Trust Board Meeting 29 April 2020
Agenda – Virtual Meeting

For a meeting to be held at 9.30am Wednesday 29 April 2020, by Skype and Dial in

		Lead	Action	Report Format
	Standing Items			
1.	Apologies for Absence	SM	To note	verbal
2.	Declarations of Interest	SM	To receive & note	√
3.	Minutes of the Meeting held on 25 March 2020	SM	To receive & approve	√
4.	Action Log and Matters Arising	SM	To receive & discuss	√
5.	Staff Story – Working on the Front Line at Whitby Hospital	JB	To receive & note	√
6.	Chair's Report	SM	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	√
	Assurance Committee Report			
11.	Committee Assurance through Covid 19	MH	To receive & note	√
	Quality and Clinical Governance			
12.	Covid 19 Update and Assurance Report	MM	To receive & note	√
13.	Emergency Preparedness Resilience and Response (EPRR) Annual Report	LP	To receive & note	√
	Corporate			
14.	Report on the Use of the Trust Seal	MM	To receive & note	√
15.	Items for Escalation	All	To note	verbal
16.	**Any Other Business**			
17.	**Exclusion of Members of the Public from the Part II Meeting**			
18.	**Date, Time and Venue of Next Meeting** Wednesday 20 May 2020, 9.30am in the Conference Rooms, Trust Headquarters			

Caring, Learning and Growing

Title & Date of Meeting:	Trust Board Public Meeting – 29 April 2020				
Title of Report:	Declarations of Interest				
Author/s:	Name: Sharon Mays Title: Chair				
Recommendation:	To approve		To receive & note	✓	
	For information		To ratify		
Purpose of Paper:	The report provides the Board with a list of current Executive Directors and Non Executive Directors interests.				

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

Key Issues within the report:	Contained in the report

Monitoring and assurance framework summary:

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

Caring, Learning and Growing

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
Mr Peter Beckwith, Director of Finance (Voting Member)	• Sister is a Social Worker for East Riding of Yorkshire Council • Son is a Student at the St Mary's Health and Social Care Academy
Mrs Hilary Gledhill, Director of Nursing (Voting Member)	No interests declared
Dr John Byrne, Medical Director (Voting Member)	• Executive lead for Research and Development in the Trust. 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).
Mrs Lynn Parkinson, Chief Operating Officer (Voting Member)	No interests declared
Mr Steve McGowan, Director of Human Resources & Diversity (Non Voting member)	No interests declared
Non Executive Directors	
Mrs Sharon Mays – Chairman (Voting Member)	• Trustee of Ready Steady Read • Sister is Head of Compliance Standards and Information at Tees Esk and Wear Valley NHS Foundation Trust
Mr Peter Baren, Non Executive Director (Voting Member)	• Senior Independent Director Beyond Housing Limited • Son is a doctor in Leeds hospitals
Mr Mike Cooke, Non Executive Director (Voting Member)	• Trustee, Yorkshire Wildlife Trust • Chair of Yorkshire Wildlife Trust • Consultant Advisor, University of York • Advisor , National Institute for Health Research • Independent Executive Mentoring Coach • Chair of NIHR International Collaboration Panel Steering Group to embed Applied Research in Health Care Settings • Chair of Knowledge and Dissemination Panel, University of York Mental Health Network Plus NIHR grant • Chair, Cochrane Common Mental Disorders Expert Advisory Board
Mr Mike Smith, Non Executive Director (Voting Member)	• Director MJS Business Consultancy Ltd • Director Magna Trust • Director, Magna Enterprises Ltd • Owner MJS Business Consultancy Ltd

	- Associate Hospital Manager RDaSH - Associate Hospital Manager John Munroe Group, Leek - Non Executive Director for The Rotherham NHS Foundation Trust
Mr Francis Patton, Non Executive Director (Voting Member)	- Chairman, 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 and Chairman, SIBA, The Society of Independent Brewers - Director, Fleet Street Communications - Chairman, Barnsley Facilities Services Limited - Non Executive Director Barnsley NHS Foundation Trust - Director of and chair of BIIAB which is an awarding body for training in the hospitality sector
Mr Dean Royles, Non Executive Director (Voting Member)	- Director Dean Royles Ltd - Director Inspiring Leaders Network - Owner Dean Royles Ltd - Advisory Board of Sheffield Business School - Strategic Advisor Skills for Health - Associate for KPMG

Trust Board Meeting – Public Meeting
Minutes of the Virtual Trust Board Meeting held on Wednesday 25 March 2020
(joining by Skype or dial in)

Present (by skpye or dial in):	Mrs Sharon Mays, Chair
	Mrs Michele Moran, Chief Executive
	Mr Peter Baren, Non-Executive Director
	Prof Mike Cooke, Non Executive Director
	Mr Francis Patton, Non Executive Director
	Mr Dean Royles, Non-Executive Director
	Mr 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 by skpye or dial in):	Mrs Michelle Hughes, Interim Head of Corporate Affairs
	Mrs Jenny Jones, Trust Secretary
	Mr Adam Dennis, Communications Officer
Apologies:	None

Due to the Government guidance for the Coronavirus, the Board meeting was held by Skype/dial in. All members of the Board took part in the virtual meeting.

43/20   **Declarations of Interest**
Any further changes to declarations should be notified to the Trust Secretary. The Chair requested that if any other items on the agenda presented anyone with a potential conflict of interest, they declare their interests and remove themselves from the meeting for that item.

44/20   **Minutes of the Meeting held on 26 February 2020**
The minutes of the meeting held on 26 February 2020 were agreed as a correct record.

45/20   **Matters Arising and Actions Log**
The actions list was discussed.

Mr Smith asked if there was any outcome from action 28/20 where the Chief Executive was to raise Local Authority representation at the Mental Health Legislation Committee with the Chief Executive at Hull City Council's. The Chief Executive confirmed she had raised this and it will be taken forward. It will also be raised as part of the Section 75 discussions that are taking place.

36/20 Audit Committee Assurance Report – Mr Baren reported that the internal audit plan had been circulated. Any questions or queries should be directed to himself of Mr Beckwith. It was recognised that with the current situation this may need to be amended.

46/20   **Chair's Report**
The Chair provided an update in relation to the work she has undertaken since the last meeting. This included:-

- Attendance at the Equality Diversity Inclusion event which included setting the staff

Caring, Learning and Growing

- priorities that have been chosen as well as the patient and carer priorities.
- Visit to Haven Allotment to see the joint working that is taking place with volunteers, staff and service users and seeing the impact from initiatives like this.
- All Governor meetings have been cancelled, however Governors were given the opportunity to comment on the Operational Plan by e mail.
- A call with local chairs was arranged. It was interesting with the current situation around Coronavirus being the main discussion topic in these unprecedented times. A Wats App group has been set up for chairs and NHS Providers.

Resolved: The verbal updates were noted.

47/20 **Chief Executive's Report**

Before presenting her usual report the Chief Executive thanked the Board for their support to the Executive in managing the Coronavirus pandemic. A full briefing would be provided in the Part II Board meeting but the CEO summarised that:

The Trust's business continuity plans had been enacted and an incident control room established with Bronze, Silver and Gold command in place.

Face to face meetings had been stood down across the Trust, including sub committees and a process of continued assurance throughout the pandemic will be discussed in Part II.

Staff were being encouraged and supported to follow the Governments advice and where possible working from home and a range of support mechanisms to enable this had been put in place and were being rolled out.

At this time, the focus of all staff communications is solely on Covid-19 with all other staff communications suspended.

The April Board will be provided with a further update.

The monthly written CEO report provided updates from each of the Directors along with a summary of activities undertaken by the Chief Executive who drew the Board's attention to the following areas.

- Time being spent in Whitby where the administration office moves were taking place and the Covid 19 pods were complete.
- Menopause Session- these were well received sessions and thanks to the HR team for arranging these.
- "The Hull we Want" Launch- this is good work which has been suspended due to the current Coronavirus situation, however the organisation will continue to be an active part of this
- Humber Coast and Vale (HCV) – this continues to progress however some work will be affected with the current situation. Official documentation is awaited, but HCV has been granted Integrated Care Service (ICS) status from 1 April 2020. This is positive for the area and shows there is confidence in the area from regional and national teams.

Mr Smith referred to the Multi-Agency Public Protection Arrangements (MAPPA) update asking if the Trust has any Diversion and Liaison Services as he has not seen any data at the Mental Health Legislation Committee around offending and referrals. It was agreed to note this as a future action around the data going to the Committee.

Professor Cooke commented that with the moves around discharge and lesser recalls back

to Prison due to the current situation that MAPPA would have to be vigilant. Mrs Parkinson responded that these were good points to raise. She explained that Diversion and Liaison services are not provided by the Trust, but are commissioned for the area. MAPPA is considering what implications Covid 19 raises and the Trust will review these and decide the best course of action.

Professor Cooke referred to Pine View and Inspire asking if there is likely to be any criticism of moving patients into Pine View and Inspire due to the Covid 19 Government guidance. He did highlight that if a specific space was needed Inspire was recently opened and therefore was clean.

Mr Patton asked how the Regional Leadership Council of Yorkshire and the Humber Leadership Academy chair role fitted in with the NHS People Plan and the Trust. The Chief Executive explained that the People Plan is yet to be published and is likely to be deferred due to Covid 19.

In terms of the winter plan, Mr Patton asked how lessons learned will be taken forward Mr Parkinson explained that under normal circumstances that anything learned would go through the normal operational arrangements. Pressures remain high although the Trust did fair better this year than in previous years. The usual arrangements for this time of year have been altered now because of Covid 19. Work will continue during this time and ways of working will continue to accelerate and shape the winter planning. Acute services will have limited capacity which will impact on the delivery of health services going forward.

It was confirmed that the Research Conference in May has been postponed until the Autumn. Board members ratified the Social Media and Website policy mentioned in the report.

Mr Baren commented on the closure of the Whitby League of Friends and the transference of existing funds to be used for Whitby Hospital. He was informed that this was approximately £26k.

