two Design in Mental Health Award wins, a HPMA Excellence in People award, a Royal Society for Public Health Award shortlist, and one HSJ Patient Safety Award from four that were shortlisted.

In September 2021, I was delighted to welcome our new Trust Chair, Caroline Flint, to the Trust Board for an initial term of office of three years, succeeding former Chair, Sharon Mays, who left the Trust following two successful terms of office.

During the course of the year, a well-led review of Governance was undertaken as required in NHS Improvement guidance 'development reviews of leadership and governance using the well-led framework'. The review commenced in November 2021, with the draft report received in April 2022. I was pleased to find the review findings were very positive and demonstrated strong improvements since the previous 2017 external review.
As we moved later in the year, we were proud to formally open the new Whitby Tower Block, which includes a new Urgent Treatment Centre, our Memorial Ward and much more. This milestone is a fantastic investment in our communities as the refurbishment brings the local hospital into the new age, with modern equipment and facilities which will be fit for purpose for years to come.

We also celebrated the launch of the Humber, Coast and Vale Specialised Mental Health, Learning Disability and Autism Provider Collaborative, a partnership between a range of NHS, Independent Sector and Social Enterprise care providers, with our Trust taking the role as Lead Provider for commissioning services.

In April 2022, we received our Staff Survey data. More people than ever within our organisation came forward to tell us what they like about working for our Trust, and where we can improve. This year, 75% of colleagues told us that the people they work with show appreciation towards one another, 80% stated that they feel secure raising concerns when necessary, and 58% said they feel the Trust is committed to helping them balance work and home life.

This Quality Account showcases examples of quality improvements achieved across all our divisions and services throughout 2021/22.

I continue to be astounded by the resilience and commitment our staff show every day, and it is not lost on me that everything we have achieved in the last year is as a direct result of their efforts. Our dedication to providing high quality care across the region remains strong and I am proud to take this opportunity to send a thank you to every member of our teams. You really are Humbelievable. Thank you for all that you continue to do for our Trust.

As we move ahead into the next financial year, I look forward to exploring how we can continue to challenge ourselves, to improve and evolve over time in line with our values and strategy. I have no doubt that our workforce will continue to excel, providing high standards of care to the communities we serve and truly making a difference to people's lives.

To the best of my knowledge, the information contained in this Quality Account is accurate.

Michele Moran
Chief Executive
Humber Teaching NHS Foundation Trust

1.2 Patient Story

In this section, we are honoured to share with you a patient story from Hayley about her experience with our services. The story expresses how Hayley feels that her daughter saved her life.

If Hayley had not been pregnant, she would not have accessed the support she received from the Trust's Peri-natal Mental Health Services. Hayley was signposted to the service by her midwife. Four years following the initial referral and treatment from the Trust's Specialist Psychotherapy Services also, Hayley now feels that she is living the life she always wanted to live.

We feel privileged to hear Hayley's story and the positive impact our services have made.

Learning about Hayley's story complemented our efforts on World Patient Safety Day 2021, celebrated every year on 17th September, as the annual theme was 'safe maternal and new born care' and the campaign was therefore developed with our perinatal mental health services in mind.

Please note: the patient story has been added exactly as written and consented by the service user.

Patient Story

Moving On- Hayley's Story

I'm Hayley and I'm going to share with you a little bit about my experience of mental health problems and the support I have received.

I have experienced mental health problems from around the age of 12 or 13. I grew up in an old caravan, which probably at one time was a lovely holiday home, but when I was growing up in the 80's and 90's it was a rotten wooden caravan with drips and holes everywhere. At times there were mushrooms growing all over the bathroom, wet floors, mould and it was absolutely freezing cold.

As well as my environment not being very good, I didn't feel loved. Even though we all lived together, I felt very much on my own and I hardly ever spoke to my parents. There were lots of arguments and I didn't want to add to them so I learned not to ask for help and to be self-sufficient.

I used to wish that someone would adopt me or that I was adopted and that I would eventually find my real parents. I grieved for my parents my whole life, even though they were there I've never had the relationship I wanted with them. I became more and more anxious and unsure of myself as I got older. I didn't have what I needed emotionally or physically to grow into a secure, fully functioning adult and my perception of my self was affected. In my adult relationships I still struggle to believe that people like me, or care about me, I tend to think that everybody thinks I'm useless and I overcompensate for that through people pleasing.

It was after my first child that my mental health got worse. At that time, I didn't know anything about mental health or have any language to describe my experiences. I found it difficult to understand what was wrong with me and put it into words to get help. I knew I had obsessions and it was sometimes hard to do day to day things because my mind was too busy thinking about those. I also had health anxiety, every time I heard anything about symptoms of an illness, I thought I had it. My moods were up and down, I was either on top of the world or feeling like I couldn't get up out of bed. I would cry for hours and it was hard to stand up. It wasn't just feeling happy or sad, I would also feel a sense of high self-esteem, like I could do amazing things. Then my mood would change and I had no self-esteem at all and I had a life that all of a sudden didn't match the shy useless person I had become – managing that was difficult.

Looking back, I desperately needed help. When I did go to the GP, I didn't feel that they understood what I was going through. Because I looked OK, I don't think they realised the extent of my problems. Because I saw a different doctor each time, they didn't pick up on the number of appointments I was having.

I was referred scans and x-rays and I believed I had MS, brain tumours, Lupus and went to A&E thinking I was having a heart attack. I couldn't stop talking and worrying about symptoms. I was experiencing lots of physical symptoms from the anxiety and then confusing these with other illnesses. I was lucky as I met somebody who saw past my problems and really cared about me. We went back to the doctors together and the first service I accessed was CBT for health anxiety through what was the Emotional Wellbeing Service. The service helped me to correct my thinking patterns around illness and symptoms and gave me an understanding and language around mental health which was helpful.

I married my now husband and we were blessed with our youngest daughter – I say that because I do feel that she has saved my life. During my pregnancy I struggled with my children and mine and their mental health, we as a family had really hit crisis point. I still did my absolute best I could as a mum, but I would drop the children at school and then would lie on the sofa all day staring into nothingness, drowning in my own loneliness. I convinced myself that it would be best for everyone if I wasn't around anymore, I had started to behave in ways that demonstrated the emotional pain I was in and I think this was really my cry for help.

I had a routine appointment with the midwife and there was a section in the green booklet about mental health and just one simple question was what started the ball rolling and I was referred to the Perinatal Mental Health Service. The nurse saw me every week or two weeks and she was the biggest support. Claire was there on the end of the phone when I needed her, she understood what I was going through and she genuinely did care. Sometimes I could feel at crisis point and just speaking to somebody who understood what I was going through and could give a piece of their time without being angry or too busy was enough to keep me going. I lived for those appointments.

After an appointment with a Psychiatrist, I was referred to the Specialist Psychotherapy Service. This service is life changing. I am so thankful, and I feel incredibly lucky to have received support through this service. They validated who I am and provided regular support over a long period of time. After weekly appointments and with the help of my therapist, I feel that I am now seeing the person that I was supposed to be. I am learning to accept and manage my feelings, even positive feelings of happiness, love and success which can feel uncomfortable and hard to bear when depression has been the normal and comfortable place for so long.

Early in my therapy, I shared my story to support developments within the Perinatal service – which then led to paid work on a Perinatal Engagement Project two days per week. A year on I became a Patient and Carer Experience Co-ordinator. I have set up a staff lived experience group to support other staff who have lived experience to get involved in the co-production of our services and to provide each other with peer support. It is the lived experience that I have which gives me the drive to improve patient experience.

I am still under the Specialist Psychotherapy Service and there are times when I still struggle but I've come a long way. For me, moving on means accepting that my mental health is probably always something that I will have to battle with but thankfully because of the help I've had, 99% of that time I'm winning the fight.

Patient and Carer Experience

Our patients, service users, carers and communities are at the centre of everything we do. There is no better or more important way of improving our services than by listening to what individuals think, feel and experience throughout their care journey and beyond.

We aim to involve patients, carers and the public in everything from what services we provide to how they are delivered and how we can improve them in the future. We provide opportunities for patients, carers and families to share their experiences and tell their stories.

You can find out more about our Patient and Carer Experience team and the work that they do and how you can get involved, here.

Our Development and Success Highlights for 2021-2022

2021	
April	✓ Jo Kent, Suicide Prevention Lead for the Trust, awarded High Sheriff Award for work in Suicide Prevention. This is a special thank you to those who go above and beyond in the local community.
May	✓ Dietetics team host first virtual Milk Ladder sessions, for parents whose child has a cow's milk protein allergy. Allowing parents to discuss concerns and learn more about their baby's feeding during the pandemic, when access to other services may still have been limited. ✓ Whitby Hospital Appeal fundraising campaign launched to fund extra sparkle at the local hospital, including a dementia friendly garden.
June	✓ The Health Trainers Fisherman project is extended to Scarborough, following a successful pilot on the Holderness Coast, from Bridlington to Withernsea. The project is a service for fishermen and their families to seek health and wellbeing support from the Your Health Lifestyle and Prevention team. ✓ New Associate Non-Executive Director, Mr Hanif Malik OBE, appointed to the Trust Board. ✓ New podcast series 'Kooth's Booths' explores the connection between sexuality, gender identity and mental health with young people in Hull, to support and empower local LGBTQ+ communities. ✓ Trust wins two Health and Care Awards. The Health Improvement Award for the Smoking in Pregnancy project, led by our Your Health service, and the Volunteer of the Year award, for our volunteer Soraya Hutchinson.
July	✓ Trust celebrates NHS 73rd Birthday by sending a small token of thanks to all our Humbelievable staff members. We also encouraged services to 'wear blue to say thank you' and supported the NHS Big Tea fundraising campaign. ✓ Whitby Hospital Project Group invites artists to apply for unique community opportunity, to create high quality, innovative and thought-provoking public art pieces for inclusion in the new build. ✓ Trust wins an HSJ Patient Safety Award from four shortlisted across our teams, including Sensory Processing, Pharmacy, Learning Disabilities and Addictions services. ✓ GP Connect launched to enhance the information clinical and care staff can access regarding service users, using connectivity generated by the Yorkshire and Humber Care Record. ✓ New 'front door' for mental health support in Hull and the East Riding launched, in collaboration with charity Hull and East Yorkshire Mind. ✓ Chief Information Officer, Lee Rickles, becomes a Fellow of BCS, in recognition of his leadership within digital health. ✓ Whitby Hospital Minor Injuries Unit changes to an Urgent Treatment Centre, to allow for the treatment of minor illnesses. ✓ Inspire inpatient service is nominated for 3 Design in Mental Health Awards and goes on to win two of these.

August	✓ Trust collaborates with Wyke Sixth Form College in Hull, to launch T Level in Health. This allows students to access vital work experience in healthcare settings, as part of their further education course. ✓ Your Health Prevention and Lifestyle service shortlisted for the Royal Society for Public Health's Health and Wellbeing Award.
September	✓ New Chair, Caroline Flint, appointed to Trust Board. ✓ Trust Annual Members' Meeting occurs virtually for the second time, making the event more accessible to the public during the pandemic. ✓ Practice Education Team shortlisted for Student Nursing Times Award for Student Placement of the Year. ✓ Trust secures funding to help tackle climate change, from the Department of Business, Energy and Industrial Strategy (BEIS) as part of phase 2 of the Public Sector Decarbonisation Scheme.
October	✓ Humber Recovery and Wellbeing College launches campaign to encourage more NHS staff to register for free on the platform, to support them and empower them to seek support and learn new skills. ✓ Celebrating the launch of the Humber, Coast and Vale Specialised Mental Health, Learning Disability and Autism Provider Collaborative. ✓ NHS mental health job coaches help thousands find work during the pandemic, thanks to the NHS Long Term Plan. ✓ The Trust marks 10 years of supporting East Riding residents to go Smokefree with our Your Health service. ✓ Trust wins HPMA Excellence in People Award in HR Analytics, as a result of our Workforce Scorecard and Insight Report Approach. ✓ Whitby Tower Block renovation completes and opens to the public with a celebratory ribbon cutting occasion.
November	✓ Humber, Coast and Vale health and care partners unite to further support vulnerable children and young people with their emotional wellbeing, with the Youth Justice Framework for Integrated Care. ✓ 5th Annual Research Conference takes place with a blended approach of both virtual and in person attendance, with speakers joining from across the UK. ✓ Inspire inpatient service wins Building Better Healthcare Award. ✓ Trust chosen as one of three nationally to pilot NHSX Digital Programme for mental health services. ✓ Whitby Hospital Appeal's Buy a Brick fundraising campaign launches to the public, allowing individuals to have their own piece of the new hospital. ✓ Trust launches Health Trainer service for NHS staff and volunteers, giving people the opportunity to seek guidance and support to improve their overall health and wellbeing.
December	✓ Hull Mental Health Support Teams gain recognition at Hull Golden Apple Awards for its work to provide support to children, young people, parents and education staff in local schools and colleges. ✓ Trust launches 'New Year, New Job' recruitment campaign to encourage those looking for a new opportunity to consider a role in the NHS.

2022	
January	✓ Free online mental health and emotional wellbeing support service re-launched to support people across the Humber, Coast and Vale region. Free to access for all residents over 18, including NHS staff. ✓ Hull and East Yorkshire Mind shortlisted for HSJ Partnership Award for work with local NHS services. ✓ SMASH team launch Trees4Life Project, which helps local schools plant 100s of new trees on their sites. Engaging with young people to support their mental health in nature initiatives. ✓ Medical Education Team receives outstanding feedback from Health Education England around postgraduate medical training provision.
February	✓ Trust launches Time to Talk Day campaign, to encourage both NHS staff and the general public to speak up and seek support for their mental health and wellbeing. ✓ East Yorkshire Breastfeeding Promotion Initiative launches new support webpage and logo alongside the Breastfeeding Bridlington project, to promote positive messages about breastfeeding in public. ✓ Trust welcomes new Non-Executive Director, Mr Stuart McKinnon-Evans. ✓ Trust invites public engagement in the development of their new Trust Strategy to ensure positive co-production in the local region. ✓ Medical Education Team receives outstanding feedback from partner Hull York Medical School and medical students on placement at the Trust.
March	✓ Patient and Carer Experience team launches training programme in partnership with the Humber Recovery and Wellbeing College to show people the different opportunities in the NHS. ✓ Trust begins Non-Executive Director recruitment campaign for 2022. ✓ Trust launches Safer Sleep Week campaign in partnership with local services across Hull and the East Riding, to reduce risk of SIDS. ✓ Social Work Week celebrated by introducing the public to our Humbelievable social workers across a variety of mental health services.

Part Two: Priorities for Improvement and Statements of Assurance from the Board

2.1 Priorities for Improvement

In part two of our Quality Account, we outline our planned quality improvement priorities for 2022/23 and provide a series of statements of assurance from the Board on mandated items, as outlined in the 'Detailed requirements for quality reports 2019/20' from NHSI.

In this section, we will also review the progress we have made in relation to the quality priorities we set ourselves in the 2020/21 Quality Account.

Our Approach to Quality Improvement and Quality Governance

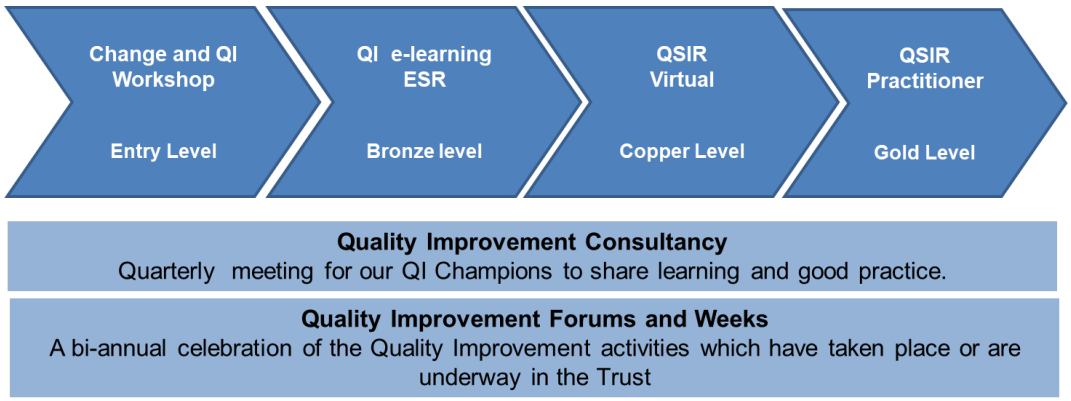
Quality Improvement

Our Executive Lead for Quality Improvement (QI) is the Medical Director.

Our QI approach is based on the principle that our staff, patients and carers are best placed to identify and undertake continuous small change activities to improve the quality of care and outcomes for our patients. The Model for Improvement is our preferred methodology as it offers a systematic approach based on iterative change, continuous testing and measurement, and the empowerment of frontline teams.

Co-production with our patients and carers is central to our approach and, to achieve this, the QI Team works closely with representatives from our patients and carer groups, the Patient Experience team, and the Patient Safety teams. In 2021, our co-produced Quality Improvement Strategy was approved by the Trust Board and includes our QI Purpose, which was created with our patients and carers, and outlines our priorities for 2021-2026. The QI Charter includes a question to further prompt the inclusion of patients and carers as part of the delivery of QI projects.

We continue to recognise that developing a culture of continuous Quality Improvement takes time, effort and persistence. To support the development of a culture of continuous QI, we are investing in the QI capability of our staff and volunteers. In response to the Covid-19 pandemic, we reviewed and re-launched our four tier Quality Improvement training programme, which enabled the provision of training to be delivered via e-learning or within a virtual classroom. We will recommence some face-to-face delivery during 2022-23.



Despite the continuing impact of the Covid-19 pandemic, during the year of April 2021 to March 2022, over two hundred training places were provided to staff.

Each Clinical Division within the organisation produces a Quality Improvement Plan (QIP) annually and the delivery of these is overseen by the Quality Committee.

Quality Governance

The Board ensures robust Quality Governance through the Quality Committee, a subcommittee of the Board. The Quality Committee is chaired by a non-executive, meets six times per year, and its purpose is to:

- Oversee and support quality improvement to support the journey of the Trust becoming a 'high-performing organisation' that delivers excellence in patient care

- 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
    - Ensure performance in relation to research and development requirements is monitored effectively with appropriate actions being taken to address any performance issues and risks

Each clinical division has established Quality Governance arrangements to address the key elements of quality and safety. These are outlined in divisional Standard Operating Procedures (SOPs). Divisional Clinical Networks report directly to the corporate Quality and Patient Safety (QPaS) group which in turn reports to the Quality Committee. Each clinical division is required to provide assurance to the Quality Committee against its quality improvement plans.

To support our quality agenda further, the Council of Governors sub-group, the Workforce, Quality and Mental Health Legislation group has brought an increased understanding of the connections between quality and workforce. This group has extended invitations to the Governance team to facilitate comprehensive discussions, which has allowed the group to influence the quality improvement work of the organisation. The group reviews the Board Assurance Reports for Finance, Audit and Quality, providing feedback where appropriate to the Council of Governors and the management team of the Trust.

The Trust has embedded a range of Quality Improvement approaches to support effective Quality Governance. These are as follows:

- My Assurance – an iPad-enabled tool that clinicians use to audit their practice and care environment. Results are immediate, ensuring any improvements required can be actioned instantly.
- Team Level DATIX Dashboards – enable teams to review patient safety incidents in 'real time'.
- Electronic Risk Registers – ensures teams capture, manage and escalate risks appropriately.
- Staff Training and Development Opportunities – an in-house skills laboratory with support from our Learning Centre.
- Quality Improvement Skills Development – skill sharing and development sessions delivered by our QI Lead.
- Leadership and Organisational Learning – group events and regular newsletter to keep people connected.
- Health Assure – to support the dissemination of evidence-based practice, the delivery of clinical audits, management of policies and patient safety alerts.

In addition to this, we have a range of approaches to gather patient, service user and carer real-time feedback and engagement, use an electronic platform for clinical audits, and have Clinical Audit interaction sessions planned for June 2022.

Looking Back: Review of the Quality Priorities in 2021/22

At the meeting in November 2021, the Quality Committee reviewed progress against the Board-approved Quality Priorities identified in the 2020/21 Quality Account.

The priorities were developed in collaboration with a range of stakeholders. The Trust Board approved the Quality Committee proposal that, due to the transformational nature of the priorities and with progress being impacted upon due to the pandemic, the priorities would be kept the same for the 2021/22 financial year but with an added 'stretch'.

The delivery of the four quality priorities agreed in the 2021/22 Quality Accounts have progressed extremely well across all four priorities and positive impacts are already being achieved.

These workstream are now well established and it is anticipated, due to the transitional aspects of the four priorities, further progression and improvements will continue as processes embed into routine practice resulting in continued positive quality improvement.

Priority	Strategic Goal
Priority 1 To work towards an approach to recruitment across clinical services and senior roles that involves patients, service users and carers in the recruitment process	Innovating quality and patient safety Developing an effective and empowered workforce Fostering integration, partnerships, and alliances
Priority 2 Each clinical network will identify key NICE guidance where there are known gaps in compliance and have clear plans for addressing these gaps .	Innovating quality and patient safety Developing an effective and empowered workforce
Priority 3 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	Innovating quality and patient safety Developing an effective and empowered workforce Maximizing an efficient and sustainable organisation

Priority 4 Ensure teams have access to patient safety data and we can demonstrate improvements based on the data	 Innovating quality and patient safety  Developing an effective and empowered workforce  Maximizing an efficient and sustainable organisation

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

Why this was important

The involvement of patients, service users and carers in the recruitment and selection process benefits both patients and the Trust; their perspective positively influences recruitment and selection decisions, which is crucial to the delivery of high quality services. Whilst qualifications, experiences, knowledge, and professional skills are imperative to effective care and treatment, of equal importance is the demonstration of how the candidate possesses the values, positive behaviours and personal qualities that would enhance the patient experience. Patient involvement in recruitment and selection activity offers an invaluable perspective on this.

What we said we would do in 2020/21

We said we would…
• 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., online training presentation, virtual training sessions, face to face training sessions and using the Recovery College platform wherever possible • Commence a roll-out of said support across service areas

What we did

The Panel Volunteer training module has been completed and is currently being uploaded to the Patient and Carer Experience Training Programme on the Recovery College platform. To align with

the launch of the Patient and Carer Experience Training Programme, the Trust will begin to go out to recruitment to build a Panel Volunteer network. This will be phase one and will include existing patients, service users and carers who already participate in the recruitment process, as well as new individuals who are or have either received services or care for somebody in receipt of our services. An information leaflet has been developed to provide Panel Volunteers with information on how and where they can get involved in recruitment this will support a robust consent process.

The Panel Volunteer initiative launched on 1 March 2022, meaning all staff can access the Panel Volunteer database on the Trust intranet, including contact details of Panel Volunteers and their preferred services to participate in the recruitment process.

The Patient and Carer Experience Training Programme also launched on the 1 March 2022 and is where the Panel Volunteer training is one of eight modules available to complete on the Recovery College Platform. A robust governance process has been developed, including a library of resources and information available on the Trust intranet to support staff with the Panel Volunteer process including a variety of forms and templates. Regular communications will continue to all staff over the forthcoming weeks to encourage them to invite Panel Volunteers to support the interview process, together with regular communications to patients, service users and carers marketing the Panel Volunteer opportunity.

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

Why this was important

The National Institute for Health and Care Excellence (NICE) issues a range of guidance and standards on current best practice related to health technologies, clinical management of specific conditions and the safety and efficacy of interventions and procedures for a wide range of health issues. Where these are relevant to services and care delivered by our Trust, it is imperative that we understand if we are meeting the recommended standards and where we have gaps in compliance, we are taking measures to ensure that we are taking action to improve our compliance and the safety and effectiveness of the care we provide.

What we said we would do in 2020/21

We said we would
• 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 update local action plans to address the gaps in compliance and report progress/exceptions via Audit and Effectiveness Group and Quality and Patient Safety Group

What we did

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

The applicability reviews are now undertaken centrally by the Clinical Audit team, with relevant guidance shared with the Clinical Networks Group for review, along with a compliance review form.

Guidance deemed as applicable, which is not allocated for a baseline assessment by the networks, is added to the unallocated tab. Each network is asked to complete a compliance review form to enable them to assess the guidance, in terms of risk and clinical priority. All clinical networks have adopted this new process, except for primary care, who are currently not reviewing the compliance review forms.

The NICE Implementation Policy (N-026) acknowledged the primary care network does not have capacity to undertake baseline assessments on the majority of its applicable guidance. The primary care clinical network group will ensure applicable guidance is disseminated to relevant clinicians. This will be tagged on HealthAssure as 'Applicable shared for information'.

An additional Clinical Audit Facilitator commenced in post in January 2022, specifically to support the four divisions with assessing applicability and compliance with new and updated NICE guidance. The additional Clinical Audit Facilitator has made links with the regional NICE representative and is to present a proposal, outlining how the divisions will be supported in the coming financial year.

The compliance review forms commenced in April 2021, which enables the division to identify their potential priorities and gaps.

Our Clinical Audit team is working closely with each division to review any NICE publications using the form in Clinical Network Groups, that is then recorded in the minutes and in MyAssurance. The network will assess if this is a priory area to review and whether they will conduct a full baseline assessment.

All Clinical Network Groups discuss and review the NICE Compliance Review Forms at their Clinical Network group meetings and the Clinical audit Facilitator updates HealthAssure during the meetings where baseline assessments have been completed.

The compliance review form works on a traffic light system. The Clinical Audit Facilitator is working with the software supplier Allocate, to enable this information to be included on the NICE report to show what is deemed high, med, low priority/risk to each service area.

Local action plans are reviewed and updated to address the gaps in compliance. Progress and exception reporting is then discussed on the NICE Guidance six monthly and annual report reporting, through the Audit & Effectiveness Group and Quality and Patient Safety Group.

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.

Why this was important

We have skilled staff delivering a range of clinical interventions across a variety of services. This includes the effective delegation of some clinical tasks to unregistered staff and specialised areas of practice, that require specific skills and competencies.

It is vital that we train our staff and ensure they are competent to deliver these clinical interventions effectively and safely. This can be done in several ways including written instruction, demonstration, simulation, observed and supervised practice. Once an individual is competent in a particular clinical skill, it's important to ensure that this is reviewed regularly and that they remain competent, especially where the skill may not be used frequently or if best evidence is evolving.

What we said we would do in 2020/21

We said we would
• 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, frequency, and 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

What we did

A clinical skills directory has been developed which is published on the staff intranet. This is a database of clinical skills, which training is available, how they are delivered, assessed and if there are competencies available.

Areas for development have been identified and prioritised for both core and role specific areas. The core competencies are now available to record on ESR. All pilot sites have completed this and are able to monitor compliance.

Ongoing compliance will be monitored through ESR reports sent monthly to Managers, and a report is currently being developed to run alongside Level 3 Performance Reports, which will capture the competency compliance data. This is expected to be implemented in April 2022.

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

Why this was important

In order to continuously improve the quality and safety of the care we deliver, it is important that teams have access to and understand their own incident data. By actively using this data, teams will be able to identify themes and trends (both positive and negative) and identify ways in which they can improve safety and the overall patient experience.

What we said we would do in 2020/21

We said we would
• Review DATIX training package and develop online e-learning package in conjunction with Trust Learning Services • Utilise divisional level dashboards at operational and clinical network meetings • Fully embed use of the dashboard at service level to ensure benefits are being fully embraced and effective learning and development actions are being undertaken • Training for divisions 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.

What we did

An updated training package has been developed for monthly MS Teams training sessions and is available to all Trust staff, for both incident reporting and incident investigation. Use of the dashboard module and using the system for monitoring themes and trends is covered as part of the updated training package. Training dates are planned up to December 2022.

Divisional dashboards are live on the DATIX system and have been made available in divisional clinical networks and Operational Delivery Groups.

Dashboards are live within the DATIX system at service level. Training around the use of dashboards will continue to be provided as part of the monthly DATIX training modules, for the monitoring of patient safety data.

Bespoke dashboards have been developed upon request and are now in use.

Training for QI through NHS improvement and Cathryn Hart. There are no plans for co-produced training session for staff under the new strategy as the training offer is already there.

An example in respect of demonstrating improvements based on the data, can be found in our Annual Zero Events Report for 2022, which are derived from patient safety information. One of the Trust's Zero Events for 2022, 'no category 3 or above pressure ulcers were acquired in our care' By analysing data over a three year period we were able to gain assurance of improvements made and evidence that no category 4 pressure ulcers were acquired in our care during 2021/22. This assurance has allowed us to step this zero event down and continue monitoring through routine governance processes.

Looking Forward: Our Quality Priorities for 2022/23

Priority One: In line with national directives, move away from a root cause analysis approach to investigating serious incidents which can inadvertently lead to individual/team blame and therefore a poor patient safety culture to one of reviewing the systems within which staff work which facilitates inquisitive examination of a wider range of patient safety incidents "in the spirit of reflection and learning" rather than as part of a "framework of accountability".

Our first quality priority for 2022-23 aligns with the national priority for patient safety. The priority will be led by the Trust's two patient safety specialists.

What we will do in 2022/23

We will
In line with national requirements, we will ensure the organisation is prepared and staff are equipped to commence roll out of the Patient Safety Incident Response Framework as set out by NHS England.

Priority Two: To work towards ensuring that services are delivered and co-ordinated to ensure that people approaching the end of their life are identified in a timely manner and supported to make informed choices about their care.

Our second priority for 2022-23 has been identified following audit information received in relation to adherence to national end of life standards. Whilst good care was found there are areas where we need to improve compliance with the national standards. Consultation on the work required has been undertaken with our clinical staff and in our Trusts Family Bereavement working group which

consists of patients, carers and service users. This priority aligns to national workstreams and to our Patient Safety Strategy and will strengthen the Trust compliance with CQC's end of life key line of enquiry requirements. The priority will be led by our newly appointed End of Life Professional Lead supported by the Trusts End of Life group.

What we will do in 2022/23

We will
• Promote and embed a proactive approach to end of life care planning • Develop an empowered workforce who are equipped with the clinical skills to recognise when patients are approaching end of life • Further develop the work of the Family Bereavement Working Group to provide a safe place for clinical and corporate staff and families to work together to enhance the approach to supporting the end-of-life pathway

Priority Three: To increase service user involvement in our patient safety priorities and associated work incorporating a strengthened approach to involving families and carers strengthening our approaches to 'Think Family'.

Our third priority for 2022-23 has been identified following review of incidents and survey findings and aims to strengthen service user/family involvement and carer involvement in the shaping and delivery of our patient safety priorities. We have undertaken wide consultation with our patient and carer experience groups, staff and with our governors' regarding this priority all of whom are supportive of this direction of travel. This priority also meets the requirements of both the national and trust patient safety strategy priorities.

This priority will be led by the Head of Patient and Carer Experience and Engagement working with our Patient Safety Specialists.

What we will do in 2022/23

We will
• Implement the framework for involving patients in patient safety as set out by NHS England. • Ensure patients/service users/carers and families are proactively involved in identifying our patient safety priorities and the refresh of our Patient Safety Strategy.

Priority Four: To ensure all our staff feel supported and confident in saying that caring for patients is our main priority as an organisation

Our fourth priority has been identified following receipt of our 2021 staff survey results which showed that 73.8% of staff felt care of patients/service users was the organisations top priority. This is below the NHS average of 78.5%. This priority will be led by the Deputy Director of Nursing supported by the Executive Management Team.

What we will do in 2022/23

We will
• Understand what our staff say about how able they feel to prioritise caring for patients through surveys and listening sessions including the peer review process/professional forums and clinical visits by the executive. • To establish enablers and barriers to prioritising caring with staff and develop local and Trust wide plans to support staff to prioritise their caring role

2.2 Statements of Assurance from the Trust

In this section of the Quality Account, the Trust is required to provide statements of assurance in relation to a number of key performance indicators which are as follows:

- Services and sub-contracts provided by the Trust
- Freedom to Speak Up
- Annual report on rota gaps and vacancies: Doctors and Dentists in Training
- Progress made in 2021 in bolstering staff in adult and older adult CMHT services following additional investment from local CCGs baseline funding
- Emergency Preparedness, Resilience and Response
- Clinical Audit
- Research and Innovations
- Commissioning for Quality and Innovation (CQUIN)
- Care Quality Commission (CQC) registration
- Data quality and coding
- Information Governance
- Learning from deaths

Review of Services Provided or Subcontracted by Humber Teaching NHS Foundation Trust

During 2021/22, Humber Teaching NHS Foundation Trust provided or subcontracted 95 relevant health services.

Working with our commissioners and providers, our Trust leads on the provision of a range of services delivered either directly by the Trust or on behalf of the Trust by our subcontractors.

During 2021/22, the usual contracting arrangements between commissioning bodies and NHS Trusts continued to be suspended to enable a focussed response of NHS resource to the Covid-19 pandemic.

The most significant services provided during 2021/22 were as follows:

- NHS East Riding of Yorkshire CCG – Mental Health, Learning Disability, Primary Care and Therapy Services
- NHS Hull CCG – Mental Health, Learning Disability, Primary Care and Therapy Services
- NHS North Yorkshire CCG – Community Services
- NHS England – Medium and Low Secure Mental Health Services, Child Health Information Service, Children's and Adolescent Inpatient Mental Health Services. Primary Care Services

Humber Teaching NHS Foundation Trust has reviewed all data available to them on the quality of care in 95 of these relevant health services.

The income generated by the relevant health services reviewed in 2021/22 represents 100% of the total income generated from the provision of relevant health services by Humber Teaching NHS Foundation Trust for 2021/22.

Freedom to Speak Up

In its response to the Gosport Independent Panel Report, the Government committed to legislation requiring all NHS Trusts and NHS Foundation Trusts in England to report annually on 'staff who speak up' (including whistle blowers).

Ahead of such legislation, NHS Trusts are asked to provide details of ways in which staff can speak up (including how feedback is given to those who speak up), and how they ensure staff who do speak up do not suffer detriment. This disclosure should explain the different ways in which staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment.

Response

Working in partnership with the Trust Board, staff members and staff governors; we have developed a Freedom to Speak Up Strategy (2019 - 2022) which is supported by the Freedom to Speak Up Policy and Procedure.

Our vision is to all work together to provide an open and transparent culture across our Trust, to ensure that all members of staff feel safe and confident to speak out and raise their concerns.

The Trust's Executive Lead for Freedom to Speak Up (FTSU) is Michele Moran, Chief Executive, and Peter Baren, Non-Executive. The Freedom to Speak Up Guardian is Alison Flack, Transformation Director for Humber Coast and Vale, and the Deputy Freedom to Speak Up Guardian is Nikki Titchener. The Guardians have completed the National Guardians Office (NGO) training and participate in the regional networking meetings.

There are several ways in which staff can contact the Guardians to raise their concerns, including using the confidential speak up email address and direct phone contact. Staff can also use the Guardians NHS email addresses. In addition, the FTSU Guardians attend the monthly new staff induction training, where the role of the Guardian and the importance of raising concerns and speaking up is explained and staff are provided with contact details.

The Guardians regularly visit Trust staff bases and team meetings and speak to staff directly, both formally and informally to explain the role of the Guardian and respond to any issues that are raised. Staff are kept updated on a regular basis regarding the role of the Guardian and the learning from individual cases via the Trust's internal communication processes.

An annual Speak Up report is presented to the Trust Board, and this includes details of the number of staff who have spoken up, details of the concerns and learning and actions taken. The Trust Board also holds development sessions to measure progress against the NHSE/I FTSU Board self-assessment, and regular updates are provided to the Trust's Workforce and Organisational Development sub-committee of the Trust Board.

Throughout the FTSU process, staff who have raised concerns are kept informed about the progress of the concerns they have raised and are also offered, if appropriate, a confidential meeting with an Executive Director of the Trust. When the concerns have been investigated, feedback is offered and provided to the staff member. On occasion, it is difficult to provide feedback on any actions the Trust has taken, for example, if the concern was raised anonymously or if it concerns another member of staff. Generally, however, the investigator assigned by the Guardian will meet with the staff member who raised the concern and provide feedback on what action has been taken.

Annual Report on Rota Gaps and Vacancies: Doctors and Dentists in Training

The Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) require the Trust to produce an annual report on rota gaps and vacancies.

This Quarterly Report on Safe Working Hours for Doctors in Training includes up to March 2021. The report highlighted that the Junior Doctor workforce was working to a full complement and that there were no vacancies, nor were there any major issues with safe working hours identified.

The recommendations were as follows:

- On-going regular Junior Doctor training sessions for on-call scenarios to help manage emergency working better through liaison between guardian and medical education.
- Peer support for on-call work to be officially recognised as reflective space and training provided regarding reflective working culture, through medical psychotherapy and medical education.
- Ongoing roll out of mentor and buddy program to support Junior Doctors with training and working practices through medical education

The 2016 Terms and Conditions mandate the provision of adequate rest facilities or alternative arrangements for safe travel home. Property is to be purchased to ensure reasonable rest facilities are available and fit for purpose. The property manager is reviewing potential sites with a further view of incorporating potential future rooms in the new mental health in patient facility. This is important for both patient safety as well as staff morale.

Staffing in Adult and Older Adult Community Mental Health Services

Progress made in 2021/22 regarding bolstering staffing in adult and older adult community mental health services, following additional investment from local Clinical Commissioning Groups' baseline funding.

Our Trust was one of the 12 National Early Implementor Sites (EIS) for Community Mental Health Transformation, established to test new models of place-based community mental health provision.

This concluded on the 31st of March 2021 and is now superseded by the national roll-out, which will continue until the end of 2023/24. The Trust is presently undertaking an evaluation of the EIS, which will be reported in 2022/23.

As an EIS, we have experienced a 'head start' in terms of the national roll-out, with further developments planned over the next 3 years across Hull and the East Riding of Yorkshire.

The Community Mental Health Transformation is an expansion of community-based provision and has added Senior Mental Health Practitioners from varied professional backgrounds, Mental Health Nurses, and Social Workers, alongside new posts of Community Mental Health Pharmacists and Technicians, Mental Health Wellbeing Coaches, Peer Support Workers and Trainee/Associate Nurses. All roles working in partnership with primary care, Community Mental Health Teams, and other community-based services, with a shared goal to improve access to mental health support.

Developments in 2021/22 have included:

- Improved access to SMI Annual Health checks and treatment delivered in Primary Care
- Access to medication reviews in the community and facilitation of access to medication
- Increased access to psychological therapies
- Access to a Mental Health and Wellbeing Coaches, a hybrid role that takes elements of both the Health Trainer and Social Prescriber roles, to better focus on service user needs by addressing mental health, general health, wellbeing, and inclusivity
- Access to support from a Peer Support Worker
- A new front door with the ability for GPs to directly book triage slots, meaning that the service user can be booked while at the GP surgery at a convenient time for triage by the newly formed Triage and Assessment Team

- Embedding our service for people with a Personality Disorder and for those being rehabilitated back into their community
- All our developments have continued to be co-produced with our service users

Emergency Preparedness, Resilience and Response (EPRR) Assurance 2021/22

All NHS Trusts have a duty to plan for and respond to major, critical and business continuity incidents whilst maintaining services to patients. Each year, Trusts are asked to assess overall whether they are 'full', 'substantial', 'partial' or 'non-compliant' with the EPRR core standards and the additional deep dive element which underpins this duty.

As a result of the events in 2020, the assurance process cycle did not receive its tri-annual review and, as a consequence, not all the standards were felt by the national team to reflect current best practice and are under review. Therefore, the number of standards for the 2021-22 year was reduced from 54 down to 36 and the deep dive standards reduced from 8 to 7.

Our overall position for this year has therefore been determined as **substantially compliant** with us meeting the criteria of between 89-99% compliance with the core standards. Our total compliance figure is, out of 36 core standards we have complied with 33, therefore we stand at 91.7%.

The Trust continues to improve care and service safety, resilience, and response through a programme of training, testing, and learning from incidents internally, through networks and partners.

The Trust's overall assurance rating has been signed off by the Trust Board.

Improving Care through Clinical Audit

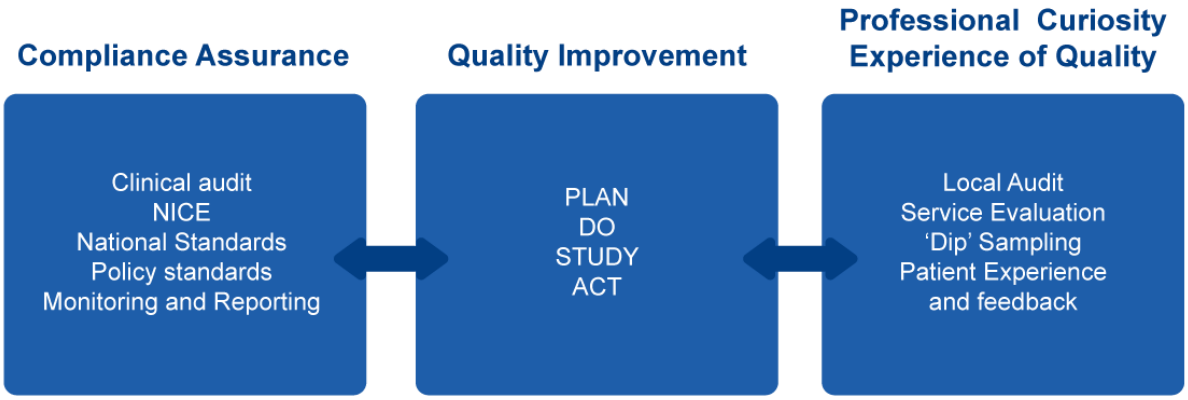
Clinical Audit enables the Trust Board, our service users, and our regulators to determine whether the care we are providing is in line with recognised standards.

We undertake a programme of clinical audits across our services to include the use of the National Institute for Clinical Excellence (NICE) quality standards and Care Quality Commission (CQC), Key Lines of Enquiries (2015). We also audit themes emerging from serious incidents, adverse events, and recorded complaints to fully inform our programme of clinical audit.

Following a revision of our Clinical Audit Policy, each division is now expected to complete a minimum of 5 audits across the financial year and also contribute to national and the Prescribing Observatory for Mental Health UK (POMH-UK) audits.

Proposals for new audits and service evaluations are reviewed by the Divisional Clinical Governance group and priority and relevance agreed. The Audit and Effectiveness group provides oversight and tracking of agreed audit and other improvement activity with six monthly reporting to the Quality and Patient Safety Group and thereafter the Quality Committee. This includes reporting and review of actions arising from completed audits.

Clinical audits form part of our approach to Quality Improvement and this is shown through the diagram below:



Audits undertaken during 2021/22

During 2021/22, 13 national clinical audits and 1 national confidential enquiries covered relevant health services that Humber Teaching NHS Foundation Trust provides.