Resolved: The report, verbal updates were noted.
The Social Media and Website policy was ratified
Diversion and Liaison Services offending and referrals data to be reviewed for the Mental Health Legislation Committee. **Action JB/LP**

48/20   **Publications and Highlights Report**
The report provided an update on recent publications and policy with updates provided by the Lead Executives.

Mr Smith raised the issue of changes to the Mental Health Act given the Covid 19 guidance. The Chief Executive confirmed that this is being addressed and part one received Royal Assent last week and part two is going through this week. Measures are being considered for doctors extension of powers. Only the Chief Medical Officer will be able to enact this.

Resolved: The report was noted.

49/20   **Performance Report**
Mr Beckwith, Director of Finance, presented the report which showed the majority of indicators were within normal variation, the exceptions being waiting times.

Malton Hospital performance has been raised at previous meetings and Mr Baren could see improvement in clinical supervision, but not with appraisals and mandatory training. Mrs Gledhill explained that this report is based on January figures and once she was made aware

of the issues actions were put in place to address these. Improvement should be seen in future reports, however with the Covid 19 pandemic there will be a renewed focus. More real time data is needed around staff going forward. It was confirmed that Child and Adolescent Mental Health Services data will be in the February report.

Professor Cooke referred to agency costs which are high. He commented that this is likely to continue given the current position and if retirees return to work as the Government has appealed. He asked if the Trust can afford the costs and what the impact may be. The Chief Executive said that pre Covid 19 recruitment and retention plans were progressing well. Post Covid 19 will be a different conversation and staff will be in a different position which may have both benefits and disadvantages as staff are going through things which they never have before. Mr Beckwith said that financially pre Covid 19 the costs are accounted for and afterwards the Trust should be reimbursed for any costs. Mr McGowan said EMT has taken a decision that the work around recruitment should not reduce as the Trust cannot afford to lose 6- 9 months of this work.

Mr Patton commented that Care Programme Approach (CPA) reviews are going in the wrong direction. Mrs Parkinson explained that these are completed as the report narrative described and it has been a key area of focus for the organisation. Recently significant improvement has been made with the West Hull Community Mental Health Team (CMHT) which had no patients waiting for allocation. No reduction in CPA is anticipated, but the future are CPA is part of the scope of our CMHT transformation and the national programme that we are a pilot site for.

In terms of sickness Mr Patton suggested separating out sickness as a result of Covid 19 from other sickness. Mr McGowan supported this suggestion which will be taken forward.

The Chair asked about referral to treatment waiting times as the over 52 week waits were due to go to the Quality Committee in April for discussion. It was agreed to pick this up in the part II meeting.

Resolved: The report and verbal updates were noted

| 50/20 | **Finance Report** |

The report presented by Mr Beckwith showed the financial position for the Trust as at 29th February 2020 (Month 11)

- An operational deficit position of £0.367m was recorded to the end of February
- A BRS Risk Provision of £0.416m was included in the reported position.
- Cash balance at the end of January was £12.702m (Underlying Government Banking Service Cash position was £12.654m)
  Use of resources score remains at 2 which is on plan

Mr Patton asked about secure services which had reduced over the month. He was informed that this was in relation to enhanced packages of care and has been escalated to Mrs Parkinson and NHS Improvement.

Trade Debtors was showing a reduction and Mr Patton was informed this was due to winter monies and invoicing of Clinical Commissioning Groups. Deloitte have also been paid for the Local Health and Care Record Exemplar (LHCRE) invoice. Mr Baren asked about the billing for LHCRE and when this is due to start. Mr Beckwith said that next year the value case is accounted for in the revenue costs. Dr Byrne was due to bring an update to the April Board, but the programme has been postponed apart from the key work taking place with Yorkshire Ambulance Service (YAS). Most people have returned to their usual jobs to cover the current emergency. When this changes a report will be brought to the Board.

Resolved: The report was noted.

51/20 **Committee Chair Report**

The report was presented by the Chair for information and identified the Non-Executive Directors who chair the Trust Board Sub Committees.

Mr Patton referred to the Committee Effectiveness Reviews and whether these would be postponed. Mrs Hughes explained that as the work was already in progress and some committees had started to look at these, these could be progressed remotely with committee members. This would also allow, post covid when meetings re-commence, for a focus on other areas. Mrs Hughes will contact Committee chairs to ascertain the position and progress this.

Resolved: The Board noted the report.
Contact to be made with Committee chairs regarding progress with Effectiveness reviews.
Action MH

52/20 **Workforce Committee Update Report**

The paper provided an update in respect to the Committee meeting due to be held on 18 March 2020. The meeting was cancelled due to operational priorities in respect of Covid-19. However papers were e mailed prior to cancellation and the Chair of the Committee has spoken to the Director of Workforce in order to provide this update.

Mr McGowan explained that a Staff Survey presentation was due to be given at the meeting and to a subsequent time out. It was agreed to circulate the presentation to Board members in preparation for it being presented at the next Board Time Out

Professor Cooke provided a verbal update on Charitable Funds Committee reporting that he had reviewed the papers that were due to be circulated and assured by their content. Mr Beckwith added that due to the cancellation of the meeting, the operational plan item that was due to come to the Board had been deferred until business as usual is resumed.

Mr Smith asked if NHS Charities would be issuing any guidance during this period. The Chief Executive has asked Mr Barber to monitor this. In terms of funds, Mr Smith wondered how resources could be used to support staff and patients. Mr McGowan has produced a paper which asked Mr Barber to look at purchasing Ipads for patients and service users so they can contact family and friends as all visiting across the units has been stopped.

Resolved: The report and minutes were noted
Staff Survey presentation to be circulated to Board members **Action SMcG**

53/20 **Operational Plan 2020/21**

The Operational Plan ('Plan') was developed for internal ownership as there is no requirement to submit an organisation operational planning narrative in 2020/2021. The plan has been discussed at both the Executive Management Team meeting and also the February Board meeting. Given the operational plan guidance has been suspended Mr Beckwith suggested that this came back to the Board in October when Covid 19 is less prevalent. The Chief Executive supported this as the plan will include targets which will not be achieved due to the current situation. The Chair agreed for the plan to be postponed until October and also suggested that it may be useful to develop it into an 18 month plan .The Chair asked that Mr Beckwith send an e mail to Governors to share the Board's view.

The Chair acknowledged, on behalf of the Board, the work that staff have done to complete the plan and asked that the Board's appreciation was passed onto those staff.

Resolved: The Board approved the plan.
E mail to be sent to Governors to inform them of the arrangements around the plan **Action PBec**

Draft 18 month plan to come to the Board in October, subject to any guidance issued before then **Action PBec**

54/20 **Staff Survey**
This paper provided details of the staff survey results for 2019 for the Board to note. The full draft Capita report was circulated prior to the meeting. As previously mentioned, a detailed presentation has been produced which will be circulated and presented at a future Board Time Out meeting. The information will be sent to teams so that it can be reviewed in future months. The Board supported this action recognising that there may be limited progress due to other priorities.

Mr Beckwith asked, with Covid 19, whether a survey will be run this year. He was informed that no communication has been received as yet about this.

Resolved: The report was noted

55/20 **Board Assurance Framework**
The report showed Quarter 4 2019/20 of the Board Assurance Framework (BAF). Changes made since the last report were identified in the report.

Mr Baren asked about the new risk around fraud, bribery and corruption. Mr Beckwith explained that this has been included as a result of the self assessment work and not as a consequence of a specific risk.

Resolved: The report was noted

56/20 **Risk Register**
The report provided the Board with an update of Trust-wide risk register (15+ risks) since last reported to the Board in November 2019.

There are currently 6 risks held on the Trust-wide Risk Register which was last reviewed by the Executive Management Team on 16 March 2020.

Mrs Gledhill reported that the Covid 19 risk is reviewed daily and will start to be pulled through onto overarching risk registers. Dr Byrne commented that this risk will bring other challenges that may result in risks which will need to be reported.

Mr Royles noted that the workforce risk has reduced to 15 which in his view will either stay the same or get worse. He suggested that next time the register is reviewed that a reflection be taken on the ability to mitigate as he felt it lacked this at the moment. The risk can be mitigated but in reality staffing levels will get worse. The Chair suggested that when things return to normal that this is picked up through the Workforce and Organisational Development Committee when these risks are reviewed.

Resolved: The report was noted
Workforce risks and mitigation to be discussed at the next Workforce & OD Committee Action SMcG

57/20 **Items for Escalation**
No items were raised

58/20 **Any Other Business**
No other business was discussed

59/20 **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.

60/20 **Date and Time of Next Meeting**
Wednesday 29 April 2020, 9.30am by Skype/dial in

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

Action Log:
Actions Arising from Public Trust Board Meetings

Summary of actions from March 2020 Board meeting and update report on earlier actions due for delivery in April 2020						
Rows greyed out indicate action closed and update provided here						
Date of Board	**Minute No**	**Agenda Item**	**Action**	**Lead**	**Timescale**	**Update Report**
25.3.20	47/20	Chief Executive's Report	Diversion and Liaison Services offending and referrals data to be reviewed for the Mental Health Legislation Committee.	Medical Director / Chief Operating Officer	March 2020	Chief Operating has tasked the Mental Health Legislation Manager to address this in the Mental Health Legislation Steering Group and will update the Committee in quarter 2.
25.3.20	51/20	Committee Chair Report	Contact to be made with Committee chairs regarding progress with Effectiveness reviews.	Interim Head of Corporate Affairs	31 March 2020	Contact made with Committee chairs and Exec leads to progress as planned for submission to the May Board
25.3.20	52/20	Workforce Committee Update Report	Staff Survey presentation to be circulated to Board members	Director of Workforce and Organisational Development	April 2020	Presentation to be circulated w/c 20.4.20
25.3.20	53/20(a)	Operational Plan 2020/21	E mail to be sent to Governors to inform them of the arrangements around the plan	Director of Finance	April 2020	Email sent 2nd April 2020
25.3.20	53/20(b)	Operational Plan 2020/21	Draft 18 month plan to come to the Board in October, subject to any guidance issued before then	Director of Finance	October 2020	Item not yet due

| 25.3.20 | 56/20 | Risk Register | Workforce risks and mitigation to be discussed at the next Workforce & OD Committee | Director of Workforce and Organisational Development | Date to be confirmed | Will be discussed when Committee meetings resume |

Outstanding Actions arising from previous Board meetings for feedback to a later meeting

Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
29.1.20	11/20(a)	Quality Committee Assurance Report and 9 October 2019 Minutes	High reliability organisations discussions to be continued at a future Board Time Out	Medical Director	June 2020	To take place at June Board Time Out
29.1.20	11/20(b)	Quality Committee Assurance Report and 9 October 2019 Minutes	Quality Improvement and Patient Safety Board Development Session to be arranged	Medical Director	June 2020	To take place at June Board Time Out
29.1.20	14/20(b)	Safer Staffing 6 Monthly Report	Definitions and significance of reasonable evidence and sound evidence to be included in future reports	Director of Nursing, Allied Health and Social Care Professionals	June 2020	Item not yet due
26.2.20	28/20	Chief Executive Report	Update on the Population Health Management and links into LHCRE to be provided at the April meeting	Medical Director	April 2020	Date to be confirmed when Covid 19 situation has ended

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

Title & Date of Meeting:	Trust Board Public Meeting – 29 April 2020			
Title of Report:	Staff Story - Working on the front line at Whitby Hospital			
Author/s:	Whitby Staff			
Recommendation:	To approve		To receive & note	
	For information		To ratify	
Purpose of Paper:	To hear from our staff at Whitby about what work is like during the Covid challenge			

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

Key Issues within the report:	Identified in the report

Monitoring and assurance framework summary:

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

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

Caring, Learning and Growing

Working on the front line at Whitby Hospital

It's a challenging time for all. And while we are aware that every NHS staff members' day-to-day routine has changed in light of the COVID-19 crisis, the impact on those on the front lines is unprecedented.

We spoke to Kathy Davies, Nursing In-Patient Ward Manager at Whitby Hospital, about how the outbreak has affected the ward staff, how they're coping and what keeps them going during tough times.

How are you and your team handling the COVID-19 crisis?

My team are handling it brilliantly. It's tough when a lot of our staff members need to self-isolate at home, adding extra pressure to the team, but everyone is demonstrating absolute flexibility and stepping up remarkably well.

Plans change very quickly and I'm really pleased with how everyone has adapted to these new ways of working.

How has the outbreak affected your day to day tasks?

Our day to day routines are affected markedly. We are now wearing full PPE – that includes masks, visors and aprons – which is especially challenging as it's hard to breathe or feel comfortable. It's also extremely time consuming, you have to remove and put them on in a specific way and wash your hands many times in between the steps. It can be really tiring, but we are feeling grateful that we have a good supply and are able to protect ourselves.

It's pretty much all hands on deck with clinical care at the moment. As always, we are prioritising patient care and needs above our own, and we are doing our best to make people smile as much as we can. It's extremely difficult to communicate when wearing all of this protective clothing – patients cannot see our emotions on our face and we have to limit therapeutic touch – it must be quite unsettling for them. But we are doing our utmost to keep them comfortable and supported.

We're also social distancing as much as we can with our colleagues, which means that quite often it can be challenging not to hug or touch a colleague when you want to provide them with reassurance. Ultimately, we are getting through it with regular check-ins and offloading sessions, which are in place to support staff mental health and wellbeing.

What would you say you have learned so far, from this experience?

I think one thing I have realised is that I wish people were more aware of the good things that are happening at the moment, too.

There may be a sense that no one is surviving this crisis, but that is not how I have experienced it. We have a number of elderly and vulnerable patients with existing health conditions who have recovered really well from this. On the other hand, I also know of a lot of people who have tested positive but have not been very unwell at all. It's important to look at all of the data and also pay attention to the positives during a time like this.

Do you feel like your staff are learning a lot from this experience, too?

Of course, so much changes every day. We are constantly learning.

But I have to say, my staff are so resilient and despite their anxieties or worries, I am so proud of how the team has stuck together and supported one another. Everyone has families at home who they need to worry about, but they still show up and deliver excellent patient care, even in times of high stress.

It has made me realise that, as a team leader, it's more important than ever to be thoughtful and reassuring. There's no hiding that this is a scary situation and it's important to acknowledge that and do what we can to support one another.

"My advice is to take it one day at a time. Focus on today and get through it as best as you can."

Also, it might sound strange, but many of us feel lucky that we get to go out to work 'as normal' and don't have to stay at home. Self-isolation can be equally difficult for some people; after all, it's human nature to socialise. We are grateful we get to come into work, have conversations and see other people. It helps us to focus on these small joys and silver linings.

What helps you along the way?

We get by with a good sense of humour. I think it's vital in a clinical care environment to be able to break from intensity with a laugh or smile, not only to reassure your staff and patients, but also to make light in dark situations.

I'd also like to take this opportunity to thank the amazing local communities and organisations, our Trust and NHS charities for all of the donations we have received over the last few weeks. It makes us feel really appreciated and we are so grateful for everything. It brightens our day.

I think the final think I would say is, if you are out there in the community and you need care, we are here. You might not be able to see our familiar faces or give us a hug, but we are still here, as normal, and we are working hard to keep you safe.

Stay Home, Protect Your NHS, Save Lives.

Title & Date of Meeting:	Trust Board Public Meeting – 29 April 2020				
Title of Report:	Chief Executive's Report				
Author/s:	Name: Michele Moran Title: Chief Executive				
Recommendation:	To approve		To receive & note	✓	
	For information		To ratify		
Purpose of Paper:	To provide the Board with an update on local, regional and national issues.				

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

Key Issues within the report:	• Identified within the report

Monitoring and assurance framework summary:

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

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

Caring, Learning and Growing

Chief Executive's Report

This month's report is limited due to the work being progressed in response to Covid 19.

1.1 Visits
Prior to formally declaring and commencing the Trust Emergency planning procedures, I had managed to visit and speak to a few groups of staff across the organisation. Morale was improving with positive feedback on some of the wellbeing initiatives taking place

1.2 Cafe
The Headquarters café, a partnership between Autism plus and the Trust Charity Health Stars was developing well.

1.3 Breast Feeding
As Breast feeding guardian I was also pleased to be part of and interviewed for the Unicef Gold Standard reaccredition process - as the Board is aware Humber is the only Trust to have reached this high level of award:

Gold accredited services are required to undergo a formal revalidation process once a year following Gold accreditation and every three years thereafter. This is achieved via the submission of an annual portfolio which includes data and audit results related to the Baby Friendly standards, as well as actions taken and evidence of progression. The submission includes reports on progress from the Baby Friendly Lead, Head of Service and Guardian. A telephone meeting with each of these three people is carried out to provide a deeper understanding of progress made.

The assessors commented as follows:

"*Once again, an outstanding portfolio has been submitted, and it is very apparent that members of the integrated services are committed to provide excellent services for mothers and babies. The Baby Friendly Leads have excellent knowledge and management skills to ensure that staff at every level thoroughly understand the standards and, together with support from management, constantly strive to improve support for service users. New initiatives have been introduced, which include:*

• *Thank-you for Breastfeeding in Public Scheme.*
• *Evaluation and development of the Ante-natal Infant Feeding Session.*
• *Information sharing and 'Welcome to the world' leaflet.*
• *Integrated Infant Feeding Dashboard.*
• *Development of a local Breastfeeding Friendly scheme.*
• *Planning a local Breastfeeding conference/workshop.*
• *Development of a multi professional clinical skills workshop*

In addition, information and support has been given to a number of other organisations looking to work towards achieving Gold accreditation and those interested in an integrated model. The services are commended for this.

Sufficient evidence has been submitted in order for the Gold revalidation to be passed"

A very well done to the team for such great work and making a difference to families.

1.4 Freedom to Speak Up Guardian Update

There have been no new speak up concerns raised during March 2020, due to the current situation the Trust's Freedom to Speak Up Annual Report will be shared with the Trust Board in June. The vacancy for the Deputy Guardian is due to be advertised across the Trust and it is hoped that we will be able to recruit 2 Deputies to cover the wide geographical coverage of the Trust.

One speak up concern currently remains open pending further investigations.

1.5 Coronavirus Update –Covid 19

As reported to the March Board the Trust's business continuity plans had been enacted and an incident control room established with Bronze, Silver and Gold command in place that coordinates our response to the virus in line with our Emergency Preparedness, Resilience and Response (EPRR) procedures. All of our business continuity plans have been reviewed and we have developed a Covid 19 specific surge plan based on the national and regional modelling data produced by Public Health England. The commands at each level have input from:

- Clinical Services
- Infection Prevention and Control
- Workforce
- Communication
- Risk Management
- Information Technology
- Estates

As a response to the Coronavirus emergency we have implemented some key changes. Face-to-face meetings have ceased and are being held by Skype or teleconferencing where possible to ensure that key business and our Trust response to Covid-19 is managed and progressed.

Some service changes have taken place to ensure we are able to respond to the pandemic and provide services in the safest way possible. In some cases we are delivering them in a different way – for example some of our patients are being contacted by telephone for a consultation rather than being seen face to face.

We are keeping our staff up to date with the latest Personal Protective Equipment (PPE) guidance released by the Government and providing appropriate PPE to all of our sites. We have introduced a centralised approach to ordering PPE (in line with national guidance) and distributing it to our sites in order to optimise the supply we have. The national arrangement is that this is on a "just in time " approach and we have been receiving regular deliveries. Our infection prevention and control team are supporting all areas to ensure that our staff have the information that they need and are using PPE correctly.

(All of our clinical staff delivering patient care must now wear a fluid repellent surgical mask, disposable aprons and gloves when within 2 metres of the patient as a routine minimum requirement for all patients regardless of their COVID-19 status).

In line with Government advice staff who are able to work from home are doing so and have been provided with advice and support to work digitally wherever possible. Our Information Technology (IT) Team have worked very effectively and at pace to support staff with the equipment and access to software to enable staff and services to work remotely. Where we have needed to provide additional training to staff to ensure that we have the necessary skills we have undertaken that.

We have reviewed systematically all of the new national guidance that we have received in relation to Covid 19 and clinical decision making is being supported by a new Clinical Advisory Group chaired by our Clinical Director.