During the same period, Humber Teaching NHS Foundation Trust participated in 92% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national confidential inquiry the Trust participated in was the National Confidential Inquiry into Suicide, Homicide and Sudden Unexplained Death. All mental health Trusts across the UK provide data to the confidential inquiry, which enables themes and trends to be investigated on a national level.

The Quality Committee were given an overview of the findings from the 2021 Confidential Inquiry in February 2022 and these findings continue to inform our patient safety programme.

The national clinical audits and national confidential inquiries that Humber Teaching NHS Foundation Trust was eligible to participate in during 2021/22 are as follows:

Eligible National Clinical Audits 2021/22
National Asthma and COPD Audit Programme (NACAP) – Pulmonary Rehabilitation aspect
National Audit of Cardiac Rehabilitation (NACR)
National Audit of Care at the End of Life (NACEL)
National Audit of Dementia
National Clinical Audit Cardiovascular Disease Prevention (part of the NCAPOP)
National Clinical Audit of Psychosis (NCAP) – Early Intervention in Psychosis Audit
National Clinical Audit of Psychosis (NCAP)/Physical Health & Employment Spotlight
National Diabetes Audit
National Falls & Fragility Audit (FFAP)
Physical Health in Mental Health Hospitals (NCEPOD)
Topic 14c Alcohol detoxification (POMH)
Topic 19b: Prescribing for depression in adult mental health services (POMH)
Transition from child to adult health services (NCEPOD)

Eligible National Confidential Inquiries 2021/22
Suicide, Homicide and Sudden Unexplained Death

The national clinical audits and national confidential enquiries that Humber Teaching NHS Foundation Trust participated in during 2021/22 are as follows:

National Clinical Audits 2021/22
National Asthma and COPD Audit Programme (NACAP) – Pulmonary Rehabilitation aspect
National Audit of Cardiac Rehabilitation (NACR)
National Audit of Dementia
National Clinical Audit Cardiovascular Disease Prevention (NCAPOP)
National Clinical Audit of Psychosis (NCAP) – Early Intervention in Psychosis Audit
National Clinical Audit of Psychosis (NCAP)/Physical Health & Employment Spotlight
National Diabetes Audit
National Falls & Fragility Audit (FFAP)
Physical Health in Mental Health Hospitals (NCEPOD)
Topic 14c Alcohol detoxification (POMH)
Topic 19b: Prescribing for depression in adult mental health services (POMH)
Transition from child to adult health services (NCEPOD)

Eligible National Confidential Enquiries 2021/22
Suicide, Homicide and Sudden Unexplained Death

The national clinical audits and national confidential enquiries that Humber Teaching NHS Foundation Trust participated in, and for which data collection was completed during 2021/22, are listed below alongside the number of cases submitted to each audit, or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Clinical Audits 2021/22	Cases Required	Cases Submitted	%
Topic 19b: Prescribing for depression in adult mental health services (POMH)	No minimum requirement	Not known	N/A
Topic 14c: Alcohol detoxification (POMH)	No minimum requirement	63	N/A
National Asthma and COPD Audit Programme (NACAP) – Pulmonary rehabilitation aspect	No minimum requirement	Data in Q4	N/A
National Clinical Audit of Psychosis (NCAP)/Physical Health and Employment Spotlight Audit	100	100 cases	100%
National Falls & Fragility Audit (FFAP)	1	1 organisational questionnaire	100%
National Diabetes Audit	No minimum requirement	Data extracted by NHS Digital	N/A
Physical Health in Mental Health Hospitals (NCEPOD)	No minimum requirement	14 case notes 1 organisational questionnaire 6 ward questionnaires	100%
National Audit of Dementia	No minimum requirement	50 cases	N/A
Transition from child to adult health services (NCEPOD)	No minimum requirement	Data submission still in progress	N/A

National Clinical Audits 2021/22	Cases Required	Cases Submitted	%
National Clinical Audit Cardiovascular Disease Prevention	No minimum requirement	Data extracted by NHS Digital	N/A
National Audit of Cardiac Rehabilitation (NACR)	7 KPIs measured	Continuous data submission 7 KPIs met	N/A
National Clinical Audit of Psychosis (NCAP) 2021/22 - Early Intervention in Psychosis	100	100 cases	100%

National Confidential Enquiries (2021/22)	Cases Required	Cases Submitted	%
Suicide, Homicide & Sudden Unexplained Death	N/A	20	N/A

The reports of 7 national clinical audits were reviewed by the provider in 2021/22 and Humber Teaching NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

For those national clinical audits which have not had the report published in 2021-22, Humber Teaching NHS Foundation Trust can provide the following updates to improve the quality of healthcare provided:

National Clinical Audits 2021/22	Actions
Topic 20a: Improving the Quality of Valproate prescribing in Mental Health Services	Report received and reviewed by Drug and Therapeutic Group May 2021. Action arising: new electronic form to be devised for Lorenzo to create a list of all patients currently prescribed Valproate by Trust prescribers.
Topic 18b: The use of clozapine	Report received August 2021. Presented to Drug and Therapeutic Group November 2021. Report shared with relevant clinical networks for learning/action. It has also been shared with relevant Consultants and the Clozapine Steering Group.
Topic 14c: Alcohol detoxification	The national report was discussed at the Drug and Therapeutic Group meeting in January 2022 and action plans will be completed in relevant clinical networks. Trust-wide action underway: development of an alcohol checklist form for Lorenzo.
Topic 19b: Prescribing for depression in adult mental health services	Data collection completed. Report not due until April 2022.

National Clinical Audits 2021/22	Actions
National Asthma and COPD Audit Programme (NACAP) – Pulmonary Rehabilitation aspect	Data collection completed. Report not due until July 2022.
National Clinical Audit of Psychosis (NCAP)/ Physical Health and Employment Spotlight Audit	Employment Spotlight report reviewed January 2022 at the Mental Health Clinical Network Group. Recommendations: Mental Health services should record the employment status of all people with psychosis and know about sign posting to employment. Physical Heath report presented at the Mental Health Clinical Network Group meeting, February 2022. Actions arising: a Lorenzo form to support smoking assessment has been developed and went live March 2022; and a dual diagnosis strategy is in development. This report will be discussed further at a Physical Health Medical Devices Group meeting when the related NCEPOD audit report has been published (anticipated Spring 2022).
National Falls & Fragility Audit (FFAP)	National audit report received. Local action plan developed. Bed rail audit to be carried out 2022. Falls working group to be extended to include a medic and will formally meet quarterly.
Physical Health in Mental Health Hospitals (NCEPOD)	Data collection completed August 2021. Report due Spring 2022.
National Diabetes Audit	Data extraction period not yet complete. NDA 2021-22 short report publication scheduled for late 2022.
National Audit of Dementia	Report due publication August 2022.
National Clinical Audit Cardiovascular Disease Prevention	The 2021 report was shared for learning with the Primary Care Network and Physical Health Medical Devices Group.
National Audit of Cardiac Rehabilitation (NACR)	The National Certification Programme for CR (NCP_CR) continued to assess CR quality. The Trust achieved Green/ Certified status, meeting all seven KPIs based on NCP_CR agreed standards.
National Clinical Audit of Psychosis (NCAP) 2021/22 - Early Intervention in Psychosis (Under 18s)	Raw data and initial data analysis received. Awaiting report.

The reports of 19 local clinical audits were reviewed by the provider in 2021/22 and Humber Teaching NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Local Clinical Audits 2021/22	Actions - summary
An audit of the indications for and monitoring of patients undergoing Electroconvulsive therapy (ECT)	Audit results have been presented and recommendations implemented.
Antipsychotic use & physical health monitoring in Hull PSYPHER	Audit report and action plan reviewed at relevant Clinical Network Group. Improvement plan fully implemented (3/3 recommendations). Actions included for example sharing of results with the multidisciplinary team and development of a physical health pathway. A re-audit is also planned.
Audit on the Management of Cardiovascular Risk factors on Inpatient Wards (Mental Health Services)	Clinical Lead presented report at relevant Clinical Network Group and 2 of 3 actions are completed. Actions included for example, considering how to make relevant information easier to gather and communicate on Lorenzo.
Clinical Audit on baseline bloods and ECG requirements when commencing antipsychotic medication for antipsychotic naïve patients at Westlands	Report discussed at relevant Clinical Network Group. Four recommendations are still in the process of being implemented.
Depot Card	Audit report and action plan reviewed at relevant Clinical Network Group. Improvement plan fully implemented (6/6 recommendations). Actions included for example, ensuring arrangements are in place so that patients on a monthly depot receive it on the due date, and ensuring staff double check prescribers' details on depot cards before completion. The results were also presented and discussed with team members, prescribers, and administrators.
Core Clinical Audit: Falls prevention (Maister Lodge, Older People's Mental Health)	Audit completed and improvement plan fully implemented (3/3 recommendations). Actions: written information on falls prevention now given to patients/carers on admission, staff training on falls prevention and competence tool, and post fall checklist developed for use by medics when undertaking falls reviews.
Core Clinical Audit: Falls prevention (Mill View Lodge, Older People's Mental Health)	Report and action plan signed off by relevant Clinical Network Group. 5 actions have been implemented with the remaining 2 in progress. Completed actions include for example, written information is given to patients and carers regarding falls prevention on admission and this is recorded on Lorenzo.
Core Clinical Audit Deteriorating patient - NEWS2- Sepsis (Secure Services)	Report and action plan discussed at relevant Clinical Network Group. All actions completed. Identified gaps to be included in core competencies.
Use of Essen Climate Evaluation Schema (EssenCES) to assess ward climate at the Humber Centre (Secure Services)	The EssenCES assessment is used on a six-monthly basis to assess the social climate of wards at the Humber Centre. The rationale for

	this is to regularly consider patient safety issues and whether any actions can be taken to improve service delivery. Audit report received and results to be shared at relevant service meetings. Staff and patients will be asked for further feedback in March 2022.
Management of Alcohol Use Disorder (Addictions)	Report signed off by relevant Clinical Network Group. Implementation of 4 improvement actions is still in progress.
Clinical audit: NICE quality standard: Falls in older people (Community Health Services)	Report signed off at relevant Clinical Network Group. Implementation of 5 improvement actions is underway.
(Re-audit) Lithium Audit GP Practices	Completed audit report discussed at relevant Clinical Network Group. 90% compliance with audit standards. A further re-audit is planned for 6 months with the aim of achieving 100% compliance.
(Re-audit) Chat Health (Children 0-19 years)	This audit reviewed the effectiveness of Chat Health as an alternative method for young people (aged 12-19 years) to access specialist services providing support for emotional and social well-being. Improvement plan fully implemented (3/3 recommendations). Actions: all schools contacted with promotional material and offered a school nurse assembly, all users informed to ensure appropriate storage of Chat Health anonymous conversations; and an additional Chat Health conversation template was added to the Chat Health dashboard.
Vitamin D guidance - SystmOne audit of information given at the new birth visit for breastfeeding mothers (Children 0-19 years)	Clinical audit report signed off by relevant Clinical Network Group. Improvement action plan is being progressed.
Icon Training abusive head trauma (Children 0-19 years)	ICON is an evidence-based programme aimed at helping people who care for babies to cope with crying. Following the audit completion health care professionals will continue to promote conversations around ICON at every opportunity in the early postnatal period. Clarification and agreement to be reached with relevant service partners regarding who is responsible for the 3-week post-birth phone text/contact.
Re-Audit of Section 17 leave documentation at Townend Court Learning Disability inpatient units	Completed audit report reviewed at relevant Clinical Network Group. Improvement plan fully implemented (3/3 recommendations). Actions included for example ensuring patients are supported in developing the skills needed to electronically sign the Section 17 leave forms. A re-audit is also planned.
Humber Teaching NHS Foundation Trust: Short Audit of the quality of mental capacity assessments and best interest decisions	Audit report received, and 6 recommendations/ actions were identified for implementation. These are being taken considered and taken forward by

carried out across inpatient units and the mental health response service.	the Named Professional for Safeguarding Adults, Mental Capacity Act and Prevent Lead.
Management of non-cognitive symptoms in dementia in older adults CMHT	Report received and action plan in progress.
Type 2 diabetes: prevention in people at high risk - assessment and management (Primary Care)	This clinical audit examined the assessment and management of pre-diabetes patients in primary care. The aim was to ascertain Trust practices' adherence to the pre-diabetes guidance/ recommendations as set out by the National Institute for Health and Care Excellence (NICE). Report presented to the relevant Clinical Network Group, July 2021. Issues identified are being addressed for example, ensuring recalls are in place for this patient cohort.

Over the year, The Trust has identified a number of areas for targeted audit work across the organisation. These have been selected as areas of a potential risk or in order to support a strategic aim. The report, including action plans, are reviewed through clinical network meetings and governance divisional meetings.

In May 2021 Audit Yorkshire were asked to complete an internal audit to assess and provide assurance in respect of whether the Trust's clinical governance arrangements in relation to the Secure Services Division and Children's & Learning Disability Service Division were adequate. The outcome of this audit provided limited assurance that the divisions clinical governance arrangements were adequate, fit for purpose and were being adhered to.

Twelve recommendations were made in relation to the findings with five prioritised as minor; six as moderate and one as major. Two recommendations related specifically to secure service; four related to Child and LD services and six related to both divisions.

The areas for action included review of the division's Clinical Governance Standard Operating Procedures; required amendments to terms of reference; the need for annual effectiveness reviews; the need for agenda's to be standardised and aligned to the terms of reference; the need for minutes to include additional information in relation to dates; attendees and clarity about routes of escalation. The recommendation requiring major prioritisation related to the provision of clinical governance training to those individuals responsible for administering the key divisional clinical governance meetings. All these actions have now been completed.

The same audits have been undertaken in Adult Mental Health and Community & Primary Care divisions during June/July 2021. The outcome of this audit provided significant assurance that the Trust's clinical governance arrangements in relation the Mental Health Services Division and Community & Primary Care Services Division are adequate and fit for purpose.

Research and Innovation

We continue to recognise the importance of investing in research; enabling our staff to be at the cutting edge of new treatments and our community to participate in health improvement. There is evidence (see Embedding a research culture | NIHR) that people perform well in organisations that focus on research, therefore ensuring provision of research opportunities for people accessing our services is core business for the Trust.

During 2021-22, the Covid-19 pandemic has continued to highlight the importance of research and the recognition it deserves as part of frontline services. Studies addressing questions to help inform fast effective responses to Covid-19 have been prioritised by our research department, whilst continuing to also support non-Covid studies.

The research team has adapted their ways of working to enable studies to be conducted remotely and allowing recruitment into non-COVID studies to continue. Clinical staff delivering treatments as part of research have also adapted to enable experimental interventions to continue remotely. This is something patients and carers report they have really valued when they were feeling isolated from many other aspects of life.

> ***Despite all the recent challenges during the pandemic they [the research team] have maintained proactive, continuing to recruit and conduct follow up assessments on time and at the usual high standard. Two particular things stand out in my opinion, one is the way the team work with compassion and the other is the way they work as a team. From the R&D support services, the researchers on the ground and Principal Investigator, and the therapists who deliver the intervention - it is a pleasure to work alongside them.***

The number of patients receiving relevant health services provided or sub-contracted by Humber Teaching NHS Foundation Trust in 2021/22, that were recruited during that period to participate in research approved by a research ethics committee, was 703.

Of these, 630 patients were recruited to NIHR Portfolio studies (259 into Covid-19 research) and 73 were recruited to local studies. In total, there were 49 Portfolio studies and 16 non-Portfolio/local studies running in the Trust. Patients accessing Trust services have been offered a breadth of research opportunities spanning numerous health conditions and many types of study design. Approximately 40% of Portfolio studies have involved the evaluation of novel treatment interventions. Further information about research studies in the Trust is available at www.humber.nhs.uk/Services/research.htm.

In 2021-22 the Trust continued to provide core funding for a small number of key research posts, as well as receiving external research funding, including from the Yorkshire and Humber Clinical Research Network to support delivery of NIHR Portfolio studies, and DHSC Research Capability Funding to support clinicians working with academic colleagues to develop new research opportunities.

Various national and regional performance targets for National Institute for Health Research (NIHR) Portfolio research have been suspended this year due to the pandemic, including the focus on individual Trust recruitment targets. However, the research department has continued to ensure the Trust operates in accordance with the statutory guidance of the UK Policy Framework for Health and Social Care Research (2017).

Work is constantly ongoing to strengthen research collaborations and to bring studies to the Trust in areas where there has been limited previous involvement, with notable successes this year being within our primary and community care services. New collaborations in 2021-22 with Chief Investigators we have not previously worked with, e.g. at the Universities of Southampton and Aberdeen demonstrates the Trust is a site that national experts want to collaborate with.

The Annual Research Conference took place both virtually and in person, in November 2021. Speakers included Prof Partha Kar (OBE), National Specialty Advisor for Diabetes with NHS England, and Prof Kieran Walshe, Professor of Health Policy and Management at Alliance Manchester Business School. This video captures some of the conference highlights - Humber Research Conference 2021 Highlights - YouTube

> ***I love these events. I have been to them for the last 4 years! They endorse what this particular Trust is all about - learning and continuous improvement.***

Our Research Team are constantly adapting and in the new virtual world we have increasingly found ourselves operating in, we have developed a new animation, 'My Research Journey' (includes sub-titles), launched in May 2021 as part of International Clinical Trials Day celebrations. This was co-produced with Research Champions with lived experience, patients, carers and clinical staff and helps support people to decide whether they'd like to take part in research. Just one of the tools created to help reach out to more of our community, including those underserved in research.
Watch the video here: Research - Humber Teaching NHS Foundation Trust (Subtitles) - YouTube

Commissioning for Quality and Innovation (CQUINs)

CQUIN is an annual scheme where commissioners and providers agree on which areas need more focus for improvement and payments are made for evidencing those improvements. The scheme is refreshed every 12 months and each scheme may be different from preceding years.

Humber Teaching NHS Foundation Trust income in 2021/22 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because, as per the NHS England website guidance, the operation of CQUIN (both CCG and specialised) remained suspended for all providers until 1 April 2022; providers did not need to implement CQUIN requirements, carry out CQUIN audits nor submit CQUIN performance data.

For Trusts, an allowance for CQUIN was built into nationally set block payments.

Care Quality Commission (CQC)

Humber Teaching NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered to provide the following regulated activity:

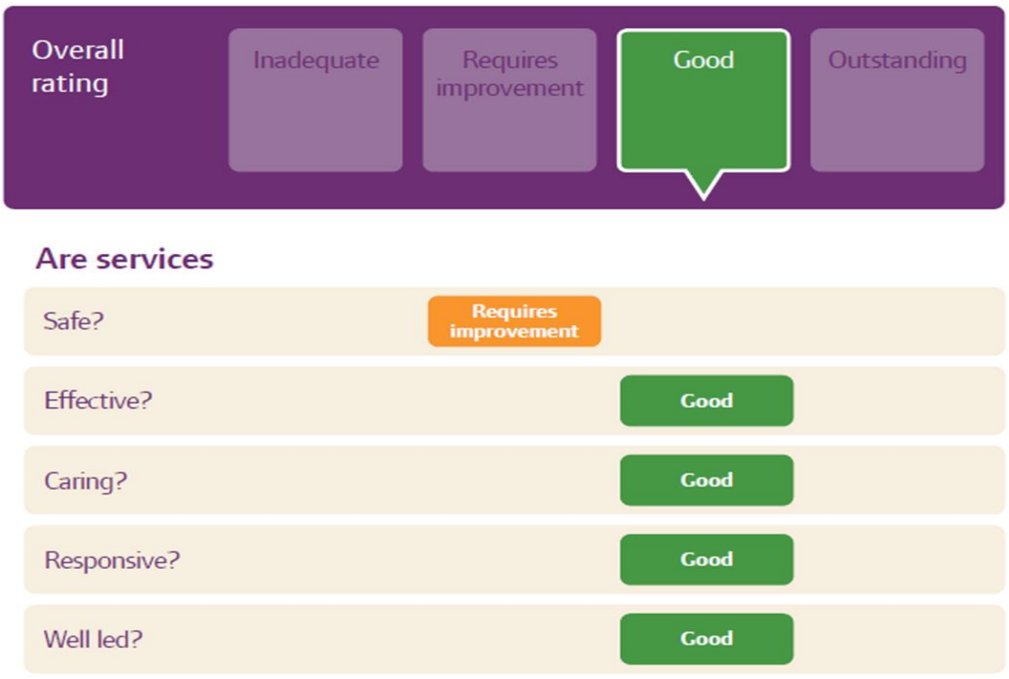
- Accommodation for persons who require nursing or personal care
- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and screening procedures
- Family planning (Primary Care only)
- Maternity and midwifery services (Primary Care only)
- Nursing care
- Personal Care
- Surgical procedures (Primary Care only)
- Transport services, triage and medical advice provided remotely
- Treatment of disease, disorder or injury

Humber Teaching NHS Foundation Trust has no conditions on registration. The Care Quality Commission has not taken enforcement action against Humber Teaching NHS Foundation Trust during 2021/22.

Humber Teaching NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

Overall, the Trust remains rated as “Good” with the CQC rating the effective, caring and well-led domains as Good. The safe domain was rated as ‘Requires improvement’ at the last inspection in 2019, and therefore the Trust has made good progress against their internal action plan on the safe domain.

CQC Rating from the Last Inspection in February 2019



Outstanding Practice from the 2019 Inspection

In the 2019 inspection report, areas of outstanding practice were identified within acute wards for adults of working age and psychiatric intensive care services, child and adolescent mental health services and Trust-wide.

- The Trust launched a Friends and Family Test live data dashboard in April 2018, which showed the results of the surveys received. The information showed how the Trust was performing at organisation, care group and team levels. This live link was available via the Trust’s internet page and patients, carers and staff could access this immediately. In February 2019, the live link showed that 216 people had responded to the survey and that 94% of them would recommend their services to friends and family if they needed similar care or treatment.
- The Trust had developed a bereavement package for deaths that occurred because of physical ailments. As part of that bereavement package the charity Health Stars paid for bereavement cards to be printed. Patients and carers developed the messages inside the card. The bereavement package included a card, advice on how to deal with bereavement for the carers, a card from the clinician who dealt with the loved one, links to funeral homes.
- Staff on Westlands had developed a toolkit for use with patients at risk of suicide and self-harm. They were in the process of providing training for staff on other wards.
- The Trust had reduced their out of area transfers for acute admissions by redesigning the acute pathway including adding five beds, supported by developments of the crisis pad, step down beds and clinical decisions unit.

- The Social Mediation and Self-Help (SMASH) programme is a group-based programme which takes referrals from schools. They work with young people aged 10-16 years who may be at risk of developing mental health problems, this is a unique collaboration between Humber Teaching Foundation Trust and the SMASH programme which worked with a wide range of partners across health, social care, communities, education, young people and families. The programme has received national recognition from Thrive, Royal College of Psychiatrists and Young Minds. The programme is a finalist in the HSJ Innovation in Mental Health Award. Although referrals to the children and adolescent mental health services continue to rise, consistent with the national picture, the programme has delivered an accessible early intervention programme which has begun to reduce the numbers requiring access to specialist treatment.

> ***Staff treated children and young people with compassion, kindness, respected their privacy and dignity and understood individual needs. They actively involved them and their families and carers in care decisions.***

Areas for Improvement from the 2019 CQC Inspection

The CQC identified 13 actions at the Trust must take in order to comply with legal obligations at the 2019 inspection. The actions included the following themes:

- Ensuring good standards of record keeping are maintained, i.e. records are accurate, risk assessments completed, care plans are personalised, holistic, reflect all the identified needs of patients and are regularly reviewed.
- Ensuring that the waiting lists for treatment for children and young people to meet national guidance.
- Ensuring that staff act in line with the Mental Capacity Act and code and practice in assessing capacity, making best interest decisions and allowing patients to make unwise decisions.
- Ensuring that staff complete consent to treatment records for all detained patients.
- Ensuring that nursing and medical reviews for patients in seclusion take place and are documented within required timescales.
- Ensuring that patients in seclusion must have individualised personal emergency evacuation plans in place.
- Ensuring that systems to report record and resolve maintenance issues in the service are in place that repairs to essential services are completed in a timely manner.
- Ensuring staff on the wards feel supported, valued and that they are consulted appropriately on service developments.
- Ensuring that systems and processes designed to monitor and improve services are implemented consistently and that staff are clear in relation to what is expected of them.
- Ensuring regular audits are conducted to assess, monitor and improve the quality and safety of services.
- Ensuring there are appropriate systems in place to monitor actions from incident investigations and share learning from incidents amongst the staff team.
- Ensuring all staff receive supervision and appraisals.
- Ensuring there are sufficient skilled and competent staff to safely meet the needs of patients.

In addition to the areas identified above that the Trust must improve, the CQC identified a number of areas that the Trust should take action to address. A comprehensive improvement plan was developed to address the concerns raised via ‘must do’ and ‘should do’ actions detailed in the final inspection report. The ‘should do and must do’ improvement plans were monitored by the Trust Board through the Quality Committee and overseen corporately via our monthly Quality and

Regulations Group which reports directly to the Executive Management Team and the Quality and Patient Safety (QPaS) Group. The QPaS Group reports directly to the Quality Committee.

All of the must and should do actions arising from the 2019 inspection were delivered. As a Trust we continually strive to improve, therefore we have carried out a series of peer reviews and audits, across the organisation, throughout the pandemic, from which we have developed additional quality improvement plans aligned to the CQC key lines of enquiry.

Data Quality and Coding

Humber Teaching NHS Foundation Trust submitted records during 2021/22 to the Secondary Uses Service, for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data:

which included the patient's valid NHS number was:
100% for admitted patient care

which included the patient's valid General Medical Practice Code was:
100% for admitted patient care

The source is NHS Digital (November 2021) DQMI published report for the months July to November 2021.

Data quality also forms part of the Trust's Internal Audit programme

Clinical Coding Error Rate

Humber Teaching NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2021/22 by the Audit Commission.

Actions to improve Data Quality

Humber Teaching NHS Foundation Trust will be taking the following actions to improve data quality:

- Endorse a proposal for the continuation of the contract coding services to ensure optimum data analysis, please note that coding was disrupted in 2020 due to the covid pandemic and retirement of the Trust's allocated coder
- Promoting regular clinical engagement with the coder, as part of a validation strategy programme
- Increasing WTE hours from April 2021
- Continued monitoring of DQMI

Information Governance

Information Governance Assessment Report

Information Governance (IG) refers to the way in which organisations process or handle information in a secure and confidential manner. It covers personal information relating to our service users and employees and corporate information, for example finance and accounting records.

The Data Security and Protection (DSP) Toolkit submission date for 2021/22 is 30 June 2022. Humber Teaching NHS Foundation Trust's DSP Toolkit overall score for 2021/22 is **Result not available until June 22**. The DSP Toolkit was audited by an independent assessor and the audit assessment is;

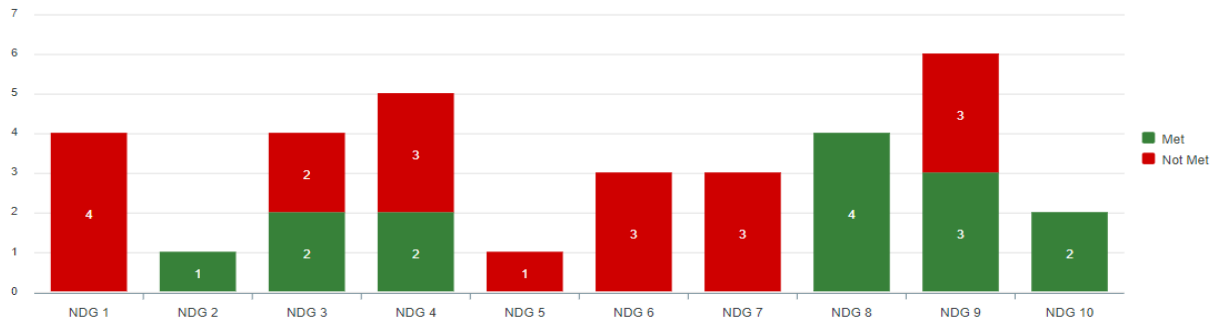
Risk Rating across all 10 NDG Standards	*Result not available until June 22*
Assurance level based on the confidence level of the Independent Assessor in the veracity of the self-assessment	*Result not available until June 22*

IG provides a framework in which the Trust can deal consistently with, and adhere to, the regulations, codes of practice and law on how information is handled, for example the Data Protection Act 2018, UK General Data Protection Regulation, the Freedom of Information Act 2000 and the Confidentiality NHS Code of Practice.

The way in which the Trust measures its performance is via the DSP Toolkit. The DSP Toolkit is a performance tool produced by DHSC, which draws together the legal rules and guidance referred to above as a set of requirements. The Toolkit is based on the National Data Guardian Standards.

In the current version, there are 38 assertions and 110 mandatory evidence items relevant to this Trust. For each assertion, the status can be "met" or "not met". The Trust must ensure that all mandatory assertions are "met" for a "Standards Met" DSP Toolkit. If any of the assertions are "not met", the Trust will receive a "Standards not met" DSP Toolkit.

The Trust's submission at the present time for the 2021/22 DSP Toolkit is below; all assertions are expected to be "met" prior to the 30 June 2022 submission deadline.



NDG 1 - Personal Confidential Data
NDG 2 - Staff Responsibilities
NDG 3 - Training
NDG 4 - Managing Data Access
NDG 5 - Process Reviews
NDG 6 - Responding to Incidents
NDG 7 - Continuity Planning
NDG 8 - Unsupported Systems
NDG 9 - IT Protection
NDG 10 - Accountable Suppliers

Key areas of development in the year 2020/21 have been:

Accountability

The IG Team support the Trust to be able to demonstrate compliance with the 'Accountability Principle' under Data Protection Law by ensuring:

- Policies and Procedures are UK GDPR/DPA 18 compliant
- Data Protection Impact Assessments are undertaken ensuring that privacy concerns have been considered and addressed
- Contracts have been reviewed and mapped for UK GDPR/DPA 18 compliant clauses, new contracts are checked to ensure appropriate data protection clauses are in place
    - IG due diligence on service providers prior to a new contract entered into.

- Records of Processing Activities undertaken providing a comprehensive overview of personal data processing activities within the Trust
- Data Breaches reported to the Information Commissioner's Office within 72 hours

Data Security and Protection Toolkit

The Trust published a baseline assessment on 26 February 2022. The IG Team has reviewed the amendments made to the Data Security Protection Toolkit by NHS Digital. Evidence items will continue to be updated prior to the submission deadline.
A report on progress will be provided to the IG Group on a bi-monthly basis up to the submission date of the 30 June 2022.

Covid-19

The IG Team continued to support the Trust to maintain an appropriate level of Information Governance compliance as staff settled into hybrid working during the last year.

Advice and Support
The IG Team continued to provide advice and support to staff, via email and telephone. The advice continued to be logged and was themed and reported to the IG Group.

Provision of IG Updates
The updates provided clarity on any changes that impact on information sharing during Covid-19, reminders of Trust policies and procedures that support compliance, and advice and guidance to support new ways of working. Updates were provided on:

- Secure transportation of patient information
- Videoconferencing
- Patient online access
- Cyber security advice on suspicious emails
- Disclosure and information sharing
- Obtaining staff vaccination data from the National Immunisation Management System

Privacy Notices
To maintain transparency and accountability, the IG Team maintained the Privacy Notice to inform patients specifically how their information is used to protect them during the Covid-19 pandemic, the lawful basis for this and how General Practice data was being used for planning and research.

Staff Privacy Notices were updated to ensure transparency related to Covid-19 Workplace Risk Assessments and the enhanced risk assessments for non-vaccinated staff members, LAMP Testing and obtaining a staff members Covid -19 vaccination status. The IG Team provided a supplementary notice for the LAMP Testing Programme.

The notices were reviewed frequently to ensure they took account of any changes of data use as the pandemic continued.

Guidance
To protect staff and raise awareness of the risks of using technologies, information was circulated to staff on risks from cyber-attack, phishing and ransomware. Hints and tips on how to spot potential suspicious emails and a quiz to raise awareness was circulated as well as information on the importance of ensuring laptops and desktops are kept updated.

Supporting New Business

The IG Team continues to support the Trust's new business opportunities, contributing to tender assessments and providing IG due diligence checks, in accordance with Information Commissioner's Office and NHS Digital guidance. And partner organisations that process Trust

data, ensuring they have ICO registration, if the organisation is part of any certification schemes, or have any data breaches resulting in fines.

Humber Coast and Vale Provider Collaborative

The IG Team provide information governance and legal services to the Humber Coast and Vale Provider Collaborative under a SLA. The IG Team have supported the collaborative with writing Information Sharing Agreement's, undertaking DPIA's, reviewing Data processing agreements and Service level agreements, contract due diligence and review, and advice. They have ensured that the Provider Collaborative are represented at the IG Group.

New Systems/Data Protection Impact Assessment (DPIA)

When new services begin, new information processing systems are introduced or there are significant changes to existing information processes involving personal confidential information. The Trust ensures that it remains complaint with legislation and NHS requirements. This process is a mandated requirement on the DSP Toolkit and the new data protection legislation.

The DPIA process is reviewed and updated annually to ensure it continues to meet best practice. The process provides a robust assessment ensuring that privacy concerns have been considered and actioned to safeguard the security and confidentiality of personal confidential information, whilst supporting innovation in patient care. DPIA's completed include:

- Office365
- Gathertown Virtual Social Space
- Interface Disease Prevalence QOF Enhancement Service
- Oberoi consulting Heart Failure Reviews
- L2P Electronic Job Planning for Medical Staff
- PharmOutcomes Discharge Medicines Service
- ServiceDesk Plus Incident and Call Management Software
- Healthy.io Home testing for annual diabetes urine checks
- Upstream GP Connect
- Artic Measure Trauma Informed Care

Information Sharing Agreements

Good work has continued in 2020/21, with the development of information sharing agreements between the Trust and partner organisations across the Humber region. This work has enabled the Trust and its local partners to support patient care in the following:

- Suicide prevention partnership working for individuals who frequently attend the Humber Bridge
- Hull and East Ridings new Neurodiversity Service Model for needs led care
- Beyond Place of Safety
- Humber Coast and Vale Provider Collaborative to support effective pathway treatment for patients within the specialised mental health and disability partnership
- Referral to the Discharged Medicines Service to reduce incidences of avoidable harm
- Trauma Informed Care in Hull and East Riding Core CAMHS
- Multi-Agency Public Protection Arrangements to ensure risks are effectively managed to protect the public
- Humber Coast and Vale Provider Collaborative Dynamic Support Register – Keyworker Service
- CAMHS Waiting List support services for families with MIND, Healios and Dr J and Partners
- Reciprocal Access to Lorenzo system to support patient care for mental health patients presenting at ED
- Voluntary Service Recruitment for the Scarborough, Whitby and Ryedale areas

Information Assets

The Trust reviews its information assets regularly. Its key information assets have been identified and approved by the IG Group. Each key asset has an Information Asset Owner assigned. Each asset has been updated in the Information Asset Register.

The Information Asset Register is reviewed and updated each quarter. The Register is then approved by the IG Group.

Cyber Security

CareCERT provides cyber security threat notifications to the Trust. The IT Service review and act upon these notifications and take action, where necessary, to ensure Trust systems and protected and vulnerabilities cannot be exploited. The CareCERT notifications and actions taken to protect the Trust are monitored through the IG Group.

A 'phishing' exercise was performed to identify weakness in staff members cyber security awareness. Following this a cyber awareness campaign has been undertaken, the IG Team issued guidance to alert staff on the risks posed by phishing emails, tips to spot them, a quiz for staff to test themselves on spotting phishing emails and information in the intranet banner.

Data Quality

Data Quality checks are undertaken to provide assurance that data is accurate and ready for migration to national systems. An action plan had been identified to improve data quality.
The Trust has a Data Quality Group which provides a forum to consider performance against data quality standards, audits and ad hoc requirements across a range of Trust activities. The Data Quality Group co-ordinates action plans and reports progress to the IG Group and Audit Committee (in respect of audits). The results of the audit feed into the evidence for Data Security Standard 1 in the Trust DSP Toolkit and the National Cost Collection.

A clinical coding audit was performed on discharged patient records in June 2021. The results from the audit were excellent. The percentage of records that had a correctly coded primary and secondary episode were:

Overall:

- 100% primary
- 96.1% secondary

These results are above the mandatory level set in the Data Security Standard 1 and Standard 3 and would meet a 'Standards Exceeded' attainment level.

Freedom of Information (FOI)

The Trust supports the principle that secrecy should not be the norm in public life and wants to create a climate of openness. The Freedom of Information Act 2000 provides individuals with a general right to access all types of recorded information by public authorities. The right is subject to certain exemptions. The aim of the Act is to promote openness and accountability within the public sector.

The Trust responded to 268 requests for information under the Freedom of Information Act. This is an increase of 25% at the same point in the previous year. 80 requests (29%) were not answered within the statutory 20-day timescale due to delays in the information being supplied during the pandemic and the loss of a staff member. This is a 2% increase from the previous year.

Registration Authority (RA)

Humber Teaching NHS Foundation Trust is established as a Registration Authority. The Registration Authority for the Trust is part of the Clinical Systems Team and has continued to provide ongoing RA support in relation to the Covid-19 pandemic. The RA team works closely with Human Resources and IG, together with other relevant organisations externally. For all staff requiring a Smartcard the relevant ID checks are undertaken by either the HR RA staff, the RA Officer or, as necessary, an RA Manager. Once a member of staff's identity is confirmed they are issued with a Smartcard.

Staff have to use their Smartcard and pass code each time they log on to access and use information in systems such as SystmOne and Lorenzo.

The RA Officer performs audit checks to ensure staff have followed registration procedures for identity checks and that the correct role is assigned. The audits also ensure that when someone leaves the organisation their role is removed from the Smartcard.

Learning from Deaths

Humber Teaching NHS Foundation Trust remains committed to embedding a culture of continuous learning. Throughout 2020/21, we have continued to strengthen our approach to learning from deaths.

Mazars LLP

Mazars LLP is the UK firm of Mazars, an international advisory and accountancy organisation. Mazars was commissioned by NHS England to review the deaths of people with a learning disability or mental health issues. The criteria they introduced for categorising deaths is as follows:

- **Expected natural death – (EN1)** A death that occurred in an expected time frame
- **Expected natural death – (EN2)** A death that was expected but was not expected to happen in the timeframe
- **Expected unnatural death – (EU)** A death that was expected but not from the cause expected, or timescale
- **Unexpected natural death – (UN1)** Any unexpected death from a natural cause e.g. a sudden cardiac condition or stroke
- **Unexpected natural death – (UN2)** An unexpected death from a natural cause but that did not need to have resulted in death
- **Unexpected unnatural death – (UU)** An unexpected death from unnatural causes e.g. suicide, homicide, abuse, neglect.

All incidents (including all deaths) that occur within our services are reported via our Datix incident management system. On a weekday basis, these are reviewed in a daily Corporate Safety Huddle that is held within the Patient Safety department. The corporate safety huddle is attended by a range of professionals which include safeguarding, pharmacy, matrons, senior managers, and senior clinicians. Deaths are reported through Datix in line with the Mazars LLP criteria shown above.

In addition to the Mazars LLP criteria, we have also built Datix mandatory indicators into our Datix system (known as red flags) for mortality reviews that are developed by the Royal College of Psychiatrists.

Patient deaths that meet the red flag indicators listed below are considered for mortality review where they are not subject to a serious incident (SI) investigation, significant event analysis (SEA) or Learning from Learning Disabilities (LeDeR) review.

During the pandemic, the Trust continued with the daily Corporate Safety Huddle. The Governance and Patient Safety teams continued to meet each week, to review any additional information or requests made in the preceding week. This meeting monitors all responses and escalates to the Clinical Risk Management Group when responses have not been received. The Corporate Safety Huddle review also closes any Datix where actions or requests have been completed.

A quarterly serious incident report is produced which is reviewed within the Quality and Patient Safety group. This provides an overview, per quarter, of the Serious Incidents declared by the Trust and includes a progress update, regarding the number of Serious Incident investigation action plans per division which are outstanding and/or closed. Any issues that may have the potential to impact on the delivery of the organisational objectives are escalated to the Executive Management Team.

In-depth review of mortality was undertaken to look at the impact of Covid 19 on our patient group. The key issues found were:

- The COVID-19 pandemic has had significant impacts on mortality nationally, with tens of thousands of excess deaths attributed to the pandemic.
- Established risk factors for adverse outcomes in COVID-19 infection include male sex, older age, some ethnic minority groups and deprivation, with evidence suggesting there are inequalities in COVID-19 mortality.
- Humber Teaching NHS FT has seen a rise in mortality in periods consistent with the peaks in mortality from COVID-19 nationally, aligning with the first and third “waves” of the pandemic (April 2020 and December 2020/January 2021).
- The highest numbers of deaths were seen in older adults, males and users of community services within Humber NHS FT, which is in keeping with known risk factors.

Royal College of Psychiatry Mortality Review Red Flags

- All patients where family, carers, or staff have raised concerns about the care provided
- All patients with a diagnosis of psychosis or eating disorders during their last episode of care, who were under the care of services at the time of their death, or who had been discharged within the six months prior to their death
- All patients who were an inpatient in a mental health unit at the time of death or who had been discharged from inpatient care within the last month
- All patients who were under a Crisis Resolution and Home Treatment Team (or equivalent) at the time of death

An Initial Incident Review (IIR) report is completed within 72 hours for deaths deemed by the daily Corporate Safety Huddle as potentially meeting the criteria for an SI, SEA or mortality review. All Datix reports related to deaths are reviewed in the weekly Clinical Risk Management group (CRMG) along with all Initial Incident Review reports. Incidents meeting the SI threshold are declared by either the Director of Nursing, Allied Health and Social Care Professionals or Medical Director and SEAs or mortality reviews are commissioned by the CRMG.

Learning from all deaths is disseminated across the organisation through the weekly Clinical Risk Management group (CRMG), divisional governance processes, and at the Trust Board.

During 2021/22, 554 Humber Teaching NHS Foundation Trust patients died. Of the total number of deaths, 88.7% were from natural causes.

This comprised the following number of deaths occurred in each quarter of that reporting period:

- 138 in the first quarter
- 130 in the second quarter
- 155 in the third quarter
- 131 in the fourth quarter

By 1 April 2022, 1 mortality review and 20 investigations have been carried out in relation to 554 of the deaths included above. In zero cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter, for which a case record review or an investigation was carried out, was:

- 6 in the first quarter
- 5 in the second quarter
- 6 in the third quarter
- 4 in the fourth quarter

None representing 0% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

These numbers have been estimated using the structured judgement methodology and root cause analysis methods.