A range of support mechanisms have been introduced to provide staff with advice and assistance to support their health and wellbeing. Our psychologists are now offering a Psychological Support Service to staff seven days a week from 8.00am until 8.00pm.   We have also put a number of

systems in place to provide food to staff who are working across the Trust during this challenging time. Staff working in our inpatient units receive sandwiches on a daily basis and a weekly food box. We have also put in place a system to provide food to staff working in the community and corporate teams. We have assisted staff with travel, accommodation and child care needs if that has been required

Our intranet is serving as a comprehensive Covid-19 support tool for all staff to access the information they need supported by daily communications.

An 'Ask the Exec' live skype session was held which gave staff the opportunity to connect with our Executive Management Team, ask questions and hear more about our Trust response to the COVID-19 outbreak. Over 130 staff joined the call with questions submitted in advance and during the call. A write up of the session has been shared with all staff so those that could not attend have access to the questions and responses. The Chief Executive Officer and Chief Operating Officer are regularly participating in service team meetings across all areas to understand if they feel adequately supported and identify what more we can do.

Regular updates are being provided to our Governors throughout this period and a message has been sent to our members.
Our staff continue to rise to the challenge to ensure our patients are safe and supported well and our thanks go out once again to all of them.

2 Director's Updates

2.1 Chief Operating Officer Update

2.1.1 Redesigning Mental Health Inpatient Service Project
As the board is aware, a strategic outline case (SOC) setting out the case for change for the provision of our mental health inpatient service and some potential options was developed and supported. The Executive Management Team then supported the development of an outline business case (OBC). This work is being progressed, a project board has already been established and has now been joined by Dr Kwame Fofie in his new role as Clinical Director who will now also be the clinical lead for this project. The Chief Operating Officer is the Senior Responsible Officer (SRO). The next step in developing the OBC is to complete the option appraisal process. Workshops that were originally planned are now being undertaken via Skype to ensure that we have good clinical and stakeholder engagement to do this. We continue to work with our partner Citycare in support of developing the OBC and as this is a key project for the Trust we aim to keep to the timescales we have previously set out to the Board. As we undertake this work we will take into account the clinical pathway changes made in response to Covid 19 and consider any impact of this on the bed modelling underpinning the redesign work.

2.2 Director of Nursing, Allied Health and Social Care Professionals

2.2.1 Care Quality Commission (CQC) Update
CQC has written to all registered health and social care providers about how they are adapting their regulatory approach in response to the coronavirus outbreak.
The changes they describe include:

- stopping routine inspections from Monday 16 March.
- a shift towards other, remote methods to give assurance of safety and quality of care
- some inspection activity in a small number of cases, for example where there are allegations of abuse
- giving extra support to registered managers in adult social care

In the letter they have stated their primary objective during the period of the COVID-19 pandemic is to support providers to keep people safe during a period of unprecedented pressure on the health and care system. Inspections and Provider Information Requests for health services will not be conducted during the period of the pandemic.

CQC are talking to social care providers about how to most effectively collect information from them to ensure that the Government has a clear picture of social care in the absence of a single national body equivalent to NHS England.

To support the work to address the pandemic CQC clinically qualified special advisors have returned to the frontline to help with the wider national response; they have offered the Department of Health and Social Care , Public Health England and NHS England their staff where they have relevant skills and a number have been seconded already; and are using their customer contact centre to start taking non-clinical COVID-19 calls in support of 111.

2.3 Medical Director

2.3.1 Medical Education Team
The Medical Education Team and our Director of Medical Education(DME) Dr Stella Morris are liaising closely with the Health Education England and the Deanery with regard to the welfare of our trainees and medical students. All rotations have been postponed for the time being however educational reviews are taking place in an abbreviated format. Our trainees are still receiving support and guidance from their respective supervisors.

2.3.2 Physical Skills Update Course
50 of our Doctor's have participated in a physical health skills update course which was provided by our colleagues in Hull University Teaching Hospitals as part of our Covid-19 preparations. Feedback has been positive and the DME and College tutor are exploring further opportunities to develop this training going forward.

2.3.3 Research Study
Cathryn Hart has submitted expression of interest on behalf of our GP practices to join the PRINCIPLE Study. We're about to open as a site for our first COVID study (known as CCP), which is a WHO observational cohort study looking at all patients with confirmed COVID. It will involve the research team collecting extensive data for each patient until discharge/death. This will be shared anonymously and rapidly in a pre-defined format for aggregation and analysis globally. It will help with profiling, identifying risk factors, infection control and development of future treatments. We're hoping most of the data required can be collected from Lorenzo and SystmOne, so will involve minimal input from our frontline clinical staff. Cathryn is the named local Principal Investigator.

2.3.4 Ward Based Dispensing Project
The Pharmacy team and our Chief Pharmacist, Dr Chong have continued to work on our ward based dispensing project in Westlands which is a fundamental part of our work for the Budget Reduction Strategy (BRS) and Trust transformation plans for 20/21. In addition our recent widespread adoption of electronic prescribing across our inpatients units has facilitated the team with supporting safe prescribing through remote reviews. In addition our community based pharmacists are using enabling technology to support patients with remote clinics in primary care. Dr Chong is also working closely with providers to if further innovations such as electronic prescription transfer can be rolled out across our full range of community and inpatient. This has been available for some time in primary care but has yet to be enabled at a national level for other services.

2.3.5 Patient Experience
Our Patient experience team are currently reviewing the planned work schedule for the next 6 months. Initial thoughts are that our regular Patient, Staff and external stakeholder events will provide an ideal opportunity to review some of the rapid transformation work which has been

undertaken as part of Covid-19 and this will link directly into any strategic work reviews being undertaken across the Trust.

2.4 Director of Workforce & Organisational Development

2.4.1 Workforce Plan 2020/21
Work continues to pull together the workforce plan for 2020/21 which will be submitted for sign off by Workforce and OD Committee in May.

2.4.2 Equality Diversity and Inclusion Annual Report 2019/20.
Work is underway to produce this report which will be submitted to Board in June.

3 Trust Policies
No policies have required approval at a subcommittee since the March Board therefore none require Board ratification. During Covid where committees are not routinely meeting, any policies requiring committee approval can be dealt with virtually if required for approval. Any major changes or new policies will be presented to Board for ratification as required.

4 Communications Update

26th March – 15th April
Over this period the Marketing and Communication's team have been focused on supporting the Trust response to the COVID-19 outbreak. The COVID-19 Communications Plan outlines how we are communicating with our broad range of internal and external stakeholders during this crisis communications period. Our focus remains the delivery of key facts in a clear, timely and targeted way, utilising all channels to ensure our staff, patients, service users and families feel safe, supported and have confidence in the Trust's response.

External Communications
Health & Wellbeing Campaign – The Communications Team have led a local systems COVID mental health and wellbeing campaign. The campaign translates the government's guidance document on managing you mental health and wellbeing during COVID-19 and translates it into easy to digest posters and social media graphics. The graphics have been posted daily on our account and by others includes the CCG's. The campaign has so had a reach of over 24,800 and over 700 interactions across our channels.

'Care Mail' - Care Mail is our initiative to help friends and family stay connected with loved ones at our Trust locations. The Communications Team are creating a messaging portal on our website and in partnership with volunteering and patient and carer experience are putting in place a system to deliver personal messages of support, thanks and encouragement which can make a real difference to aid recovery and boost staff morale.

- **Media**

Media interest has been high over the period but our focus remains on creating positive and uplifting content where possible as well as managing reactive enquiries.

Positive new stories published		Negative new stories	
Local media	5	Local media	1
Website	6		
Social Media	6		
TOTAL	**17**		

Positive media highlights include:

- Therapy Services at Miranda House rated Outstanding - Hull Daily Mail

- Beverley health nurse grateful for donations – Hull Daily Mail
- Wonderful' gesture as retailers donate over 1,000 Easter eggs to NHS staff – Hull Daily Mail, ITV Calendar, Scarborough News, Whitby Gazette, BBC Radio Humberside, Vixen 101, Viking FM, That's TV Humber
- Whitby Staff Recruitment – Whitby Gazette

- **Website**

	Target	Performance over period
Bounce Rate	50%	68%
Social Referrals	12% (a 10% increase in 2019 position)	14.7%

Social referrals have doubled over the period in response to positive activity on our platforms – in particular recruitment posts.

- **Social media**

	Target	Performance over period
Engagement Rate	4%	5.8%
Reach	+50,000 p/m	90,300
Link Clicks	1500 p/m	1684

We have used our social media platforms to post positive and supportive content and to celebrate staff and volunteers. Highlights include:

Our 'Your NHS Needs You' social media campaign encouraged staff to share pictures of themselves and their colleagues to support bank recruitment and recruitment to specifically for Abbey Ward in Whitby. Posts featuring photos of our staff saw double the usual interaction rates with individual posts be seen by over 4000 people and receiving over 400 likes. So far our recruitment campaign has reached over 45,000 of our followings and their connections. This has resulted in strong recruitment to the posts supporting the Trust response.

Many families and individuals have created rainbow designs to display in their windows since the outbreak began as part of #rainbowforthenhs. We asked staff to share their personal creations and those that they have done in our inpatient areas to bring positivity to our platforms. We have a great response from staff with over 30 images shared including designs made by patients.

Internal Communications
During the COVID period we have been delivering twice daily COVID news bulletin to staff seven days a week and once at the weekend. Data demonstrates that staff are reading this important communications with over 550 clicks from the communication to a recent article of staff testing.

The information shared in these bulletins is saved on our COVID-19 Staff Information Portal on the intranet. This page has had over 3000 visits over the period and is the most visited intranet page. The team are updating the page throughout the day with new information which is clearly organised into easy to navigate to sections including updates, resources and frequently asked questions.

The Communications Team have developed and delivered a Health and Wellbeing Hub within the COVID portal to bring together all the Trust, local and national resources available to staff. We

have also developed supportive posters which have been distributed to inpatient and community locations to signpost mental health support available.

We continue to support the Executive Team communications, arranging a live 'Ask the Exec' skype session attended by over 130 staff and filming bi-weekly CEO video updates.