The following learning, whilst not causal, has been collated from the investigations above:

- The importance of ensuring bank staff clinical records are routinely monitored and audited
- The staff need to understand their responsibilities in raising concerns to the Trust Safeguarding team
- The importance of a holistic approach to physical health and mental health care for patients with serious mental illness
- The importance of a robust triage protocol in primary care
- Staff to ensure that they utilise the 'Think Family' approach for all episodes of care

The actions which the Trust has taken in the reporting period, and those proposed to take following the reporting period, in consequence of the Trust's learning are as follows:

- Refresh and strengthen the record keeping audit process across all services to ensure that bank/agency staff records are included, in line with best practice guidelines
- Raised awareness with staff through bespoke sessions in relation to raising safeguarding concerns with the Trust Safeguarding team.
- Assessments for patients into mental health services includes physical health monitoring and assessment
- Maximised the use of clinical time by the appropriate use of ledgers and standardisation of clinical appointments in primary care
- 'Think Family' included in safeguarding training and discussed at MDT meetings and reviews. Bespoke awareness sessions given to teams.

The impact of the actions outlined above is as follows:

- Improved understanding of the referral criteria and referral process to the Trust Safeguarding team
- Improved standards of record keeping, auditing and monitoring for all staff groups including bank and agency

- Improved health promotion and behaviour change to improve physical health monitoring in mental health services
- Provision of person-centred assessments delivered via alternative methods, utilising available digital solutions while maintaining safe and effective delivery of care
- Increased awareness of 'Think Family' approach throughout all staff groups
- Strengthened triage processes within primary care

Deaths in 2020/21

Nil case record reviews and 12 investigations completed after 31 March 2021, which related to deaths which took place before the start of the reporting period.

None representing 0% of the patient deaths before the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the structured judgement methodology and root cause analysis.

None representing 0% of the patient deaths during 2020/21 are judged to be more likely than not to have been due to problems in the care provided to the patient.

How We Measure Performance – Meeting Framework Targets

Humber Teaching NHS Foundation Trust reports via various platforms for NHS England (NHSE) via NHS Improvement (NHSI), NHS Digital (NHSD) and Mental Health Services Data Set (MHSDS).

Key Performance Indicators (KPIs) are mapped via the Integrated Board Report (IBR) and Integrated Quality and Performance Report (IQPT) to the NHSI Single Oversight Framework (SOF).

Our Trust uses Statistical Process Control (SPC) charts to monitor and track its performance data at Trust Board Level. Any data point which sits outside of the control limits will require further investigation by the Executive Director responsible for that particular indicator.

Our internal reporting is split into three levels:

Level 1 (Board Level):
Monthly Statistical Process Control charts (SPCs) via the IBR to the Trust Board and monthly IQPT dashboards to the Operational Delivery Group (ODG) and Executive Management Team (EMT).

Level 2 (Divisional Level):
Monthly Divisional and Service Line Reports via a Dashboard to the Divisional Group Leads and their General Managers.

Level 3 (Team Level):
Monthly performance reports at team level to Directors, Service Managers, Team Leaders and staff members with an interest in performance and enhancement.

Level 2 & 3 uses a 'traffic list' or 'RAG Rating' system to report on performance and quality against our selected priorities and KPIs, e.g., Red – Weak, Amber – Fair and Green – Good. This is translated to reflect the performance of the Trust on these initiatives.

We also report externally to our Commissioners using the following:

Contract Activity Report (CAR)

This is completed on a monthly basis by the Business Intelligence Department (BI Hub). The metrics/KPI's which are included in schedule 4 and 6 of the respect contracts.

This system ensures that we can:

- Monitor critical clinical processes and activities using measures of clinical and corporate performance that trigger alerts when potential problems arise
- Analyse the root cause of problems by exploring relevant and timely information from different sources and at various levels of detail
- Steer the organisation by supporting the management of people and processes to improve decisions, be more effective and subsequently enhance performance

These reports are reviewed as part of the Trusts ODG (Organisation Delivery Group) governance arrangements before being circulated to the respective commissioners.

Internal and external audits are undertaken to ensure our methods of calculation and delivery meet the national and local guidelines.

Data Quality Improvement Plans

Data Quality Improvement Plans (DQIP) is designed to highlight where gaps in reporting and any identified/known data issues that require attention within clinical services. These are reviewed as part of the Data Quality Group which meets quarterly.

Indicators we are not able to provide data against for differing reasons will also be included in the DQIP. Action plans are developed to encourage improvement and progression to meet measures within set timescales.

Benchmarking

Each year the Trust participates in national benchmarking data collections projects. This consists of Adult and Older Adult Mental Health Service, Community Services (Physical Health), CAMHS (Children and Adolescent Mental Health Services), Corporate Services, Learning Disabilities and Perinatal, as an example.

The benchmarking projects allow for comprehensive benchmarking of activity, finance, workforce and quality metrics. Service quality, safety and outcomes against the rest of the NHS can be explored within the toolkit. This is the largest set of physical and mental health intelligence available in the NHS, including a dataset of over 5,000 indicators provided by each statutory provider in England and Wales and a number of large independent sector providers.

The Trust utilises several outputs from the data collection, such as:

- Access to the benchmarking toolkit, allowing you to compare your service nationally across several thousand metrics
- A high-level bespoke report tailored to our organisation, outlining key messages and metrics
- The opportunity to attend the various conference to hear from national speakers and member good practice sites

The findings are shared with the respective Divisions for their consideration and action. Any identical indicators in the Trusts IBR and IQPT will also include national benchmarking results for a direct comparison where possible.

Finance

Financial information is linked and presented to the Board of Directors who are provided with a breakdown of income and expenditure in the monthly finance report. This information is also linked to the monthly board performance report that is also provided to the Board every month and includes a number of the performance measurements.

Risk Register

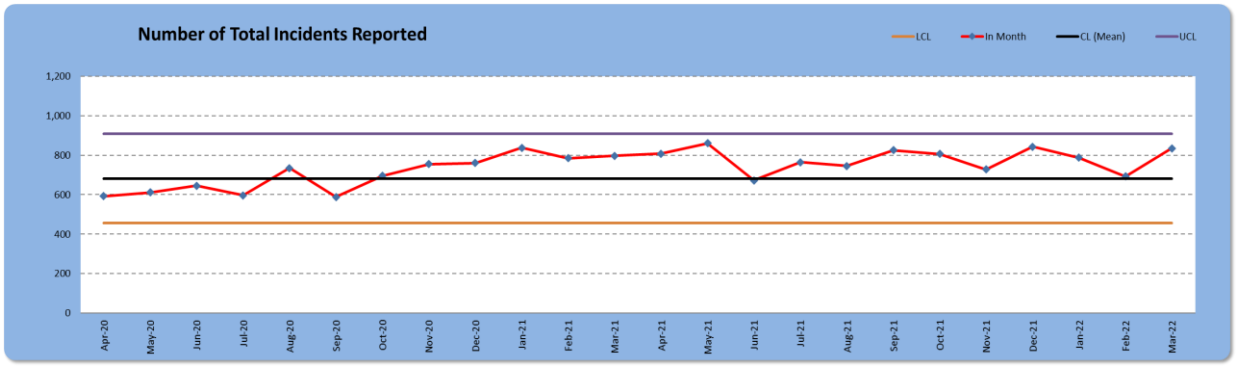
Where performance is not where it is expected and/or there is significant risk (e.g. clinical, financial), this is logged as a risk for the Trust which if sufficiently scored appears on the divisional and dependent upon assessed risk on the Corporate Risk Register and the Board Assurance Framework (BAF). In addition, Finance and Use of Resources is one of the five themes feeding into the Single Oversight Framework.

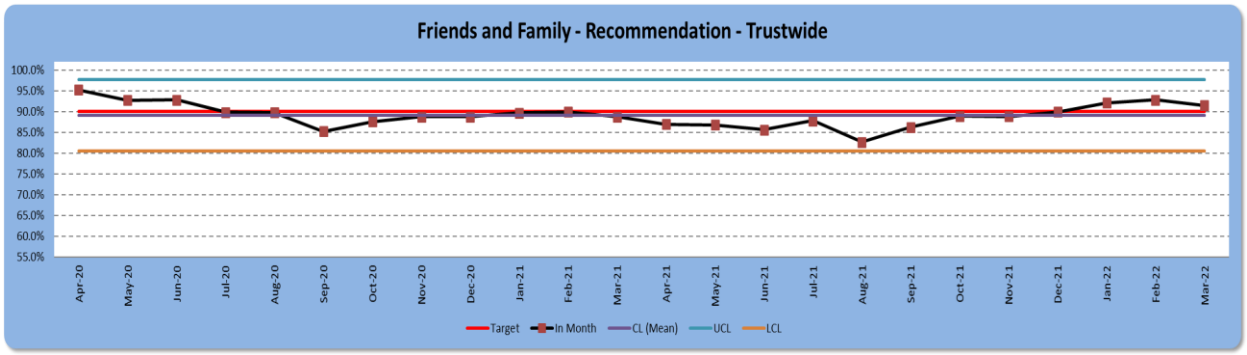
Performance during the year

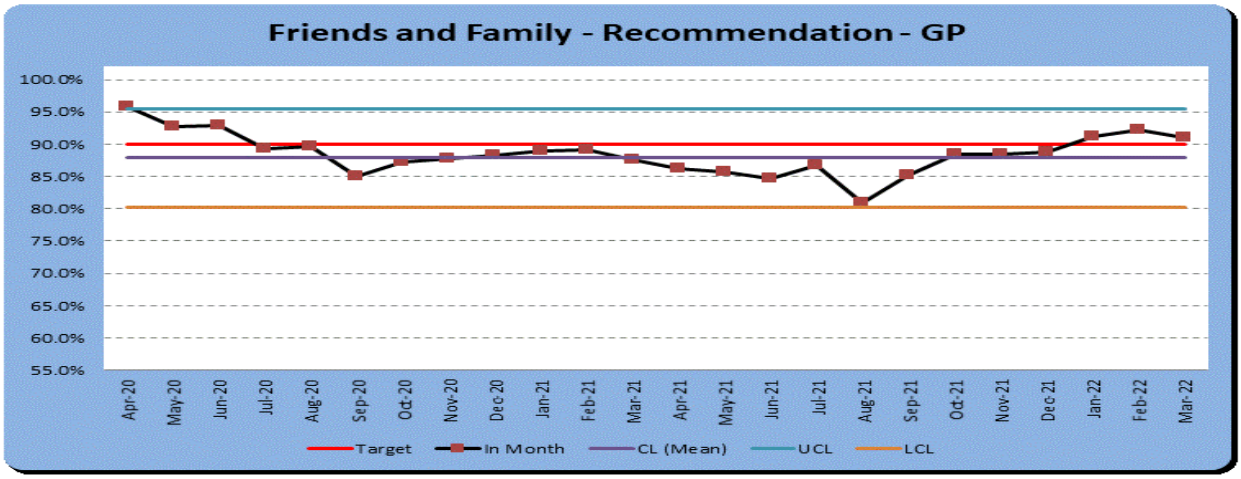
Information continues to be presented using Statistical Process Charts for a number of key indicators, mapped against each of the Trusts Strategic Goals. The use of Statistical Process Charts allows key performance data to be analysed over a period of time to establish trends in performance, Upper and Lower statistical thresholds are utilised to analyse performance and identify where movements in performance are within normal ranges (Common cause variation) or require further investigation/understanding (Special cause variation).

Our performance is reported monthly to the Trust Board and the comprehensive report is provided within our Board papers and available on our website.

Statistical Process Charts (SPCs)






Friends and Family - Recommendation - GP
100.0%
95.0%
90.0%
85.0%
80.0%
75.0%
70.0%
65.0%
60.0%
55.0%
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20
Jan-21
Feb-21
Mar-21
Apr-21
May-21
Jun-21
Jul-21
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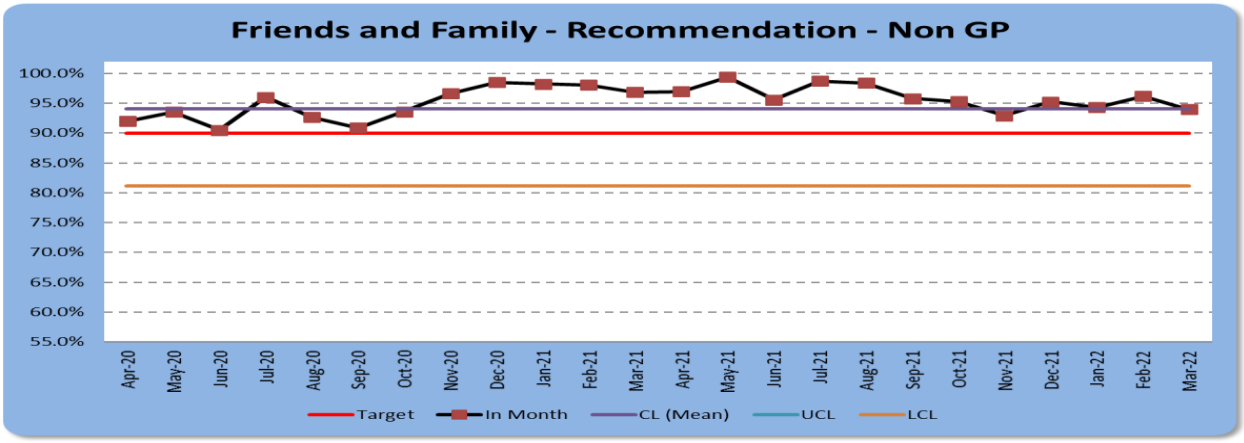
Dec-21
Jan-22
Feb-22
Mar-22
Target
In Month
CL (Mean)
UCL
LCL


Friends and Family - Recommendation - Non GP
100.0%
95.0%
90.0%
85.0%
80.0%
75.0%
70.0%
65.0%
60.0%
55.0%
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20
Jan-21
Feb-21
Mar-21
Apr-21
May-21
Jun-21
Jul-21
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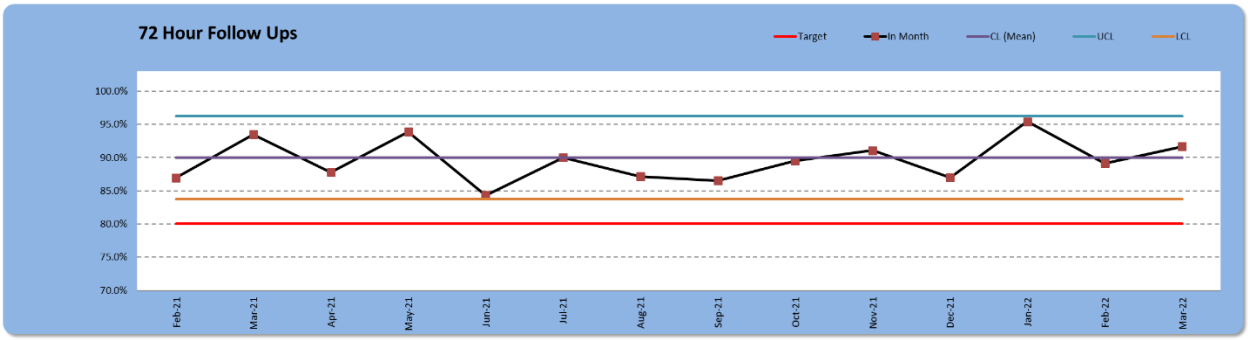
Mar-22
Target
In Month
CL (Mean)
UCL
LCL


72 Hour Follow Ups
Target
In Month
CL (Mean)
UCL
LCL
100.0%
95.0%
90.0%
85.0%
80.0%
75.0%
70.0%
Feb-21
Mar-21
Apr-21
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Oct-21
Nov-21
Dec-21
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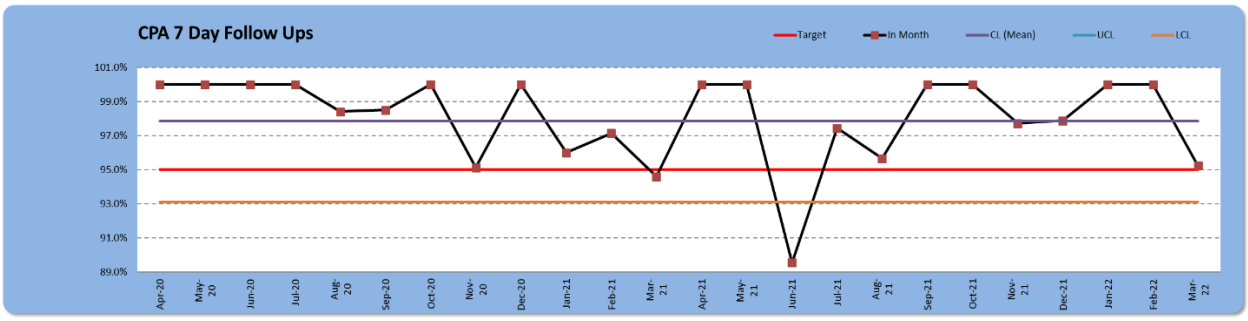
Mar-22


CPA 7 Day Follow Ups
Target
In Month
CL (Mean)
UCL
LCL
101.0%
99.0%
97.0%
95.0%
93.0%
91.0%
89.0%
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20
Jan-21
Feb-21
Mar-21
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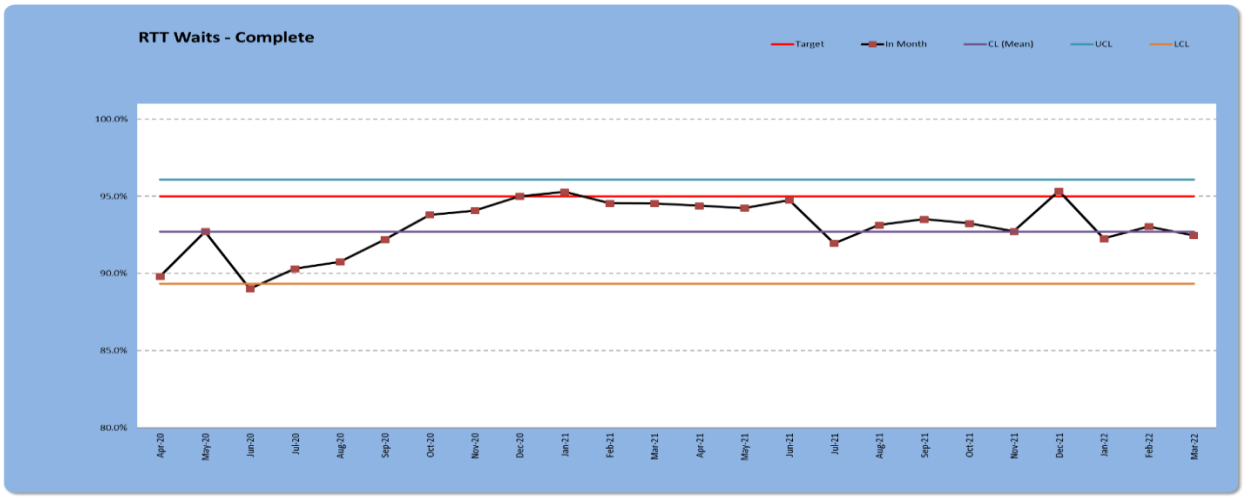
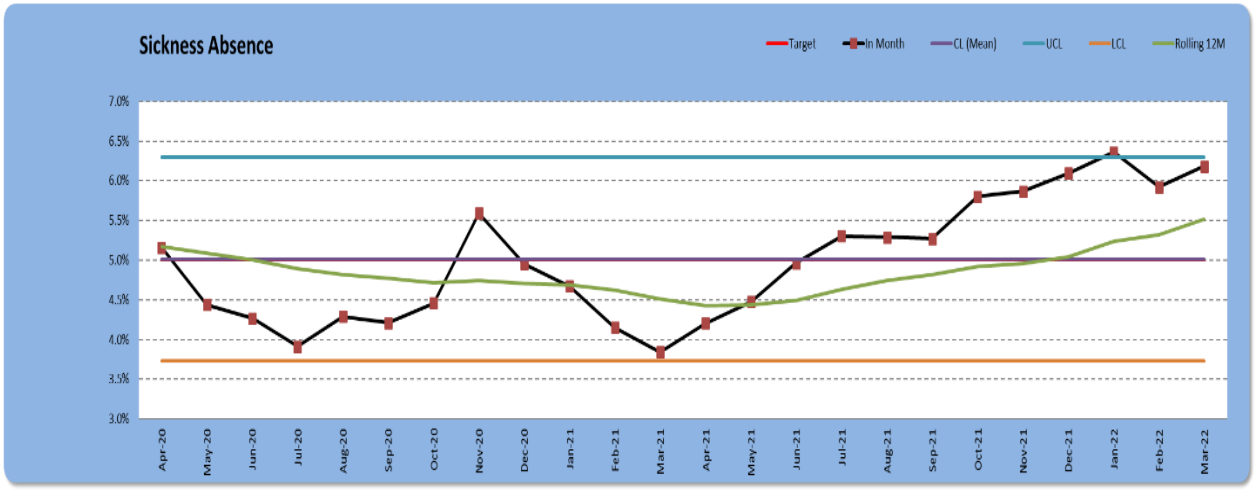
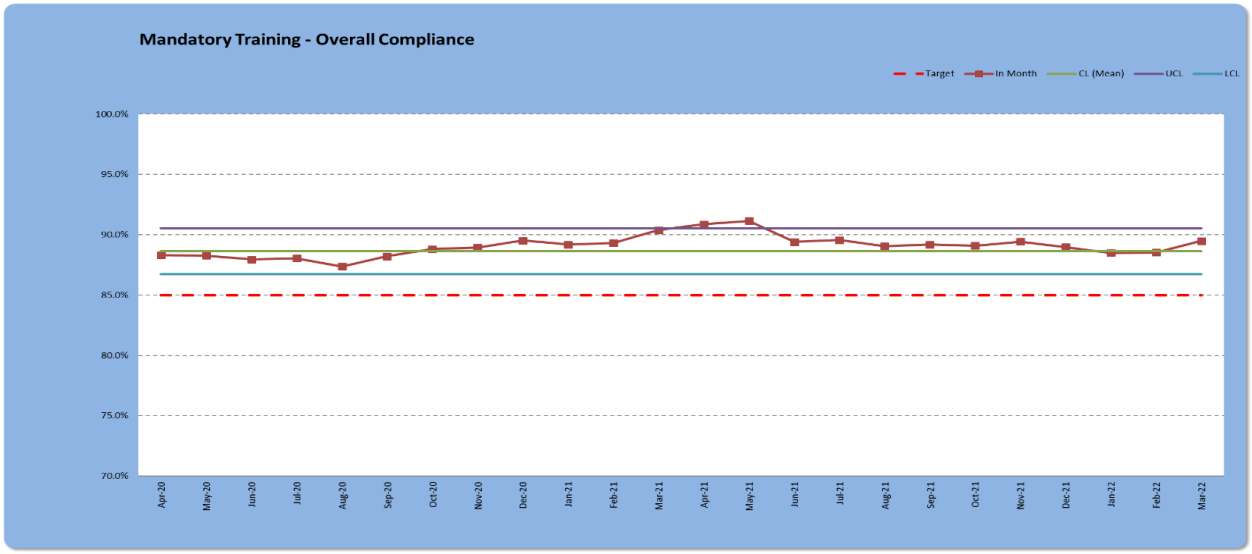






2.6 Mandatory Quality Indicators

In this section, we report against a national core set of quality indicators, which were jointly proposed by the Department of Health and Social Care and Monitor for inclusion in Trusts' Quality Accounts from 2012-13. Further information about these indicators can be found on the HSCIC website: www.hscic.gov.uk

7 day follow up

The percentage of patients using the Care Programme Approach, who were followed up within seven days after discharge from psychiatric inpatient care, during the reporting period.

The National Suicide Prevention Strategy for England recognises that anyone discharged from inpatient care under the Care Programme Approach (CPA) should be contacted by a mental health professional within seven days of discharge. The Trust has set a local performance standard that all patients should be seen face to face. However, phone contact is acceptable where face to face is either not geographically viable or safe.

Our aim is to ensure everyone discharged under the CPA process from a mental health inpatient unit is followed up within the criteria. Our goal is to ensure at least 95% of all patients are contacted within seven days of discharge each quarter. Exceptions to the national target are:

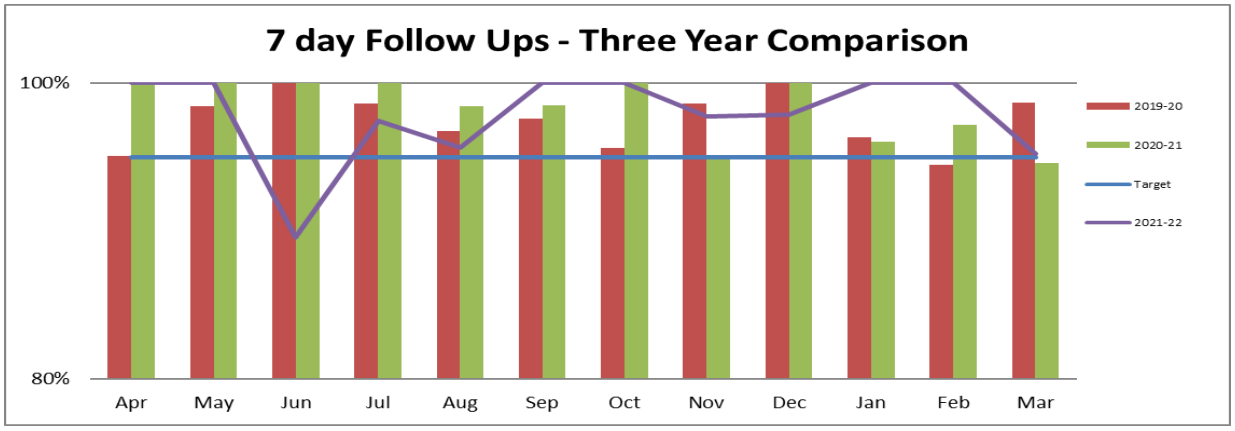
- People who die within seven days of discharge
- Transfers to other psychiatric units
- Where legal precedence has forced the removal of a patient from the country
- Patients discharged or transferred to other NHS hospitals for psychiatric treatment

Summary of progress

As at the end of March 2022, 15 patients were not seen within the 7 day follow up period. This is similar to the same period last year. Each follow up breach is reported as an adverse incident and reviewed with the Division and overall responsible to CRMG (Clinical Risk Management Group).

The Trust retained an average 98.0% compliance rate across all four quarters. This equates to 556 patients seen out of the 571 discharges. All incidents are investigated and reported on the Trust DATIX system. Appropriate actions and resolutions sought for individual cases.

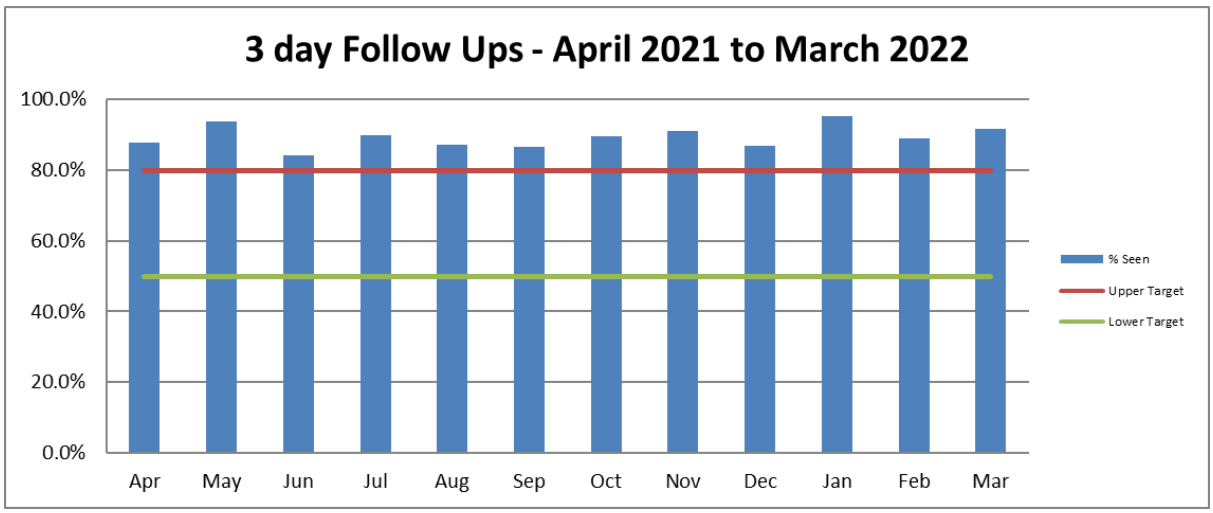
Three year comparison



3 day follow up

As part of the CQUIN process, the Trust monitored the percentage of all patients (barring exclusions) who were followed up within 3 days after discharge from psychiatric inpatient care during the reporting period. Exclusions included those as outlined in the 7 day follow up process but also excluded patients who were discharged from Secure Services.

Compliance is calculated over each quarter period. Minimum payment received upon achieving 50% compliance increasing in value until at least 80% compliance achieved, at which point full payment is received. Throughout the year, the Trust met the target for all Quarters. A total of 541 patients were seen out of 596 discharges with an average of 88.6%.



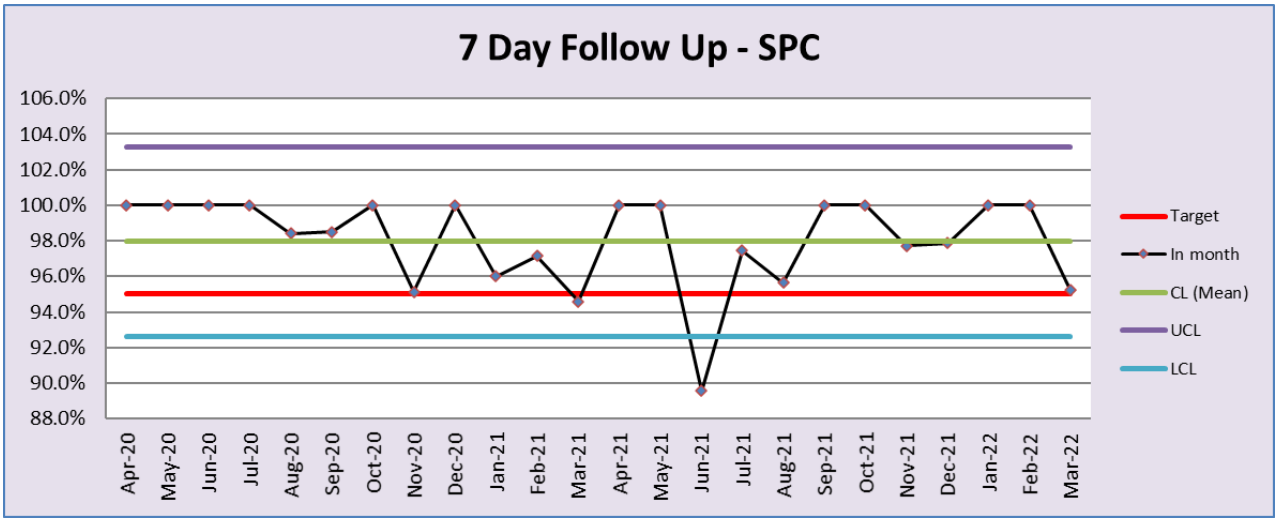
Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- This indicator is closely monitored on a daily basis. The data is recorded and reported from the Trust's patient administration system (Lorenzo) and is governed by standard national definitions.
- It is reported to the Trust as part of the Integrated Board Report. It is also reported to Clinical Directors and clinical leads at individual team level.
- It is also reported externally to our commissioners on a monthly basis and to the Department of Health on a quarterly basis via the Mental Health Provider Commission return.
- Reported contractually to Commissioners as part of the CQUIN programme.

Humber Teaching NHS Foundation Trust has taken the following actions to improve this percentage and the quality of its service by:

- Reporting on patients who are discharged out of the area for continuing community care.
- The role of the assessment unit is reviewed to ensure there is a robust procedure in place for assigning patients to the Care Programme Approach as part of the discharge process and continued future treatment.
- Follow ups are monitored daily and teams are notified of each discharge via email as an additional reminder of their obligations to carry out a 7 day follow up contact. The Trust Care Group Directors, General Managers and Service Managers also receive a regular Potential Breach Report which identifies those patients who are at risk of not being seen within timescale.
- A daily timescales report is now available to support the monitoring of follow ups carried out within 1-3 days.
- The Trust reviews all failed 7 day follow ups with a focus on whether the reason for no contact was avoidable and applying any available learning or understanding as a consequence of an unavoidable set of circumstances preventing contact.

The chart below shows the mean results with upper and lower control limits over the last two years:



Due to the Covid-19 pandemic, NHS England and NHS Improvement suspended the collection of the 7 day follow up data. Therefore, there is no data available on the national average or best/worst scores for 2020-2021. In April 2021 a decision was made to retire this collection.

Re-admissions (Community Hospitals)

The Trust has two Community Hospital sites, Whitby Community Hospital and the Fitzwilliam Ward in Malton Community Hospital.

Whitby Community Hospital

For April to March 2022, there were 225 discharges at Whitby. Of these were zero patients with an unplanned readmission within 30 days of their previous discharge, which equates to 0%. The calculation is based on the number of non-planned (i.e. emergency) readmissions within a month divided by the number of discharges within the same month.

Fitzwilliam Ward, Malton Community Hospital

For the Fitzwilliam Ward, we do not record an Emergency Re-Admission rate. Instead, we identify and measure how many patients are re-admitted back to an acute setting, otherwise 'stepped back up'.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of Patients Stepped up to Acute Bed - 20/21	4	4	5	7	4	4	3	4	0	4	3	6
Number of Patients Stepped up to Acute Bed - 21/22	4	8	1	4	6	1	5	8	6	8	4	6

The monthly average number of patients stepped up to acute hospital has increased from 4 (2020/2021) to 5 (2021/2022).

Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- A community bed provides short term (usually no longer than 3 weeks) 24-hour clinical care and rehabilitation for individuals whose clinical care needs cannot be supported at home but do not require acute level care.

- Evidence suggests that patient outcomes are enhanced by robust delivery of community care, including a step up and step-down approach to the management of individual episodes of need and long-term conditions. This, together with flexible and accessible community beds within community hospitals, have been shown to deliver beneficial outcomes for patients nationwide.

Recommending our Trust as a Provider of Care

The percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend our Trust as a provider of care, to their family or friends.

The new National Quarterly Pulse Survey (NQPS) was implemented in July 2021, replacing the Staff Friends and Family Test (SFFT) which had previously been carried out since April 2014.

During Q1 of 2021/22, only organisations which subscribe to the national pulse survey, People Pulse, participated in the NQPS.

The NQPS has been implemented in all NHS trusts providing acute, community, ambulance, and mental health services in England.

The aim is for all staff to have the opportunity to feed back their views on their organisation every quarter. This is a development to the former SFFT, which aimed to give staff the opportunity to have their say twice a year, once in the SFFT and in the National Staff Survey.

The NQPS supports the Trust's employee listening strategy, alongside the annual NHS Staff Survey, and provides a more regular insight into the working experience of our people. Allowing us to adapt of People Plan according to what our staff are saying.

Research clearly shows a relationship between staff engagement, patients, and organisational outcome measures, such as staff absenteeism and turnover, patient satisfaction and mortality; and safety measures, including infection rates. The more engaged staff members are, the better the outcomes for patients and the organisation generally. It is therefore important that we strengthen the staff voice, as well as the patient voice.

Key metrics for 2021/22

Quarter	Live Dates	Sampe Size	Response rate	% of staff say care of patients/service users is my organisation's top priority	% of staff say they would recommend the organisation as a place to work	% of staff say a friend or relative needed treatment I would be happy with the stand of care provided by this organisation
Q2	12.07.21 - 30.07.21	2,864	27%	74%	59%	63%
Q3	Quarter 3 SFFT survey is not required as this period is when the National Staff Survey 2019 is live					
Q4	04.01.22 - 28.02.22	3,046	30%	75%	61%	63%

The analysis of Q2 and Q4 NQPS indicates that an average of 60% of our staff would recommend us as a provider of care to friends and family, and 63% would recommend our Trust as a good place to work.

We have taken the following actions to improve this percentage:

- Continued financial investment in staff wellbeing and development
  - Continued to develop the Trust estate (including provision of food and rest areas)
  - Increase provision for staff engagement
  - Increase provision for the Training Budget

    - Increased training and support for staff and manager living with menopause
    - Appointed a Health and Wellbeing Coordinator
    - Allocated staff engagement/wellbeing funds to each directorate and division
    - Reinvested in the Shiny Minds app to support the improvement of wellbeing and resilience of our staff
    - Wellbeing initiates for staff to be actively involved in to decrease work related stress
- Introduced enhanced flexible working opportunities offered as well as flexibility in hours and working location
- Launched our Covid Recovery Plan developed by staff through shared ideas and suggestions on how we could support in teams and directorates with local initiatives
- 'You're a star celebrations' rolled out to recognise staff and say thank you - teams were given funds to plan a team activity, to support with moral and engagement
- Received our White Ribbon Accreditation for our commitment to changing cultures that lead to gender-based violence
- Introduced our Autism Strategic Framework supporting staff living with Autism
- Developing existing talent and recruiting new with apprenticeships, reviewing promotion and recruitment practices by ensuring staffing is reflective of the community
- Second cohort of staff recruited for HHPDS – this year, the Humber-Ability, BAME and Rainbow Alliance sponsored one delegate to join 2022's cohort
- Career conversations are incorporated into appraisals, plus tailored CPD and enhancements to e-learning
- Amended the Retirement Policy and more pension information is available for our staff, including clarity on our Retire and Return procedures
- Ensuring that each staff member is asked to complete the survey each quarter to ensure they have an opportunity have their say

The NHS Community Mental Health Users Survey

The Trust's 'patient experience of community mental health services' indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period.

Each year, a national study takes place across the NHS to gather patients' experiences of using community-based mental health services (CMHT). The most recent survey was sent to 1,250 service users.

The 2021 response rate was 31% (372 usable responses from a usable sample of 1,215). Humber Teaching NHS Foundation Trust considers that the data is collected nationally from a randomly selected sample. The Trust does not introduce any selection bias into the sample selection. We are therefore confident that the sample is as reflective of our patient population as possible.

Five questions scored in the top 20% of Trusts surveyed and the majority of the scores sat in the intermediate range. Three questions scored in the bottom 20%.

Due to the pandemic, several questions that scored in the top 20% of Trusts surveyed in 2020 are in the intermediate range this year. This is in line with the national picture which has seen similar changes.

Our Trust has a Community Mental Health Service User Survey working group which meets bi-monthly and includes service users, carers and staff to make the survey more meaningful.

A workshop has taken place to develop an action plan to address areas where improvements can be made. Particular attention has been made to the questions were the Trust scored in the lowest 20% threshold, the Trust's bottom five scoring questions and specific targeted questions of

concern. These are discussed at each working group meeting where an action tracker is updated, to note any changes or developments.

The division continues to progress the following actions:

- To review initial Mental Health assessment paperwork to explore the possibility of adding an open question to find out how the individual feels their mental health needs affect other areas of their life and to ensure that any needs regarding financial/benefits advice are addressed.
- To continue the Medicines Information Task and Finish Group and pay attention to training and development needs of workforce use of tools from the Choice and Medicines website.
- To develop a resource pack to include key medication information websites and what they offer. Training is to be offered from the Pharmacy Team and a Non-medical Prescriber to the teams around medication information.
- To extend the Community Mental Health Service User Survey working group membership to the Individual Placement and Support (IPS) team to identify and collaborate on improvements with providing help and/or advice with finding paid work.
- To review the Health Improvement Profile (HIP) to understand the rate of declined appointments (the HIP has been reinstated and is checked annually).
- To continue to ensure that peer support workers are employed in the CMHTs and that there is a clear link to the Patient and Carer Experience team from the CMHTs.
- To offer a training package for staff regarding the understanding of the CPA and administrating CPA in a family inclusive way continues to be delivered.
- To continue to monitor the uptake of the Carers Champion training as a required competency withing Planned Care services.
- To discuss in working group meetings the identification of existing and additional opportunities for contact with carers and families and how blended models of clinical contacts (virtual, telephone, face to face) can support increased engagement.
- All teams have Staff Champions of Patient Experience (SCOPE) and attend regular SCOPE forums to share best practice and provide a voice of experience on behalf of their clinical networks (these are being held virtually at present).
- All our CMHTs continue to receive excellent feedback via our Friends and Family Test (FFT) where live feedback is available by accessing the Trust's FFT dashboard.
- Service users and their carers are given the opportunity to attend regular Patient and Carer Experience forums where they can provide a public voice by bringing lived experiences and individual perspectives to the Trust (these are being held virtually at present).
- Service users and carers are supporting the Trust recruitment process; their perspective positively influences recruitment and selection decisions, which is crucial to the delivery of high quality services. Whilst qualifications, experiences, knowledge and professional skills are imperative to effective care and treatment, of equal importance is the demonstration of how the candidate possesses the values, positive behaviours and personal qualities that would enhance the patient experience.

HealthCare Associated Infections

Healthcare associated infections remain one of the major causes of patient harm and, although nationally there continues to be a reduction in the number of patients developing serious infection, such as MRSA bacteraemia, the rates of other HCAI have risen. For example, *Clostridioides difficile* and the continuing emergence of newly resistant organisms.

The Trust has a proven track record for performing well against the contractually agreed targets and we have continued to assess our performance against the key performance indicators highlighted below. The Infection Prevention and Control Team have been instrumental in ensuring all infection control policies have been reviewed in line with new guidance, supported by communications to staff, staff training, and audits.

Please refer to the Trusts Annual Infection Control Report 2021-22 for full details of the Trust response to the pandemic from an infection control perspective. Our Trust web page for Infection Prevention and Control gives further information and the annual report will be available to view once published later in the year

The Trust has a proven track record of performing well against the contractually agreed targets for HCAI and this year has been no exception. Our performance against agreed key performance indicators is outlined below.

Clostridiodes difficile Infection (CDI) Measure

The rate per 100,000 bed days of cases of *C. difficile* infection reported within the Trust among patients aged 2 or over during the services reporting period.

The threshold on this regionally agreed key performance indicator is currently:

- Not to exceed 4 cases within the Trust's Hull and East Riding of Yorkshire inpatient units (Hull and East Riding of Yorkshire Clinical Commissioning Group CCG)
- Not to exceed 4 cases for Whitby Community Hospital inpatient unit (Hambleton, Richmondshire and Whitby CCG)
- No target is currently set for Malton Hospital (based on the patient GP Practice the Vale of York CCG or the Scarborough and Ryedale CCG)

Summary of progress

During Q1-Q3 of 2021-22, it is noted there have been no CDI cases apportioned to the Trust. We had one CDI Trust apportioned case reported at Whitby Memorial Ward in March 2022.

Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

A *Clostridioides difficile* Infection (prevention and management) Policy is available on the Trust intranet for all staff. It is expected that staff manage any suspected cases as per Trust policy. The diagnosis of CDI is based upon the presence of the *Clostridium difficile* toxin. In some instances people are referred to as being a *Clostridium difficile* carrier as they have the *Clostridium difficile* bacteria present within their gut but no toxin production.

The Trust has taken the following actions to improve this percentage and so the quality of its service:

- Any CDI cases where the sample is obtained after 3 days from admission are reviewed to determine any areas of learning using root cause analysis and whether the case of CDI could have been avoided, regardless of whether the case was attributable to the Trust
- If the case is determined to be attributed to the Trust, the report is presented to the relevant Clinical Commissioning Group
- Ensuring antibiotics were prescribed and administered in accordance with the respective locally agreed antibiotic guidelines
- Increase the opportunities to work collaboratively across the health economy to prevent and control CDIs
- Identifying and eliminating (where applicable) any potential risks of cross contamination and other possible risk factors

Methicillin-resistant Staphylococcus aureus (MRSA) Bacteraemia
For the financial year 2021-22, it is noted there have been zero MRSA Bacteraemia cases apportioned to the Trust.

***Escherichia coli (E.coli)* Bacteraemia**
For the financial year 2021-220, it is noted there have been zero *E.coli* Bacteraemia cases apportioned to the Trust.

Patient Safety

The National Reporting and Learning System (NRLS) reports nationally on all incidents relating to patient safety in the NHS.

Within these figures, the national median rate for incident reporting from their last twelve-monthly report, which was published in October 2021 and covered the period April 2020 to March 2021, was 64.1 per 1,000 bed days.

Humber Teaching NHS Foundation Trust's reporting rate was 114.6 incidents per 1,000 bed days which puts the Trust in the upper quartile; the highest number of incidents per 1,000 bed days was 235.8. In terms of reported level of harm presented in the last NRLS twelve-monthly report, 71.4% of the Trust's reported patient safety incidents resulted in no harm and 25.3% of the total incidents resulted in low harm. The next report is due to be published October 2022.

	Total Incidents 2020/21	Total Incidents 2021/22	Severe/ Death 2020/21	Severe/ Death 2021/22	Serious Incidents 2020/21	Serious Incidents 2021/22
1 April-30 June	1,333	1,493	10	19	6	6
1 July-30 September	1,487	1,561	11	13	3	4
1 October-31 December	1,670	1,711	15	21	3	3
1 January-31 March	1,603	0	21		3	
Totals	6,093	4,765	57	53	15	13

Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

All incidents are reviewed in the daily Corporate Safety Huddle which is attended by a range of professionals which include Safeguarding, Pharmacy, Matrons, Senior Managers, and Senior Clinicians. Within this meeting, the severity rating and category of each incident is reviewed to ensure it is correct. Our reporting of low/no harm incidents indicates a healthy open reporting culture within the Trust.

There is a robust process in place to support staff who are undertaking Significant Event Analysis (SEA) investigations. These are incidents that do not meet the threshold of a serious incident but still warrant investigation to identify and learning. Staff report that they feel much better supported and find meeting throughout the process invaluable.

Humber Teaching NHS Foundation Trust has taken the following actions to improve this percentage and so the quality of its service:

- The risk department provides Datix training to all new staff and targeted teams. Where incidents are incorrectly categorised, or the severity is not accurately recorded feedback is given to the reporter to enable them to understand why this is the case
- We have reviewed our reporting forms to ensure they are as simple as possible to complete, thus minimising administrative burden and increasing use
- Datix Dashboards are live within the Datix system for team/ service level and Divisional dashboards have been made available in divisional clinical networks and Operational Delivery Groups. Bespoke dashboards have also been developed upon request and are

now in use. Training around the use of dashboards will continue to be provided as part of the monthly Datix training modules for the monitoring of patient safety data

In addition to learning from incidents, we recognise the importance of learning from what we have done well, this is known as 'Safety II'. To capture instances of excellent practice and share the learning more broadly we have introduced "GREATix", which is part of our Datix incident reporting system and very quick and easy to use. Each month we recognise the patient safety team or individual of the month who has gone above and beyond in terms of maximising safety for our patients/ service users and their families and/or carers.

We continue to embed the 'Just Culture' tool launched by NHSI in March 2018. This ensures that staff are supported to report and be open about incidents. This is supporting and embedding a culture of openness and learning within the Trust.

Patient Safety Strategy Update 2021/22

In September 2019, the Trust launched the Patient Safety Strategy which is aligned to the National Patient Safety Strategy.

Our vision is to develop a 'high reliability' culture of safety, which is based on the experience of high-risk industries such as the aviation and the nuclear industries. Such a culture ensures consistency to ensure that all our staff understand, collaborate, develop, and share learning in relation to patient safety across the organisation in conjunction with patients, carers and wider agencies and partners.

Embedded within the Trust approach to patient safety is the requirement that every person working in the Trust is aware of their responsibilities, in relation to ensuring the safety of our patients, carers and families and takes appropriate action to maintain safety in our most vulnerable service users. Equally, we assert that our staff must feel safe; safe to report incidents without fear of reprisal, safe to question practice or resources, and safe in their daily work.

As an organisation, we recognise that our staff are our greatest asset, and we are committed to developing a culture of learning, transparency and openness that enables us to continue to improve patient safety and make our Trust an excellent place for staff to work.

We have six priorities across the three areas (insight, involvement and improvement) identified in the NHS Patient Safety Strategy and these are aligned to our overall strategy goals as follows:

Insight Priorities

Priority 1 To develop a positive and proactive safety culture	 Innovating quality and patient safety
Priority 2 To reduce the number of Patient Safety Incidents resulting in harm whilst maintaining high levels of reporting	 Enhancing prevention, wellbeing, and recovery

Involvement Priorities

Priority 3 To work with patients, carers and key partners to continuously improve patient safety	 Fostering integration, partnership and alliances
Priority 4	 Developing an effective and empowered workforce

To ensure staff are equipped with the appropriate patient safety knowledge and skills to embed an organisational wide culture of learning from patient safety incidents	

Improvement Priorities

Priority 5 To ensure a culture of learning and continuous improvement	Maximising an efficient and sustainable organisation
Priority 6 To work with the wider community to improve patient safety	Promoting people, communities and social values

Progress in relation to the 6 priorities

Despite the pandemic, steady and sustained progress continues against all priorities as detailed below.

Priority 1: To develop a positive and proactive safety culture

Leadership for safety – the PROUD programme is continuing within the Trust, offering 'leadership' and 'senior leadership' development programmes which take place via a blended approach. The programmes reflect our core values through leadership behaviours and introduce delegates to techniques to enhance a strength-based positive approach to leadership.

Our Leadership programmes are delivered in cohorts over an extended period.

Since the last update in March 2021:

- Senior Leadership Development programme: 1 cohort has reconvened, 3 new cohorts have started, this is 39 Senior Leaders across the 4 cohorts currently on the programme
- Leadership Development programme: 2 cohorts have reconvened, 7 new cohorts have started, this is 99 delegates across the 9 cohorts
- Three cohorts are complete which means 25 of our leaders have completed their development programme

Use of data in improving patient safety – dashboards are live within the Datix system for service level and divisional dashboards have been made available in clinical networks and Operational Delivery Groups. Bespoke dashboards have also been developed upon request and are now in use. Training around the use of dashboards will continue to be provided as part of the monthly Datix training modules for the monitoring of patient safety data.

Supporting staff involved in patient safety incidents – being involved in an incident can be a very stressful experience for staff. The Patient Safety team have been working with all divisions and staff involved in incidents to see how we can improve the support offered to staff who are involved in patient safety incidents.

A booklet 'Navigating difficult events at work' has been developed to support staff when involved in an incident and all managers are encouraged to use this resource. Feedback from staff has been positive. The booklet is available on the Trust intranet. Results of our staff survey in 2021 indicate that 80.6% of staff feel secure raising concerns about unsafe clinical practice which is above the national average of 79.6%.

Corporate Safety Huddles –Daily attendance is required from all divisions, medicines management and safeguarding which demonstrates joint working, there is a positive and constructive discussion by participants.

Divisional Safety Huddles - all divisions have now introduced daily huddles to discuss a variety of risks, these include staffing, demand and capacity, previous incidents (Datix), management of complex patients to include falls and the deteriorating patient. Medication related incidents should be incorporated into the daily divisional huddles including feedback from any medicine matters meetings attended.

Freedom to Speak Up - From 1st April 2021 until 31st March 2022 there have been 21 speak up concerns received; this is a slight decrease on the previous year. We are not a particular outlier compared to other similar Trusts of size and speciality.

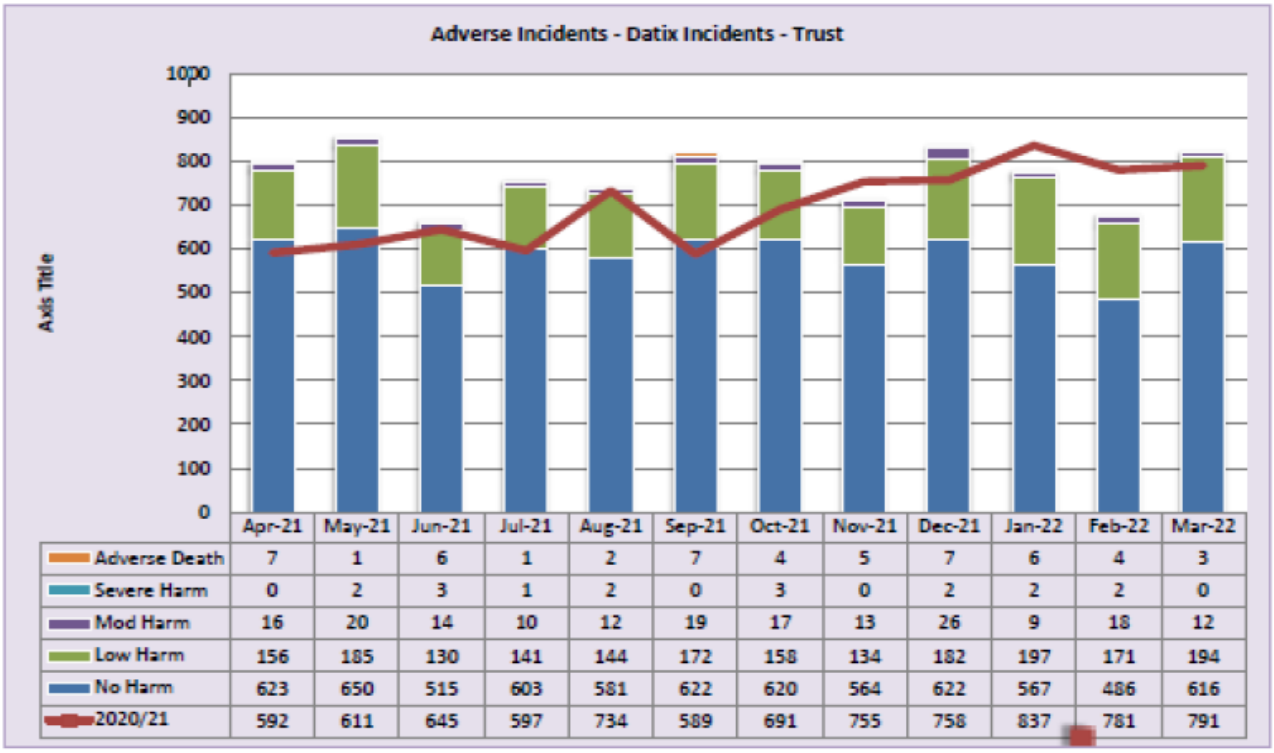
We continue to promote the role of the Guardian across the Trust by holding virtual pop in sessions and during speak up month in October.

Priority 2: To reduce the number of Patient Safety Incidents resulting in harm

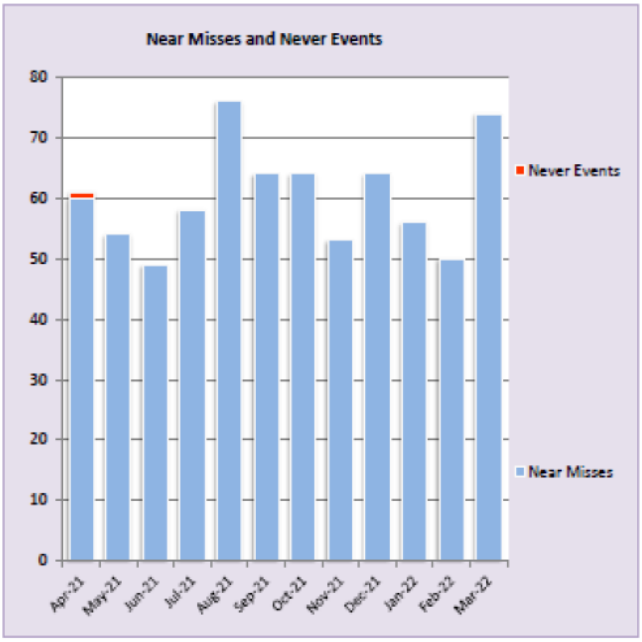
Incident reporting trends – to achieve our aim of being a high-reliability organisation, it is essential that we ensure safety incidents are reported and shared.

A total of 17,021 incidents were reported over a 24-month period from April 2020 until March 2022. Out of the 17,021 incidents 347 were reported as moderate and 28 as severe.

The goal is to see a high number of incidents of low or no harm being reported as evidenced in the graph below.



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Adverse Death	7	1	6	1	2	7	4	5	7	6	4	3
Severe Harm	0	2	3	1	2	0	3	0	2	2	2	0
Mod Harm	16	20	14	10	12	19	17	13	26	9	18	12
Low Harm	156	185	130	141	144	172	158	134	182	197	171	194
No Harm	623	650	515	603	581	622	620	564	622	567	486	616
2020/21	592	611	645	597	734	589	691	755	758	837	781	791



The Patient Safety Strategy has set out an ambition to increase the number of near miss incidents reported and these are shown in the graph on the left.

While it is recognised that more work is required to work with staff around understanding of what constituents a near miss incident from Apr 2020 to Mar 2021, 4.5% of the total incidents were reported as near misses compared to 8.0% for Apr 2021 to Mar 2022 showing a significant increase in this area of reporting.

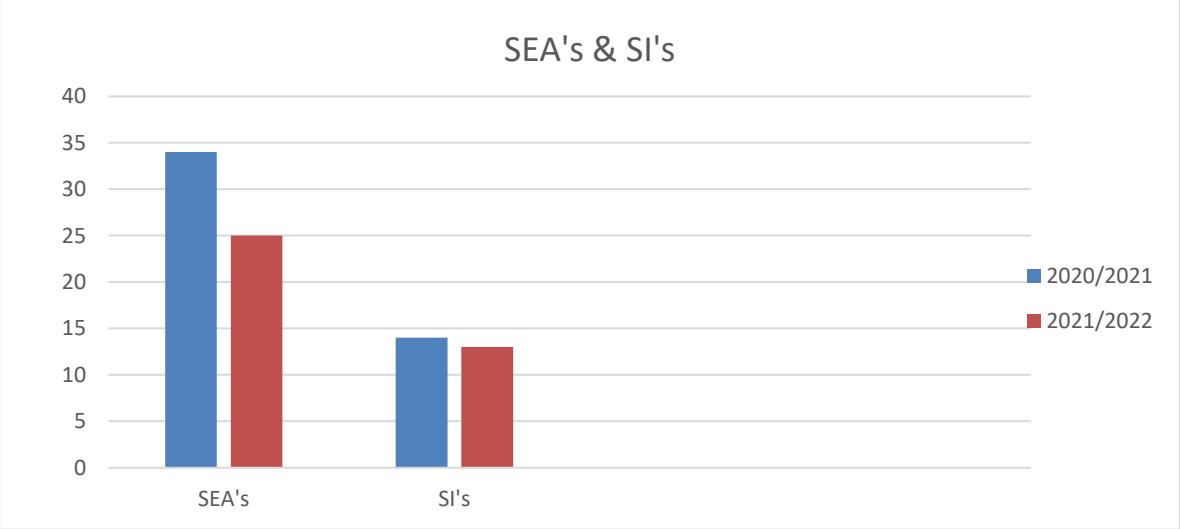
In April 2021 the Trust declared the following Never Event - *Overdose of insulin due to abbreviations or incorrect device*. The patient was not harmed.

Immediate action was taken including discussion with the staff involved, review of in-house training, practice note sent out to all clinical teams as a reminder of the related patient safety alert and associated risks. The incident was investigated under the Trusts serious incident investigation procedure.

Priority 3 – To work with patients, carers, staff, and key partners to continuously improve patient safety

Emerging themes and learning – themes and trends from the investigation of patient safety incidents and complaints continue to be captured with learning identified across the divisions. Action plans for improvement are devised, and learning is monitored to ensure it is embedded in practice.

The below chart shows the total significant event analysis and serious incident investigations undertaken in 2020/21 compared to 2021/22.



In July 2021, the Patient Safety team held a 'Learning the Lessons' week. Over 200 staff attended the virtual events and positive feedback was received. The team have now introduced Learning the Lessons days incorporating national awareness days which fit with the Trust's learning from SI's as follows:

- November 2021 – Learning the Lessons from diabetes, incorporating World Diabetes Day
- March 2022 – Learning the Lessons from the deteriorating patient in Mental Health and Community services, incorporating Nutrition and Hydration Week
- May 2022 – Learning the Lessons from suicide, incorporating Mental Health Awareness Week
- September 2022 – Learning the Lessons from falls prevention, suicide prevention and sepsis, incorporating World Patient Safety Day

World Patient Safety Day – celebrated every year on 17th September, World Patient Safety Day is a campaign for all stakeholders in the health care system to work together and share engagement to improve patient safety. This year's theme was 'safe maternal and newborn care', for which we raised awareness in our internal communications and on social media, receiving 1,764 interactions which is promising.

Patient Safety Partners – workshops were held with key stakeholders including patients, service users, cares, commissioners, and staff, to determine the specification for the role at the Trust. Feedback was very positively received, and the Trust continues to work towards having two Patient Safety Partners in post by June 2022.

Priority 4: To ensure staff are equipped with the appropriate patient safety knowledge and skills to embed an organisational wide culture of learning from patient safety incidents

Investigating incidents, a system-based approach – as part of the NHS Patient Safety Strategy (2019), there is a requirement to work towards the Patient Incident Response Framework (PSIRF), introduced in response to calls to move away from undertaking a root cause analysis approach to incident investigation, which can lend itself to blame to one of an approach that focuses on systems, learning and continuous improvement.

In preparation, we wanted to ensure practitioners were equipped with the tools and knowledge to start moving towards the introduction on PSIRF. A training provider was sourced who specialises in a 'System Based Approach' to investigating patient safety incidents.

So far, 65 staff have been trained. The feedback has been exceptional, for example:

- "Best training I have had in a long time, really relevant and interesting"
- "Very thought provoking and will change the way I work"
- "Very good, and very clear, precise and informative"

NHS patient safety syllabus – this training has been devised following the publication of the NHS Patient Safety Strategy which contains a patient safety syllabus. The syllabus sets out a new approach to patient safety emphasising a proactive approach to identifying risks to safe care, while also including systems thinking and human factors.

The first two levels, as described below, have been launched by Health Education England, in partnership with NHS England and NHS Improvement and The Academy of Medical Royal Colleges and are available on the ESR.

- Level one ‘essentials for patient safety’ is the starting point and all NHS staff, even those in non-patient facing roles are encouraged to complete it
- Level two ‘access to practice’ is for those who have an interest in understanding more about patient safety and those who want to go on to access the higher levels of training

All staff are being encouraged to complete training and work is being done to ensure new staff are made aware of this training at their Trust induction.

In-house training – an updated training package around use of the Datix system has been developed and monthly MS Teams training sessions are available to all staff on incident reporting, incident investigation and risk registers. Use of the dashboard module and the system for monitoring themes and trends is covered as part of the updated training, dates for which are available until December 2022.

Priority 5: To ensure a culture of continual improvement

Quality Improvement – the Trust’s Quality Improvement journey to implement a culture of continuous improvement remains with the approval of a new Quality Improvement Strategy for 2021 to 2026, which was co-produced with our Patients and Carers and includes a new roadmap for the duration of the strategy.

Our strategy continues to promote the methodology of the Model for Improvement (Plan Do Study Act) with an emphasis on empowering staff, patients and their carers to identify areas of improvement and undertake the work.

Other key areas are:

- Training – to support staff to develop their QI Skillset a four-tier training is available, of which two of the courses are based on the NHS Improvement methodology of Quality Service Improvement and Re-design (QSIR) and ad hoc training is available on request. To date in 2021/22, there have been 148 training places and 48 awareness sessions provided.
- QI Projects – anyone undertaking a QI project completes a charter which enables the project out be tracked and ensures that all the QI activities are aligned to the Trust’s strategic goals. Completed charters are available to review on the intranet.
- Ad hoc support – is provided individually, at our QI Virtual Cafes and through the QI Consultancy.
- QI activities are celebrated – via monthly QI stories, annual forums, use of intranet and twitter and the internet. During 2021/22, there have been 15 QI stories which were watched live by 389 staff, patients and carers and NHS organisations.

The planned QI forum specifically for Learning Disability, which will be co-produced, has been postponed to the Summer of 2022 and QI continues to support the QI Doctors Programme.

Priority 6: To work with the wider community to improve patient safety

Domestic Abuse – White Ribbon status recognising a trust wide commitment to ending male violence against women was awarded to the Trust at the end of October 2020, the Trust being the first health organisation to gain the accreditation.

Cohort 3 is underway to establish more Domestic Abuse (DA) Champions across inpatient wards.

Champions are pivotal in reinforcing the consistent message of domestic abuse as a priority area on the safeguarding agenda, awareness raising using promotional materials and ensuring their colleagues have confidence in recognising and responding to domestic abuse. On the 1st of May 2021, an e-learning package was developed for routine enquiry and how to complete a 'Domestic Abuse, Stalking, Harassment and Honour Based Abuse' (DASH) risk assessment.

The data relating to referrals into local domestic abuse services and multi-agency risk assessment conferences (MARAC) shall be reviewed over the next year to evaluate the positive impact of the training. An audit relating to the use of risk assessments following domestic abuse disclosure is in the initial stages.

On 29th April 2021, the Domestic Abuse Bill has passed both Houses of Parliament and been signed into law. The amended policy has been ratified and now includes routine and targeted enquiry. The work taken has allowed the Trust to be in a very good position to meet the duties outlined within the Domestic Abuse Act (2021).

A review of the safeguarding database, despite the variables of three national lockdowns, reassure that the trend is that recognition and response to domestic abuse is showing an upward trajectory following White Ribbon accreditation. This is particularly notable for adult safeguarding duty calls. Lockdowns have had a significant impact upon referrals for children's social care (a decline) and this is reflected by the local picture of referrals into MARAC with subsequent increases as restrictions are lifted. Recognition and response for adult victims of domestic abuse is showing a significant increase from the period of White Ribbon awareness raising, in both contacts to the Humber safeguarding team and referrals made. This trend has increased in the first quarter of the financial year 2021/22. This will continue to be reviewed.

Innovation in services – an example of an innovative service is The Juice Bar and how it has been developed for a specific group of patients that 'mainstream' services did not reach. The Juice Bar is part of the East Riding Partnership and provides a service specifically for Image and Performance Enhancing Drug (IPED) users. The drugs most predominantly used are anabolic androgenic steroids. The word 'juice' is slang for steroids, and it was felt that a separate identity was required for this part of the service as this service user group often do not see themselves as substance users.

A variety of interventions take place when we meet our service users face to face which include:

- Harm reduction advice on different IPEDs, dosages, cycle length, identifying fakes etc.
- Safer injecting advice
- Injection site examination
- Needle exchange
- Blood pressure and weight monitoring
- Diet and nutrition advice
- BBV spot testing
- Distributing literature on IPEDs
- Muscle dysmorphia screening
- Support in reducing or stopping use
- Relapse prevention support
- Counselling interventions (e.g., motivational interviewing, cognitive behavioural therapy)
- Sexual health advice

As these service users can be reluctant to attend face-to-face support, we continue to offer alternative ways to contact and access our service. This includes telephone support, text messaging and email support. We also developed the service further by offering a live chat service, allowing services users to access advice, information and support through instant messaging, and this remains live for a number of hours per week. If the service is offline, service users can still send our service a message and we respond to them as soon as we are able. We

take messages and queries from a wide geographical area locally and have also had messages from other countries such as The Netherlands, Bulgaria, South Africa, and Australia.

The Trust's Patient Safety Strategy is due a refresh and there will be a series of events throughout Q1 and Q2 2022 to involve staff, patients, carers, and other relevant stakeholders, to ensure the Strategy is co-produced and co-owned by Trust staff and users of our services.

Part Three: Other information on Quality Performance 2021/22

In this section, we report on key national indicators from the Single Oversight Framework (SOF). This section will also share performance in relation to other indicators monitored by the Board, and not already reported in Parts 2 or 3 of the Quality Account.

We also share some highlights of our successes throughout 2020/21 and the comments received from our stakeholders.

3.1 Key National Indicators

There are three domains which the Key National Priorities fall under, that the Trust has reported on in Part 3. This is explained in the table below.

Please note: some of these indicators have already been included in Part Two of the report. Where this is the case, reference is made to Part Two.

The Three Domains for Key National Indicators

Domain	Indicator
Patient Safety	Seven day follow up (**Part Two**)
	Clostridium Difficile (**Part Two**)
	Admissions of Young People under the age of 16 to Adult Facilities
Clinical Effectiveness	Mental Health Delayed Transfers of Care
	Percentage of Patients Seen for Treatment within 14 Days of Referral
	Percentage of Patients Seen for Treatment within six and 18 Weeks of Referral
	Cardio-metabolic Assessments
	Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral
	Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway
	CAMHS eating disorders
Patient Experience	Percentage of patients seen and discharged/transferred within four hours for minor injury units
	Percentage of Patients Seen for Treatment within six and 18 Weeks of Referral
	Inappropriate out of area placements for adult mental health services
	Improving access to psychological therapies (IAPT)

Mental Health Delayed Transfers of Care

This indicator measures the impact of community-based care in facilitating timely discharge from a hospital and the mechanisms in place to support this. The aim is to ensure people receive the right care, in the right place, at the right time.

The target is to show less than 7.5% of delayed transfers. This figure compares the number of days delayed as the numerator against the number of occupied bed days (OBDs) as the denominator. In

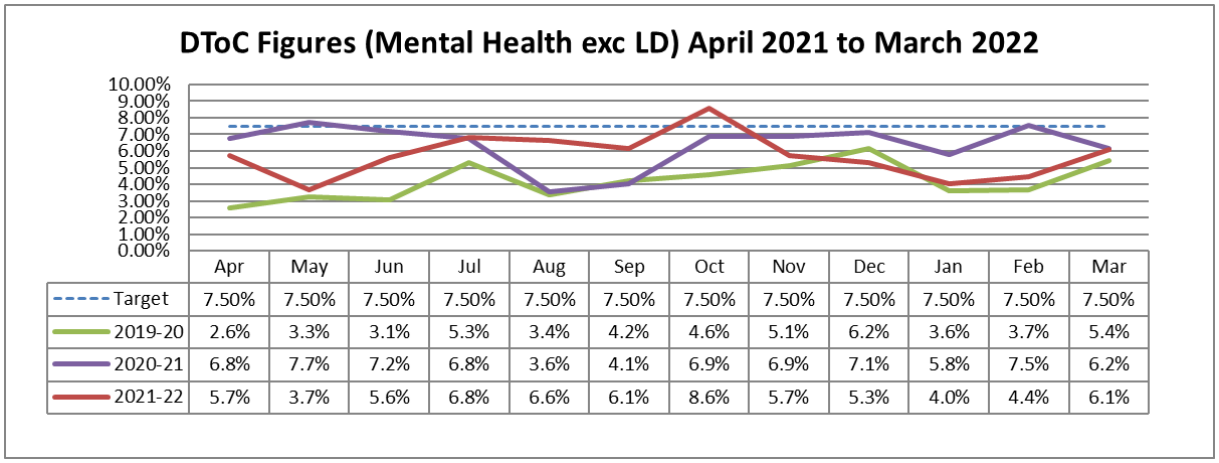
accordance with NHS Improvement (NHSI), the Trust only records mental health inpatient delayed discharges for patients aged 18 and over.

Summary of Progress

Due to the Covid-19 pandemic, NHS England and NHS Improvement suspended the collection of the Delayed Transfers of Care data. However, the trust has continued to monitor all delays.

At the end of March 2022 the Trust reported a percentage of 6.1% delayed transfers which is a slight improvement on last year's percentage of 6.2%.

The number of occupied bed days is reported through the Trust's patient administration system (Lorenzo). The number of patients effected, and the number of days delayed by are monitored via weekly system updates. The data is governed by standard national definitions. The OBDs are subject to constant refresh.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Target	7.50%	7.50%	7.50%	7.50%	7.50%	7.50%	7.50%	7.50%	7.50%	7.50%	7.50%	7.50%
2019-20	2.6%	3.3%	3.1%	5.3%	3.4%	4.2%	4.6%	5.1%	6.2%	3.6%	3.7%	5.4%
2020-21	6.8%	7.7%	7.2%	6.8%	3.6%	4.1%	6.9%	6.9%	7.1%	5.8%	7.5%	6.2%
2021-22	5.7%	3.7%	5.6%	6.8%	6.6%	6.1%	8.6%	5.7%	5.3%	4.0%	4.4%	6.1%

The graph above compares three years data by month up to the current year.

The table below highlights the number of occupied bed days and the number of patients delayed days per month for the current year.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
MH OBDs	***3907***	***4075***	***3960***	***3914***	***3969***	***3870***	***4369***	***4301***	***4208***	***4273***	***3902***	***4321***
MH DToC	223	149	223	267	263	238	375	246	223	173	173	264
	5.7%	3.7%	5.6%	6.8%	6.6%	6.1%	8.6%	5.7%	5.3%	4.0%	4.4%	6.1%

Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

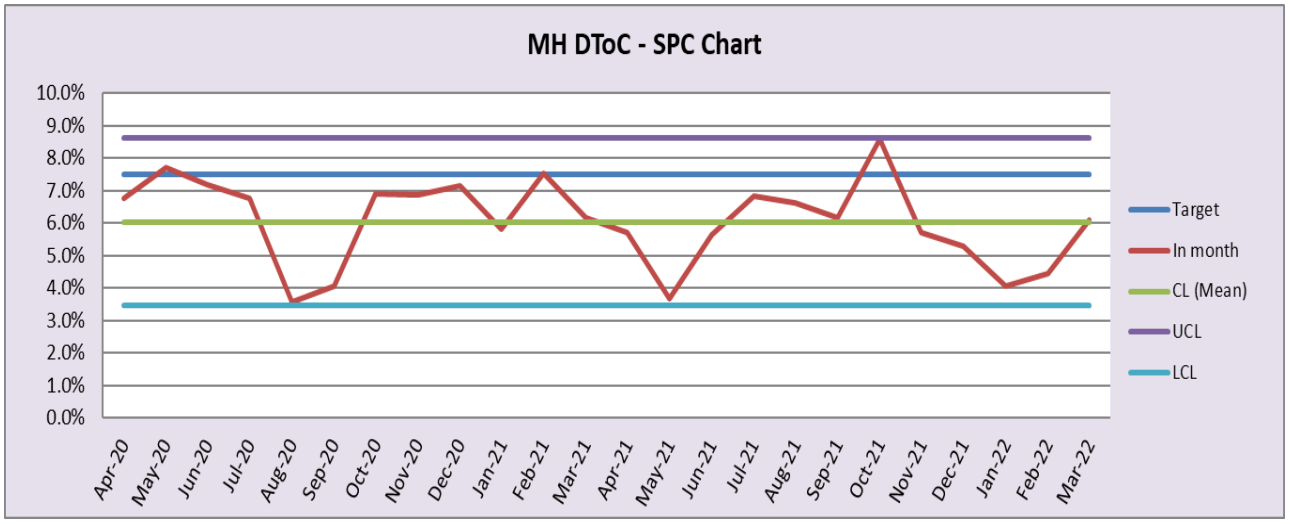
- Both the Care Quality Commission and NHSI measure delayed discharges for patients whose transfer of care was delayed due to factors which were the responsibility of Social Care/NHS or both.

The Trust has taken the following actions to improve this percentage and so the quality of its service by:

- Holding weekly operational meetings to identify problem areas and seek to plan early, appropriate discharge more effectively.
- Delayed Transfer of Care within Mental Health are routinely raised at a fortnightly patient flow and escalation meeting which is attended by Kingston Upon Hull City Council and East Riding of Yorkshire Council and both CCGs. Equally all other delays are raised via the daily system wide meetings.

- Monthly validation of patients undertaken with North Yorkshire County Council for patients delayed in our Primary Care settings in support of our submission to NHS Improvement.
- Liaising with families, carers and housing providers. Regular liaison also takes place with residential homes to give support/advice and ensure patients settle in well.
- Validation meetings to cross-reference electronic recording and reporting.
- Weekly and monthly automated reports to senior clinical leads identifying current patient delays.
- Project team set up to review the process and adopt within community hospital wards.
- Commissioning of step-down beds to provide alternatives for those delayed as a result of housing need.

The chart below shows the mean results with upper and lower control limits over the last two years.



Improving Access to Psychological Therapies (IAPT)

The percentage of patients seen for treatment within 6 and 18 weeks of referral.

IAPT access times and goals

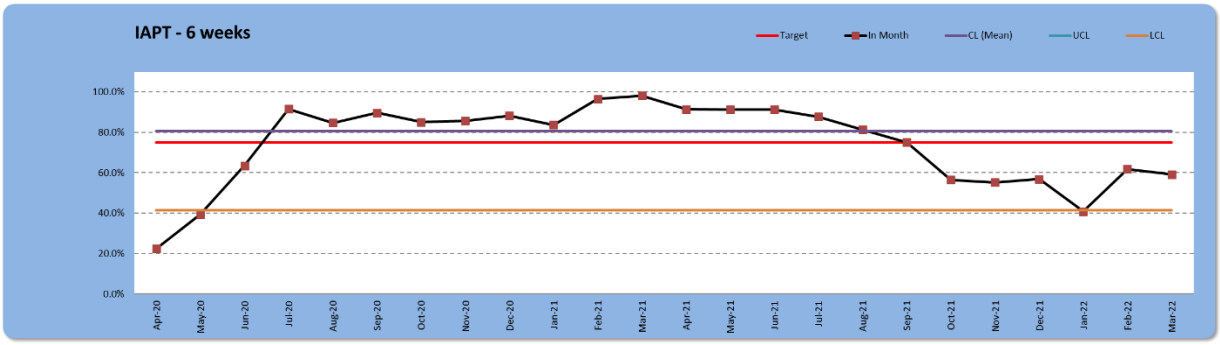
The waiting time standard requires that 75% of people with common mental health conditions referred to the Improved Access to Psychological Therapies (IAPT) programme will be treated within 6 weeks of referral, and 95% will be treated within 18 weeks of referral. The standard applies to adults.

Summary of progress

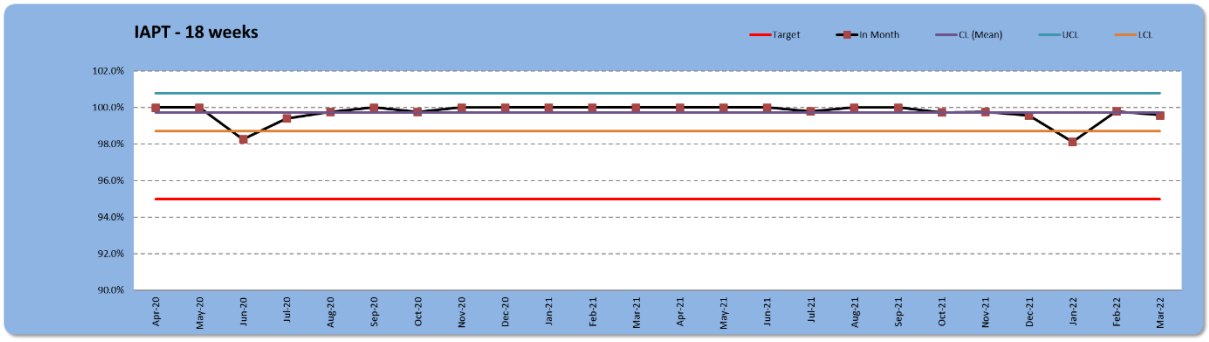
The IAPT team has been measured against this standard for the East Riding catchment area throughout 2021/22. 6 week performance had dropped between Sep-21 and Mar 22. The main reason for the reduction in performance was due to Humber ceasing sending referrals to one of the sub-contractors as they come to the end of the contract. The Trust now have two new providers in place following a successful procurement process.

18 week compliance has been above target for the past 2 years.

6 week target



18 week target



Humber Teaching NHS Foundation Trust considers that this data is as described for the following reason:

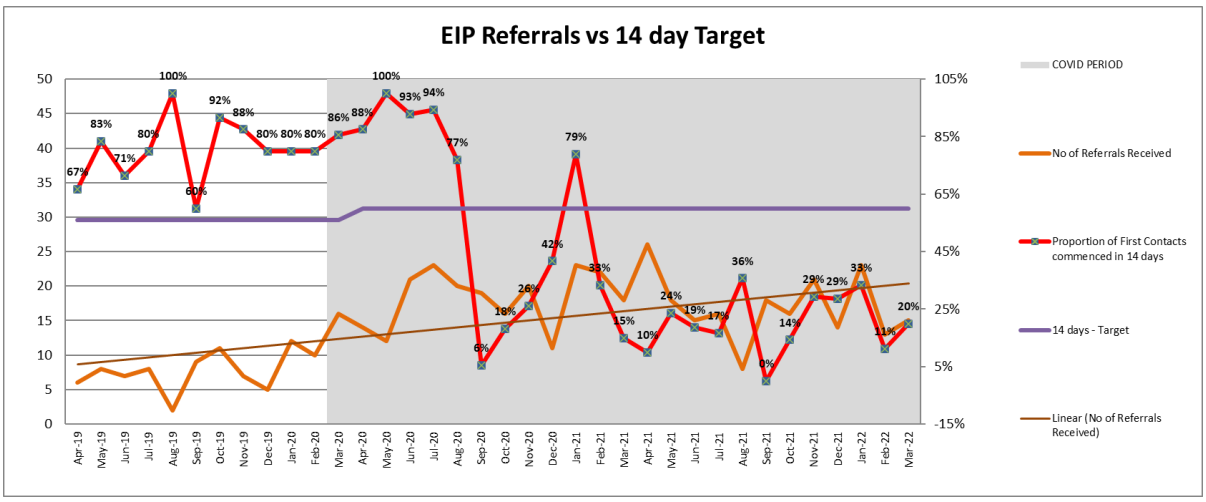
- monthly reporting from the Trusts PCMIS system.

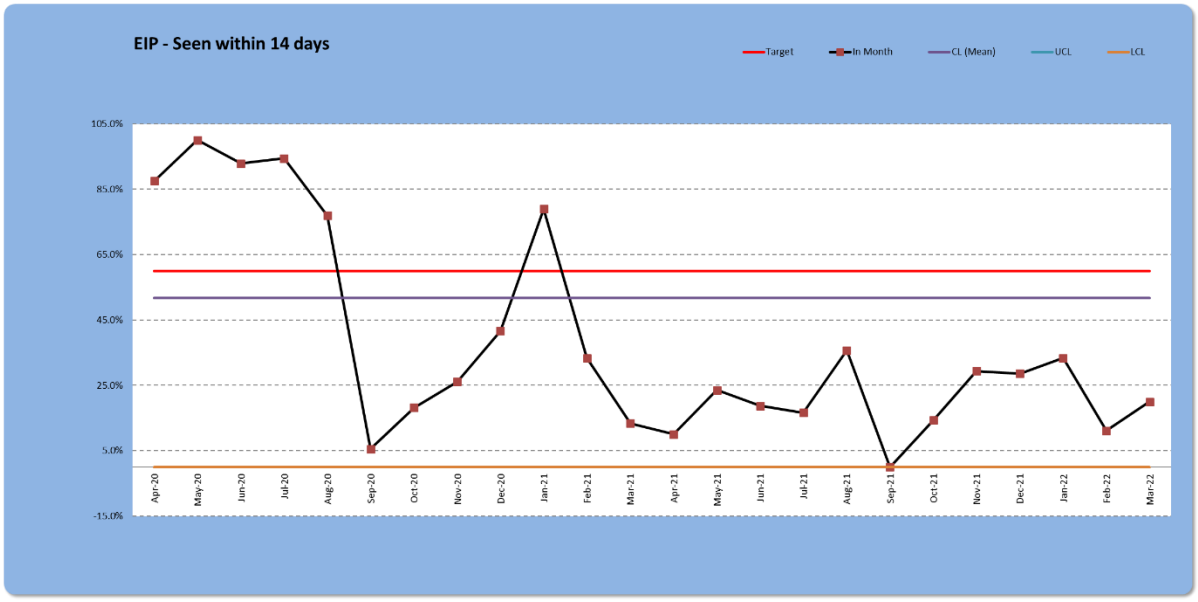
Percentage of Patients Seen for Treatment within 14 Days of Referral

From April 2016, NHS England introduced a series of standards for Early Intervention for Psychosis Teams to meet in the delivery and shaping of services with these being measured and Teams working towards achieving national accreditation. The access and waiting time standard for early intervention in psychosis (EIP) services requires that more than 60% of people experiencing first episode psychosis will be treated, with a NICE-approved care package, within two weeks of referral. The standard is targeted at people aged 14-65.

Summary of progress

From April 2016, the Psychosis Service for Young People in Hull and East Riding (PSYPHER) team has been measured against this standard. The service continues to support the aged range of 14-64. The year to date performance of 22.3 % is below the nationally mandated target of 60%. Performance levels have dropped since Aug-20, this is due to increased referral rates, increased vacancy levels and higher sickness/absence.





Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- Monthly reporting from the Trust Lorenzo system
- Weekly multidisciplinary meeting for feedback on assessments in progress
- Daily morning meeting where referrals are discussed and allocated

Cardio-metabolic Assessment and Treatment for People with Psychosis

The Trust should ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:

- Inpatient wards
- Early Intervention in Psychosis
- Community Mental Health Services (CPA clients)

People with severe mental illness (SMI) are at increased risk of poor physical health, and their life-expectancy is reduced by an average of 15-20 years mainly due to preventable physical illness. Two thirds of these deaths are from avoidable physical illnesses including heart disease and cancer, mainly caused by smoking. There is also a lack of access to physical healthcare for people

with mental health problems – less than a third of people with schizophrenia in hospital receive the recommended assessment of cardiovascular risk in the previous 12 months.