The team are supporting Whitby internal communications during their COVID response including working with North Yorkshire CCG and NHSE communications on a positive proactive statement to outline how the hospital is supporting the system response and creating a specific Whitby staff newsletter.

We have formed a central patient information response function to review all patient communications sent out at this time including patient letters on service change and patient information leaflets. This ensures a coordinated Trust response and that we are aware of service change and can prepare for media implications.

- **Intranet**
  Current performance

The intranet has been a key part of our communications response. It acts as a hub for all live Trust information and is a single source of truth for staff seeking information and reassurance.

	Target	Performance over period
Bounce Rate	40%	66%
Visits	+20% on 2019 average	+40%

Due to the COVID response we saw a high number of visits to our intranet pages over the period. Over the month of March we saw over 60,000 individual sessions compared to 12, 596 in March 2019 and a 2019 average of 22,000 sessions per month.

4 Health Stars Update

COVID-19
This has been a challenging time for us all, and one we will remember for a long time. Health Stars has been working alongside our PROUD team and Voluntary Services to deliver "Food Hampers" throughout Humber NHS Foundation Trust. The Hampers consist of a variety of on- the- go snacks and refreshments both healthy and well deserved treats. These were rolled out initially to our Inpatient Units with the first delivery on 2nd April 2020. These are now being distributed to all of our teams with the first delivery to our Community & Primary care on 16th April 2020. We've received great feedback and have shared some of the comments below. The Hampers will continue to be delivered throughout COVID -19 Pandemic on a fortnightly basis, and Health Stars will continue to support our staff.

Deputy Charge Nurse - "We received the hamper today from Health Stars and this was a very welcomed gift. All of the staff at Maister Lodge would like to thank Health Stars for this."

Modern Matron - "Hi Kristina I just wanted to reiterate our thanks to Health Stars. All the staff at Pine View is really grateful that you have thought of us."
Service Manager- "Thank you for thinking of us, this will be so welcomed by all of the teams during this difficult time"

Unit Manager -"Miranda PICU want to express our thanks for the deliveries yesterday. We were all so grateful and excited. Thank you again"

NHS Charities Together

Health Stars have been liaising with NHS Charities Together throughout the pandemic and have drawn down 2 grants to date of which total £35,000.00; this money enabled the roll out of the "Food Hampers" to all sites. The COVID-19 appeal has been very successful and the next round of grants will commence 20th April 2020 to enable ongoing support to our staff across the patch. At the time of writing we don't know how much money we will receive but it will be based on numbers of staff at our trust. The latest supporter of the appeal has been recognised nationally as Veteran Retired Captain Tom Moore , He pledged to walk 100 times around his garden (25meter laps) before his 100th birthday on 30th April 2020, Captain Tom Moore has received incredible support and has to date raised in excess of £13million for the national charity appeal.

Health Stars Quiz Night

Whilst our first Health Stars quiz night was scheduled to take place on Thursday 26th March 2020 at The Mercure Hotel Willerby in light of the current situation the event has been rearranged and will now take place on Thursday 17th September 2020 all details on the event will remain the same as previously advertise, We would encourage all those scheduled to take place to continue to support the event on the revised date.

Whilst Health Stars were unable to carry out the event as planned they have been making a great effort to continue to keep up staff morale and raise money for our Charity. They hosted their first "Virtual" quiz night 26th March 2020 and received positive feedback.

Health Stars Team

As previously mentioned we were able to offer the job vacancy of Charity Champion role to the successful candidate Alexandra Eyre. This process has since been put on hold temporarily in the COVID-19 situation, we are keen to continue with the induction of Alexandra and welcome her to our team when normal routine is restored. In the interim Kristina Poxon Health Stars Fundraising Manager and the full team at HEY Smile are currently home working but usual working hours are in place.

Michele Moran
Chief Executive
April 2020

Title & Date of Meeting:	Trust Board Public Meeting – 29 April 2020				
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:	To update the Trust Board on recent publications and policy.				

		Date			Date
Governance: *Please indicate which committee or group this paper has previously been presented to:*	Audit Committee		Remuneration & Nominations Committee		
	Quality Committee		Workforce & Organisational Development Committee		
	Finance & Investment Committee		Executive Management Team	15/4	
	Mental Health Legislation Committee		Operational Delivery Group		
	Charitable Funds Committee		Other (please detail)		

Key Issues within the report: *Please ensure you also complete the monitoring and assurance framework summary below:*	Since the March Board and the onset of Covid-19 there have been few publication and policy issues to highlight to Board. The key ones relate to: • The first national review of the Workforce Disability Equality Standard (WDES) – NHSE/I. • CQC stopping routine inspections to focus on supporting providers to deliver safe care during Covid-19. • Interim CQC guidance on DBS and other recruitment checks . • The Coronavirus Bill Guidance issued relating to Covid-19 is managed through Silver Command and a log is maintained.

Monitoring and assurance framework summary:

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

Caring, Learning and Growing

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

Publications and Policy Highlights

The report provides a summary on recent publications and policy.

Workforce Disability Equality Standard (WDES) annual report 2019 NHS England 25 March 2020

This report provides the first national review of the NHS workforce that relates to the workplace representation and career experiences of Disabled staff
https://www.england.nhs.uk/wp-content/uploads/2020/03/nhs-wdes-annual-report-2019.pdf

Lead: Director of Workforce & Organisational Development

Information on our WDES will form part of the Trust ED&I annual report which will be reported to Board later in the year.

CQC to stop routine inspections to focus on supporting providers to deliver safe care during COVID-19 pandemic CQC 16 March

During the COVID-19 pandemic, the CQC's primary objective will be to support providers to keep people safe during a period of unprecedented pressure on the health and care system. Ian Trenholm, Chief Executive of CQC, said: "During this period, our priority will be to support those who deliver health and social care to keep people safe during this global health emergency. We will therefore be stopping routine inspections from today. It may still be necessary to use our inspection powers in a very small number of cases when there is clear evidence of harm, such as allegations of abuse. In adult social care, our inspectors will also be acting as a support for registered managers, providing advice and guidance throughout this period in the absence of a single national body equivalent to NHS England. We are talking to social care providers about how to most effectively collect information from them to ensure that the Government has a clear picture of the impact that COVID-19 is having on the sector."

Other support that CQC is offering the system includes the return of clinically qualified CQC special advisors to the frontline to help with the wider national response; secondments of staff to DHSC, Public Health England and NHS England.

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

To note.

Interim guidance on DBS and other recruitment checks CQC 3 April 2020

Following temporary changes made by the Disclosure and Barring Service (DBS) to DBS applications and processes – we have written to all registered providers to update them on what this means for them.

At this challenging time, it is vital that people can be recruited or allowed to volunteer their support to services as quickly as possible, while making sure that the right checks are in place to keep people using services safe. The guidance outlines how CQC is supporting providers to take an agile approach and use their professional judgement in response to growing demand and concerns around workforce during the pandemic.

The changes and guidance will be in operation for the period that the Coronavirus Act 2020 remains in force and will be reviewed on a regular basis.   Read the full guidance.

Lead: Director of Workforce & Organisational Development

The Trust is taking advantage of the changes to help recruit as quickly as possible during this time.

Coronavirus Bill UK Government 23 March 2020

The Coronavirus Bill was introduced to the House of Commons on 19 March 2020. The Bill is part of the Government's response to the Covid-19 pandemic and is intended to enable the Government to respond to an emergency situation and manage the effects of a pandemic.

The bill enables action in 5 key areas:
- Increasing the available health and social care workforce – for example, by removing barriers to allow recently retired NHS staff and social workers to return to work (and in Scotland, in addition to retired people, allowing those who are on a career break or are social worker students to become temporary social workers)
- Easing the burden on frontline staff – by reducing the number of administrative tasks they have to perform, enabling local authorities to prioritise care for people with the most pressing needs, allowing key workers to perform more tasks remotely and with less paperwork, and taking the power to suspend individual port operations
- Containing and slowing the virus – by reducing unnecessary social contacts, for example through powers over events and gatherings, and strengthening the quarantine powers of police and immigration officers
- Managing the deceased with respect and dignity – by enabling the death management system to deal with increased demand for its services
- Supporting people – by allowing them to claim Statutory Sick Pay from day one, and by supporting the food industry to maintain supplies

The proposals set out in the bill will significantly enhance the ability of public bodies across the UK to provide an effective response to tackle this epidemic. We are therefore aiming for it to reach the statute book and begin to take effect from the end of this month. However, the provisions relating to Statutory Sick Pay are intended to have retrospective effect to 13 March. https://researchbriefings.files.parliament.uk/documents/CBP-8863/CBP-8863.pdf

The Coronavirus Act 2020 ("the Act") received Royal Assent on 25th March 2020 however the temporary modifications relating to mental health legislation are yet to come into force and require regulations to be drafted. In anticipation of the provisions being enacted imminently, this paper summarises the changes contained within the Act due to be brought into effect by the regulations.

MHA s2 and s3
An application by an Approved Mental Health Professional (AMHP) under section 2 or 3 of MHA may be founded on a single medical recommendation if compliance with the requirement for two medical recommendations is impractical or would involve undesirable delay and the AMHP must provide a statement in their application to that effect. There is no requirement for the doctor providing the medical recommendation to have previous acquaintance with the patient but they must be approved under s12 of the MHA. A single medical recommendation is capable of rectification under s15 MHA.

Holding Powers
The duration of both doctors' and nurses' holding powers have increased; doctors are authorised to hold the patient under s5(2) for a maximum of 120 hours (5 days) and nurses under s5(4) for 12 hours.   In relation to the holding power under s5(2), any doctor or Approved Clinician (AC) can use the holding power if use by the patient's doctor or AC in charge of treatment would be impractical or involve undesirable delay.

Place of Safety
The period of detention in a place of safety for both s135 and s136 has been substituted from 24 hours to 36 hours and the additional 12 hour extension follows this.