Physical health assessments for patients with severe mental illness (SMI) were a CQUIN in 2018-19. Patients with SMI for the purpose of the CQUIN were all patients with psychosis, including schizophrenia.

Although no longer a CQUIN, the following figures are a snapshot of the compliance rate for patients the Trust has identified on the SMI register who have had a HIP completed within last 12 months.

Service	Target	% of patients with complete electronic HIP (as at 31/03/21)	% of patients with complete electronic HIP (as at 31/03/22)
Inpatient	90%	76.0%	80.0%
Community (non-EIP)	75%	38.2%	71.4%
Early Intervention Psychosis	90%	80.7%	72.1%

Humber Teaching NHS Foundation Trust considers that these data are as described for the following reasons:

- They are based on direct analysis of the submissions made on Lorenzo

The Trust has taken the following actions to improve this percentage and so the quality of its service by:

- The development of a clinician's caseload dashboard has progressed in year and clinicians and teams lead can view at clinical supervision sessions to aid improvement
- Compliance results shown in team performance reports to allow teams an opportunity to review and assess for improvement

Admission of Young People Under the Age of 16 to Adult Facilities

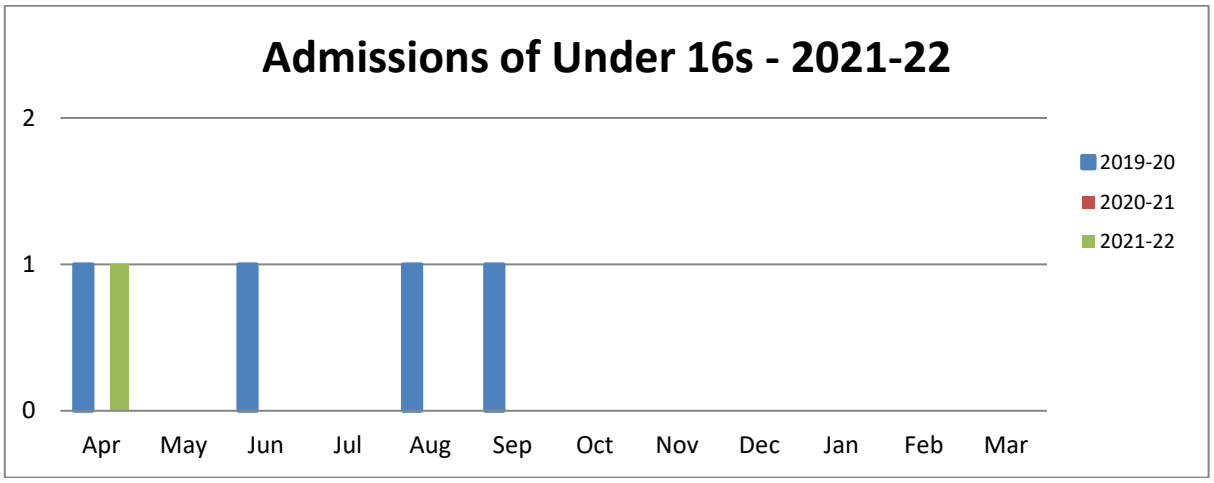
Inpatient Child and Adolescent Mental Health Services (CAMHS) General Adolescent Services deliver tertiary level care and treatment to young people with severe and/or complex mental disorders (12 to 18 years), associated with significant impairment and/or significant risk to themselves or others, such that their needs cannot be safely and adequately met by community CAMHS. In January 2020, we opened a CAMHS inpatient unit in Hull. The unit, named Inspire, has reduced the need for young people to be admitted to adult inpatient units, however, there are occasions when a bed or other CAMHS alternatives are not available, and an adult bed has had to be used.

The revised Code of Practice (2015) states if a young person is admitted in crisis, it should be for the briefest time possible.

There are some 17 year olds who prefer to engage with adult mental health services and have a preference for being admitted to an adult ward environment when the need arises. However, even in these circumstances, there remains an obligation to ensure that safeguards are in place for someone under 18, in line with their status as a minor.

Summary of progress

There is no national target set for this indicator, but the Trust aims to have no admissions of children into adult wards. During April to March 2022 there was only one admission of Under 16's to adult inpatient units.



Humber NHS Foundation Trust considers that this data is as described for the following reasons:

- The Trust opened a 13-bedded CAMHS inpatient unit on 22nd January 2020. The unit is a state of the art new build and is located on Walker Street in Hull.
- Prior to this, CAMHS inpatients from the area were placed in units outside the area.
- Currently, CAMHS inpatient beds are commissioned by NHS England and there is a very clear protocol for CAMHS services needing to access those beds.
- It is nationally acknowledged that there is a current shortage of beds. Young people are admitted to adult wards due to the lack of accessible and available beds CAMHS specific beds.

The Trust has taken the following actions to improve this percentage and the quality of its service by:

- The Trust was commissioned by NHS England to provide a 13-bedded CAMHS inpatient unit, which comprises of four PICU Beds and nine General Adolescent beds across two wards.
- NHS England has specifically commissioned this number of beds based on an audit of the regional usage.
- The new service supports young people from Hull, East Yorkshire, North and North East Lincolnshire.
- The new service offers a shift from the traditional approach to CAMHS inpatient provision to one that supports the ongoing transformation of Young people's Mental Health services locally.
- Access to services is key, keeping young people close to the systems of support that aid recovery.

Out of Area Placements

An out of area placement is when a patient with assessed acute mental health needs who requires non-specialised inpatient care (CCG commissioned), is admitted to a unit that does not form part of the usual local network of services. This includes inpatient units that:

- Are not run by the patient's home mental health care provider, regardless of distance travelled or whether the admitting unit is run by an NHS or Independent Sector Provider (ISP)
- Are not intended to admit people living in the catchment of the person's local community mental health team (CMHT)
- Are located in a place where the person cannot be visited regularly by their care coordinator to ensure continuity of care and effective discharge planning

Summary for 2021/22

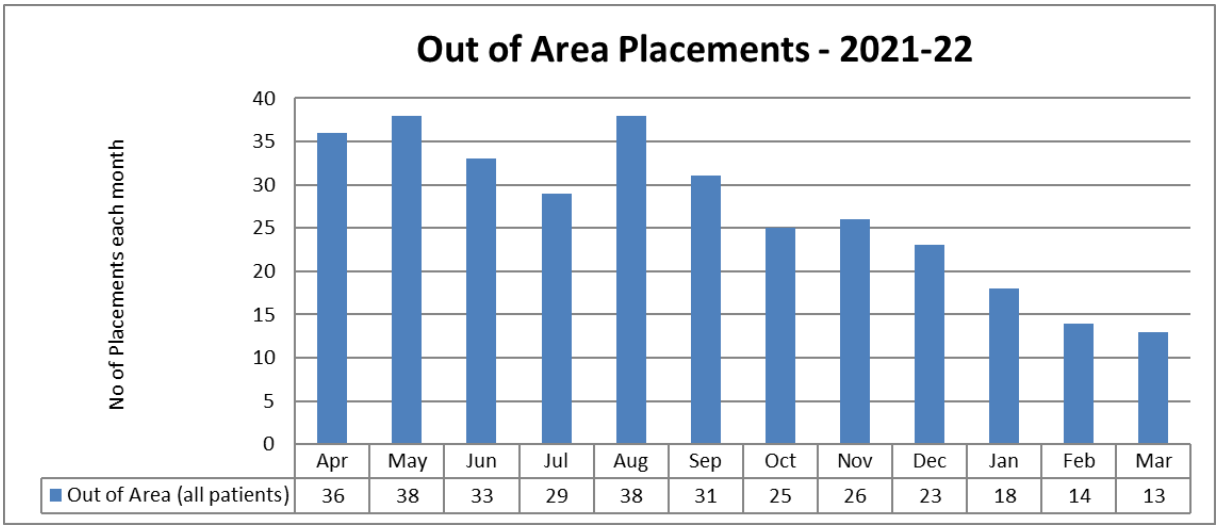
For 2021-22, the results of Out of Area Placements are documented in the Integrated Board Report (IBR). Graph 1 below shows the number of patients who were in an out of area placement per month. Graph 2 shows the number of days out of area, both appropriate and inappropriate. This SPC graph is plotted over a 24 month period.

It was the Trust's intention that there will be zero inappropriate out of area placements by 2020/21 but due to the pandemic, social distancing in place and ongoing challenges around managing the coronavirus impact, inpatient beds were reduced meaning patients have been placed out of area on a regular basis. Reconfiguration of units and designated Covid19 wards has seen the start of patients beginning to be repatriated back into the local area. There have been a total of 130 new patients who were admitted to an out of area placement during 2021-2022. Early indications show the trend is now beginning to improve.

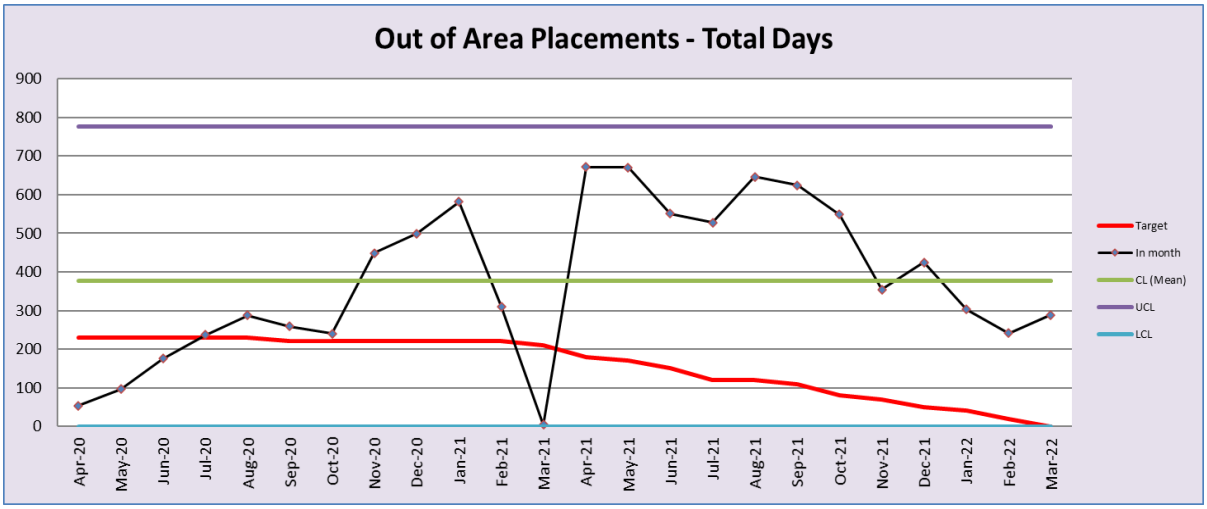
Progress

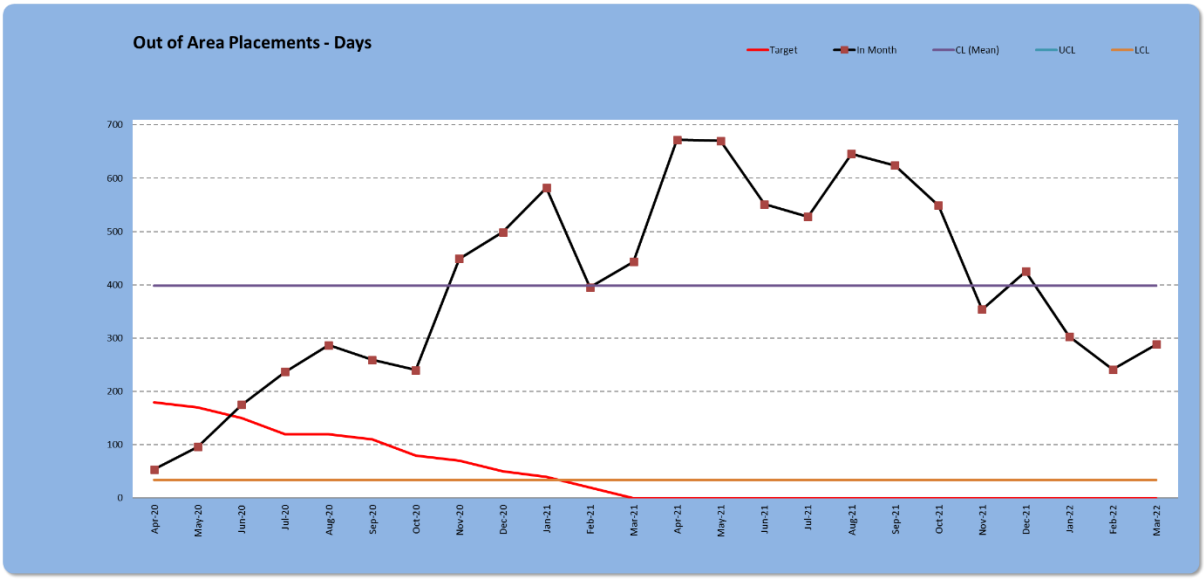
Reporting mechanisms are in place to ensure the best care is received and that the service user is returned as safely and quickly as capacity allows. Work continues to look at regional bed management and reduce the need for service users to go far from home when admitted out of their locality area. The closer someone is to their home Trust, the more beneficial this is for family and enable on-going care needs to be met.

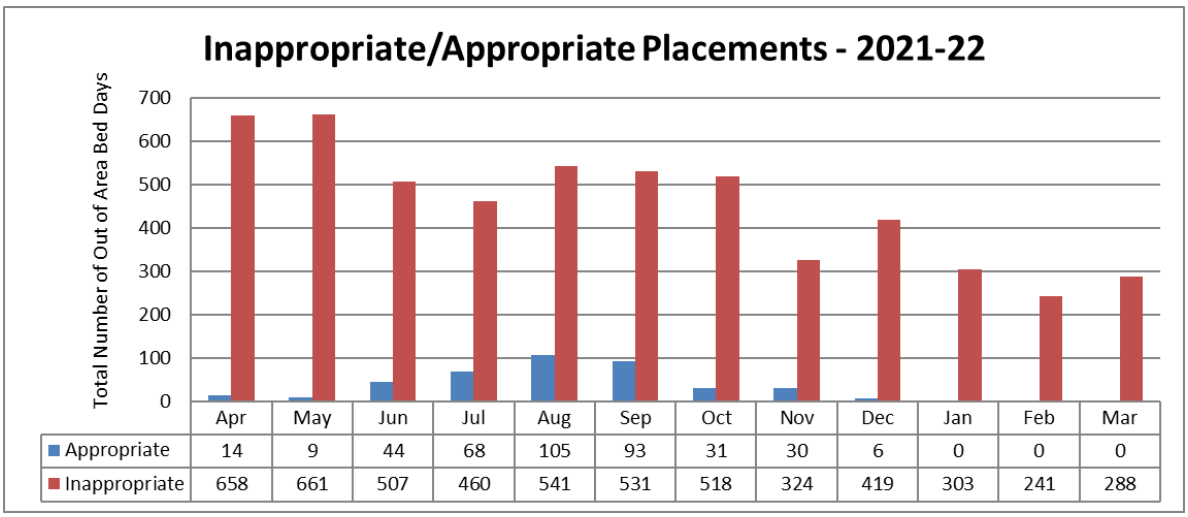
Number of patients placed out of area



Number of Bed Days Out of Area







	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Appropriate	14	9	44	68	105	93	31	30	6	0	0	0
Inappropriate	658	661	507	460	541	531	518	324	419	303	241	288

Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- Total number of out of area placements and new placements within each month
- Split of inappropriate and appropriate placements – inappropriate in this instance relates to those patients that have had to be placed out of area due to there being no bed available on Trust wards
- There are no interim percentage targets set and the results are based on the number of placements and days out of area
- The local community mental health team is the Trust catchment area (Hull, East Riding and North Yorkshire)

CAMHS Eating Disorders

Percentage of children and young people with an eating disorder seen for treatment within target timescales.

Children and Young People Eating Disorders

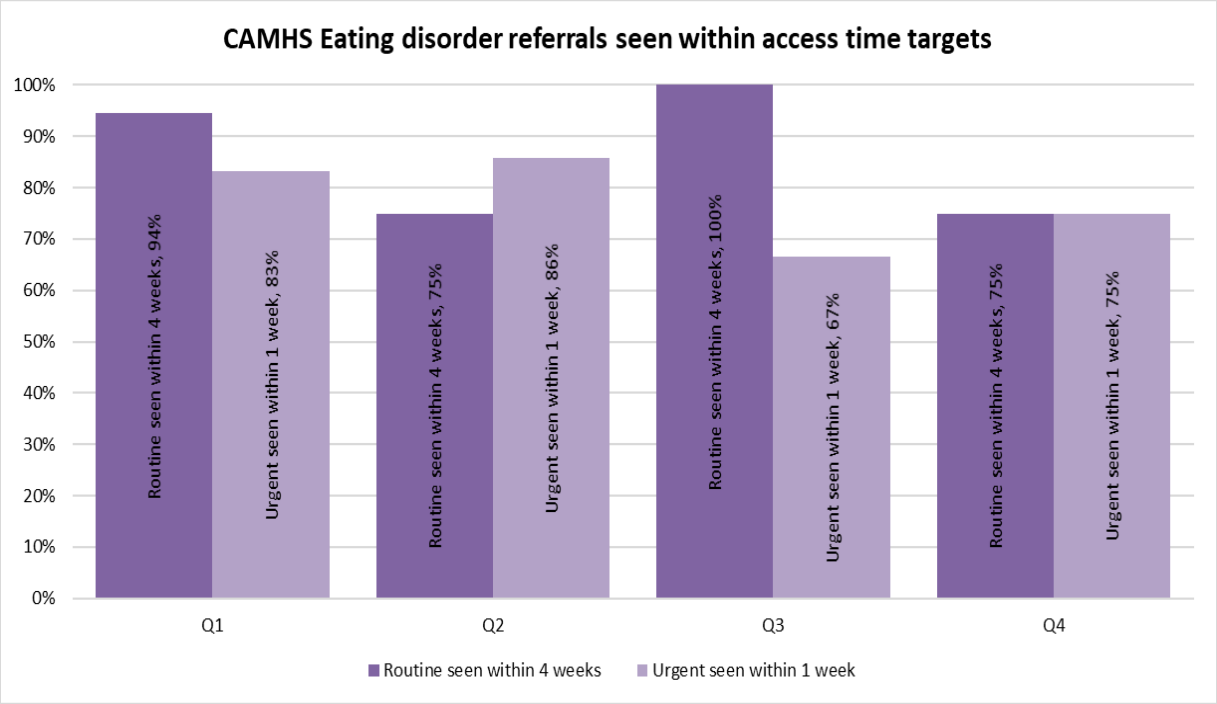
From April 2016, NHS England introduced a requirement for all children and young people's mental health service providers to establish a dedicated eating disorder team and introduced national access time targets for Children and Young People with an Eating Disorder (CYP ED).

The indicators look at the number of children and young people who have accessed, or are waiting for, treatment following a routine or urgent referral for a suspected eating disorder. Eating disorders present both an immediate risk to life and long terms health risks due to the pressure placed on internal organs by a severely restricted diet. For this reason, the access time targets for CYP ED are tighter than most other mental health conditions.

Children and young people (up to the age of 19) referred for assessment or treatment for an eating disorder should receive NICE-approved treatment with a designated healthcare professional within one week for urgent cases and four weeks for every other case. The standard includes all children and young people up to the age of 19 years in whatever setting (community or inpatients) the young person is receiving care.

Summary of progress

The Trust has a dedicated team in place covering the Hull and East Riding 0-19 populations. This team became operational in October 2016.



The chart above shows data for January 2021 to March 2022.

As of 31st March 2022, 24 children and young people started treatment following an urgent referral for a suspected eating disorder, of which 19 (79%) did so within one week of referral. Urgent referrals are prioritised, and the service investigates each breach of this target, all breaches are followed up to ensure that the young person receives a service at the earliest opportunity.

As of 31st March 2022, 101 children and young people started treatment following a routine referral for a suspected eating disorder, of which 90 (89%) did so within four weeks of referral. The restrictions on contact imposed in response to the Covid-19 pandemic, including both staff sickness and patient's families being sick and/or isolating, impacted on the ability of the service to respond in a timely manner.

Numbers of referrals are small compared with other CAMHS pathways such as anxiety, but patients with eating disorders tend to remain on the caseload for longer (often up to two years) and require more intensive/frequent intervention than other conditions. Because of the intensity of intervention, especially at the start of the pathway, the volatility of the referral rate presents a challenge, as even five or six more referrals than usual in a quarter places a much greater demand on the team.

The rate of referral has increased each year since we started to monitor it, with the highest ever number in one month (24) recorded in May 2021. In addition to this, the service has noted a marked increase in the severity/acuity of cases presenting since the start of the Covid-19 pandemic.

The Trust considers that this data is as described for the following reasons:

- Weekly reporting from the Trust Lorenzo system
- Weekly team meeting for caseload management
- Daily morning meeting where referrals are discussed and allocated

The Trust has taken the following actions to improve this percentage and the quality of service by:

- Close monitoring of referral numbers and access times, and recruitment to vacancies

Percentage of patients seen and discharged/transferred within four hours for Urgent Treatment Centres

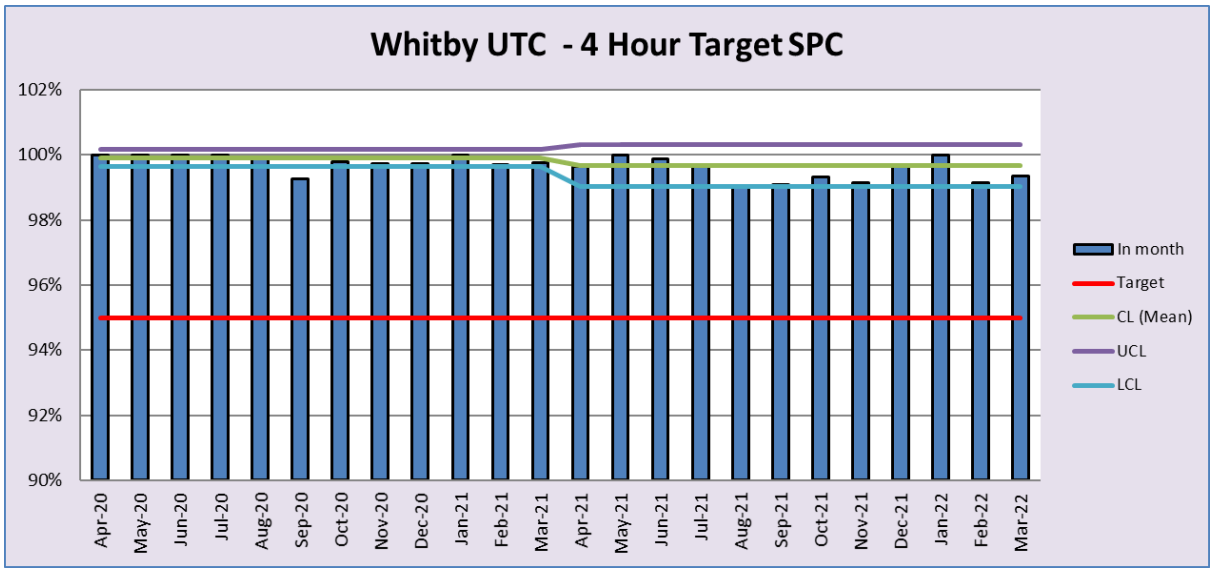
The national target for other Accident and Emergency departments, including Urgent Treatment Centres (UTC) and Minor Injury Units (MIU), is for at least 95% of patients attending to have a total time in the service less than 4 hours from arrival to discharge or transfer.

Underlying of the 4-hour target, is the principle that patients should receive excellent care without unnecessary delay. The target focuses on patients requiring treatment which can be accessed without an appointment for treatment as a minor injury or illness. In order to be a part of the reporting, the service must have an average weekly attendance of more than 50 people, which is calculated over a quarter.

The Trust provides one UTC, in Whitby, which has seen 9,635 patients in the year April 2021 to March 2022 (an average of 201 patients a week). The service was designated as a MIU from April 2021 to August 2021 when it changed it status to UTC offering increased opening hours for the local community.

The National Standard requires that a minimum of 95% of patients attending an A&E department should be admitted, transferred, or discharged within 4 hours of their arrival. We can report an achievement of 99.5% for April 2021 to March 2022 at Whitby UTC. This data is sourced via the SystmOne patient administration system.

The chart below shows the mean results with upper and lower control limits over the last two years.



3.2 Performance in Relation to other Indicators Monitored by the Board

In this section, we share other key performance indicators monitored by the Board that have not already been mentioned within the mandated indicators included in this account.

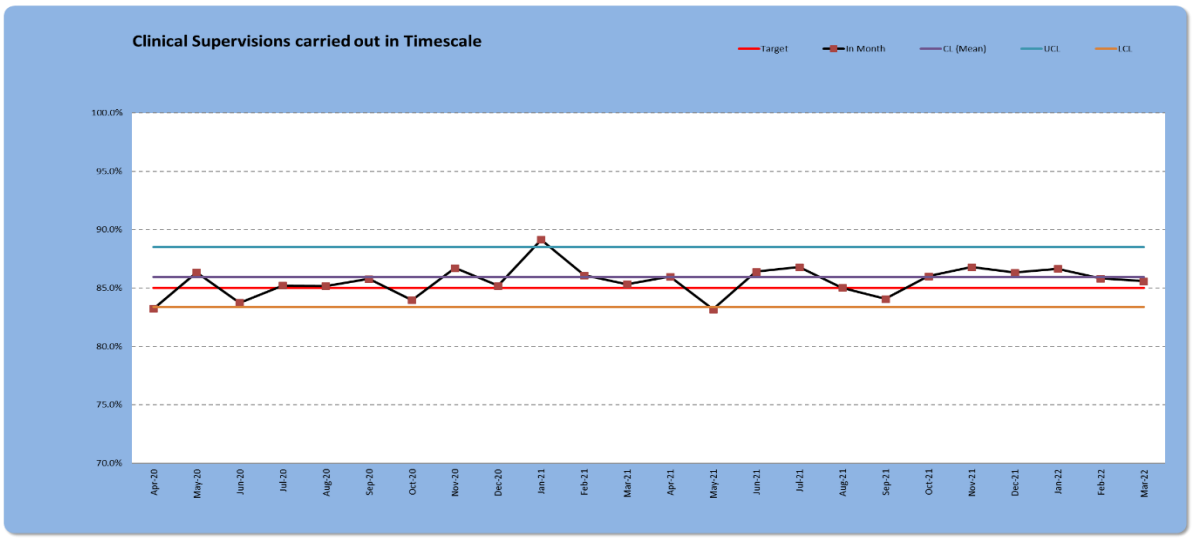
Clinical Supervision

Clinical supervision is essential to the delivery of safe and effective care as it provides a safe environment for clinicians to actively engage with each other to reflect on their clinical practice and improve standards of care. The process of supervision facilitates the individual to develop knowledge and competence and link theory and research to practice.

The Trust supervision policy requires all clinical staff to receive clinical supervision from an appropriate professional as a minimum frequency of six-weekly. Throughout 2021/22 Individual teams have been required to achieve compliance with a target of 80% of their staff receiving clinical supervision within the month. This target allows for sickness absence and other factors that impact on supervision. Compliance is monitored via a number of governance groups throughout the organisation and is reported monthly through to the Trust Board and Quality Committee via the Integrated Quality and Performance Tracker.

The SPC chart below shows clinical supervision compliance for the Trust throughout 2021/22, which as can be seen has been consistently meeting and exceeding the Trust target of 80% (April to February) and therefore a new target of 85% from March 2022

Trust-level Clinical Supervision Compliance - 1 April 2020 to 31 March 2022

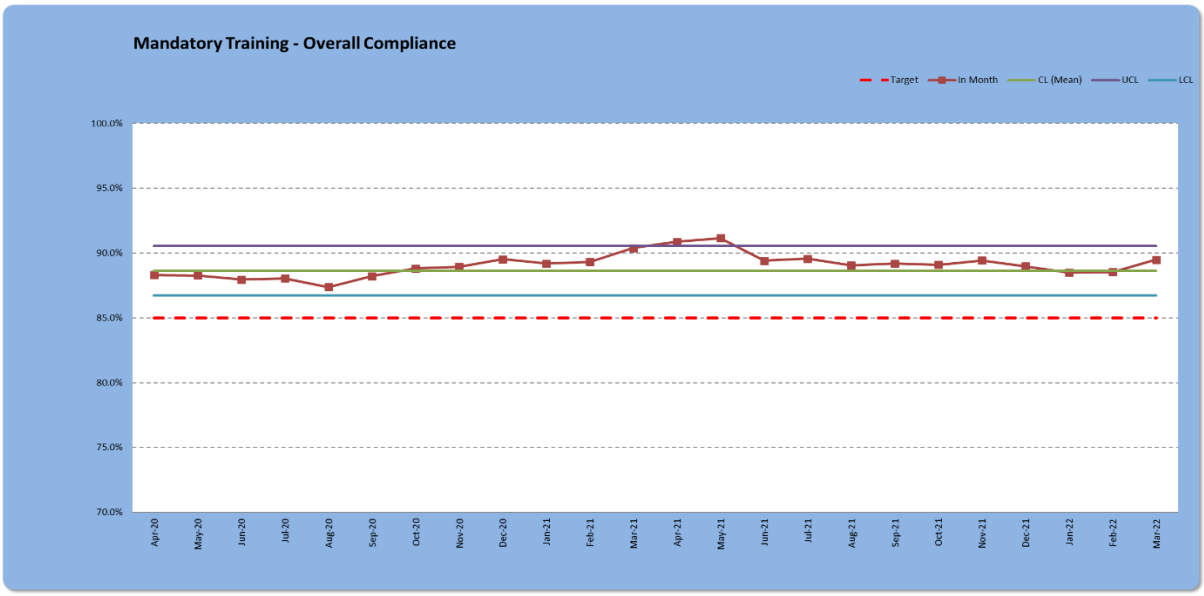


The reasons behind non-compliance with supervision standards are explored by divisions and action is taken to address areas of concern. Factors impacting on supervision compliance are complex; however, staffing levels can impact on the ability of staff to access supervision. Therefore, we monitor supervision compliance as one of the metrics within our safer staffing dashboard. This enables the Board to see when staffing is impacting on supervision compliance and take the appropriate action.

Statutory and Mandatory Training Compliance

The Board places considerable emphasis on mandatory training compliance. All areas of the Trust receive a monthly training compliance report and managers have access to self-service dashboards to target areas of lower or reducing compliance for their teams.

The performance across the Trust has maintained at above the 85% target compliance for the Trust during 2021/22 and occasionally surpassing 90%.



Formal Complaints and Patient Advice and Liaison Service (PALS)

Formal complaints

For the period 1 April 2021 to 31 March 2022, the Trust received 231 formal complaints, which compares to 142 for 2020-21 and 235 for 2019-20.

Each complaint is treated individually. Although the issue raised may be similar to others, the circumstances are often different for the individual concerned. During the pandemic, the Trust has aimed to respond to formal complaints within 40 or 60 working days, dependent on the complexity and nature of the complaint, and the number of issues raised. If the timescale cannot be achieved, the complainant is informed of when they may expect their response.

It is important to note that not all complaints are the result of a Trust failing or poor service. For example, a complainant may not be happy with the service provided because they consider their needs are different to what the Trust has assessed them as needing. At the outset of each complaint, staff try to determine the complainant's desired outcome from making the complaint, however it is not always possible to give people what they seek.

For the period 1 April 2021 to 31 March 2022, the Trust responded to 235 formal complaints which compares to 133 for 2020-21 and 243 for 2019-20.

The primary subjects for these complaints are as follows:

Primary subject	Number
Patient care	52
Communication	47
Appointments	35
Trust admin/policies/procedures	27
Values and behaviours of staff	26
Clinical treatment	14
Admissions/discharge	10
Prescribing	9
Access to treatment or drugs	7

Facilities	3
Privacy, dignity, respect and safety	2
Commissioning	1
Staff numbers	1
Other	1

Of the 235 responded to, none of the complainants have, to date, taken their case to the Parliamentary and Health Service Ombudsman for review. Two older cases are being considered and one other case has been closed with no action for the Trust.

The following are some examples of actions/learning from complaints responded to between 1 April 2021 and 31 December 2021:

Mental Health Advice and Support Team – To ensure that all calls regarding possible detention under the Mental Health Act are discussed with an Approved Mental Health Professional.

GP practice – To ensure that medical records are updated contemporaneously as patient was asked about her pregnancy when she had miscarried.

CAMHS – Ensure all clinicians are explaining how the Family Therapy suite works and ensuring families are aware that they are not being recorded unless this is agreed, and appropriate consent has been sought.

Community Hospital – To ensure that separate fluid charts are being completed when there are concerns regarding hydration.

Adult Mental Health, Inpatient – To ensure that when a patient is detained under the Mental Health Act, that their animals are placed in Council approved accommodation.

Crisis Intervention Team for Older People – Staff to ensure that the appropriate family members are made aware of referrals and visits where consent for this has been provided by the patient.

Emotional Wellbeing Service – The Triage team had been reminded of the processes of sending paperwork and for this to be clearly documented in the notes. The assessing staff had been reminded to ensure that they arrange a suitable day and time to call back with the information on treatment options, this is to be placed in the workers diary and needs to be recorded in the clinical notes. The administration team were reminded to sign all letters sent from the service.

Learning Disability Service – Process for Consultants copying in relatives/carers into letters to GPs to be clarified and addressed within the service.

Secure Service – Further exploration of the impact of energy drinks on health and a formal rationale for the exclusion/management of such within the service will take place. Further exploration with Primary Health Care and the formalisation of any guidance in relation to the replacement of e-cigarettes with Nicotine Replacement Therapy when on ground leave

The actions resulting from upheld and partly upheld formal complaints are monitored by the Complaints and Feedback team and for each action evidence is requested from the lead person identified for that action that the action has been completed by the specified time.

Informal Complaints (formerly PALS)

The informal complaint process gives complainants a swift response to their issue(s).All complaints are triaged on receipt and where appropriate, are recorded as informal in the first instance. The complainant is informed of this. If a complainant remains unhappy following the informal process, they have the right to have their complaint investigated via the formal complaint process.

For the period 1 April 2021 to 31 March 2022, the Trust responded to 300 informal complaints, and 28 queries/comments/suggestions. This compares to 204 informal complaints and 25 queries/ comments/suggestions for the year 2020-21.

Primary subject	Number
Patient care	92
Communication	77
Appointments	46
Trust admin/policies and procedures	32
Values and behaviour of staff	19
Admissions/discharge	11
Prescribing	10
Other	5
Access to treatment or drugs	3
Clinical treatment	2
Commissioning	1
Facilities	1
Staff numbers	1

Examples of compliments received

"My family really appreciate the hard work that everyone has done for Mum; we feel incredibly lucky that she was placed on this unit. The whole team should be really proud of themselves".
Older People's Mental Health Unit

Thank you for all your support and help you have been giving me throughout my treatment. I really appreciate everything you have done for me. I would like to thank you for all your kindness and encouragement, it has really made a positive impact on my life. **- EWS**

Family of palliative patient, expressed gratitude for all the support, professionalism and kindness shown to both the patient and his wife and daughter whilst caring for him, and without this support would not have been able to fulfil his wishes to die at home with his family around him.

They stated they "had nothing but praise for all the team that visited during his illness from the nurses and healthcare assistants, the physio and OT team, and the call handlers when we rung in for help" **- Community Hospital**

A member of staff spoke to a patient in the morning who was in distress and when the patient talked to the GP in the afternoon she was full of praise and admiration for the way the call was handled in the morning in that the member of staff was patient, reassuring, kind and relieved her anxiety enormously. She was very thankful.
GP Practice

Card from patient's family complimenting the care that the patient had received, stating they had noticed their 'mental health has improved significantly'.
Secure Service

Parent expressed great appreciation to the four members of staff who supported his son whilst having his Covid -19 Vaccination. **LD Service**

Patient and Carer Experience

Our patients, service users, carers and communities are at the centre of everything we do. There is no better or more important way of improving services than by listening to what individuals think, feel and experience throughout their care journey and beyond.

The Trust continues to deliver on the priorities identified in our Patient and Carer Experience Strategy 2018-2023.

We are consistently engaging patients, service users and carers in Trust business and are actively listening and acting on the information we hear. This strategy not only promotes working together better but sets out how we will do this to ensure maximum involvement and engagement.

Forums

The Trust continues to actively engage and involve the community by hosting virtual Trust forums across the geographical patch.

88.0%

of respondents find our staff friendly and helpful

Hull and East Riding, Whitby & District and Scarborough Patient and Carer Experience Forums (PACE) – our patients, service users and their carers are invited to attend these forums to provide them with a public voice by bringing lived experiences and individual perspectives. We also have representatives from patient and carer support groups on the forum.

Staff Champions of Patient Experience (SCoPE) Forum – staff attend this forum to share best practice and provide a voice of experience on behalf of their teams. The forum also reviews survey findings and complaints to identify key themes to help inform the Patient Experience Team's work plan. The Trust currently has 179 Staff Champions, and all teams are represented.

93.6%

feel they received sufficient information

Humber Co-production Network – to build stronger relationships and partnerships with third sector, public sector, commissioners and hard to reach groups by ensuring they all have the opportunity to provide a voice on behalf of the communities and groups they serve.

Veterans Forum - to provide a meeting place for veterans and serving members of the forces, their friends and family members, and staff with an interest in supporting veterans or who currently have/have had friends and family members serving in the forces.

Carers Involvement Forum - to raise awareness of carer experience through staff participation from all Divisions and Corporate Services, by ensuring a staff voice and by strengthening relationships with our partner organisations who have a responsibility for carers.

Humber Youth Action Group - developed to bring those aged 11-25 together, with the goal of helping our organisation improve its services for children and young people. Young people have an important part to play in improving NHS services. The group meets virtually around every 4-6 weeks for approximately 1.5 hours, as well as face-to-face workshops across different locations in Hull and East Riding throughout the year.

Involving Patients, Service Users, Carers and the Public in our Interview Process

The Patient Experience Team has been working with our patients, service users, carers, and staff to standardise how the Trust involves them in the recruitment process.

From 1 March 202, there is a standardised approach whereby any member of staff can access a Panel Volunteer database to invite individuals who have consented to sit on interview panels, to support the Trust's recruitment process. Panel Volunteers are existing or former patients, service users, carers and members of the public, who are willing to volunteer to sit on Trust staff interview panels. They play an active role in the recruitment process by assisting the recruitment panel. Their involvement in the recruitment and selection process benefits both patients and the Trust. The Panel Volunteer's perspective positively influences recruitment and selection decisions, which is crucial to the delivery of high-quality services. Whilst qualifications, experiences, knowledge, and professional skills are imperative to effective care and treatment, of equal importance is the demonstration of how the candidate possesses the values, positive behaviours and personal qualities that would enhance the patient experience. Patient involvement in recruitment and selection activity offers an invaluable perspective on this.

Patient and Carer Experience Training Programme: How to get involved in Trust activities

This is the first training programme to be launched by the Patient Experience Team and is in collaboration with the Trust's Recovery and Wellbeing College. It was launched on 1 March 2022 and is aimed at patients, service users, carers, members of the public and staff to share the different opportunities that are available for everyone to get involved in. This could be from volunteering, participating in research or quality improvement initiatives, attending a patient and carer experience forum, or sharing your story when accessing the Trust's services.

The course is made up of 8 modules and on completion of 1 or more of these modules, individuals will be equipped with the knowledge about the opportunities available and how to take the next step to get involved. When engaging in Trust activities, people can discover what it means to work for the NHS and how to truly make a difference to people's lives.

Making Every Member Count Quality Improvement Initiative

This year, a process has been developed to make every member count when individuals get involved in Trust activities. This is a standardised approach whereby a dedicated pathway is in place to ensure that members of the public are informed of all the different involvement opportunities available from their initial contact with our services. When any team signs up a new member, they send a welcome letter with details of all the involvement opportunities on offer, including volunteering, getting involved in research, participating in a quality improvement initiative, joining patient and carer experience forums, becoming a member of the Trust or supporting the Trust's Recovery College by either becoming a Tutor or signing up for a training module.

Armed Forces Community Navigator (AFCN)

The Trust has committed to the Armed Forces Covenant and to support this, the Trust's Veterans forum has developed the AFCN role whereby members of staff have been invited to take on this 'Champion' role. Anyone who has a passion for advocating and championing the needs of service, ex-service personnel and their families are signing up to the role which involves encouraging patients, carers and families to get involved in Trust activities and work to improve experiences for those in receipt of our services, who fall under the umbrella of the Armed Forces Covenant.

Strengthening our Approach to Collecting Demographical Data

To help us to understand who is accessing our services and their needs an enhanced data collection template is in development and will be supported by a patient/staff information leaflet. The demographical data (including protected characteristics and health inequalities questions) will help us to better identify what certain groups need attention and the most help. It will also help us to better personalise interactions and conversations with patients.

Equality, Diversity and Inclusion Priorities for Staff 2021/22

The Trust is committed to recruit, develop and retain a workforce that reflects the local population and promote equality of opportunity for all employees. Our work around policy updates with flexible working, disciplinary, bullying and harassment and recruitment and selection, managing sickness absence as well as improved reasonable adjustment guidance support this commitment.

As a public sector body, the Trust has a duty towards the Public Sector Equality Duty (PSED). To that end, the Trust published its Equality, Diversity and Inclusion Annual Report which went to the Trusts Board in July 2021 and set EDI objectives for the forthcoming year. In addition to this, the Trust publishes annual reports for the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and the Gender Pay Gap Report. All reporting is made available on the Trust public facing website.

Collaboration and coproduction between the Head of Patient & Carer Experience and Engagement and the Equality, Diversity and Inclusion Workforce Lead continues to drive forward advocacy for the work diversity and inclusion can do, to ensure the NHS has a motivated, included, and valued workforce to help deliver high quality patient care, increased patient satisfaction and better patient safety. This can be seen through key engagement with events such as Equality, Diversity and Inclusion celebratory Workshop and the BAME Staff Network Annual General Meeting.

In working towards EDI objectives set for 2021/22, the Trust successfully developed local actions for the individual directorates, specifically Mental Health Unplanned, Mental Health Planned, Children's and Learning Disabilities, Community and Primary Care, Secure Services as well as Corporate functions. Inclusivity has come from collaborating and coproducing the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES) action plans with staff networks and representation from lived experience.

Taking the quarterly EDI insight deep dive report to the Trust's EDI Steering Group has allowed improved challenge and support for operational areas to address local equality issues. Improved attendance at both the Bullying and Harassment and Recruitment and Selection training has supported both retention and recruitment of staff. Elections were held for the BAME Staff Network Chair and Vice Chair to drive forward the BAME and race improvement agenda at the Trust, this led to the first BAME Staff Network AGM where the group set out their objectives for the coming year. Mandatory training through the Trusts e-learning package continues to ensure Equality, Diversity and Human Rights training is mandatory with a completion rate of 94%, above the Trust target rate. Non-compliance with training is taken to operational areas via the EDI Insight report and the EDI Steering group, to ensure completion in a timely fashion.

The Trust maintains membership of local and regional EDI committees or working groups such as the Yorkshire and Humber Equality and Diversity Practitioners Network, East Riding Equalities Group and the Humber Equality and Diversity Network, a group for EDI practitioners form all public sector organisations in the Humber region.

The Trust continue to build links with EDI teams in the region, organisations such as Hull University, East Riding Council, Hull Council, Humberside Police and Hull University Teaching Hospital NHS Trust. The Trust continues to work with local groups who represent people with Protected Characteristics within communities such as the MESMAC, the Disability Action Group

and Hull and East Riding Lesbian, Gay, Bisexual and Trans (LGBT+) and the Humber All Nations Alliance (HANA).

Safeguarding and Working with Adult and Children's Safeguarding Boards

Partnership Working

The Humber Safeguarding team works alongside the Safeguarding Children Partnerships and Safeguarding Adult Boards throughout all of the statutory processes.

These processes enable the team to identify and share learning from national and regional cases across the communities served by the Trust, and to work together to develop policies, training and protocols that will support the Trust to carry out an effective safeguarding service. The team contributes to children partnerships and adult boards across three local authorities and has good working relationships with all through regular attendance and contribution.

The Safeguarding team supports staff who are working with patients who are vulnerable to radicalisation, this includes providing guidance for staff making Prevent referrals. The team attends monthly Prevent meetings across the Humber and often contribute to complex case discussions for high-risk patients, working closely with Humberside Police, Probation and other relevant agencies.

Covid-19 and the Delivery of Safeguarding Across the Trust

During the Covid-19 pandemic, the Safeguarding team have continued to work with partnerships and boards in delivering safeguarding and ensuring that children, young people and adults who are at risk continued to be supported. Regular updates are shared between partners on referrals, areas of concern and emerging safeguarding issues.

The Safeguarding team have moved from office based to working from home and have been able to deliver an effective safeguarding service using IT and communication technology. Though a lot of the teams' work has moved online, practitioners continue to visit patients and staff in the care of the Trust, particularly in situations where there are safeguarding concerns, or a patient is detained under MHA 1983 and there are restrictive interventions in place (e.g. seclusion).

The team continue to maintain a duty desk Monday to Friday, 09:00 to 17:00, with 585 453 contacts to the desk in Q4 21/22, an increase of 146 based on Q4 20/21. Safeguarding supervision is delivered across the Trust and safeguarding practitioners will facilitate this when supporting staff with complex safeguarding cases, the Trust uses the signs of safety model and has a dedicated section within the supervision policy on this.

Domestic Abuse

We are a White Ribbon accredited Trust, which is led and monitored by the team in the Safeguarding Learning and Development Forum. The team co-produced a training package on undertaking a DASH risk assessment and, so far, 800 staff members have completed this. The team also delivers domestic abuse champion training and there are currently 77 champions across a variety of Trust services.

This year the Domestic Abuse Policy has been reviewed, following the introduction of new legislation in this area. A key area of this being the introduction of routine and selected enquiry across the service. The team are working with HR to introduce guidance for managers supporting staff who are victims of perpetrators of domestic abuse, and routine and selected enquiry will be used when supporting staff as well as patients. Humber Safeguarding attend the East Riding MARAC and domestic abuse boards and subgroups across all three local authority areas.

Learning from Cases

The Safeguarding team is involved in all related safeguarding Practice Reviews (SPR), Safeguarding Adult Review (SAR), Domestic Homicide Review (DHR) and Learning Lessons Review (LLR) meetings and is part of the multi-agency review process throughout.

The team attends relevant subgroups and is involved in strategic work throughout all three local authorities. Action plans are devised and shared within the panels that reflect all the required learning objectives. These are then monitored in the Safeguarding Learning and Development Forum so assurances can be provided to partners of the action Humber is taking with regards to the identified learning. Learning from investigations and cases, both local and national, is also shared via lunch and learn sessions, training, supervision, newsletters, five-minute focus bulletins and clinical governance and network groups.

Neglect

Neglect is the highest reason for child protection referrals nationally and previously Trust data did not reflect this. The Safeguarding team have promoted the theme of neglect and abuse within the Trust, ensuring this remains a high priority and is not missed. This is also explored in mandatory safeguarding training and focussed lunch and learn sessions. Neglect referrals have increased following this but remains not the most commonly referred category of abuse for our Trust.

A review of neglect assessment tools has been undertaken in records confirming that these are not effectively utilised in patient care. In response, the Safeguarding team now co-facilitate training across the multi-agency arrangements, delivering neglect assessment training directly to Trust staff in line with the NSPCC Graded Care Profile2 accreditation programme. This will ensure that children's needs are considered throughout all services and intervention is provided at the earliest opportunity to ensure their wellbeing.

Mental Health Act, Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DOLS), Mental Capacity(Amendment Act) Act 2019 – Liberty Protection Safeguards (LPS)

The Mental Health Legislation Committee meets quarterly to undertake 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).

Mental Capacity Act (2005) training remains in place and was recently reviewed to ensure that it remains relevant and up to date. Training compliance continues to be above the expected level; however, it is recognised that staff sometimes lack awareness of MCA in practice. Bespoke MCA training sessions are delivered to areas where issues are identified, and face-to-face monthly sessions have re-commenced on a monthly basis.

The Implementation of the Liberty Protection Safeguards – Mental Capacity (Amendment) Act 2019

There was a delay in the implementation of the LPS due to the Covid-19 pandemic and a new date has not yet been set. The Trust continues to work with ICS colleagues and local authority partners to monitor this and ensure a smooth facilitation of the change process.

Our Charity, Health Stars

Health Stars is the official charity for Humber Teaching NHS Foundation Trust. As a charity, we are very proud to support our NHS Trust whose services enhance the health of over 800,000 people through community and mental health services.

Health Stars provides the added sparkle, over and above what the core NHS can provide. To do this, we reply on the support of businesses, community groups, grant funders and the generosity of our friends and neighbours. This support helps us to improve the experiences of both patients and staff at the trust.

The last year has seen the pandemic continue to have a big impact on the charity, particularly in terms of fundraising. However, the Health Stars team have still managed to have an impact across the trust.

The Whitby Hospital Fundraising Appeal has been a key focus. Health Stars have enjoyed working alongside the trust and the community on the artwork, the outdoor spaces and fundraising. The Whitby community have been behind the Appeal, and we were pleased to be chosen as the charity for the Mulgrave 10k and various other events that were able to take place in summer 2021. We also launched the Whitby Fundraising Bricks to enable people to buy a brick with their name on or the name of a loved one at Whitby Hospital.

Health Stars' Circle of Wishes has thrived this year, receiving over 100 wishes, with special thanks to the support of the Patient and Carer Experience team. Health Stars have been proud to fund items to support with allotments for patients, boxing classes and craft resources.

For 2022/2023, Health Stars are really looking forward to being involved in in-person events once again and particularly the CEO challenge and the Health Stars Golf Day.

Celebrating Success – our 2021/22 highlights

In this section, we are pleased to share some of our key successes across 2021/22.

Our Trust charity, Health Stars launched the Whitby Hospital Appeal, which aims to raise funds to add the extra sparkle to the redevelopment including the dementia friendly garden project. The project is set to complete in Spring 2022.

Covid-19 vaccination programme

Since launching our COVID-19 vaccination programme in 2020, we are proud to announce that over 50,000 people have been vaccinated at our Willerby Hill site. This includes cohorts for 12-15 year olds and booster jabs, in addition to the original two doses.
Please see link for a video about the vaccination hub: https://youtu.be/3mzDnN3pECM

New intranet for staff

On 12 August 2021, we launched our new intranet platform, HumberNet. Our intranet is a key resource to help connect our staff to the information they need to carry out their role. The new site was designed to be mobile optimised with a restructured navigation and new features introduced to improve usability and search. The site has been visited 983,700 times by over 28,000 users since the launch.

Join Humber website and Facebook page

Our recruitment marketing campaign, Humbelievable was developed in partnership with staff from across our services. The aim of the campaign is to shine a light on what makes our Trust special and unique. The corresponding website and Facebook page receive thousands of visitors per month, to learn more about the Trust and what we offer as an employer. It can also be used to apply for live jobs as it is backed by Trac.

Whitby Hospital and Gardens Renovation

The £13.1m project renovation of Whitby Community Hospital began in March 2020. The work to the hospital, which is owned by NHS Property Services with the Trust as lead tenant, included the stripping and reconstruction of the internals of the tower block to create new hospital areas for house dental and podiatry services, inpatient facilities, including those for mental health, an audiology suite and a cafe on the ground floor.

Our Trust charity, Health Stars launched the Whitby Hospital Appeal, which aims to raise funds to add the extra sparkle to the redevelopment including the dementia friendly garden project.
The new tower block officially opened in October 2021, and the final demolition phase is now in motion, set to complete before the summer.

Annual Members Meeting

Every year, we open our doors to the public to share what the Trust has achieved that year at our Annual Members Meeting (AMM). Last year, due to COVID-19, the Trust held their event virtually for the second time. Chief Executive, Michele Moran, along with other members of the executive team, spoke to a well-attended audience about highlights from 2020/21, how we performed against key targets, and future challenges that lie ahead. As part of the event, we also held our first ever virtual market stall event where attendees could find out more about our services.

Digital platform for patient information

Phase one of the patient information platform has been completed. Working with Masters Students who are studying website development from the University of Hull, we have built a digital patient information repository which will be accessible by patients, their families and Trust staff - keeping important patient information housed in one easy to access online area. We're currently working on phase two of the project to make the system live.

White Ribbon accreditation

We participated in the 16 days of action following White Ribbon Day in November 2021, following our first full year of accreditation. Our input included running a campaign about making the pledge to never commit, excuse or remain silent about male violence, which was led by our Medical Director, John Byrne. We now have over 800 staff members who have undertaken DASH risk assessment and further domestic abuse champion training has resulted in 77 local champions, to date.

Research Conference 2021

Our fifth annual Research Conference took place on the 17th and 18th November 2021. This year, we took a blended approach, with an in-person live audience alongside all of our registered guests watching online live. Over 320 people registered, including international delegates, 77 organisations and over 80 professional groups. The conference showcased a wide variety of research the Trust is involved in and included presentations from service users who had participated in research, alongside talks from high-profile health research experts.

Leadership Development at Humber

Across our Leadership Development Programmes, we have welcomed 55 senior leaders and 124 leaders over the year. We have enjoyed great attendance across both Senior Leadership and Leadership Forums this year, and we continue to hold these virtually.

We celebrated our first cohort of colleagues as they completed the High Potential Development Scheme. We have had 38 applications for this next year's cohort, the successful candidates have been finalised to benefit from this scheme of development and support for the year ahead.

Staff Survey Results 2022

The new National Quarterly Pulse Survey (NQPS) was implemented in July 2021, replacing the Staff Friends and Family Test (Staff FFT) which had previously been carried out since April 2014. During Quarter 1 2021/22 only organisations which subscribe to the national pulse survey, the People Pulse, participated in the NQPS.

The National Quarterly Pulse Survey has been implemented in all NHS trusts providing acute, community, ambulance, and mental health services in England.

The aim is for all staff to have the opportunity to feed back their views on their organisation every quarter. Whereas the old SFFT aimed to give staff the opportunity to have their say twice a year, once in the SFFT and in the National Staff Survey.

The NQPS supports the trust's employee listening strategy alongside the annual NHS staff survey and provides a more regular insight into the working experience of our people. Allowing us to adapt of People Plan according to what our staff are saying.

Research clearly shows a relationship between staff engagement, patients, and organisational outcome measures, such as staff absenteeism and turnover, patient satisfaction and mortality; and safety measures, including infection rates. The more engaged staff members are, the better the outcomes for patients and the organisation generally. It is therefore important that we strengthen the staff voice, as well as the patient voice.

At a glance key metrics for 2021/22

Quarter	Live Dates	Sampe Size	Response rate	% of staff say care of patients/service users is my organisation's top priority	% of staff say they would recommend the organisation as a place to work	% of staff say a friend or relative needed treatment I would be happy with the stand of care provided by this organisation
Q2	12.07.21 - 30.07.21	2,864	27%	74%	59%	63%
Q3	Quarter 3 SFFT survey is not required as this period is when the National Staff Survey 2019 is live					
Q4	04.01.22 - 28.02.22	3,046	30%	75%	61%	63%

The analysis of Q2 and Q4 NQPS indicates that an average of 60%of staff would recommend to friends and family the Trust as a place of care whilst 63% would recommend as a place to work.

Humber Teaching NHS Foundation Trust has taken the following actions to improve this percentage and the quality of its service by:

- Ensuring that each staff member is asked to complete the survey each quarter to ensure they have an opportunity to have their say.
- Continued Financial investment in Wellbeing and Development
    - Continued to develop the Trust estate (including provision of food and rest areas)
    - Increase provision for staff engagement
    - Increase provision for the Training Budget
    - Increased training and support for staff and managers around 'living with menopause'
    - Appointed a Health and Wellbeing Coordinator
    - Allocated staff engagement/wellbeing funds to each directorate and division
    - Reinvested in the Shiny Minds App to support the improvement of wellbeing and resilience of our staff
    - More wellbeing initiates for staff to be actively involved in to decrease work related stress
- More flexible working opportunities and staff are offered flexibility in hours and location
- Launched our Covid Recovery Plan developed by staff through shared ideas and suggestions on how we could support you locally in teams and directorates with local initiatives.
- 'You're a star celebrations' were rolled out to recognise staff and say thank you. Teams was given funds to plan a team activity to support with moral and engagement
- Received our White Ribbon Accreditation for our commitment to changing cultures that lead to gender-based violence.
- Introduced our Autism Strategic Framework supporting staff living with Autism.
- Developing existing talent and recruiting new with apprenticeships
- Reviewing promotion and recruitment practices by ensuring the workforce is reflective of the community
- Second Cohort of Staff recruited for the Humber High Potential Development Scheme. This year The Humber- Ability, BAME and Rainbow Alliance sponsored one delegate to join 2022's cohort.
- Career conversations are incorporated into appraisals, plus tailored CPD and enhancements to E-Learning
- Amended the Retirement Policy and more pension information is available for our staff around the Retire and Return procedure

Annex 1: Statement from Commissioners, Local Healthwatch Organisations and Overview and Scrutiny Committees

Hull City Council Health and Wellbeing Overview and Scrutiny Commission

Received contact to say unable to send response in due to timescales.
Antony Spouse, Scrutiny Officer
26 April 2022

East Riding Health and Wellbeing Overview and Scrutiny Commission

Received contact to say unable to send response in due to timescales.
Samm Campbell, Principal Committee Manager
19 April 2022

Healthwatch Hull and East Riding of Yorkshire - joint response

Healthwatch believe that the Quality Accounts are representative and give a comprehensive coverage of the services that the Humber NHS Foundation Trust provides.

Once again, Healthwatch are delighted to be asked to comment on the Trusts Quality Accounts for this year (2021/2) and we would like to acknowledge that this year has again been a challenging year.

Over the past year, we have continued to be involved in and consulted on some aspects of the Trusts work, which we have been happy to participate in. The accounts continue to demonstrate the Trusts ongoing commitment to involve patients, carers and the wider public in the development of their services.

Healthwatch are pleased to see the accounts start with a patient's story but would have liked to see more patient, carers and/or public stories, that reflect and demonstrate just how they have been involved. Healthwatch acknowledges the positive experiences of good practice but would also like to see a balanced evaluation giving examples of negative experiences and how these have been resolved, resulting in learning for the Trust.

Healthwatch have been involved in the Patient and Carer Experience Strategy 2018-2023 and continue to contribute through the 2023-2028 Strategy.

In conclusion Healthwatch welcomes the opportunity to continue providing comments on the Trusts Quality Accounts and would like to thank all members, including staff, patients, and carers for all their hard work during what has been another difficult and challenging year. We also welcome the opportunity to work more closely with the Trust to facilitate independent engagement with patients, carers and the public.

Jon Dunn, Delivery Manager, Healthwatch Hull
Julie Dearing, Delivery Manager, Healthwatch East Riding of Yorkshire
24 April 2022

Healthwatch North Yorkshire

No response from Healthwatch North Yorkshire was received in relation to the Trust's Quality Account (2022).

North Yorkshire CCG

Overall the draft quality consultation report is reflective of the Trust's performance and acknowledges the progress made to improve patient safety and quality outcomes despite the continued challenges due to Covid 19. In terms of the past year with the relentless pressures from Covid 19 and, through close working relationships with Trust partners it is without doubt that we

endorse your thanks to staff teams for their continued dedicated approach to the delivery of patient care as our community provider for the Scarborough, Ryedale and Whitby areas.

It is pleasing to see that the Trust Values were developed to include the importance of the health and well-being hub not only to support your own staff, but the CCG recognises the offer of support to wider partners in health and social care across the Humber, Coast and Vale.

The CCG has valued the collaborative ways of working over the past year and recognise the Trust's approach in putting patient and staff safety at the heart of all decision making.

The CCG acknowledges the Trust's progress against the CQC internal action plan, in particular the good progress made against the "safe" domain. The completion of all CQC must and should do actions from the 2019 inspection are completed with additional plans made. The CCG would like to extend thanks for the hard work and dedication for this work.

The CCG particularly notes:

- The workforce challenges for Humber FT as well as the significant pressure across the whole workforce system; with the Humbelievable recruitment campaign being recognised as a way to address such challenges. It is positive to see there is a full complement of Junior Doctors in the trust with no current vacancies.
- The CCG note the positive steps in relation to the development of the Urgent Treatment Centre at Whitby as part of the Whitby refurbishment campaign. We note the achievement of 99.5% for patients seen and treated targets between April and December 2021.
- Despite the challenges brought about by Covid, the Development Reviews of leadership and governance is noted, and we welcome the opportunity to see the draft report once released in April 2022.
- The CCG is assured by excellent clinical coding audit results, 0% deaths related to quality of care and adapted ways of working by research teams.
- The CCG recognises a robust Freedom to speak up strategy. This further represents an open and healthy speaking up culture underpinned in the datix dashboard improvements.
- Particular congratulations on being the first health organisation to achieve White Ribbon Status. This demonstrates a dedication to patient safety and wellbeing.
- The April 2022 staff survey's positive results in 75% of staff showing appreciation towards one another and 80% of staff feeling secure in raising concerns which undoubtedly is a reflection of the Trust's approach in ensuring staff are listened to and consulted.
- The opportunity for staff to be able to feedback their views on the organisation is reflective of a Trust that listens to their workforce; we note the implementation of the NQP's in July 2021. We also note the support to staff through a robust clinical supervision policy with the Trust exceeding the target of 80% for 2021/22. We further note that staff statutory and mandatory training is above 85%.
- The CCG are assured by the approach taken in the Trust's quality improvement through co-production with patients and their carer's as well as the investment into the inclusion of staff and volunteers.
- The CCG note the review of the Trust's quality priorities across 2021/22 and the successes despite the continued challenges due to the Covid 19 pandemic. We look forward to seeing the developments in the year ahead particularly around the embedding of learning from patient safety incidents, end of life and the refresh of the patient safety strategy.
- We are assured by and note the work in relation to clinical audits and the CCG would welcome the opportunity to be kept updated on the actions taken to improve the quality of healthcare particularly around falls in older people and the MCA and best interests work in the in-patient units. We note the participation in research which is to be commended.
- The CCG note the CQUIN schemes for 2022/23 since their reintroduction for this year and we look forward to discussions in relation to targets around these for the year ahead.
- The CCG acknowledge the data shared in relation to re-admission rates for the Whitby and Malton community hospitals and the step-up/step-down approach to the management of patients dependent on their presenting condition and needs. The flexible and accessible

community beds provision as well as Humber FT partners responsiveness to the wider system discussions to support acute hospital flow is welcomed.

- The information shared within the quality report in relation to Health Care associated infection performance against KPI's is noted with zero Clostridium difficile cases in Q1-3 in 2021/22 as well as zero cases of MRSA and E-coli bacteraemia's.
- Data in relation to reported incidents across the Trust is acknowledged and the CCG welcome the attendance of Humber FT colleagues at the Serious Incident panel as required. The Trust's governance structure to review incidents is noted as is the improvement work in relation to patient safety monitoring.
- We note the information shared within the report surrounding the management of complaints and the actions taken to address from a community hospital perspective.

The CCG is pleased to endorse the Quality Account and welcomes continued partnership working to ensure there remains a co-ordinated and collaborative approach towards safeguarding the quality and safety of services provided to our population whilst developing new ways of working to deliver improvements across pathways of care.

Sue Peckitt, Director of Nursing and Quality
25 April 2021

Hull CCG and East Riding CCG (Joint Response)

Firstly, NHS East Riding of Yorkshire and NHS Hull Clinical Commissioning Groups would like to take this opportunity to thank all the staff at Humber Teaching NHS Foundation Trust for their hard work and dedication during the two years that the COVID19 pandemic has been with us. We would like to offer our thanks also for the contribution that Humber made towards the roll out of the COVID vaccination programme.

NHS East Riding of Yorkshire and NHS Hull Clinical Commissioning Groups are pleased to be given the opportunity to review and comment on Humber Teaching NHS Foundation Trust's Quality Report for 2021/22. The Quality Account provides Commissioners with an informative overview of the progress that has been made by the Trust and the challenges that the Trust has encountered during 2021/22.

We were pleased to have the opportunity to read about another patient's story at the start of the Quality Accounts as these detailed patient journeys give an excellent insight into the impact that the services offered by the Trust have on patients and carers outcomes. The Quality Accounts really detail the work that has been undertaken by the Trust to ensure that the patients and their carers have a voice in many of the different programmes within the organisation.

We would like to take this opportunity to congratulate the Trust and the teams on the many awards that they have been both shortlisted for and won during this last year, including the High Sheriff Award warded to Jo Kent for her work on suicide prevention, the Health Improvement award for the Smoking in Pregnancy project and the HSJ patient safety award with many more also not mentioned.

We note the four Quality priorities which were identified for 2020/21 and were then continued into 2021/2022 with a further stretch and we would like to applaud the progress that the Trust has made with these transformational priorities despite the continued impact of the COVID pandemic. It has been interesting to read the diverse approach that the Trust has to quality improvement, supporting staff and patient involvement with training, tools and the use of the Model for Improvement.

Commissioners would like to acknowledge the work that the Trust has undertaken to ensure that service users are involved in the recruitment of staff across clinical services and senior roles; the introduction of training packages for staff and service users and the robust governance arrangements that have been introduced. We look forward to hearing more about the Panel Volunteer initiative that was launched on the 1st March 2022 as it progresses.

We acknowledge the challenges the Trust has faced within the Primary Care Network with the lack of capacity to undertake baseline assessments on much of the applicable NICE guidance. The idea of the traffic light system to understand the level of compliance with NICE guidance within different clinical areas was welcomed by commissioners as it will allow for each division to see at a glance their compliance levels.

Both Clinical Commissioning Groups acknowledge the continued focus of work on patient safety, with the further development of the DATIX dashboard including the development of bespoke dashboards where required. This has allowed teams to have real time data, allowing them to have early oversight of any emerging patient safety issues. The Trust has also shown how it is following the National Patient Safety Strategy and the impact that this work is beginning to have, such as an increase in the number of near miss incidents that have been reported in 2021-2022. We applaud the learning the lessons week and the learning the lessons days that have been held by the Trust this year. We are pleased that the Trust has decided to encourage staff to undertake the Level 1 and 2 patient safety training that has been developed nationally, but we would have liked to have seen level 1 made mandatory for all staff at the Trust. We look forward to the continued joint working between commissioners and the Trust on the role out of the new Patient Safety Incident Response Framework.

Commissioners note the quality priorities for 2022-2023 that have been identified by the Trust in coproduction with lay members of the board and fully support the decisions that have been made which are:

1. In line with national directives, move away from a root cause analysis approach to investigating serious incidents which can inadvertently lead to individual/team blame and therefore a poor patient safety culture to one of reviewing the systems within which staff work which facilitates inquisitive examination of a wider range of patient safety incidents “in the spirit of reflection and learning” rather than as part of a “framework of accountability”.

2. To work towards ensuring that services are delivered and co-ordinated to ensure that people approaching the end of their life are identified in a timely manner and supported to make informed choices about their care

3. To increase service user involvement in patient safety priorities and associated work incorporating a strengthened approach to involving families and carers strengthening the approaches to ‘Think Family’.

It was pleasing to see how the Freedom to Speak up Guardians at the Trust spend time in clinical areas, this allows staff to get to know who the Guardians are so they feel able to approach them should they have a need to raise a safety concern.

Last year Commissioners congratulated the Trust on becoming an Early Implementation site for Community Mental health transformation which enabled the Trust to add to the mental health team from a varied professional backgrounds. We look forward to seeing the results of the evaluation being undertaken on the pilot project and how this will continue to progress.

We are pleased to see Humber’s continued commitment to National Clinical Audits and the contribution to a variety of National Clinical Audits reflective of the services that the Trust provides. We acknowledge that the Trust participated in 92% of National Clinal Audits and 100% of National Confidential Enquiries.

Despite the continuation of the Pandemic, Commissioners were pleased to note the continued investment by the Trust into Research and Development, with new ways of working by the team that have allowed patients to be recruited into non-COVID research.

Hull and East Riding Commissioners would both like to congratulate the Trust on their achievement of no CDI cases, zero MRSA bacteraemia cases and zero E.coli bacteraemia cases being apportioned to the Trust. This is indeed an outstanding achievement for the Infection Prevention and Control Team.

Commissioners were pleased to read about the work that continues in the Trust to increase the awareness of Domestic Abuse following the Trust obtaining it White Ribbon award in October 2020, with the increasing number of Domestic Abuse Champions being trained.

An area of concern noted by Commissioners is the response to the National Pulse Survey. We note 60% of staff stated they would recommend the Trust as a provider of care to Friends and Family, with 60% reporting the Trust as a good place to work. We recognise there may be many reasons for this and the likelihood of the COVID pandemic impacting upon this. We note the actions that have been taken by the Trust to improve this percentage.

Commissioners remain committed to working with the Trust and its regulators to improve the quality and safety of services available for our population and look forward to working with the Trust to continue to deliver better outcomes for all of our patients.

Commissioners confirm to the best of their knowledge, that the information contained in the report is accurate and consistent with that which has been shared with Commissioners.

Emma Latimer, Interim Accountably Officer
27th April 2022

NHS England/NHS Improvement

No response from NHS England/NHS Improvement was received in relation to the Trust's Quality Account (2022).

Humber Coast and Vale Provider Collaborative

From the 1st October 2021, the Humber Coast and Vale Provider Collaborative (HCV PC) has gained the commissioning responsibilities for inpatient services for Adult Secure Care based at the Humber Centre and for Children and Adolescences Mental Health Services based at the Inspire Services in Hull.

The HCV PC welcomes the opportunity to provide this statement for Humber Teaching NHS Foundation Trust's Quality Accounts. We confirm that we have reviewed the information contained within the Account and that it is compliant with the Quality Account guidance.

We would like to congratulate the Humber Teaching NHS Foundation Trust on the successes they have achieved during 2021-22, despite the ongoing challenges of COVID-19. The HCV PC would like to highlight the work being progressed by the Trust within the CAMHs and Secure Care services especially with

- Progression of the Quality Priorities that were identified for 2021/22
- The work carried out to achieve the reduction in the number of service users being placed out of area.
- Work within the Trust and partners on the Children and Young People Eating Disorders work streams
- Inspire inpatient service for winning 2 Design in Mental Health Awards
- The launch of the Humber, Coast and Vale Specialised Mental Health, Learning Disability and Autism Provider Collaborative.
- The work progressing with the Social Mediation and Self-Help (SMASH) programme
- Humber, Coast and Vale health and care partnership working with the Youth Justice Framework for Integrated Care.

The HCV PC welcome the Trusts values and focus of the organisation being “Caring for people while ensuring they are always at the heart of everything we do.” and endorse the core overarching strategic goals. We fully support the approach of putting the service user at the centre of care delivery to enable people to fulfil their potential, within and beyond their experience of mental illness and other chronic conditions. We look forward to working in collaboration with the Trust to enable this to be embed into enablement practice.

We support the identified quality priorities for 2022-23, covering:

- Priority One: In line with national directives, move away from a root cause analysis approach to investigating serious incidents towards an inquisitive examination of a wider range of patient safety incidents
- Priority Two: To work towards ensuring that services are delivered and co-ordinated to ensure that people approaching the end of their life are identified in a timely manner and supported to make informed choices about their care.
- Priority Three: To increase service user involvement in our patient safety priorities and associated work incorporating a strengthened approach to involving families and carers strengthening our approaches to ‘Think Family’.

The HCV PC look forward to continued collaboration on the quality agenda and working with Humber Teaching NHS Foundation Trust as they implement the quality priorities and improvements set for 2022/23 and improve the quality of services provided to service users.

Gareth Flanders, Quality Assurance and Improvement Lead
21 April 2022

Annex 2: Statement of Directors' Responsibilities for the Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out for the year 2022/22 and supporting guidance detailed requirements for quality reports 2019/20
- the content of the quality report is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2021 to March 2022
  - papers relating to quality reported to the board over the period April 2021 to March 2022
  - feedback from commissioners during April 2022
  - feedback from governors, the draft Quality Report was circulated to Governors, no comments were received however, they were involved in the development of the report
  - feedback from local Healthwatch organisations, during April 2022
  - feedback from overview and scrutiny committee, unfortunately due to time limitations they confirmed they were unable to officially feedback from consultation
  - the trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, which will be submitted to the September Trust Board
  - the national patient survey 2021
  - the national staff survey 2021
  - CQC inspection report dated 14 May 2019
- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the Board

DATE ..... Caroline Flint (Chairman)

DATE … ..... Michele Moran (Chief Executive)

Annex 3: Our Strategic Goals

Strategic Goal One: Innovating Quality and Patient Safety

What we will do

We will:

- Deliver high-quality, responsive care by strengthening our patient safety culture;
- Demonstrate that we listen, respond and learn;
- Achieve excellent clinical practice and services;
- Capitalise on our research and development;
- Exceed CQC and other regulatory requirements

How will we know we have achieved it

We will demonstrate:

- An 'outstanding' CQC rating;
- Timely access to safe services delivered by excellent clinical staff;
- National recognition for best practice through specialist research and benchmarking.

Strategic Goal Two: Enhancing Prevention, Wellbeing and Recovery

What we will do

We will:

- Ensure patients, carers and families play a key role in the planning and delivery of our services;
- Empower people to work with us so they can manage their own health and social care needs;
- Deliver responsive care that improves health and reduces health inequalities;
- Develop an ambitious prevention and recovery strategy

How will we know we have achieved it

We will demonstrate:

- Pioneering innovation that promotes access, patient/carer engagement, empowerment, self-management and peer support;
- A zero suicide death rate in our inpatient services;
- A jointly managed transformation of services based on people's needs;
- Nationally recognised leadership demonstrated across all health and social care pathways.

Strategic Goal Three: Fostering Integration, Partnership and Alliances

What we will do

We will:

- Be a leader in delivering Sustainability and Transformation Partnership plans;
- Foster innovation to develop new health and social care service delivery models;
- Strive to maximise our research-based approach through education and teaching initiatives;
- Build trusted alliances with voluntary, statutory/non-statutory agencies and the private sector.

How will we know we have achieved it

There will be::

- System-wide solutions to long-term problems with our partners;
- Recognition of the Trust as a world-class specialist education and teaching provider;
- Joint ventures that enhance our ability to deliver excellent services.

Strategic Goal Four: Developing and Effective and Empowered Workforce

What we will do

We will:

- Develop a healthy organisational culture;
- Invest in teams to deliver clinically excellent and responsive services;
- Enable transformation and organisational development through shared leadership.

How will we know we have achieved it

We will demonstrate:

- Teams built around their members and which deliver services tailored to individual needs;
- Staff who are nationally recognised as excellent leaders;
- Motivated staff influencing decision-making and delivering change.

Strategic Goal Five: Maximising an Efficient and Sustainable Workforce

What we will do

We will:

- Be a flexible organisation that responds positively to business opportunities;
- Be a leading provider of integrated services;
- Exceed requirements set by NHS Improvement regarding financial sustainability;
- Build state-of-the-art care facilities.

How will we know we have achieved it

We will demonstrate:

- Business growth that exceeds £30 million;
- A physically and financially efficient business built on sound integrated models of care.

Strategic Goal Six : Promoting People, Communities and Social Values

What we will do

We will:

- Apply the principles outlined in the Social Value Act (2013);
- Ensure our human resource priorities and services have a measurable social impact;
- Improve recruitment and apprenticeship schemes and promote career opportunities;
- 'Make every contact count' via an integrated approach designed to make communities healthier.

How will we know we have achieved it

There Will be:

- A robust social values policy implemented across the organisation;
- Social impact measures as core performance measures for all services;
- A clear demonstration of the social impact return on investment for apprenticeship schemes;
- Reduced demand for services.

Annex 5: Glossary and Further Information

Term	Definition
136 Suite	A registered health-based place of safety where Police can take an individual under a Section 136 of the Mental Health Act for their own safety.
BIA – Best Interests Assessor	Best Interests Assessors are responsible for ascertaining that the person is 18 or older. They are solely responsible for assessing whether there are any lawful decision-makers who object to what is proposed. If qualified also as Approved Mental Health Professionals, they are able to carry out an eligibility assessment, to decide whether a person's rights should be protected by the use of the MHA or the MCA, via the Safeguards.
BMI – Body Mass Index	A measure of body fat based on height and weight.
C. Diff – *Clostridium difficile*	A type of bacterial infection affecting the digestive system.
Care Co-ordinators	A health care worker who is assigned a caseload of patients and is responsible for organising the care provided to them.
Care Plan	A document which plans a patient's care and can be personalised and standardised.
CCG – Clinical Commissioning Group	NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.
Community Hospital	The Trust has two Community wards providing short term 24-hour clinical care and rehabilitation – Whitby Community Hospital and Fitzwilliam Ward, Malton Community Hospital.
CPA – Care Programme Approach	A multi-agency system used to assess, plan and co-ordinate care for a patients receiving mental health services.
CQC – Care Quality Commission	The independent regulator of health and social care services in England. The CQC monitors services by way of setting standards and carrying out inspections.
CQUIN – Commissioning for Quality and Innovation	A framework rewarding excellence in healthcare by linking achievement with income.
CROMS – Clinical Reported Outcome Measures	Assess the quality of care delivered to NHS patients from the clinical perspective.
CTO – Community Treatment Order	A legal order made by the Mental Health Review Tribunal or by a Magistrate. It sets out the terms under which a person must accept medication and therapy, counselling, management, rehabilitation and other services while living in the community.

Term	Definition
Datix	Datix Limited is a patient safety organization that produces web-based incident reporting and risk management software for healthcare and social care organisations.
DHSC – Department of Health and Social Care	Responsible for Government policy on health and social care in England.
DoLS – Deprivation of Liberty Safeguards	Part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.
E. coli – Escherichia coli	*Escherichia coli* (abbreviated as *E. coli*) are bacteria found in the environment, foods, and intestines of people and animals. *E. coli* are a large and diverse group of bacteria.
EDGE	Clinical Research Management System
FACE – Functional Analysis of Care Environments	The FACE risk profile is part of the toolkits for calculating risks for people with mental health problems, learning disabilities, substance misuse problems, young and older people, and in perinatal services.
FFT – Friends and Family Test	A patient feedback survey used throughout the NHS asking whether patients would recommend services to their friends and family.
Freedom to Speak Up Guardian	Freedom to Speak Up (FTSU) guardians in NHS trusts were recommended by Sir Robert Francis, following his review and subsequent report into the failings in Mid-Staffordshire. FTSU guardians have a key role in helping to raise the profile of raising concerns in their organisation and provide confidential advice and support to staff in relation to concerns they have about patient safety and/or the way their concern has been handled.
KPI – Key Performance Indicator	Indicators which help an organisation to measure progress towards goals.
LeDeR – Learning Disability Mortality Review Programme	The programme aims to make improvements to the lives of people with learning disabilities. It clarifies any potentially modifiable factors associated with a person's death and works to ensure that these are not repeated elsewhere.
Lorenzo	An electronic health record for patient records.
MCA – Mental Capacity Act	Designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. It is a law that applies to individuals aged 16 and over.
MDT – Multi-disciplinary Team	A group of health care workers who are members of different disciplines (professions e.g. Psychiatrists, Social Workers, etc.), each providing specific services to the patient.

Term	Definition
MHA – Mental Health Act	The main piece of legislation that covers the assessment, treatment and rights of people with a mental health disorder.
Midweek Mail	A communication email sent weekly to Humber Teaching NHS Foundation Trust.
MRSA – Methicillin-resistant *Staphylococcus aureus*	A bacterial infection, resistant to a number of anti-biotics.
MyAssurance	An app-based, real time inspection and reporting tool for healthcare inspections. It eliminates administration by capturing results directly and provides automated reporting.
NHSE – NHS England	NHS England is an executive non-departmental public body of the Department of Health and Social Care.
NHSI – NHS Improvement	Supports foundation trusts and NHS trusts to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable.
NICE – National Institute for Health and Care Excellence	Produces evidence-based guidance and advice for health, public health and social care practitioners. Develops quality standards and performance metrics for those providing and commissioning health, public health and social care services. Provides a range of information services for commissioners, practitioners and managers across the spectrum of health and social care.
NIHR – National Institute for Health Research	Funds health and care research and translate discoveries into practical products, treatments, devices and procedures, involving patients and the public in all our work.
NPSA – National Patient Safety Agency	Lead and contribute to improved, safe patient care by informing and supporting organisations and people working in the health sector.
PALS – Patient Advice and Liaison Service	Offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers.
POMH-UK – Prescribing Observatory for Mental Health (UK)	Helps clinical services maintain and improve the safety and quality of their prescribing practice, reducing the risks associated with medicines management.
PROMS – Patient Reported Outcome Measures	Assess the quality of care delivered to NHS patients from the patient perspective.
QOF – Quality Outcome Framework	Part of the General Medical Services contract for general practices and was introduced on 1 April 2004. The QOF rewards practices for the provision of 'quality care' and helps to fund further improvements in the delivery of clinical care.

Term	Definition
SEA – Significant Event Analysis	A qualitative method of clinical audit which highlights and reviews events in a non-threatening meaningful way; involving a range of people to review the issues, to gain a collective understanding of what happened, why it happened and identify areas for learning and or areas for change or improvement to reduce the likelihood or prevent recurrence.
SitRep – Situation Report	A report on the current situation to inform of any issues within services at that time.
SOF – Single Oversight Framework	Sets out how NHSI oversees NHS trusts and NHS foundation trusts, helping to determine the level of support they need.
STP – Sustainability and Transformation Partnerships	The purpose of Sustainability and Transformation Partnerships is to help ensure health and social care services in England are built around the needs of local populations.
SystmOne	An electronic health record for patient records.

NHS
Humber Teaching
NHS Foundation Trust

Agenda Item 14

Title & Date of Meeting:	Trust Board Public Meeting – 22 June 2022
Title of Report:	External Review of Governance Action Plan Update
Author/s:	Name: Michelle Hughes Title: Head of Corporate Affairs
Recommendation:	To approve ☐ To receive & note / For information ☐ To ratify ☐
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	To present the updated action plan to demonstrate progress against actions to address the recommendations arising from the external review of governance – Appendix 1. A review of embeddedness of the actions will be undertaken in quarter 3 and reported to Board.

Key Issues within the report:

Matters of Concern or Key Risks to Escalate:

- No issues to raise.

Key Actions Commissioned/Work Underway:

- All actions to address the recommendations are underway and on track for delivery.
- The external review of governance was formally reported to Board in April 2022 and it was agreed the action plan to address the recommendations within the report would be reported to Board monthly through to completion.

Positive Assurances to Provide:

- 23 recommendations were made and are progressing well.
- For items due by the end of June, a full update will be provided to the July meeting.

Decisions Made:

- n/a

Governance:
Please indicate which committee or group this paper has previously been presented

	Date		Date
Audit Committee		Remuneration & Nominations Committee	
Quality Committee		Workforce & Organisational Development Committee	

Caring, Learning
& Growing Together

to:	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) *Report direct to Board*	/

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	√			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	

Action Plan to address Recommendations arising from the Well Led review of governance April 2022

This section summarises the recommendations that we have identified as a result of this review we have allocated a risk rating to each of these recommendations as per the following table.

No.	Risk	Recommendation	Overall Lead	Action/s to address recommendation	By when	Any additional comment NB a review of embeddedness of actions will be undertaken in quarter 3
KLOE 1 Is there the leadership capacity and capability to deliver high quality, sustainable care?						
1	LOW	**Non-Executive Director recruitment** The Trust does not have a NED who has a clinical background, and this or NHS operational experience may be an area for focus for the remaining NED vacancy as this will complement the wide range skill set amongst the existing NEDs **Recommendation** The recruitment of a new NED should focus on engagement of an individual with NHS clinical or operational experience.	MM/CF	Appointment to the vacant NED post progressed and appointment made in April 2022 – the candidate has clinical experience. Recommendation being addressed via interviews - action to be updated post recruitment	April 2022	Action closed as new ned with clinical experience appointed in April 2022

2	LOW	**Succession planning** The Board has not documented its formal succession planning. The succession plans could be extended to include the senior leadership posts in the Divisional Leadership Teams and this can be helpful to focus on any required developments for staff and can assist in identifying potential risks for the future where not all aspects of individual portfolios can be met, even in the short term. **Recommendation** Succession planning should be undertaken to document plans for the immediate, 6 week and 6 month absence of any Executive or senior leadership team member. Relevant leadership training can be included on the plan for those who would require further support or development to act up or to develop into the position in the longer term.	MM	A proforma has been developed and completed to clearly identify succession planning for each board member – including named person, backfill arrangements that may be required and any development needs. EMT succession plan has been completed. Senior Leadership Team succession plan has been completed.	May 2022	Action closed – formal succession plans documented and on file.