Consent to Treatment
The AC in charge of treatment may give a certificate under section 58(3)(b)) if complying with the requirement for requesting a Second Opinion Appointed Doctor (SOAD) is impractical or would involve undesirable delay. Whether it is the AC in charge of treatment or the SOAD providing the certificate, they are only required to consult one other person if consultation with two other persons is impractical or would involve undesirable delay. The person consulted must have been professionally concerned with the patient's medical treatment, and must not be a nurse, a registered medical practitioner, the RC or the AC in charge of the treatment.

Part III Patients

• Court Orders
If the court decides it is impracticable or would involve undesirable delay, the accused or convicted person may be detained in hospital following a single medical recommendation under sections 36 (remand to hospital), 37 (hospital order), 38 (interim hospital order), 45A (hospital direction) and 51 (detention order in person's absence) .

• Transfer Directions
Where the Secretary of State is satisfied that it is impracticable or would involve undesirable delay in obtaining two medical recommendations, one medical recommendation can support a transfer direction under sections 47 and 48.

• Conveyance of Accused or Convicted Persons to Hospital
Time frames have been amended in relation to conveying/admitting the accused or convicted persons to hospital. "As soon as practicable" has been added after the relevant timeframe for sections 35 and 36 (remand to hospital), 40 (effect of hospital orders and interim hospital orders) and 45B (effect of hospital directions and limitation directions). Under section 47(2) the number of days has increased from 14 to 28.

The Act makes provision for the existing MHA forms to be used with the modifications outlined above.

Title & Date of Meeting:	Trust Board Public Meeting– 29th April 2020			
Title of Report:	Performance Report - Month 12 (March)			
Author/s:	Name: Peter Beckwith/Richard Voakes Title: Director of Finance/Business Intelligence Lead			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	This purpose of this report is to inform the Trust Board on the current levels of performance as at the end of March 2020. The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format.			

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

Key Issues within the report:	The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format. The Trust Gold command have agreed that the Performance Report should continue to come to Trust Board, but given the current emergency planning situation no commentary would be provided. Data for clinical supervision is currently not being collected therefore the reporting for this indicator is until February 2020. Clinical supervision however continues to take place. For March 2020 the Friends and Family Test has reduced to 70%, this is influenced due to the fact that a higher percentage of responses are from a primary care setting, where responses are historically low.

Monitoring and assurance framework summary:

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

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

NHS

Humber Teaching
NHS Foundation Trust

INTEGRATED BOARD REPORT

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

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

Chief Executive: Michele Moran

Prepared by: Business Intelligence Team

Caring, Learning and Growing

Humber Teaching NHS Foundation Trust
Integrated Board Report

For the period ending:	**Mar 2020**	

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

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

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

Dashboard	Safer Staffing	A dashboard to provide overview on a number of clinical indicators for the Trust's inpatient units across all services
Dashboard	Mortality	Learning from Mortality Reviews
Goal 1	Incidents	Total number of incidents reported on Datix
Goal 1	Mandatory Training	A percentage compliance for all mandatory and statutory courses
Goal 1	Vacancies	Variance between the budget (funded) establishment and actual staff in post. Note that not all vacancies are funded
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	CPA - 7 day follow ups	Percentage of patients who were on CPA and had a follow up within seven days of discharge from hospital
Goal 2	CPA - Reviews	Percentage of patients who are on CPA and have had a review in the last 12 months

Humber Teaching NHS Foundation Trust
Integrated Board Report

For the period ending:	**Mar 2020**

Goal	Metric	Description
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 have been assessed but continue to wait more than 18 weeks for treatment
Goal 2	RTT - 52 Week Waits	Number of patients who have yet to be seen for treatment and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - Adult ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Adult and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - Paediatric ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Children and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks
Goal 2	RTT - Early Interventions	Percentage of patients who were seen within two weeks of referral
Goal 2	RTT - IAPT 6 Weeks and 18 weeks	Percentage of patients who were seen within 6 weeks and 18 weeks of referral
Goal 3	Recovery Rates - IAPT	Recovery Rates for patients who were at caseness at start of therapeutic intervention
Goal 3	Admissions of Under 18s	Number of patients aged 17 and under who were admitted to an adult ward
Goal 3	Out of Area Placements	Number of days that Trust patients were placed in out of area wards
Goal 4	Delayed Transfers of Care	Results for the percentage of Mental Health delayed transfers of care
Goal 4	Staff Sickness	Percentage of staff sickness across the Trust (not including bank staff)
Goal 4	Staff Turnover	Percentage of leavers against staff in post
Goal 4	PADRs	Percentage of staff who have received a Performance and Development Review within the last 12 months
Goal 5	Finance - Cash in Bank	Review of the cash in the Bank (£000's)
Goal 5	Finance - Use of Resource Score	The Single Oversight Framework assesses the Trust's financial performance across different metrics
Goal 5	Finance - Income and Expenditure	Review of the Income versus Expenditure (£000's) by month
Goal 6	Complaints	Two charts showing the number of Complaints Received (1) and the number of Complaints Responded to and Upheld (2)
Goal 6	Compliments	Chart showing the number of Compliments received by the Trust by month

PI RETURN FORM 2019-20

Goal 1 : Innovating Quality and Patient Safety

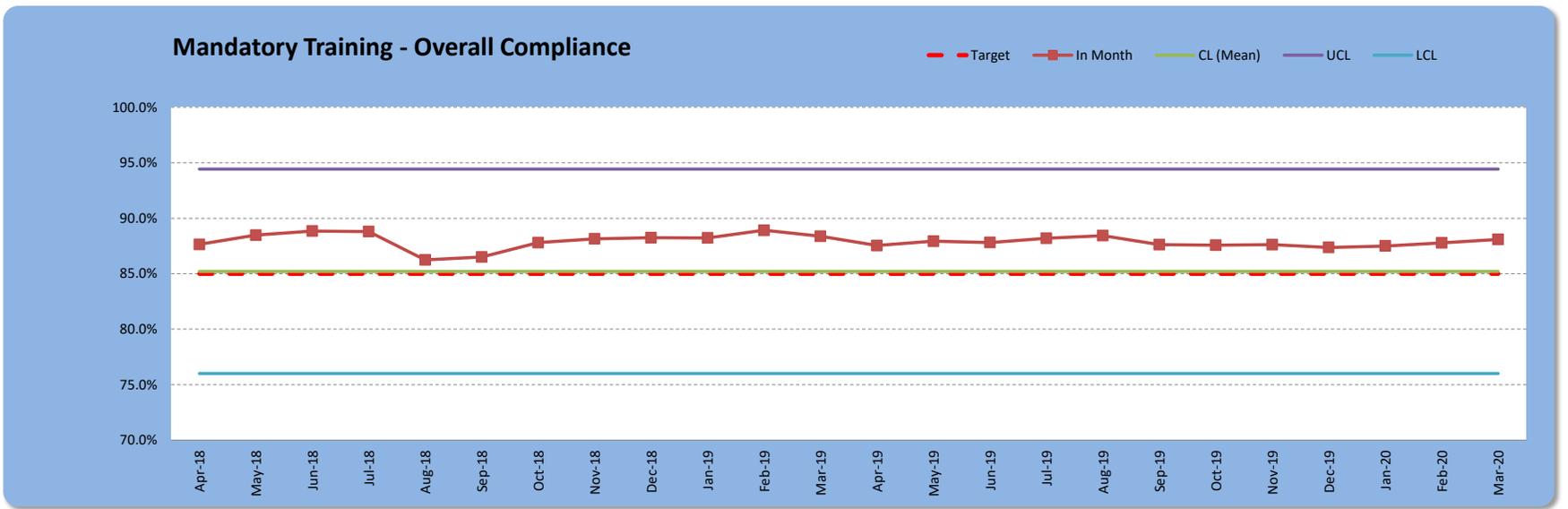**For the period ending:**   **Mar 2020**

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	**Executive Lead** Steve McGowan	WL 5

Narrative
Above Target

Target: 85%
Amber: 75%

Current month stands at 88.1%

Mandatory Training - Overall Compliance

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

Exception Reporting and Operational Commentary

Business Intelligence

During these unprecedented times it has been agreed by Gold Command to suspend any commentary/narrative in the Integrated Board Report for March. This will be reviewed in the coming months.

CHART ABOVE SHOWS COMPLIANCE TO FEBRUARY

PI RETURN FORM 2019-20

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Mar 2020**

Indicator Title	Description/Rationale		KPI Type
Vacancies (WTE)	Variance between the establishment and actual staff in post. This information is taken from the Trust financial ledger.	**Executive Lead** **Steve McGowan**	WL 2 VAC

Narrative
within control limits

Vacancies

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

Target: TBC
Amber: TBC

Current month stands at 342.1

Exception Reporting and Operational Commentary

Breakdown of Vacancies per Division

During these unprecedented times it has been agreed by Gold Command to suspend any commentary/narrative in the Integrated Board Report for March. This will be reviewed in the coming months.

PI RETURN FORM 2019-20

Goal 1 : Innovating Quality and Patient Safety

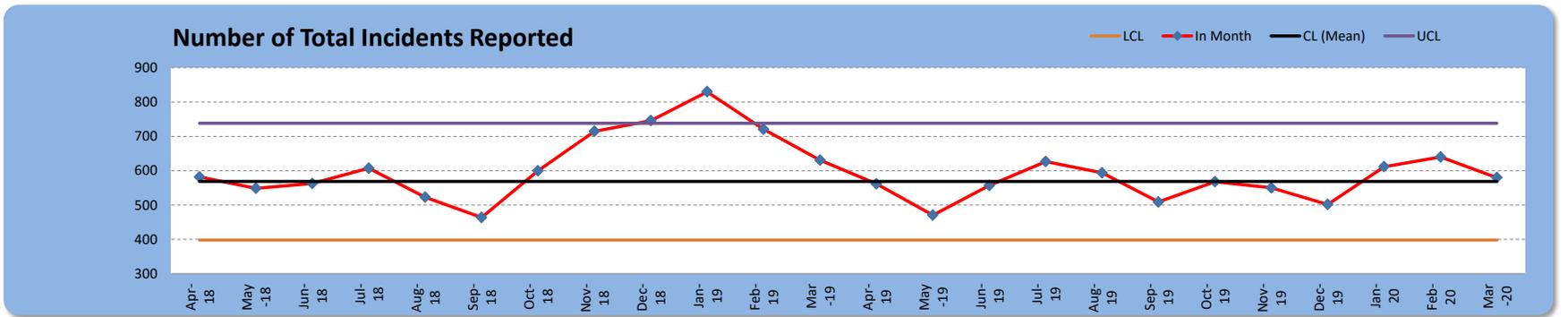**For the period ending:** **Mar 2020**

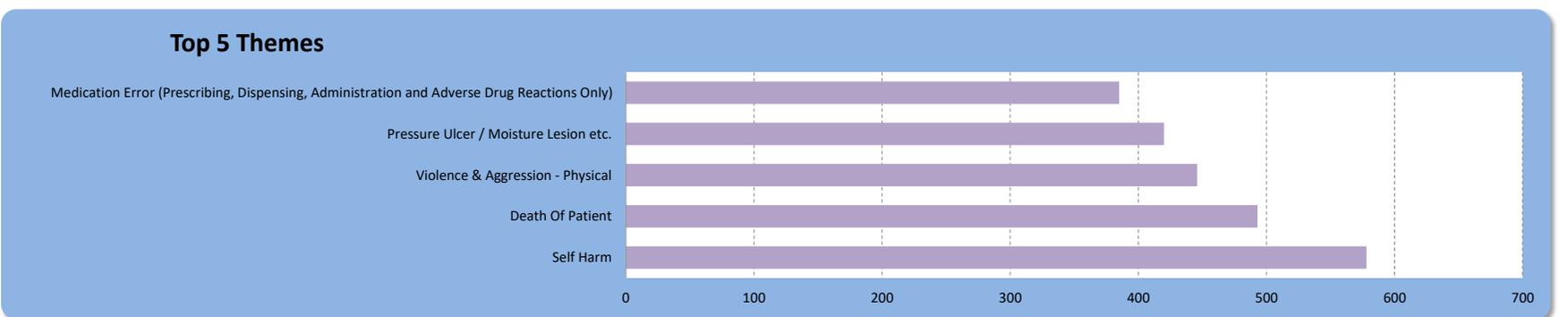| Indicator Title	Description/Rationale		Executive Lead	KPI Type
Incidents	Total number of incidents reported on Datix		Hilary Gledhill	IQ 6

Narrative
Within Control Limits

UCL: 739
LCL: 398

Current month stands at 580

Top five themes of incidents reported in the current financial year (Year to Date)

Number of Total Incidents Reported

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

Top 5 Themes

- Medication Error (Prescribing, Dispensing, Administration and Adverse Drug Reactions Only)
- Pressure Ulcer / Moisture Lesion etc.
- Violence & Aggression - Physical
- Death Of Patient
- Self Harm

Exception Reporting and Operational Commentary

Business Intelligence

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PI RETURN FORM 2019-20

Goal 1 : Innovating Quality and Patient Safety

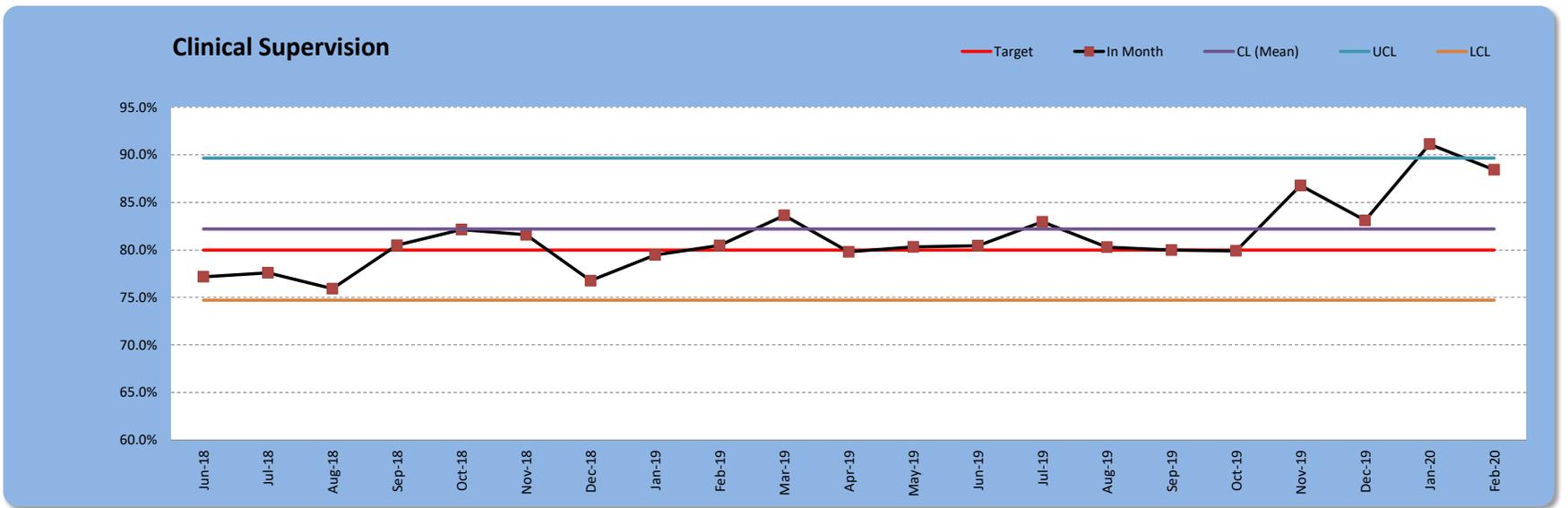**For the period ending:**   **Mar 2020**

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

Narrative
Performance above target

Target: 80%
Amber: 75%

Current month stands at

Clinical Supervision

Exception Reporting and Operational Commentary

Business Intelligence

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GRAPH SHOWS UP TO FEBRUARY AS DATA COLLECTION WAS SUSPENDED FOR MARCH

HUMBER TEACHING NHS FOUNDATION TRUST
SAFER STAFFING QUALITY DASHBOARD

Shown one month in arrears

Speciality	Ward	Speciality	WTE	OBDs (inc leave)	CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Day Registered	Day Un Registered	Night Registered	Night 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)	PADRs	Sickness Levels (clinical)	WTE Vacancies (RNs only)	Jan-20	Feb-20
Adult MH	Avondale	Adult MH Assessment	28.8	72%	13.42	28.8%	↓	0.6%	↓	72%	81%	99%	109%	1	3	0	0	100.0%	90.3%	90.9%	94.4%	93.5%	4.3%	3.2	1	1
Adult MH	New Bridges	Adult MH Treatment (M)	38.4	89%	9.43	9.4%	↓	6.1%	↓	84%	98%	89%	108%	0	0	0	0	84.2%	94.8%	100.0%	96.2%	88.4%	8.6%	3.0	1	1
Adult MH	Westlands	Adult MH Treatment (F)	30.0	96%	8.31	37.7%	↓	12.3%	↓	68%	90%	84%	111%	4	2	0	0	73.5%	90.5%	100.0%	81.0%	90.6%	16.1%	5.6	3	4
Adult MH	Mill View Court	Adult MH Treatment	27.0	91%	8.37	24.0%	↓	0.4%	↓	84%	88%	81%	122%	1	1	0	0	100.0%	90.7%	90.9%	82.4%	83.3%	3.3%	3.8	1	0
Adult MH	Hawthorne Court	Adult MH Rehabilitation	23.0	50%	12.45	34.5%	↑	1.3%	↓	59%	79%	101%	98%	0	2	0	0	83.3%	89.2%	70.0%	84.6%	50.0%	17.2%	-0.8	3	3
Adult MH	PICU	Adult MH Acute Intensive	25.2	70%	19.37	31.5%	↑	15.3%	↑	69%	136%	97%	100%	2	4	0	0	100.0%	86.4%	100.0%	100.0%	60.7%	16.2%	7.4	2	3
OP MH	Maister Lodge	Older People Dementia Treatment	34.4	93%	14.96	23.9%	↓	0.0%	→	64%	107%	102%	118%	0	7	0	0	100.0%	94.3%	90.0%	96.2%	92.1%	6.9%	2.0	3	3
OP MH	Mill View Lodge	Older People Treatment	23.8	100%	11.98	12.9%	↑	0.0%	→	72%	93%	103%	105%	0	0	0	0	100.0%	97.9%	90.9%	100.0%	46.2%	2.0%	1.8	2	3
Specialist	Pine View/ Darley	Forensic Medium Secure	23.3	44%	7.01	0.0%	→	0.0%	→	86%	70%	100%	97%	0	0	0	11	100.0%	93.3%	100.0%	92.9%	84.0%	3.1%	1.0	2	3
Specialist	Derwent	Forensic Low Secure	24.2	85%	12.73	18.7%	↓	7.2%	↓	95%	83%	100%	98%	1	1	0	1	96.8%	94.6%	100.0%	88.2%	96.2%	8.4%	2.8	1	1
Specialist	Ouse	Forensic Low Secure	25.8	93%	7.40	12.9%	↑	6.0%	↓	94%	84%	100%	98%	1	0	0	14	100.0%	96.4%	100.0%	90.0%	100.0%	8.4%	2.4	2	2
Specialist	Swale	Personality Disorder Medium Secure	28.1	73%	12.25	44.2%	↓	0.0%	→	89%	92%	101%	130%	1	0	1	0	87.5%	87.5%	88.9%	89.5%	78.6%	14.6%	1.0	1	1
Specialist	Ullswater	Learning Disability Medium Secure	25.2	58%	18.05	37.1%	↓	0.0%	→	77%	97%	100%	82%	2	1	0	7	100.0%	95.7%	90.0%	100.0%	96.2%	8.0%	1.0	1	1
Child & LD	Townend Court	Learning Disability	36.1	55%	22.02	33.4%	↓	0.0%	→	68%	87%	55%	120%	2	1	0	0	85.7%	89.8%	69.2%	91.7%	64.9%	9.6%	3.1	4	4
Child & LD	Inspire	CAMHS	44.8	84%	25.78	1.9%	↑	0.0%	↑	68%	64%	89%	63%	0		0	0	No Ret	86.3%	80.0%	87.5%	14.9%	13.2%	4.0	4	6
Child & LD	Granville Court	Learning Disability Nursing Treatment	40.9	Not Avail	n/a	32.5%	↑	0.0%	→	106%	89%	103%	94%	0	0	0	n/a	93.9%	94.6%	100.0%	82.9%	79.2%	3.5%	1.0	2	0
CH	Whitby Hospital	Physical Health Community Hospital	34.3	89%	6.50	0.0%	→	0.0%	→	89%	101%	100%	98%	4	0	0	n/a	81.6%	92.0%	65.0%	70.0%	85.7%	8.1%	0.0	3	1
CH	Malton Hospital	Physical Health Community Hospital	27.2	89%	6.82	Not on eRoster		Not on eRoster	→	92%	101%	130%	102%	0	0	0	n/a	No Ret	80.4%	73.3%	50.0%	75.7%	4.6%	2.4	4	2