No.	Risk	Recommendation				
KLOE 1 - Is there the leadership capacity and capability to deliver high quality, sustainable care? (continued)						
3	**MED**	**Quality and Safety Visits** A visits programme to services is established and embedded. Executives, NEDs and Governors participate in these, however the programme was suspended in March 2020 due to Covid-19 restrictions and the requirement to social distance and adhere to infection prevention control measures. Virtual visits have continued via MS Teams and some NEDs have been involved in these and report that they have worked reasonably well in the absence of face-to-face activities. It is planned for face to face visits to resume in April 2022 and the Director of Nursing is updating the relevant guidance to ensure it reflects and aligns to national guidance and the Trust's infection prevention and control measures. It may be advantageous for the Board to allocate NEDs to a geographical area or align to specific services to allow greater continuity of relationships and rotate this each year. This method is frequently seen in other similar Trusts that have geographically dispersed services. It would be timely for the Trust to consider such an arrangement and set it up as it completes its recruitment of NED Board members. **Recommendation** Safety and Quality visits should be re-established face-to-face as soon as practicable. Visits help to triangulate other	HG MM/CF	IPC guidance has been updated in order to resume face to face visits. Face to face visits re-commenced in March 2022. A schedule of services to be visited has been populated with NEDs and execs - these will continue and be expanded as appropriate to include governors in due course working to ensure infection control guidance is followed. In developing the schedule, consideration will be given to allocating NEDS to a geographical or service area, rotating each year. Face to face visits will remain part of Board/development discussions and any the revised schedule will reflect any changes to be made.	March 2022	Complete and ongoing/remains under review
			CF	Face to face meetings with Governors have started to be introduced with governor developments day agreed to be held in person for the year ahead. Meetings held in person in April, June and meetings in person to continue throughout the year.	June 2022	Action delivered and continuous

		data sources, gaining a greater insight and understanding of the services. The Trust should consider allocating NEDs to a geographical area or specific service to build relationships, rotating each year.		Joint governor/ned visits are being scheduled for the months ahead. Face to face visits are discussed in CoG, sub groups and development sessions and will be kept under review and scheduled as appropriate throughout the year.		
KLOE 2 - Is there a clear vision incredible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?						
4	**Low**	**Collaborative Committee membership** A Clinical Director is now in post for the Provider Collaborative working alongside the Programme Lead and this clinical input potentially reduces the requirement for the Trust's Director of Nursing to have membership on the Collaborative Committee. As operational arrangements mature the Board should revisit these membership arrangements to consider, and allow for, separation of the provider/commissioner roles. **Recommendation** As the Lead Provider role matures and the provider/commissioner roles become embedded, the Board should consider reviewing the Collaborative Committee's Terms of Reference, assessing the appropriateness and requirement for the Director of Nursing to remain a member.	MM SME	The recommendation is accepted and will be implemented as roles mature. Consideration has been given to this and fed back to Board. An update and timeframe for making this recommendation effective will be provided to the July Board	July 2022	

No.	Risk	Recommendation				
KLOE 3 - Is there a culture of high quality sustainable care?						
5	**MED**	**Freedom To Speak Up Guardian resource** The Trust has a Freedom to Speak Up (FTSU) Guardian in post for 1 day a week, supported by 2 part time deputies. The total resource equates to 2 days a week for this important agenda. The Guardians work with staff governors who act as ambassadors for the FTSU agenda and have received some local training and are in place to signpost staff and support the Guardians. **Recommendation** The Board should consider whether its current resource is adequate to allow for proactive work and sufficient reach to staff in its geographically dispersed services.	MM	It has been agreed (as reported to the April'22 Board) that adverts for 5 ambassadors across the divisions and corporate areas will be progressed to increase the resource available to FTSU. Adverts have been prepared.	June 2022	
6	**LOW**	A Non-Executive Director is aligned to the FTSU agenda although this NED is at the end of his term with the Trust and therefore a new NED will need to be aligned to this role. It will be important for the new NED to access the on-line training modules that are available via the national Guardian's office web-site. **Recommendation** The NED who is to be aligned to the FTSU agenda should access the nationally available training modules to promote a full understanding of	MM	A new NED with responsibility for FTSU has been aligned to this agenda (Dean Royles). Access to training modules were shared with NED lead on 14/4/22 who has undertaken to complete the training. Training will be monitored between Guardian and NED	April 2022	Training links shared in April. Lead confirmed training complete 25/5

		the speaking-up process and appropriate support to the Guardian.		lead through catch up meetings.		
7	LOW	**Freedom To Speak Up Guardian and the Guardian of Safe Working Hours** Nationally data suggests medical staff tend not to use FTSU mechanisms to raise concerns, and in some trusts we see the Guardian of Safe Working Hours used to raise a broad range of issues. The FTSU Guardian should arrange to meet periodically with the Guardian of Safe Working Hours as there are linkages with these roles and this could be of mutual benefit. **Recommendation** The FTSU Guardian and the Guardian of Safe Working Hours should schedule regular catch-up meetings to discuss any potential emerging themes from their respective roles.	MM	The first meeting between the FTSU Guardian and Guardian of Safe Working Hours was held on 25/4/22. Quarterly meetings have now been established.	25/4/22	Complete and ongoing

No.	Risk	Recommendation				
KLOE 3 - Is there a culture of high quality sustainable care? (continued)						
8	**MED**	**Assessment of detriment** It is important to ensure that people do not suffer detriment as a result of speaking-up. Currently, following the closure of a case, the CEO writes to the staff member to thank them for their concern and there is a short questionnaire for staff to complete who have raised the concern. However the response rate is low and the limited response does not adequately assess if there has been any detriment. **Recommendation** The FTSU Guardian should formalise a process to contact staff who have raised concerns three to six months following closure of the case to discuss how they are feeling and if they have suffered any detriment as a result of speaking-up. The process to address detriment should also feature in the Trust's Raising Concerns policy.	MM/AF	a) A process has been developed to ensure staff are contacted after closure of the case to assess any detriment. b) The process has been included in the updated FTSU Policy as reported to the April 2022 Board.	May 2022	Actioned and ongoing

9	LOW	**Freedom To Speak Up data** The FTSU Guardian submits data as required to the National Guardian's Office and reports to the Board each quarter. The FTSU Guardian does not report data to the Board by ethnic group or gender and this may offer additional information for the Board to analyse in terms of themes and trends. **Recommendation** The FTSU Guardian should report data by ethnic group and gender as this may highlight additional themes and trends for the Board members to consider.	MM	Recommendation accepted and future reports will include data broken down by ethnic group and gender as reported to the April Board. The next 6 monthly FTSU report to Board will be in October and the requirement for this data breakdown has been captured in the Board action log.	May 2022	Action complete and continuous
10	LOW	**Quality of appraisals** Appraisal rates are currently 97.06% and this is good performance against the Trust's expectation of 100% at year end. However, the Trust has not routinely sampled completed appraisals to be assured of the quality, and this is a missed opportunity. **Recommendation** The Divisional Leadership Teams should arrange to review a sample of completed appraisals to gain assurance that they are being completed as intended to maximise the potential of the process for staff.	SMc	A recent internal audit where sample records were assessed, provided significant assurance in this regard. A couple of areas within the report are being worked through – the report will go back to Audit Committee in June As an additional action, EMT agreed on 28 March that a dip sample of appraisals will be carried out in each area by managers with the support of HR business partners where required.	June 2022	

No.	Risk	Recommendation				
KLOE 3 - Is there a culture of high quality sustainable care? (continued)						
11	LOW	**Staff networks** The Trust has recently set up a number of staff networks and groups to allow staff with protected characteristics, and those wishing to support them, to meet and progress work in line with the EDI strategy. **Recommendation** Board members should ensure all staff networks have a Board-level sponsor and a Chair to support and assist in the running and effectiveness of each network.	SMc	Staff networks already have a Board-level sponsor ie • BAME network board sponsor – Michele Moran • Disability Group – Steve McGowan • LGBT Group – Steve McGowan Support has been given to seek a Chair for the Disability Group. However, no one has come forward. We will continue to support, however it is reliant on someone coming forward to chair this group.	n/a	Action complete and continuous.
KLOE 4 - Is there a culture of high-quality sustainable care?						

12	**LOW**	**Action logs** For Board level Committees we note that action logs are present and well maintained. We noted that whist the action logs documented the timescale for completion of the action, the date of when the action was completed was not recorded, and this should be addressed. **Recommendation** Chairs of Committees and groups that use action logs should ensure the date the action was completed is documented.	MH	27/4/22 Email sent to ned chairs, exec leads and committee administrators. Advice provided to committee and group administrators regarding action logs to ensure the date the action was completed is clearly documented and that a consistent standard is achieved across all groups.	April 2022	Actioned and continuous
13	**LOW**	**Committee Assurance** Committee Chairs have not routinely observed the key meetings that feed into their Committee for assurance, and this should be considered on an annual basis to confirm confidence in the governance and reporting framework. **Recommendation** On an annual basis NEDs who Chair Committees should observe the sub-meetings/groups that feed into their Committee to gain a view on how business is undertaken.	MM / CF	A schedule of ned attendance at direct reporting groups for 2022/23 is in place and covers all committees and reporting groups	May 2022	Action Complete.

No.	Risk	Recommendation				
KLOE 4 - Is there a culture of high quality sustainable care?						
14	**LOW**	**Allocation of Non-Executive Directors to Committees** There were only two NEDs present at some Committee (one being the Chair) and this may be due to the fact that the Trust has a NED vacancy that is currently being recruited. Once all NED positions are recruited the Board should review NED allocation and cross referencing to other Committees to maximise the opportunities of attendance and to view the interdependencies of the various Committee agendas. **Recommendation** Board members should consider the numbers of NEDs at its Committees and discuss whether membership could be increased for some of the busier Committees to facilitate further challenge and opportunities to gain greater assurance.	CF/MM	Committee membership should be a NED Chair and 2 NEDs (with the exception of the commissioning Collaborative Committee). Terms of Reference for all committees approved at the May Board.	May 2022	18/5/22 Action Complete

15	**LOW**	**Highlight reports to the Board of Directors** Committee Chairs presented highlight reports for assurance and whilst these were comprehensive the impact and style of these could be improved. A common approach using quadrant style reporting could more effectively identify key issues and action taken. **Recommendation** Committee Chairs should consider the use of a quadrant style report to present key issues emerging from Committees to the Board meeting. Headings of the 4 quadrants are commonly: ▪ Matters of concern or key risks to escalate; ▪ Major actions commissioned / work underway; ▪ Positive assurances to provide; and ▪ Decisions made.	MH	The Chairs Log to Board highlights these key issues but the front sheet has been reviewed and agreed to provide a consistent approach in presenting using the quadrant style.	May 2022	Complete and continuous

No.	Risk	Recommendation				
KLOE 5 - Are there clear and effective processes for managing risks, issues and performance?						
16	**LOW**	**Board Assurance Framework – risk statements** The Trust has a Board Assurance Framework that is well managed and maintained. The BAF describes the Trust's six strategic objectives and details the individual risks to the achievement of these. However, although there is an overarching risk score for each of the six strategic objectives, there is no overarching risk statement that describes what could prevent the Trust achieving the strategic objective, and this should be considered. **Recommendation** An overarching risk statement should be used to describe the risk to the Trust not achieving each strategic objective.	MM	An overarching risk statement to describe the risk to the Trust of not achieving each strategic objective has been developed and awaiting CEO approval as lead for the BAF.	May 2022	Update to June Board: statements drafted but not included until signed off by lead for the BAF
17	**MED**	**Risk Registers** The Trust-wide Risk Register is well maintained and was up to date at the time of our review. Divisional risk registers were also well maintained. However we noted that in all risk registers the initial risk rating was recorded but did not include a date, and this prevents the reader from understanding how long the risk had been present, and this would be useful	HG/OS	The requirement of the opened date in all risk register reports going forward and the report templates on Datix have now been updated to include this field when extracted to Excel.	March 2022	Delivered and closed.

		to assess the 'journey' of the risk. **Recommendation** The risk register should be updated to include the date the initial risk was recorded.				
18	**MED**	**Risk ratings and controls** We saw many risks on the risk registers where the initial rating and current rating were the same, and this may indicate that the controls in place are not effective and that other treatment is required, especially where timescales for completion are imminent. **Recommendation** Risk ratings contained on the Trust's risk registers require review to ensure they are correctly stated and reflect the current risk and that controls are sufficient to continue to reduce the level of risk as intended.	HG / OS	a) Risks where the initial and current ratings that are the same have been progressed through the divisional ODG meetings to ensure that this does not happen going forward unless the described controls are not reducing the risk. b) This requirement has also been specifically referenced in the risk register training to ensure staff are aware that in deciding the current risk the controls in place must be taken into account. A report to the May Board will provide evidence.	April 2022	Complete and ongoing.

No.	Risk	Recommendation				
KLOE 5 - Are they clear and effective processes for managing risks, issues and performance?						
19	**LOW**	**Management of risk** The Corporate Risk and Compliance Manager has a structured and consistent approach to risk and this was clear from the meetings we attended. However due to an unexpected short term absence at one meeting, where we were observing, the presentation of the Risk Register was not managed well and this may indicate that wider ownership of the risk management process is required and that processes do not become person dependent. **Recommendation** The Trust should ensure its arrangements regarding updating and presentation of risks are not person dependent.	HG/OS	Executives have confirmed that there is no requirement for the Risk Manager to attend each board sub committee. Lead executives on the respective committees are expected to discuss the risks on the register and answer any queries. Exec Leads to be reminded of the need for Exec Leads to present risks to respective committees.	April 2022	Complete
20	**LOW**	**Board Reports** Financial performance papers are produced to a high quality and we note that the Board receives a separate finance report. This has been a long standing arrangement that is well evaluated, with no appetite for change. However the title of the Trust's 'Integrated Board Report' (IBR) is misleading as readers may expect full coverage of performance for all portfolios, and this is not the case.	PB	The title of the Integrated Board Report has been updated to 'Performance Report' and reflected in reports to board wef April 2022 meeting.	April 2022	27/4/22 Action achieved and closed

		Recommendation The Board should reconsider the title of its Integrated Board Report to ensure it accurately reflects the purpose and content of the report.				
21	**LOW**	**Divisional Performance and Accountability Reviews** The Trust has an established Divisional Performance and Accountability Review process that is operated on an 'earned autonomy' model, with review frequency ranging from 1-6 months. Reviews have been scheduled every 3 months during the Covid-19 pandemic due to the surge in activity, however the earned autonomy model process will be reinstated in April 2022. The Clinical Director is invited to all reviews, however we note that the CD is frequently unable to attend and this may be due to clinical commitments. Reviews should be scheduled to facilitate the attendance of the Clinical Director. **Recommendation** Accountability Reviews should be scheduled to facilitate the attendance of the Clinical Director.	LP	The clinical director attended accountability reviews in March 2022. The next reviews are scheduled for 23 & 29th June 2022 and the clinical director has confirmed attendance. Going forward, future dates will facilitate the attendance of the Clinical Director.	May/Jun 2022	Achieved – and continuous

No.	Risk	Recommendation				
KLOE 6 - Is appropriate and accurate information being effectively processed, challenged and acted on?						
22	LOW	**Integrated Performance Report** The Trust's Integrated Board Report (IBR) is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format. The cover sheet of the IBR details commentary (including mitigating actions) for indicators that fall outside of normal variation, and this is a useful summary. However for the majority of metrics this detail is not included in the main body of the report alongside the data. **Recommendation 22** The Integrated performance report could be enhanced by the expansion of narrative to contain root causes, actions and impact/timescale as well as national/local benchmarking where available.	PB	The front sheet of the performance report highlights and provides an update on any areas outside of normal variation – a footer note has been added to the performance report to read the performance report with the cover sheet with explanatory narrative for any areas outside of normal variation from May onwards.	May 2022	18/5/22 Action closed and continuous

23	LOW	**Data Quality Assurance Indicators** Although the Trust has a Data Quality Group in place and undertakes work to assures its data quality, it does not at present utilise a Data Quality Assurance Indicator and this should be considered. A data quality traffic light or kite mark could be used to appear next to key performance indicators in the SOF report to provide visual assurance on the quality of data underpinning a performance indicator. A visual indicator acknowledges the variability of data and makes an explicit assessment of the quality of evidence on which the performance measurement is based. **Recommendation** The Trust should consider the use of Data Quality Assurance Indicators to inform users of any data quality risks attached to the data that might impact decision making	PB	Consideration was given in the 8 June DQ Group as to whether traffic light or kite mark would provide a worthwhile improvement. The DQ group agreed to research further with other Trusts to determine if feasible.	June 2022	
KLOE 7 - Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?						
We have not made any recommendation for this KLOE						

No.	Risk	Recommendation
KLOE 8 - Are there robust systems and processes for learning continuous improvement and innovation?		
We have not made any recommendation for this KLOE		

NHS
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Agenda Item 15

Title & Date of Meeting:	Trust Board Public Meeting – 22 June 2022
Title of Report:	Fit and Proper Persons Regulation (FPRR) and Trust Compliance 21/22
Author/s:	Caroline Flint Trust Chair

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

Purpose of Paper: *Please make any decisions required of Board clear in this section:*	The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires all trusts to ensure that all executive and non-executive director posts (or anyone performing similar or equivalent functions) are filled by people that meet the requirements of the FPPR. The definition of directors includes those in permanent, interim or associate roles, irrespective of their voting rights at Board meetings.

Key Issues within the report:

Matters of Concern or Key Risks to Escalate: • No matters to escalate.	**Key Actions Commissioned/Work Underway:** • N/A
Positive Assurances to Provide: • Note the Trust's compliance with the Fit and Proper Person Regulation and the continuation of the process in place.	**Decisions Made:** • N/A

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		Collaborative Committee	
		Other (please detail) Board report	✓

Monitoring and assurance framework summary:

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

Caring, Learning
& Growing Together

	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	√			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	

Fit and Proper Persons Regulation (FPRR) and Trust Compliance 2021/22

Introduction

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires all trusts to ensure that all executive and non-executive director posts (or anyone performing similar or equivalent functions) are filled by people that meet the requirements of the FPPR. The definition of directors includes those in permanent, interim or associate roles, irrespective of their voting rights at Board meetings. These regulations were introduced in November 2014 and the fundamental standards came into force in April 2015.

The regulations (Section 1, Paragraph 5, or 'Regulation 5' as CQC refers to them in its guidance) place a duty on trusts to ensure that their directors, as defined above, are compliant with the FPPR. The regulations stipulate that trusts must not appoint or have in place an executive or a non-executive director unless they meet the standards set out in this chapter. While it is the trust's duty to ensure that they have fit and proper directors in post, CQC has the power to take enforcement action against the trust if it considers that the trust has not complied with the requirements of the FPPR. This may come about if concerns are raised to CQC about an individual or during the annual well-led review of the appropriate procedures

According to the regulations trusts must not appoint a person to an executive or non-executive director level post unless, as stated in Paragraph 5 (3), they meet the following criteria:

- are of good character
- have the necessary qualifications, competence, skills and experience
- are able to perform the work that they are employed for after reasonable adjustments are made
- have not been responsible for, privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity
- can supply information as set out in Schedule 3 of the Regulations

In January 2018, the Care Quality Commission (CQC) published updated guidance in relation to the Fit and Proper Person Regulation. The guidance places ultimate responsibility on the Chair to discharge the requirements placed on the Trust. The Chair must assure themselves that new applicants and post holders meet the fitness checks and do not meet any of the unfit criteria. The Chair will be notified by the CQC of any non compliance with FPPR and holds responsibility for making any decisions regarding action that needs to be taken. In response to the review guidance from NHS Providers was published for providers with suggestions and the Trust's process reviewed.

Trust Position

The Trust has a robust system, managed by the Trust Secretary, to ensure the FPPR

declarations are made and any identified issues are escalated. A report was also provided to the Board in February 2022 as part of the declarations of interest report.

For new appointments, this is an essential component of the recruitment process managed by workforce and organisational development as part of employment checks and declarations.

Reports which outline how the Trust would meet the requirements of the Fit and Proper Persons standard have been provided to the Board/Council of Governors previously. A process to meet current guidance was developed in relation to the checks that the Trust must carry out. Future reviews will be undertaken subject to the issue of any revised NHS guidance.

Compliance
Annual declarations were requested and provided by all Board members for 2021/22 and there was an annual declaration of ongoing compliance. A review of the disqualified directors and the insolvency service register was undertaken. There is a documented process for the fit and proper person's requirement that includes clear procedures and checks for new applicants.

The current process has worked well as part of the appointments process of several executive and Non-Executive Director appointments and there have been no issues with any aspect of the fit and proper persons regulation. The Removed Charity Trustees Register check could not be undertaken as the register is not available on the website for legal reasons. Additional information relating to registration expiry date for relevant professions is also collated.

Recommendation
The Board is asked to note the Trust's compliance with the Fit and Proper Person Regulation and the continuation of the process in place.

Humber Teaching NHS Foundation Trust

Agenda Item 16

Title & Date of Meeting:	Trust Board Public Meeting– 22nd June 2022
Title of Report:	Q1 2022/23 Board Assurance Framework
Author/s:	Oliver Sims Corporate Risk and Compliance Manager
Recommendation:	To approve: ; To receive & note: √ For information: ; To ratify:
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	The report provides the Trust Board with the Q1 2022/23 version of the Board Assurance Framework (BAF) allowing for the monitoring of progress against the Trust's six strategic goals.

Key Issues within the report:

Matters of Concern or Key Risks to Escalate:

- Following the well-led review undertaken by Grant Thornton during Q1 2022, an action was identified for the inclusion of overarching risk statement to be developed for each of the Trust's Strategic Goals and for them to be incorporated into the Board Assurance Framework. This will be presented to Executive Management Team and the relevant sub-committees for approval ahead of their incorporation into the main strategic goals sections of the Board Assurance Framework document.

Key Actions Commissioned/Work Underway:

- No specific actions commissioned or additional areas of work underway.

Positive Assurances to Provide:

- Progress against the aligned risks is reflected within the framework to highlight the movement of current risk ratings from the previous position at Quarter 4 2021/22. The format allows for consideration to be given to the risks, controls and assurances which enables focused review and discussion of the challenges to the delivery of the organisational objectives.

- Each of the Board Assurance Framework sections continue to be reviewed by the assigned assuring committee alongside the recorded risks, to provide further assurance around the management of risks to achievement of the Trust's strategic goals.

- Overall assurance rating for each of the strategic goals is applied based on the review of the positive assurance, negative assurance and gaps in assurance identified against the individual goal,

Decisions Made:

Agreed assurance ratings for each section of the Board Assurance Framework moving from Quarter 4 2021-22 to Quarter 1 2022-23.

Strategic Goal 1 – Innovating Quality and Patient Safety

- Overall rating maintained at Yellow for Quarter 1 2022/23.

Strategic Goal 2 – Enhancing prevention, wellbeing, and recovery

- Overall rating maintained at Amber for Quarter 1 2022/23.

Strategic Goal 3 – Fostering integration, partnerships, and alliances

- Overall rating maintained at Green for Quarter

as well as with consideration of the current risk scores of all identified risks aligned to that strategic goal. The overall rating is not applied solely based on the highest rated risk aligned to that section of the framework and instead represents the overall assurance available to the Executive Lead at the time of review.	1 2022/23. **Strategic Goal 4 – Developing an effective and empowered workforce** - Overall rating maintained at Yellow for Quarter 1 2022/23. **Strategic Goal 5 – Maximising an efficient and sustainable organisation** - Overall rating maintained at Yellow for Quarter 1 2022/23. **Strategic Goal 6 – Promoting people, communities, and social values** - Overall rating maintained at Green for Quarter 1 2022/23.

Governance:
Please indicate which committee or group this paper has previously been presented to:

	Date		Date
Audit Committee	05/2022	Remuneration & Nominations Committee	
Quality Committee	05/2022	Workforce & Organisational Development Committee	04/2022
Finance & Investment Committee	04/2022	Executive Management Team	05/2022
Mental Health Legislation Committee	04/2022	Operational Delivery Group	04/2022
Charitable Funds Committee		Collaborative Committee	
		Other (please detail)	

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	√			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	

BOARD ASSURANCE FRAMEWORK				Trust Board							
ASSURANCE OVERVIEW				22 June 2022							
Strategic Goal	Assurance Level	Reason for Assurance Level	Executive Lead	Assuring Committee	Risk Appetite	Assurance Rating					Highest current risk
						Q 1	Q 2	Q 3	Q 4	Q 1	
Innovating Quality and Patient Safety	Y	Overall rating of 'good' from 2019 CQC Inspection Report. 'Requires Improvement' rating for Safe domain in CQC report. 'Must do' actions completed within Trust including safer staffing and supervision. Positive internal audit of Trust significant event investigation process and duty of candour.	Director of Nursing	Quality Committee	SEEK	Y	Y	Y	Y	Y	16
Enhancing prevention, wellbeing, and recovery	A	Robust monitoring arrangements developed through monthly operational delivery group to monitor waiting times. Areas of long waits reviewed and monitored through ODG and Quality Committee. Impact to Trust services and waiting list targets impacted because of COVID-19 national situation. Patient Access and Performance manager appointed focussing on clinical systems, information capture and reporting. To review reporting and monitoring processes to make sure we maximise our performance reporting and Trust overall performance.	Chief Operating Officer	Quality Committee	SEEK	A	A	A	A	A	16
Fostering integration, partnership, and alliances	G	Place plans and Patient Engagement Strategy implemented, and positive service user surveys received. Social Values Report launched, and a section has been incorporated into the annual report. More work is to be undertaken to promote service users/ care groups. NHSI videos launched. Co-production work continues with regular meetings. Involvement with local groups.	Chief Executive	Audit Committee	MATURE	G	G	G	G	G	9
Developing an effective and empowered workforce	Y	Overall Staff Turnover at 0.7% in February 2022 against Trust target of 0.83%, but rate has increased from 0.5% in February 2021.Trust headcount has increased compared to 12 months ago (2792.8 in February 2022 compared to 2660.4 in February 2021). Overall statutory and mandatory training performance remains above target (89.1% at February 2022 against target of 85%). 101.5 (FTE) Nursing vacancies February 2022 compared with 100.4 (FTE) in February 2021. Qualified Nursing vacancy rate 11.81%. 10.8 (FTE) Consultant vacancies in February 2022 compared with 14.9 (FTE) in February 2021. Consultant vacancy rate 23.89%.	Director of Workforce and OD	Workforce and OD Committee	SEEK	Y	Y	Y	Y	Y	15
Maximising an efficient and sustainable organisation	Y	Trust financial position at Month 2 2022/23 reported an operational position which is in line with the ICS target. Cash position remains stable. Better Payment Practice Code is cumulatively 81% and 90% for 21/22 for non-NHS suppliers and plan is in place to improve both NHS and non-NHS performance during 22/23. Budget Reduction Strategy to deliver £1.9mm of savings from Divisional and Corporate Services in 2022/23.	Director of Finance	Finance and Investment Committee	MATURE	Y	Y	Y	Y	Y	16
Promoting people, communities and social values	G	Place plans and Patient Engagement Strategy implemented, and positive service user surveys received. Social Values Report launched, and a section has been incorporated into the annual report. More work is to be undertaken to promote service users/ care groups. NHSI videos launched. Co-production work continues with regular meetings. Involvement with local groups.	Chief Executive	Quality Committee	SEEK	G	G	G	G	G	9

ASSURANCE LEVEL KEY			
Green	Significant Assurance	- System working effectively / limited further recommendations. - Effective controls in place. - Satisfied that appropriate assurance is available.	**OR** >= 50% of aligned risks scored at **LOW / MODERATE** (RATING SCORE 1-6)
Yellow	Partial Assurance	- System well-designed but requires monitoring/ low priority recommendations. - Some effective controls in place. - Some appropriate assurances are available.	**OR** >= 50% of aligned risks scored at **HIGH** (RATING SCORE 8-10)
Amber	Limited Assurance	- System management needs to be addressed/ numerous actions outstanding. - Controls thought to be in place. - Assurances are uncertain and/or possibly insufficient.	**OR** >= 50% of aligned risks scored at **HIGH** (RATING SCORE 12)
Red	No Assurance	- System not working / actions not addressed. - Effective controls not in place. - Appropriate assurances are not available.	**OR** >= 50% of aligned risks scored at **SIGNIFICANT** (RATING SCORE 15+)

STRATEGIC GOAL 1	INNOVATING QUALITY AND PATIENT SAFETY	Lead Director: Dir. Nursing	Lead Committee: Quality Committee	Assurance Level	Q1	Q2	Q3	Q4	Q1
					Y	Y	Y	Y	Y

Positive Assurance	
Assurance	**Source**
- Audit and Effectiveness Group which oversees work in relation to all aspects of CQC compliance. - CQC Engagement Meetings. - Quality Dashboard in place and items escalated as required. - Overall rating of 'good' in 2019 CQC inspection report. - Patient Safety Strategy 2019-22 implementation. - CQC 'must do' actions completed. - Internal audit of SEA (significant event analysis) process and Duty of Candour. - Six-monthly safer staffing report / DATIX Reporting / Weekly Ops meeting to discuss staffing - Safeguarding Annual Report - CQC TMA January 2020 – positive outcome.	Quality Committee assurance report to Board. CQC Engagement meeting CQC Inspection Report / TMA Feedback

Negative Assurance	
Assurance	**Source**
- 'Requires Improvement' rating for Safe domain in CQC report. - Clinical governance arrangements for Secure and LD services.	Trust Board CQC Report Internal Audit

Gaps in Assurance
What do we not have
Good rating in 'safe' domain for CQC rating.

Objective	Key Risk(s)	Q4 21-22 Rating	Q1 22-23 Rating	Target	Movement from prev. Quarter
Embed the characteristics needed to be recognised as a High Reliability Organisation	**NQ37 – Inability to meet Regulation 18 HSCA (RA) Regulations 2014 regarding Safer Staffing.**	6	6	3	⇔
	NQ38 – Inability to achieve a future rating of 'good' in the safe domain at CQC inspection.	9	9	6	⇔
	NQ48 – Currently the quality of staff supervision is unknown by the Trust which may impact on effective delivery of Trust services	9	9	3	⇔
	OPS11 – Failure to address waiting times and meet early intervention targets which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.	16	16	8	⇔
Understanding of our local population's health needs to inform service planning, design and transformation	**No risks identified.**				
Provide evidence based, innovative models of care that function as part of the integrated care system, developed in collaboration with patients, carers and commissioners that is clearly understood by the teams and improves the safety of patients within the local and wider system					
Our research approach will be maximised through education and teaching initiatives and will support local priorities and influence our service user priorities					

Key Controls	Sources of Assurance – Reporting Mechanisms
(NQ37) Routine monitoring of staffing establishments and daily staffing levels.	6-month safer staffing report.
Research strategy Implementation	Quality Committee Trust Board
(NQ37) Consideration of nursing apprenticeships and nursing associate roles and greater use of the wider multi-disciplinary team in providing clinical leadership to units	Quality Committee Trust Board
(NQ38) Trust self-assessment against CQC standards.	Quality Committee Trust Board
(NQ38) Review undertaken of safety across Trust services.	
(NQ38) Development of regular audit arrangements to assess, monitor and improve the quality and safety of Trust service in 'MyAssurance' system. Quarterly monitoring reports established and implemented audit as part of standing agenda across Trust clinical network and divisional meeting to monitor divisional compliance with required standard.	Quality Committee QPAS Clinical Networks

Gaps in Control	Actions
(OPS11) Process for mitigating risks to individual patients based on length of waits.	Implementation of method for robust oversight of waiting list and patient risks for all Trust service areas (31/03/2023)
(OPS11) Issues around monitoring arrangements / governance in terms of performance.	Increase governance arrangements to ensure that there is rigour and governance in place to ensure patients are treated in chronological order and according to level of risk based on use of risk stratification tool (31/03/2023)
(NQ38) Outstanding actions from Safe KLOE deep dive.	Safe KLOE actions to be embedded to address identified gaps in practice (31/03/2023)

STRATEGIC GOAL 2	ENHANCING PREVENTION, WELLBEING AND RECOVERY	Lead Director: Chief Operating Officer	Lead Committee: Quality Committee	Assurance Level	Q1	Q2	Q3	Q4	Q1
					A	A	A	A	A

Positive Assurance	
Assurance	**Source**
- Waiting times continue to be an area of focus as and are reviewed monthly by the Operational Delivery Group. Waiting list update reported into Quality Committee for oversight and consideration of quality impact.	Trust Board ODG
- Proactive contact with patients on waiting list within challenging services.	Quality Ctte
- Collaborative working between Trust and CCGs supportive of additional interventions to reduce waiting times	ODG / CLD Delivery Group
- Patient Access and Performance manager appointed focussing on clinical systems, information capture and reporting. To review reporting and monitoring processes to make sure we maximise our performance reporting and Trust overall performance.	

Negative Assurance	
Assurance	**Source**
- Increase in demand in community health services and primary care. Community health services have seen increase in patients having been discharged from hospital who require ongoing health support.	Trust Board Quality Ctte
- National increase in demand for CAMHs in patient and mental health inpatient beds.	

Gaps in Assurance
What do we not have
Data capture and performance reporting for some patient pathways.

Objective	Key Risk(s)	Q4 21-22 Rating	Q1 22-23 Rating	Target	Movement from prev. Quarter
Work in partnership with our service users, carers and families to optimise their health and wellbeing **Optimise people's recovery and build resilience for those affected by Long Term Conditions**	**OPS08 – Failure to equip patients and carers with skills and knowledge need via the wider recovery model.**	6	6	3	⟷
Prevention and Making Every Contact Count will be at the core of our strategy to optimise expertise for physical and mental health across our teams and the people they care for	**OPS04 – Patients don't have the right level of physical healthcare support and there is not a cohesive alignment of mental health and physical health services to get parity of esteem.**	9	9	6	⟷
	LDC32 – As a result of increased demand for ADHD assessment and limited capacity within the service, there is a significant waiting list which may lead to increased safety risk for patients and others, impacting on the wellbeing of staff as well as reputational harm to the Trust.	12	12	4	⟷
	OPS11 – Failure to address waiting times and meet early intervention targets which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.	16	16	8	⟷
	OPS13 – Due to the increasing complexity of CAMHs inpatients nationally, an increasing demand for CAMHs inpatient beds far exceeding capacity and increased breakdown of residential care placements for looked after children, there is increased use of out of area and inappropriate hospital beds (e.g. adult mental health beds and acute hospital beds) for young people which may lead to delayed discharges, insufficient management of patients in line with complexity and clinical risk and less good outcomes.	16	16	8	⟷
	LDC49 – Ongoing pressures within Hull and ERY CAMHS with high acuity of patients and high volumes of referrals resulting in long waiting times.	12	12	4	⟷
	LDC50 – Increased number of referrals and high acuity of patients for the eating disorder team, as well as young people being referred to the team requiring immediate medical attention which may impact their ability to meet NHS England waiting time standards.	12	12	4	⟷
	SR29 – Increased clinical activity - Scarborough Community core service provision, including increase in number, acuity, and complexity of referrals. The risk identified is that we do not have increased resource or capacity to deliver this increase in clinical activity. There is also a risk of negative impact on staff health and wellbeing related to the additional demand, which may also impact on staff recruitment and retention, and training compliance.	12	12	6	⟷
Bridlington Health Town to be used as an exemplar to demonstrate model, associated benefits and opportunity for a community-based model of care **Enhance prevention of illness and improve health and wellbeing of our staff, both physically and emotionally**	**No risks identified**				

Key Controls	Sources of Assurance – Reporting Mechanisms
(OPS11) Work underway with Divisions to address three areas of challenges currently (Children's ADHD / ASD, Memory Assessment Service, Department of Psychological Medicine)	Reports to demonstrate waiting list performance to Trust Board, Quality Committee and Operational Delivery Group. Quality impact on key identified areas monitored via Quality Committee. Weekly divisional meetings with Deputy COO around waiting list performance.
(OPS11) Local Targets and KPIs.	

Gaps in Control	Actions
(OPS11) Process for mitigating risks to individual patients based on length of waits.	Implementation of method for robust oversight of waiting list and patient risks for all Trust service (31/03/2023)
(OPS11) Issues around monitoring arrangements / governance in terms of performance.	Increase governance arrangements to ensure that there is rigour and governance in place to ensure patients are treated in chronological order and according to level of risk based on use of risk stratification (31/03/2023)

STRATEGIC GOAL 3	FOSTERING INTEGRATION, PARTNERSHIPS AND ALLIANCES	Lead Director: Chief Executive	Lead Committee: Audit Committee	Assurance Level	Q1	Q2	Q3	Q4	Q1
					G	G	G	G	G

Positive Assurance	
Assurance	**Source**
- ICS partnership events. - Mental Health Partnership Board and MOUs in place. - Health Expo event and Planned Members meeting. - High profile visits to Trust. - Visioning event across Humber Coast and Vale - Lead provider role within ICS - Refreshed Operational and Strategic plans shared with stakeholders. - Hull Health and Wellbeing Board.	Board of Directors
- ICS Accredited Programme - HCV has been successful in the application to become an Integrated Care System (ICS) which indicates confidence in the area and its leaders.	HCV Exec Committee

Negative Assurance	
Assurance	**Source**
- Further work needed to take place in engaging with patient, carers and local communities to develop plans. - Continued development of relationships with communities and development of membership and Governors. - Governor links to constitutions.	Board of Directors

Gaps in Assurance
What do we not have
- No gaps identified against overall assurance rating of this strategic goal. - Full ICS system in place – but still developing long-term plans.

Objective	Key Risk(s)	Q4 21-22 Rating	Q1 22-23 Rating	Target	Movement from prev. Quarter
Be a leader in delivering Sustainability and Transformation Partnership plans **We will be clear about what we offer, who we offer it to and how we work with others**	**FII174 - Lack of Trust involvement or influence in work-stream activity associated with Sustainability and Transformation Programmes (ICS), will in turn impact on our ability to influence and shape local commissioning plans. This may result in a failure to deliver strategic priorities, with an associated risk of developing a poor reputation and reduced business/income opportunities that may challenge future sustainability.**	6	6	3	⟺
Continue to provide opportunities for all service users, patients, carers, families, staff and communities to influence service planning and design	**FII180 - There is a risk to future sustainability and reputation, arising from a failure to compete effectively because we have not maintained and developed strategic alliances and partnerships and not increased our commercial/market understanding.**	6	6	3	⟺
Demonstrate increased collaboration with system partners to maximise efficiency and effective use of resources available across health and social care services.	**FII185 - Failure to utilise evidence-based practice to inform and influence business decisions, resulting in the delivery of outdated service models, an inability to effectively compete with other providers and a subsequent loss of business/ income and reputation.**	6	6	3	⟺
	FII222 - Failure to utilise evidence-based practice to inform and influence business decisions, resulting in the delivery of outdated service models, an inability to effectively compete with other providers and a subsequent loss of business/ income and reputation.	12	12	4	⟺
Host partner organisations' staff and vice versa, to enable system workforce resilience	**No risks identified**				

Key Controls	Sources of Assurance – Reporting Mechanisms
(FII174) Trust Strategy, values and goals aligned with ICS	Regular ICS updates to Trust Board Formal and informal dialogue with Commissioners
(FII174) Alignment clearly demonstrated within two-year operational plan	Regular ICS updates to Trust Board Formal and informal dialogue with Commissioners Assurance systems for Service Plans/ Strategies Internal Clinical Audit programme R&D programme
(FII174) Chief Executive is Senior Responsible Officer for Mental Health Work-stream.	
(FII185) Enhanced staff structure in Business Development team to explore evidence-based practice	
(FII185) Formal programme to review and benchmark Trust position.	Assurance systems for Service Plans/ Strategies Internal Clinical Audit programme R&D programme Monthly reporting to Commissioning Committee, FIC and Trust Board.
(FII222) Commissioning committee now live and governance arrangements in place.	
(FII222) Provider collaborative is now live.	Monthly reporting to Commissioning Committee, FIC and Trust Board.

Gaps in Control	Actions
(FII222) Lack of movement from NHSE to address gaps identified through due diligence.	Ongoing meetings with NHSE and regional team to seek clarification around funding position – 30/06//2022

STRATEGIC GOAL 4	DEVELOPING AN EFFECTIVE AND EMPOWERED WORKFORCE	Lead Director: Dir. of Workforce and OD	Lead Committee: Workforce and OD Committee	Assurance Level	Q3	Q4	Q1	Q3	Q4
					Y	Y	Y	Y	Y

Positive Assurance

Assurance	Source
- Overall Staff Turnover at 0.7% in February 2022 against Trust target of 0.83%, but rate has increased from 0.5% in February 2021. - Trust headcount has increased compared to 12 months ago (2792.8 in February 2022 compared to 2660.4 in February 2021) - Overall statutory and mandatory training performance remains above target (89.1% at February 2022 against target of 85%).	Trust Board Workforce and OD Committee Workforce Insight Report Audit Committee Quality Committee

Negative Assurance

Assurance	Source

- 101.5 (FTE) Nursing vacancies February 2022 compared with 100.4 (FTE) in February 2021. Qualified Nursing vacancy rate 11.81%.
- 10.8 (FTE) Consultant vacancies in February 2022 compared with 14.9 (FTE) in February 2021. Consultant vacancy rate 23.89%.
- 7 job descriptions for consultant posts missing impacting on ability to advertise posts.
- Non-compliance with Job Planning process for Medic roles.
- Some statutory/mandatory training is below trust target, including:
  - Adult and Paediatric Basic Life Support / Immediate Life Support
  - Information Governance
  - DMI
  - Mental Health Act
  - Moving & Handling – Level 2 / Level 3
  - Personal & Team Safety
  - Safeguarding Adults / Children – Level 3
	Trust Board
	
	Workforce and OD Committee Workforce Insight Report

Gaps in Assurance

What do we not have
- No gaps identified against overall assurance rating of this strategic goal.

Objective	Key Risk(s)	Q4 21-22 Rating	Q2 22-23 Rating	Target	Movement from prev. Quarter
Development of a healthy and engaged organisational culture, clinical and support services working together as "One Team" to free up time for patient care. **Enable transformation and organisational development through shared leadership.**	**WF07 – The quality of leaders and managers across the Trust is not at the required level which may impact on ability to deliver safe and effective services.**	**6**	**6**	**3**	
Optimise the staffing profile to ensure delivery of high-quality care. **Demonstrate that we are a diverse and inclusive organisation.**	**WF03 – The ability to recruit registered nurse may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce**	**15**	**15**	**10**	
	WF04 – With current national shortages, the inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	**15**	**15**	**10**	
	WF10 – With current national shortages, the inability to retain GPs may impact on the Trust's ability to deliver safe services.	**15**	**15**	**10**	
	WF33 – Lack of oversight, accountability, and responsibility on the activity of medics due to non-compliance with Job Planning process for Medic roles	**12**	**12**	**4**	
	WF25 – Current Consultant vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact on the credibility/reputation of the organisation.	**10**	**10**	**5**	
Increase our service offer to support work in partnerships with the ICS and PCNs to optimise the workforce within the system. **Ensure a well-trained digital ready workforce.**	**No risks identified**				

Key Controls	Sources of Assurance
(WF03) Detailed Recruitment plan in place (progress against which reported to EMT and Workforce and OD Committee).	Trust Board Workforce and OD Committee ODG Task and Finish Group (hard to recruit posts)
(WF04) Trust Retention Plan.	
(WF05) Trust-wide workforce plan.	

Gaps in Control	Actions
(WF03) Qualified Nurses and Nurse Managers hard to recruit vacancies.	Development of Apprenticeship career pathway programme (31/07/22)
(WF10) Divisional use of exit interview data to shape actions to support retention	Programme of 6 monthly deep-dives into Leaver data to be undertaken and reported into WFOD Committee (31/03/2022)
(WF04) Lack of career development opportunities indicated through employee exit interviews/questionnaires.	Trust divisions to develop bespoke plans supported by deep dive analysis (31/03/2022)

STRATEGIC GOAL 5	MAXIMISING AN EFFICIENT AND SUSTAINABLE ORGANISATION	Lead Director: Dir. Finance	Lead Committee: Finance and Investment Committee	Assurance Level	Q1	Q2	Q3	Q4	Q1
					Y	Y	Y	Y	Y

Positive Assurance	
Assurance	**Source**
- Financial position Month 2 2022/23 – The Trust reported a position in with the ICS target. - Trust cash position remains stable - The Trust achieved BPPC performance of 81% and 90% for 21/22 for non-NHS suppliers and plan is in place to improve both NHS and non-NHS performance during 22/23. - Budget Reduction Strategy to deliver £1.9mm of savings from Divisional and Corporate Services in 2022/23. - The Trust has plans to dispose of surplus estate in 2022/23	Trust Board Finance and Investment Committee

Negative Assurance	
Assurance	**Source**
- Recurrent pick of non-recurrent resource is not known at this time	Trust Board Finance and Investment Committee

Gaps in Assurance
What do we not have
- Detailed planning guidance for 2022/23 not yet published - Longer term Commissioning Intentions not known.

Objective	Key Risk(s)	Q4 21-22 Rating	Q1 22-23 Rating	Target	Movement from prev. Quarter
Optimise business opportunities to develop integrated services **Effective marketing plan that ensures clear and effective communication pathways and celebrates our successes jointly with our partners**	**FII180 – There is a risk to future sustainability and reputation, arising from a failure to compete effectively because we have not maintained and developed strategic alliances and partnerships and not increased our commercial/market understanding.**	6	6	3	⟷
Embrace new technologies to enhance patient care across the health and social care system	**FII177– Adverse impact of inadequate IT systems, failing to effectively support management decisions, performance management or contract compliance**	8	8	4	⟷
Optimise our IT system to improve access for staff and free up time for patient care	**FII186 – Trust IT systems are compromised due to a Cyber Security attack/incident - this could be a malicious attack from an external third party or an accidental attack from inside the trust network due to inappropriate actions taken by staff, patients or visitors that comprise the IT systems security.**	12	12	8	⟷
Reduce our reliance on sustainability funding to achieve long term financial balance	**FII223 – Risk to longer-term financial sustainability if block contract values are insufficient to cover the Trust Cost base.**	New Risk	12	8	N/A
	FII224 – Risk to the Trusts ability to deliver its overarching Financial Position (and regulatory intervention) if Agency spend continues to exceed ceiling	New Risk	16	8	N/A
	FII216 – Risk of fraud, bribery and corruption.	9	9	3	⟷
	FII221 – If the Trust cannot achieve its Budget Reduction Strategy for 2021-22, it may affect the Trust's ability to achieve its control total which could impact on finances resulting in a loss of funding and reputational harm.	6	6	3	⟷
	FII220 – The financial effect of COVID-19 and the risks that the full costs will not be recovered.	8	8	4	⟷
Have an efficient estate that provides a safe and cost-effective environment that is conducive to operational delivery	**FII58 – Inability to address all risks identified as part of the capital application process due to lack of capital resource.**	8	8	4	⟷
	FII181 – Inability to improve the overall condition and efficiency of our estate.	8	8	4	⟷

Key Controls	Sources of Assurance
(FII223) Budgets and Financial Plan agreed.	Finance & Investment Committee Reports - Cash - Financial Position - BRS - Debtors/ Creditors Trust Board Reports - Financial Position - Cash
(FII223) BRS 2022/23 developed	
(FII223) Small contingency / risk cover provided in plan	
(FII223) MTFP in development to inform plans.	
(FII223) Regular reviews with NHSE/I and relevant Commissioners	
(FII224) Weekly agency reports	
(FII224) Scheme of Delegation	

Gaps in Control	Actions
(FII223) Agency Recovery Plan not yet implemented	Agency Recovery Plan needs to be implemented (30/09/2022)
(FII224) Longer-term planning guidance is awaited.	Medium Term Financial Plan to be developed when guidance is issued (31/10/2022)
(FII220) Major Schemes have not been agreed at this stage as funding is from Covid Blocks and Major schemes rely on normal commissioning process returning	Continue to bid for national resource as and when it becomes available (ie Winter monies) (31/03/2023)
(FII220) The effect of COVID-19 in terms of the effect on Operational and Corporate Services which hinders services from making efficiency savings.	Ongoing Accountability review process (31/03/2023)
(FII220) The effect of COVID-19 on Commissioners in terms of the Block Funding arrangements and not being able to fund MHIS and ICS Transformation funding.	Continue to work with Commissioners to highlight the requirement for funding through MHIS (31/03/2023).

STRATEGIC GOAL 6	PROMOTING PEOPLE, COMMUNITIES AND SOCIAL VALUES	Lead Director: Chief Executive	Lead Committee: Quality Committee	Assurance Level	Q1	Q2	Q3	Q4	Q1
					G	G	G	G	G

Positive Assurance	
Assurance	**Source**
- Continual development of the Recovery College. - Health Stars developing - Wider community engagement developing through changes to constitution and more work with Governors. - More internal Trust focus on promoting wellness and recovery. - Positive service user survey results. - Trust developed in year social values reporting arrangements - Hull Health and Wellbeing Board - Project Group established to develop wider wellbeing and recovery approach bringing in a focus on both mental and physical elements of recovery. - 'Making Every Contact Count' being led by Trust across ERY - Launch of Social Values Report - NHSI scheme launched	Board of Directors

Negative Assurance	
Assurance	**Source**
- Negative media outweighs positive media regarding promotion of communities. - Trust membership base is not fully operational and negative assurance around membership involvement. - Limited feedback on how local communities are influencing our Trust Strategy.	Board of Directors

Gaps in Assurance
What do we not have
Patient outcome measures. Detailed Community engagement strategy or Relationship strategy.

Objective	Key Risk(s)	Q4 21-22 Rating	Q1 22-23 Rating	Target	Movement from prev. Quarter
We will work with our partners to develop voluntary sector led, multi-specialty community hubs that focus on prevention, wellbeing and recovery	**OPS08 – Failure to equip patients and carers with skills and knowledge needed via the wider recovery model.**	6	6	3	⟺
	MD05 - Inability to implement the Trust's Equality and Diversity strategy may impact on the Trust's ability to have a workforce trained and engaged with the equality and diversity agenda, limit accessibility to services and prevent achievement of the Trust's E&D aims.	6	6	3	⟺
	MD06 - Reduction in patients likely to recommend Trust services to friends and family may impact on Trust's reputation and stakeholder confidence in services provided.	8	8	4	⟺
Increase the utilisation and spread of our charity, Health Stars	**HS5 - The loss of key Trust staff and changes in leadership which may impact delivery of Health Stars charity.**	6	6	3	⟺
Embrace and expand our use of volunteers	**None identified.**				

Key Controls	Sources of Assurance
(OPS08) Trust Recovery Strategy	Trust Board
(OPS08) CMHT transformation work underway which will impact Recovery College due to its status as a discharge pathway.	
(OPS08) Recovery college offer moved to online provision and broadened.	
(MD05) Supporting forums established for development of equality and diversity work within the Trust.	Quarterly reporting to Quality Committee and Clinical Quality Forum
(MD05) Equality and Diversity Leads identified for 'patient and carers and 'staff' respectively.	
(MD06) Task and finish group identified	Reports to QPaS and Quality Committee
(MD06) All clinical teams give out FFT forms and results are fed into services through level 3 reporting system.	

Gaps in Control	Actions
(OPS08) Secured funding for Recovery College with Commissioners	Ongoing communication with commissioners regarding funding - awaiting planning guidance around funding (31/07/2022)
(OPS08) Recovery focussed practice still to be fully embedded across the Trust	Delivery of Recovery Strategy implementation plan (31/07/2022)

BOARD ASSURANCE FRAMEWORK

RISK SCORING MATRIX

			IMPACT/ CONSEQUENCE				
			Negligible	Minor	Moderate	Severe	Catastrophic
			1	2	3	4	5
LIKELIHOOD	Almost Certain	5	5 x 1 = 5 **Moderate**	5 x 2 = 10 **High**	5 x 3 = 15 **Significant**	5 x 4 = 20 **Significant**	5 x 5 = 25 **Significant**
	Likely	4	4 x 1 = 4 **Moderate**	4 x 2 = 8 **High**	4 x 3 = 12 **High**	4 x 4 = 16 **Significant**	4 x 5 = 20 **Significant**
	Possible	3	3 x 1 = 3 **Low**	3 x 2 = 6 **Moderate**	3 x 3 = 9 **High**	3 x 4 = 12 **High**	3 x 5 = 15 **Significant**
	Unlikely	2	2 x 1 = 2 **Low**	2 x 2 = 4 **Moderate**	2 x 3 = 6 **Moderate**	2 x 4 = 8 **High**	2 x 5 = 10 **High**
	Rare	1	1 x 1 = 1 **Low**	1 x 2 = 2 **Low**	1 x 3 = 3 **Low**	1 x 4 = 4 **Moderate**	1 x 5 = 5 **Moderate**

RISK TERMINOLOGY DEFINITIONS	
Initial Risk Rating	The initial risk rating represents the inherent or gross risk. It is the assessment of the risk prior to the consideration of any controls or mitigations in place.
Current Risk Rating	The current risk rating presents the residual risk level. It is the assessment of the risk after identification of controls, assurances and inherent gaps, reflecting how the risk is reduced in either likelihood of occurrence or impact should it occur.
Target Risk Rating	The assessment of the anticipated score following successful implementation of identified actions to create further controls. Target risk ratings must also be considered with regards to risk appetite and the level of risk the organisation is willing to accept.
Control	Risk controls represent any action that has been taken to mitigate the level risk. Controls can reduce the likelihood of a risk being realised or the impact of risk should it occur.
Assurance	Sources of evidence used to demonstrate the effectiveness of identified controls. Assurances sources also allow for monitoring of risk controls to ensure that they are appropriate.

RISK APPETITE DEFINITIONS	
Minimal (Low risk)	Preference for ultra-safe business delivery options that have a low degree of inherent risk and only have a potential for limited reward.
Cautious (Moderate risk)	Preference for safe delivery options that have a low degree of residual risk and may only have limited potential for reward.
Open (High risk)	Willing to consider all potential delivery options and choose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc.).
Seek (Significant risk)	Eager to be innovative and to choose options offering potentially higher business rewards, despite greater inherent risk.
Mature (Significant risk)	Consistent in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.

NHS
Humber Teaching
NHS Foundation Trust

Agenda Item 17

Title & Date of Meeting:	Trust Board Public Meeting– 22 June 2022
Title of Report:	Risk Register Update
Author/s:	Executive Lead: Hilary Gledhill, Director of Nursing, Allied Health & Social Care Professionals. Oliver Sims Corporate Risk and Compliance Manager
Recommendation:	To approve: ; To receive & note: √ For information: ; To ratify:
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	The report provides the Board with an update on the Trust-wide risk register (15+ risks) including the detail of any additional or closed risks since last reported to Trust Board in March 2022.

Key Issues within the report:

Matters of Concern or Key Risks to Escalate:

No matter of concerns to highlight or key risks further to those included in the Trust wide risk register to escalate.

Key Actions Commissioned/Work Underway:

- No specific actions commissioned or additional areas of work underway.

Positive Assurances to Provide:

- The Trust-wide risk register details the risks facing the organisation scored at a current rating of 15 or higher (significant risks) and agreed by Executive Management Team.

Decisions Made:

- There are currently **6** risks held on the Trust-wide Risk Register. The current risks held on the Trust-wide risk register are summarised below:

Risk Description	Initial Rating	Current Rating
WF03 - With current national shortages, the inability to recruit qualified nursing may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce	20	15
WF04 - With current national shortages, the inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff	20	15
WF10 - With current national shortages, the inability to retain GPs may impact on the Trust's ability to deliver safe services.	20	15
OPS11 - Failure to address waiting times and meet early intervention targets which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.	20	16

	OPS13 - Due to the increasing complexity of CAMHs inpatients nationally, an increasing demand for CAMHs inpatient beds far exceeding capacity and increased breakdown of residential care placements for looked after children, there is increased use of out of area and inappropriate hospital beds (e.g., adult mental health beds and acute hospital beds) for young people which may lead to delayed discharges, insufficient management of patients in line with complexity and clinical risk and less good outcomes.	**20**	**16**
	FII224 - Risk to the Trust's ability to deliver its overarching Financial Position (and regulatory intervention) if agency spend continues to exceed ceiling.	**20**	**16**

Governance:
Please indicate which committee or group this paper has previously been presented to:

	Date		Date
Audit Committee	05/2022	Remuneration & Nominations Committee	
Quality Committee	05/2022	Workforce & Organisational Development Committee	04/2022
Finance & Investment Committee	04/2022	Executive Management Team	05/2022
Mental Health Legislation Committee		Operational Delivery Group	04/2022
Charitable Funds Committee		Collaborative Committee	
		Other (please detail)	

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	√			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	

Risk Register Update

1. Trust-wide Risk Register

There are currently **5** risks reflected on the Trust-wide risk register which records all risks currently scored at a rating of 15 or above and is reflected in ***Table 1*** below:

Table 1 - Trust-wide Risk Register (current risk rating 15+) – Provider Risks

Risk ID	Description of Risk	Initial Risk Score	Current Risk Score	Target Risk Score
WF03	With current national shortages, the inability to recruit qualified nursing may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce	**20**	**15**	**10**
WF04	With current national shortages, the inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff	**20**	**15**	**10**
WF10	With current national shortages, the inability to retain GPs may impact on the Trust's ability to deliver safe services.	**20**	**15**	**10**
OPS11	Failure to address waiting times and meet early intervention targets which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.	**20**	**16**	**8**
OPS13	Due to the increasing complexity of CAMHs inpatients nationally, an increasing demand for CAMHs inpatient beds far exceeding capacity and increased breakdown of residential care placements for looked after children, there is increased use of out of area and inappropriate hospital beds (e.g., adult mental health beds and acute hospital beds) for young people which may lead to delayed discharges, insufficient management of patients in line with complexity and clinical risk and less good outcomes.	**20**	**16**	**8**
FII224	Risk to the Trust's ability to deliver its overarching Financial Position (and regulatory intervention) if agency spend continues to exceed ceiling.	**20**	**16**	**8**

2. Closed/ De-escalated Trust-wide Risks

There is one risk previously held on the Trust-wide risk register which has been closed / de-escalated since last reported to Trust Board in March 2022.

Table 2 - Trust-wide Risk Register (current risk rating 15+) – Provider Risks

Risk ID	Description of Risk	Status
FII205	Risk to longer-term financial sustainability if tariff increases for non-acute Trusts are insufficient to cover AFC pay award and if sustainability funding is not built into tariff uplift for providers who are not using PBR tariff.	Risk to longer-term financial position closed and two new risks added to specifically capture challenges around block contract values and overall Trust agency staffing spend

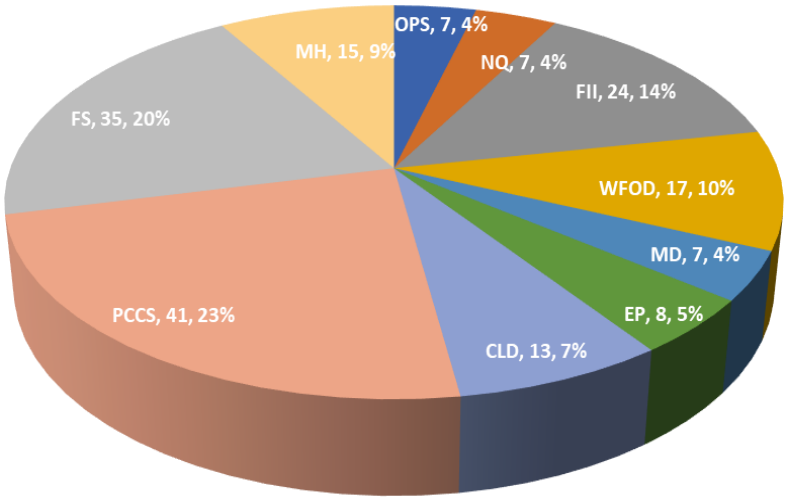
3. Wider Risk Register

There are currently **174** risks held across the Trust's risk registers. The current position represents an overall increase of **5** risks from the **169** reported to Trust Board in March 2022. The table below shows the current number of risks at each risk rating:

Table 3 - Total Risks by Current Risk level

Current Risk Level	Number of Risks – March 2022	Number of Risks – June 2022
20	0	0
16	1	3
15	4	3
12	43	48
10	11	10
9	34	40
8	27	22
6	40	39
5	2	2
4	4	4
3	3	3
2	0	0
Total Risks	**169**	**174**

Chart 1 – Total Risks by Division/ Directorate



Key:

OPS – Operations Directorate
NQ – Nursing & Quality
FII – Finance, Infrastructure & Informatics Directorate
WFOD – Workforce & OD Directorate
MD – Medical Directorate
EP - Emergency Preparedness, Resilience & Response
PCCS – Primary Care and Community Services
CLD – Children's and Learning Disabilities
FS – Forensic Services
MH – Mental Health Services

Trust-wide Risk Register 15+

Row	Risk ID	Description of Risk	Date Opened	Impact/ Consequence Type	Likelihood (Initial)	Impact (Initial)	Initial Risk Score	Initial Risk Rating	Key Controls	Sources of Assurance	Gaps in Controls	Gaps in Assurance	Likelihood (Current)	Impact (Current)	Current Risk Score	Current risk	What additional actions need to be completed?	Date Reviewed	Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk
PROVIDER RISKS 15+ (Identified through Trust Divisional / Directorate Risk Registers)																										
1	WF03	The ability to recruit registered nurse may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce	10/06/2019 2019	Objectives	Likely	Catastrophic	20	Significant	1. Detailed Recruitment plan in place (progress against which reported to EMT and Workforce and OD Committee). 2. Recruitment task and finish group in place. 3. Launch of 'Humbelievable.' 4. International recruitment programme (20 new nurses per annum) 5. Availability of Nurse Degree Apprenticeship Programme. Workforce planning process and overarching plan to be discussed at WFOD Committee 6. Workforce planning process and overarching plan reviewed by WFOD Committee 7. Investment in marketing and communications for Nurse recruitment 8. Preceptoship Academy 9. Recruiting Nurses permanently even where funding is non recurrent 10. Trust investment in R&R payment for band 5 nurses. Apprenticeship Programme. Workforce plan 11. Annual recruitment targets exceeded 21/22 12. Safer Staffing for inpatient areas indicates services are safe. 13. Weekly review of staffing going into weekends with COO/DON 14. Safer Staffing escalation policy	1. Workforce and OD Committee. 2. Divisional Business Meetings. 3. EMT 4. Trust Board 5. ODG 6. DATIX reports 7. Safer Staffing Reports	1. Expansion of new clinical roles needed. 2. Qualified Nurses and Nurse Managers hard to recruit vacancies.	1. 101.5 (FTE) Nursing vacancies February 2022 compared with 100.4 (FTE) in February 2021. 2. 11.81% Registered Nursing vacancy rate.	Possible	Catastrophic	15	Significant	1. Development of Apprenticeship career pathway programme (31/07/22) 2. Ongoing recruitment to Registered Nurse and hard to recruit nursing vacancies (31/03/2023)	13/06/2022	Julie Taylor	Hilary Gledhill	WFOD / EMT	Trust Board	Rare	Catastrophic	10	High
2	WF04	With current national shortages, the inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff	10/06/2019 2019	Objectives	Likely	Catastrophic	20	Significant	1. Appraisal process. 2. Leadership and management development programmes. 3. Staff Health & Wellbeing Group and action plan. 4. PROUD programme. 5. Health and Social Care Professional Strategy. 6. Trust Retention Plan. 7. Review completed for new year staff survey results and development of departmental / divisional action plans monitored through accountability reviews. 8. Quarterly Nurse Transfer Window 9. R&R Payment for band 5 Nurses 10. Exit Interview process 11. HRBPs present data to divisions on a monthly basis 12. TNA budget for nurses 13. Programme of 6 monthly deep-dives into Leaver data undertaken and reported into WFOD Committee	1. Trust Board monthly performance report. 2. Staff surveys. 3. Insight report to Workforce and OD Committee. 4. Workforce and OD Scorecard. 5. Accountability Reviews.	1. Trust-wide workforce plan delivery. 2. Formalised Band 5 Nurse Career development provision.	1. Current turnover 10.98% as at February 2022 (11.06 August 2021) 2. Lack of career development opportunities indicated through employee exit interviews/questionnaires.	Possible	Catastrophic	15	Significant	1. Trust divisions to develop bespoke plans supported by deep dive analysis (30/06/2022) 2. Development of a 'talk before your walk' process (30/06/22)	13/06/2022	Divisional General Managers	Lynn Parkinson	WFOD / EMT	Trust Board	Rare	Catastrophic	10	High

Trust-wide Risk Register 15+

Row	Risk ID	Description of Risk	Date Opened	Impact/ Consequence Type	Likelihood (Initial)	Impact (Initial)	Initial Risk Score	Initial Risk Rating	Key Controls	Sources of Assurance	Gaps in Controls	Gaps in Assurance	Likelihood (Current)	Impact (Current)	Current Risk Score	Current risk	What additional actions need to be completed?	Date Reviewed	Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk
3	WF10	There is a difficulty to retain and recruit GPs, this is contributed to by national shortages and may impact on the Trust's ability to deliver safe services.	10/06/2019 2019	Objectives	Likely	Catastrophic	20	Significant	1. Staff engagement though TCNC (Trust Consultation and Negotiation Committee). 2. Staff Health & Wellbeing Group and action plan. 3. Trust retention plan as agreed with NHSI. 4. PROUD programme. 5. Recruitment and retention incentives 6. LNC - Positive staff engagement with medical workforce. 7. HRBPs support divisions with WOD scorecard. 8. Transfer of medical workforce team to HR and appointment of new Team Leader and Manager 9. Being monitored by the Task and Finish group 10. GP roles have been put on the 'hard to recruit' list	1. Workforce and OD Insight Report. 2. Staff surveys. 3. Staff Friends and Family Test. 4. Workforce and OD committee. 5. EMT. 6. Workforce scorecard.	1. Lack of career development opportunities indicated through employee exit interviews/questionnaires.	1. Current medical staff turnover 11.44% as at February 2022 (11.59% August 2021). 2. 4.12 WTE Vacancies 3. 19.29 WHE GP in post	Possible	Catastrophic	15	Significant	1. HR Business Partners ongoing review of exit questionnaire results to identify any hot spots (31/03/2022) 2. Ongoing PROUD programme implementation plan - ongoing 3 year programme (Review at 31/03/2022) 3. Programme of 6 monthly deep-dives into Leaver data to be undertaken and reported into WFOD Committee (31/03/2022) 4. Trust divisions to develop bespoke plans supported by deep dive analysis 31/07/2022	13/06/2022	Karen Phillips	Steve McGowan	WFOD / EMT	Trust Board	Rare	Catastrophic	10	High
4	OPS11	Failure to address waiting times and meet early intervention targets which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.	04/05/2021	Objectives	Almost Certain	Severe	20	Significant	1. Work underway with Divisions to address three areas of challenges currently (Children's ADHD / ASD, Memory Assessment Service, Department of Psychological Medicine) 2. Local Targets and KPIs. 3. Close contact being maintained with individual service users affected by ongoing issues. 4. Waiting Times Procedure in place 5. Waiting times review is key element of Divisional performance and accountability reviews. 6. Review completed of all services with high levels of waiting times and service-level recovery plans developed.	1. Reports to demonstrate waiting list performance to Trust Board, Quality Committee and Operational Delivery Group. 2. Quality impact on key identified areas monitored via Quality Committee. 3. Weekly divisional meetings with Deputy COO around waiting list performance. 4. Areas of positive improvements	1. Work to understand issues for all services with waiting times issues with some areas breaching 18 weeks and 52 weeks waiting times targets. 2. Process for mitigating risks to individual patients based on length of waits. 3. Waiting times issues for some services have been compounded by Covid-19 situation and associated changes to working arrangements. 4. Issues around monitoring arrangements / governance in terms of performance.	1. Limited historical monitoring arrangements linked to ensuring chronological treatment of patients.	Likely	Severe	16	Significant	1. Increase governance arrangements to ensure that there is rigour and governance in place to ensure patients are treated in chronological order and according to level of risk based on use of risk stratification tool 31/07/2022 2. Introduce waiting list performance dashboard for review as part of Trust accountability review processes 31/07/2022 3. Implementation of method for robust oversight of waiting list and patient risks for all Trust service areas 31/07/2022	13/06/2022	Claire Jenkinson	Lynn Parkinson	ODG / EMT	Trust Board	Unlikely	Severe	8	High
5	OPS13	Due to the increasing complexity of CAMHs inpatients nationally, an increasing demand for CAMHs inpatient beds far exceeding capacity and increased breakdown of residential care placements for looked after children, there is increased use of out of area and inappropriate hospital beds (e.g. adult mental health beds and acute hospital beds) for young people which may lead to delayed discharges, insufficient management of patients in line with complexity and clinical risk and less good outcomes.	21/06/2021	Objectives	Almost Certain	Severe	20	Significant	1. Staffing levels adjusted to take into account the acuity of patients. 2. Trust beds reduced as appropriate in response to acuity levels and the staffing levels required to support. 3. Recruitment/training plan in place to open PICU capacity in Inspire. 4. System work at ICS level to address the pressures with appropriate partners.	1. Weekly updates received regarding staffing/capacity 2. Implementation plan in place to demonstrate timeframe for staff recruitment/training to open the CAMHs PICU 3. Local system escalation taking place through OPEL reporting and other system arrangements.	1. Instances of Under-18 patient being admitted to adult beds due to complexity of patient mix on Inspire. 2. National deficit in CAMHS PICU / general adolescent beds. 3. Children who would meet the threshold for PICU admission nursed in general adolescent beds impacting on staffing and ward safety arrangements. 4. Breakdown of residential care placements leading to admission to hospital beds for young people for whom this could be avoided if alternative community packages of care could be found.	None identified	Likely	Severe	16	Significant	1. Ongoing communication and escalation to Specialist Commissioning and CCGs (31/07/2022)	13/06/2022	Claire Jenkinson	Lynn Parkinson	ODG / EMT	Trust Board	Unlikely	Severe	8	High

Trust-wide Risk Register 15+

Row	Risk ID	Description of Risk	Date Opened	Impact/ Consequence Type	Likelihood (Initial)	Impact (initial)	Initial Risk Score	Initial Risk Rating	Key Controls	Sources of Assurance	Gaps in Controls	Gaps in Assurance	Likelihood (Current)	Impact (Current)	Current Risk Score	Current risk	What additional actions need to be completed?	Date Reviewed	Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk
6	FII224	Risk to the Trust's ability to deliver its overarching Financial Position (and regulatory intervention) if agency spend continues to exceed ceiling.	13/06/2022	Objectives	Almost Certain	Svere	20	Significant	1. Weekly agency reports 2. Scheme of Delegation	1. Agency Recovery Plan requested by EMT 2. Agency Deepdive reports to EMT and Finance and Investment Committee 3. Agency spend highlighted in Trust Board Report	1. Agency Recovery Plan not yet implemented	None identified.	Likely	Severe	16	Significant	1. Budget Reduction Strategy implementation - 31/03/2023	13/06/2022	Iain Omand	Peter Beckwith	FIC / EMT	Trust Board	Unlikely	Severe	8	High

Humber Teaching NHS Foundation Trust

Agenda Item 18

Title & Date of Meeting:	Trust Board Public Meeting - 22nd June 2022
Title of Report:	2022 Equality Delivery System (EDS2)
Author/s:	Steve McGowan & Dr John Bryne Director of Workforce and OD & Medical Director
Recommendation:	To approve √ To receive & note For information To ratify
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	Implementation of EDS2 is mandated for all NHS organisations in the NHS Standard Contract. EDS2 summary report and toolkit is designed to give and overview of the organisations most recent EDS2 implementation and is an annual requirement. It is centred on four primary goals: • Goal 1 – Better health outcomes • Goal 2 – Improved patient access and experience • Goal 3 – A representative and supported workforce • Goal 4 – Inclusive leadership The EDS2 was approved at Executive Management Team on 13th June 2022. The board is asked to consider and approve the summary report.

Key Issues within the report:

Matters of Concern or Key Risks to Escalate: Areas for further development are outlined in the assessment and set out in the work underway.	**Key Actions Commissioned/Work Underway:** The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations – **Developing** Staff report positive experiences of their membership of the workforce – **Developing**
Positive Assurances to Provide:	**Decisions Made:**

Caring, Learning & Growing Together

• Fair NHS recruitment and selection processes lead to a more representative workforce at all levels – **Achieving** • Training and Development opportunities are taken up and positively evaluated by all staff – **Excelling** • When at work, staff are free from abuse, harassment, bullying and violence from any source – **Achieving** • Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives – **Excelling** • Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations – **Excelling** • Papers that come before the Board and other major Committees identify equality related impacts including risks and say how these are to be managed – **Excelling** • Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination **– Achieving**	• The board is asked to consider and approve the summary report.

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	13th June 2022
Mental Health Legislation Committee		Operational Delivery Group	
Charitable Funds Committee		Collaborative Committee	
		Other (please detail)	

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	√			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	

Equality Delivery System for the NHS

EDS2 Summary Report

Implementation of the Equality Delivery System – EDS2 is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS2 in accordance with the '9 Steps for EDS2 Implementation' as outlined in the 2013 EDS2 guidance document. The document can be found at: **http://www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf**

This *EDS2 Summary Report* is designed to give an overview of the organisation's most recent EDS2 implementation. It is recommended that once completed, this Summary Report is published on the organisation's website.

NHS organisation name:

Humber Teaching NHS Foundation Trust

Organisation's Board lead for EDS2:

Director of Workforce and OD

Organisation's EDS2 lead (name/email):

steve.mcgowan@nhs.net

Level of stakeholder involvement in EDS2 grading and subsequent actions:

Patients
Service Users
Carers
Staff (clinical and corporate)
External stakeholders (Public, private, voluntary and third sector organisations)

Involvement platforms include; workshops, forums, task and finish groups, meetings, BAME Staff Network Annual General Meeting, surveys and staff networks.

All the above carried out virtually or face to face, with external and internal

Organisation's Equality Objectives (including duration period):

Patient and Carer's Objectives:
To improve access to digital technology in particular for hard to reach groups.
To co-produce a variety of training packages with people from a diverse background so that it is representative of the protected characteristics.
To continue to develop interpretation and translation services for people who speak English as their second language.
To further develop systems and processes to better understand our data on people accessing our services with a protected characteristic.

Headline good practice examples of EDS2 outcomes (for patients/community/workforce):

- Annual Trust Equality, Diversity and Inclusion (EDI) Celebration Event held 8.7.21
- Successful acquisition of the Hull 0 to 19s IPHSNs contract (developed models centring the assessment of need of individual families with children.)
- Community Mental Health Services Transformation Programme
- Provider collaborative
- Inpatient mental health services redesign
- Social mediation and self help service (SMASH)
- Interpreter on wheels
- Browsealoud tool (making information accessible on website)
- Safeguarding policies, procedures and service specifications

Publication Gateway Reference Number: 03247

Date of EDS2 grading March 2022 **Date of next EDS2 grading** March 2023

Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective
Better health outcomes	1.1	**Services are commissioned, procured, designed and delivered to meet the health needs of local communities** Grade: Undeveloped / Developing / Achieving / Excelling Which protected characteristics fare well: ✓ Age; ✓ Disability; ✓ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation Evidence drawn upon for rating: Set up a Covid- 19 Vaccination Hub for the community CMH Services Transformation Programme Provider Collaborative SMASH Recent successful 0-19 Integrated Public Health Specialist Nursing (IPHSN) tender bids have further developed models centring the assessment of need of individual families with children.	✓
	1.2	**Individual people's health needs are assessed and met in appropriate and effective ways** Grade: Undeveloped / Developing / Achieving / Excelling Which protected characteristics fare well: ✓ Age; ✓ Disability; ✓ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation Evidence drawn upon for rating: CMH Services Transformation Programme Provider Collaborative SMASH ReachDeck Interpreter on wheels Visiting guidance Various Covid- 19 standard operating procedures	✓
	1.3	**Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed** Grade: Undeveloped / Developing / Achieving / Excelling Which protected characteristics fare well: ✓ Age; ✓ Disability; ✓ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation Evidence drawn upon for rating: LD services have health action plans, positive behavior support plans and accessible plans in paper format and electronic format LD services have the 'My Health Guide' on tablets for LD patients to allow them to share their own information Patient electronic clinical systems for integrated use Shared care patient record being introduced and rolled out across the region	✓

Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective
Better health outcomes, continued	1.4	**When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse** **Grade:** Undeveloped / Developing / Achieving / Excelling **Which protected characteristics fare well:** ✓ Age; ✓ Disability; ✓ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation **Evidence drawn upon for rating:** White Ribbon accreditation Safeguarding adult and children's policies, procedures and service specifications in place Mandatory safeguarding training compliance Freedom to speak up policy, campaign and guardians Robust governance and assurances processes Complaints and Feedback	✓
	1.5	**Screening, vaccination and other health promotion services reach and benefit all local communities** **Grade:** Undeveloped / Developing / Achieving / Excelling **Which protected characteristics fare well:** ✓ Age; ✓ Disability; ✓ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation **Evidence drawn upon for rating:** Covid- 19 vaccination hub Annual flu campaign Vaccination programme for flu and covid rolled out for detained patients at the Humber Centre Your Health Prevention and Lifestyle services MH liaison service at acute Trust emergency services dept Virtual Recovery College platform	✓
Improved patient access and experience	2.1	**People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds** **Grade:** Undeveloped / Developing / Achieving / Excelling **Which protected characteristics fare well:** ✓ Age; ✓ Disability; ✓ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation **Evidence drawn upon for rating:** Trust meets statutory duty under equalities act for disabled groups Most properties have access and egress Covid related works carried out to comply with health and safety legislation Virtual and face to face Chaplaincy offer New Mental Health Services 'front door' Access to remotely delivered as well as face to face pulmonary and	✓

Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective
Improved patient access and experience	2.2	**People are informed and supported to be as involved as they wish to be in decisions about their care** **Grade:** Undeveloped / Developing / Achieving / Excelling **Which protected characteristics fare well:** ✓ Age; ✓ Disability; ✓ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation **Evidence drawn upon for rating:** CMH Transformation Programme including Mental Health Service User Reference Group and Staff Support Group Provider Collaborative Patient survey results (National surveys: CMH Service User survey and MH Inpatient Service User survey) Family induction meetings to support dementia patients Inpatient unit community meetings	✓
	2.3	**People report positive experiences of the NHS** **Grade:** Undeveloped / Developing / Achieving / Excelling **Which protected characteristics fare well:** ✓ Age; ✓ Disability; ✓ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation **Evidence drawn upon for rating:** Overall, xx% of our patients were satisfied with the services they received. Overxx% score for friendliness/helpfulness. Over xx% score for ‘ Were you given enough info? ’ Over xx% score for involvement. Patient and Carer Experience forums have continued throughout the year on a virtual basis	✓
	2.4	**People’s complaints about services are handled respectfully and efficiently** **Grade:** Undeveloped / Developing / Achieving / Excelling **Which protected characteristics fare well:** ✓ Age; ✓ Disability; ✓ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation **Evidence drawn upon for rating:** Complaints and Feedback policy and procedure Complaints and Feedback posters and information leaflets available via the Trust website Complaints and Feedback Online form on the Trust website Patient and Carer Experience and Engagement (including Complaints and Feedback) annual report available on Trust website	✓

Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective
A representative and supported workforce	3.1	**Fair NHS recruitment and selection processes lead to a more representative workforce at all levels** **Grade:** Undeveloped / Developing / Achieving / Excelling **Which protected characteristics fare well:** ✓ Age; ✓ Disability; ✓ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation **Evidence drawn upon for rating:** In 2021 NHS England WRES report, the Trust were recognised by the national as being in the Top Ten for WRES Indicator 2 – Relative likelihood of BAME staff being appointed from shortlisting compared to white staff. The Trust adheres to NHS Standards for recruitment and selection Recruitment and selection training Analysed shortlisting to appointment for BAME and disabled	✓
	3.2	**The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations** **Grade:** Undeveloped / Developing / Achieving / Excelling **Which protected characteristics fare well:** ✓ Age; ✓ Disability; ✓ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation **Evidence drawn upon for rating:** Job evaluation process Training provided for the job evaluation process No equal pay claims to date Using standardised job descriptions where possible Full agenda pay gap report analysis carried out The Trusts mean gender pay gap is 11.4% which is slightly lower -1.51% on last year's figure of 12.91%.	✓
	3.3	**Training and development opportunities are taken up and positively evaluated by all staff** **Grade:** Undeveloped / Developing / Achieving / Excelling **Which protected characteristics fare well:** ✓ Age; ✓ Disability; ✓ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation **Evidence drawn upon for rating:** NSS 2021 61.2% staff accessing right training and materials Evaluation and feedback process in place with 94.1% positive responses Proud Leadership and Proud Senior Leadership programmes High Potential Development Scheme Training compliance report through Workforce Insight reports On line ESR platform including mandatory training	✓

Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective
A representative and supported workforce	3.4	**When at work, staff are free from abuse, harassment, bullying and violence from any source** **Grade:** Undeveloped; Developing; Achieving; Excelling **Which protected characteristics fare well:** ✓ Age; ✓ Disability; ✓ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation **Evidence drawn upon for rating:** NSS results declining number of instances BAME Staff Network collaborate on WRES action plan Bullying and Harassment policy Daily Safety Huddle regarding abuse from patients towards staff Bullying and Harassment discussed as part of appraisal process Bullying and Harassment awareness training New staff survey outcomes have seen reduction in discrimination	✓
	3.5	**Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives** **Grade:** Undeveloped; Developing; Achieving; Excelling **Which protected characteristics fare well:** ✓ Age; ✓ Disability; ✓ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation **Evidence drawn upon for rating:** NSS results (67.4% having flexible working options which is above average) Agile project lead for the Trust which contributes towards our flexible working agenda Flexible workforce policy Flexible working requests Retire and return process	✓
	3.6	**Staff report positive experiences of their membership of the workforce** **Grade:** Undeveloped; Developing; Achieving; Excelling **Which protected characteristics fare well:** ✓ Age; ✓ Disability; ✓ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation **Evidence drawn upon for rating:** NSS results: • Diversity and Equality score of 8.42 (Sector 8.32) Staff Friends and Family test Staff charter Staff awards Organisational values Inclusion and collaboration with hard to reach groups Protected characteristics staff network groups	✓

Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective
Inclusive leadership	4.1	**Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations** Grade: Undeveloped / Developing / Achieving / Excelling Which protected characteristics fare well: ✓ Age; ✓ Disability; ✓ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation Evidence drawn upon for rating: CQC report Board sponsor of staff network WRES initiatives Chief Executive links with protected characteristics networks and is the sponsor and provided the opening remarks at the BAME Staff Network AGM Cheif Executive and Trust Chair provided opening and closing	✓
	4.2	**Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed** Grade: Undeveloped / Developing / Achieving / Excelling Which protected characteristics fare well: ✓ Age; ✓ Disability; ✓ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation Evidence drawn upon for rating: Evidence based tools Equality Impact Assessments Equality, Diversity and Inclusion is the golden thread throughout all Trust policies and strategies Risk Register including EDI and workforce	✓
	4.3	**Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination** Grade: Undeveloped / Developing / Achieving / Excelling Which protected characteristics fare well: ✓ Age; ✓ Disability; ✓ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation Evidence drawn upon for rating: EDI mandatory training (94% compliance) EDI training compliance levels reported through Workforce Insight report Quarterly EDI Insight report identifies actions for specific areas Proud Leadership and Senior Leadership programme Bullying and Harassment policy Bullying and Harassment discussed during appraisal process	✓

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NHS
Humber Teaching
NHS Foundation Trust

Agenda Item 19

Title & Date of Meeting:	Trust Board Public Meeting – 22 June 2022
Title of Report:	Collaborative Committee Assurance Report
Author/s:	Peter Beckwith Executive Director of Finance

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

Purpose of Paper: *Please make any decisions required of Board clear in this section:*	The Collaborative Committee is one of the sub committees of the Trust Board This paper provides an executive summary of discussions held at the meeting on Friday 27 May 2022 and a summary of key points for the Humber Teaching NHS Foundation Trust Board to note.

Key Issues within the report:

Matters of Concern or Key Risks to Escalate:	**Key Actions Commissioned/Work Underway:**
• Schoen Clinic York temporary closure	• Continue to work with Schoen Clinic York on action plan following CQC rating of Inadequate
Positive Assurance to Provide:	**Decisions Made:**
• Action Plan in relation to Schoen Clinic York	• Agreed to continue temporary cessation of new admissions to the Schoen Clinic York

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		Collaborative Committee	27 May 2022
		Other (please detail) Report produced for the Trust Board	

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

Caring, Learning
& Growing Together

	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	

Committee Assurance Report – Key Issues

The aim of this report is to provide assurance to the Board about the Collaborative 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.

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 the Collaboration Planning and Quality Team (CP&QT) which is accountable to the Collaborative 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 planning, 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.

The meeting on 27 May was quorate, however it was agreed to focus the agenda on the 2 items below:

1 Schoen Clinic

A decision was taken for Schoen Clinic York to close temporarily to admissions, and this was ratified (via email as agreed) by the Collaborative Committee on 6 May. The unit remains closed to admissions.

This is an interim summary of findings to date. The assurance plan is outlined in the Collaborative Committee Papers for the meeting on 27 May.

Assurance has been sought from a wide range of sources from the beginning of February 2022 to date. This has included contact with service users and staff, policy review, clinical practice review and observation, attendance at more than 20 MDT meetings and reviews of data returns.

2 PCOG Terms of Reference

The Collaborative Committee reviewed the revised draft Provider Collaborative Oversight Group Terms of Reference.