Exception Reporting and Operational Commentary

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NOTE: DARLEY CLOSED 26 FEBRUARY. STAFF AND PATIENTS TRANSFERRED TO PINE VIEW. SAME DAY

The YTD figure for Failed Leave for Ouse shows a total of 14. However, this has significantly reduced recently with none cancelled in October

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

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

Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
13.60%	13.90%	13.40%	12.50%	14.30%	17.10%	16.80%	18.60%	16.11%	15.70%	15.00%	

Slips Trips and Falls

	4	5	6	7	8	9	10	11	12	1	2	3	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Maister Lodge	3	4	1	2	4	3	4	3	2	3	3	7	39
Mill View Lodge	1	3	1	2	0	2	0	4	4	1	1	1	20
Whitby	1	3	10	4	3	2	3	5	6	4	3	3	47
Malton	0	1	0	0	0	0	0	0	0	0	0	1	2

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

Quality Dashboard

Mortality Dashboard	Quarter 4

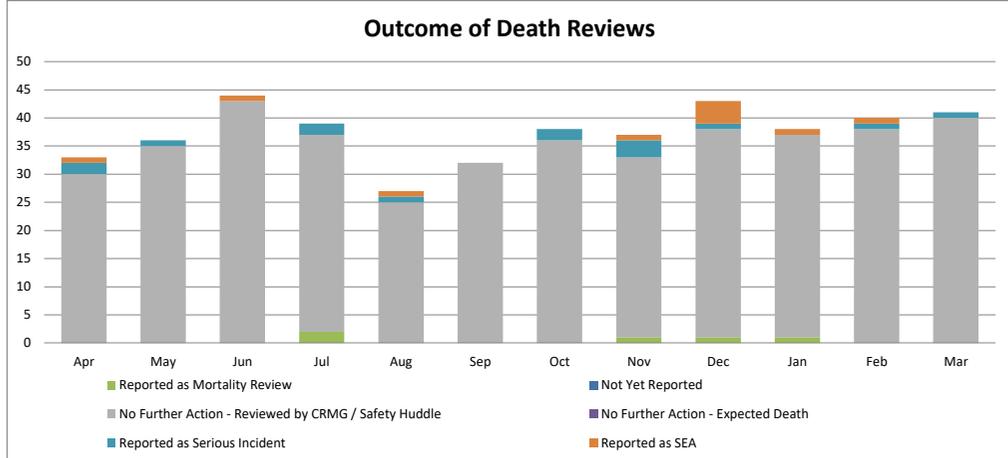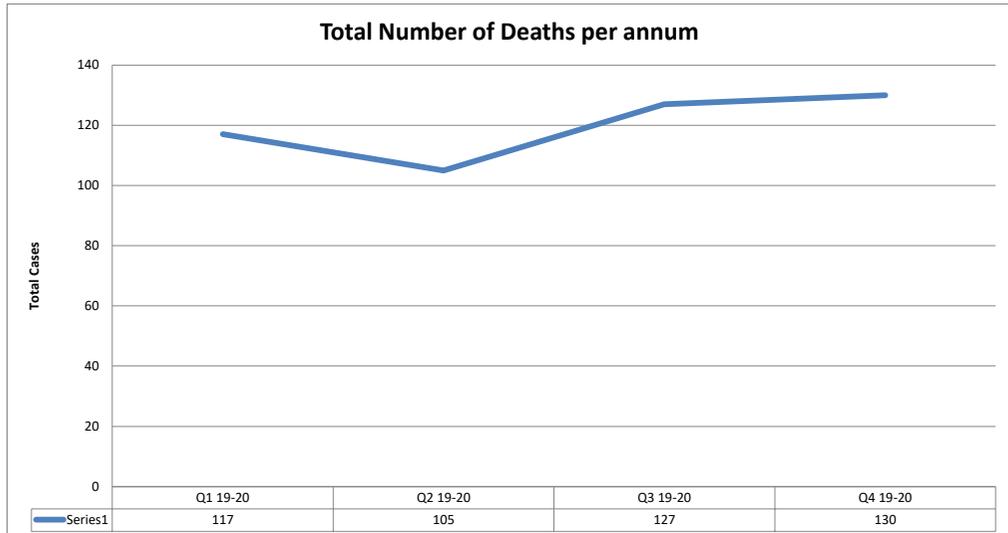**Description : Learning from Mortality Reviews**

Summary of total number of deaths and total number of cases reviewed under the SI (Serious Incident) Framework or Mortality Review

Total Number of Deaths and Deaths Reviewed
(does not include patients with identified Learning Disabilities)

	Q1	Q2	Q3	Q4	YTD
Total Number of Deaths - 2019/20	117	105	127	130	479
Total Number of Natural Deaths	104	94	111	118	427
Proportion of Natural Deaths	88.9%	89.5%	87.4%	90.8%	89.1%
Total Number of Deaths - Community Hospitals	27	28	33	38	126
Total Number of Deaths - MH Inpatients	13	13	17	22	65
Total Number of Deaths - LD Inpatients	0	2	4	0	6
Total Number of Deaths - Forensics Inpatients	0	0	0	0	0
Total Number of Deaths - All Community excl. MH	43	31	25	20	119
Total Number of Deaths - MH Community	9	8	10	13	40
Review Process					
Reported as Mortality Review	0	2	2	1	5
No Further Action - Reviewed by CRMG / Safety Huddle	108	92	105	114	419
No Further Action - Expected Death	0	0	0	0	0
Reported as Serious Incident	3	3	6	2	14
Reported as SEA	2	1	5	2	10
	0	0	0	0	0
	0	0	0	0	0
Total Deaths Reviewed	113	98	118	119	448
Not Yet Reported	0	0	0	0	0
Awaiting Cause of Death	3	6	8	11	28

Total Number of Deaths per annum

	Q1 19-20	Q2 19-20	Q3 19-20	Q4 19-20
Series1	117	105	127	130

Outcome of Death Reviews

Legend:
- Reported as Mortality Review
- Not Yet Reported
- No Further Action - Reviewed by CRMG / Safety Huddle
- No Further Action - Expected Death
- Reported as Serious Incident
- Reported as SEA

Quality Dashboard

Mortality Dashboard	Quarter 4

Description : Learning from Mortality Reviews

Summary of total number of Learning Disability deaths and total number of cases reviewed under the LeDeR Review methodology

Total Number of Deaths, Deaths reviewed and Deaths Deemed Avoidable for patients with identified Learning Disabilities)

	Q1	Q2	Q3	Q4	YTD
Number of LD Deaths in Inpatients	0	1	2	0	3

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PI RETURN FORM 2019-20

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Mar 2020**

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

Narrative

Above target

Target: 90%
Amber: 80%

Current month stands at 70.2%
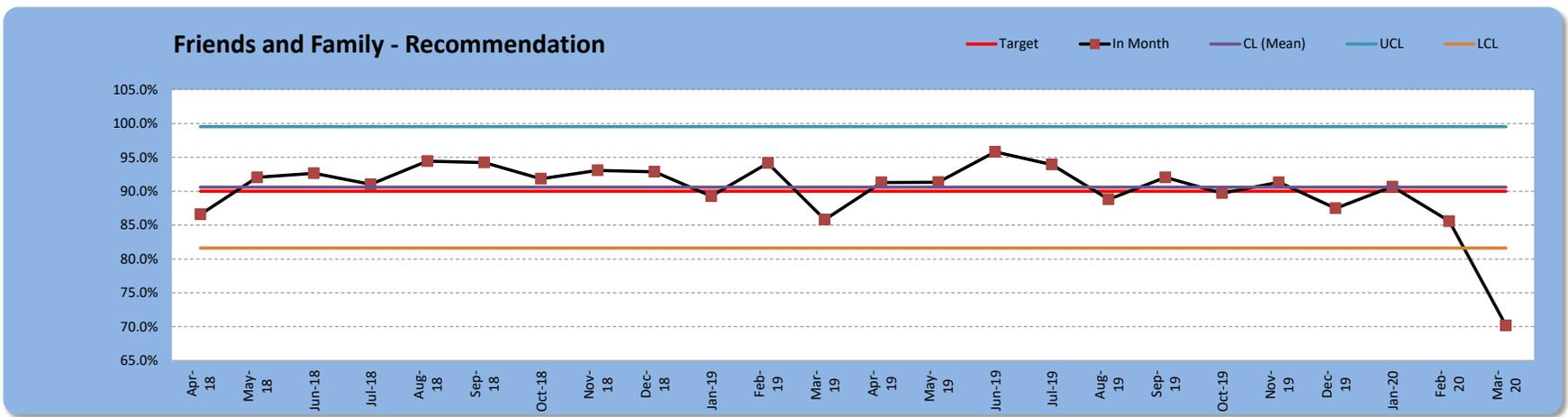
Friends and Family - Recommendation

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

Exception Reporting and Operational Commentary

Business Intelligence

During these unprecedented times it has been agreed by Gold Command to suspend any commentary/narrative in the Integrated Board Report for March. This will be reviewed in the coming months.

Calculation based on ALL surveys completed across all service areas including GPs. Mjog, Push Doctor and tablet data are included.

The number of Friends & Family returns received for the current month is:
667

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Mar 2020**

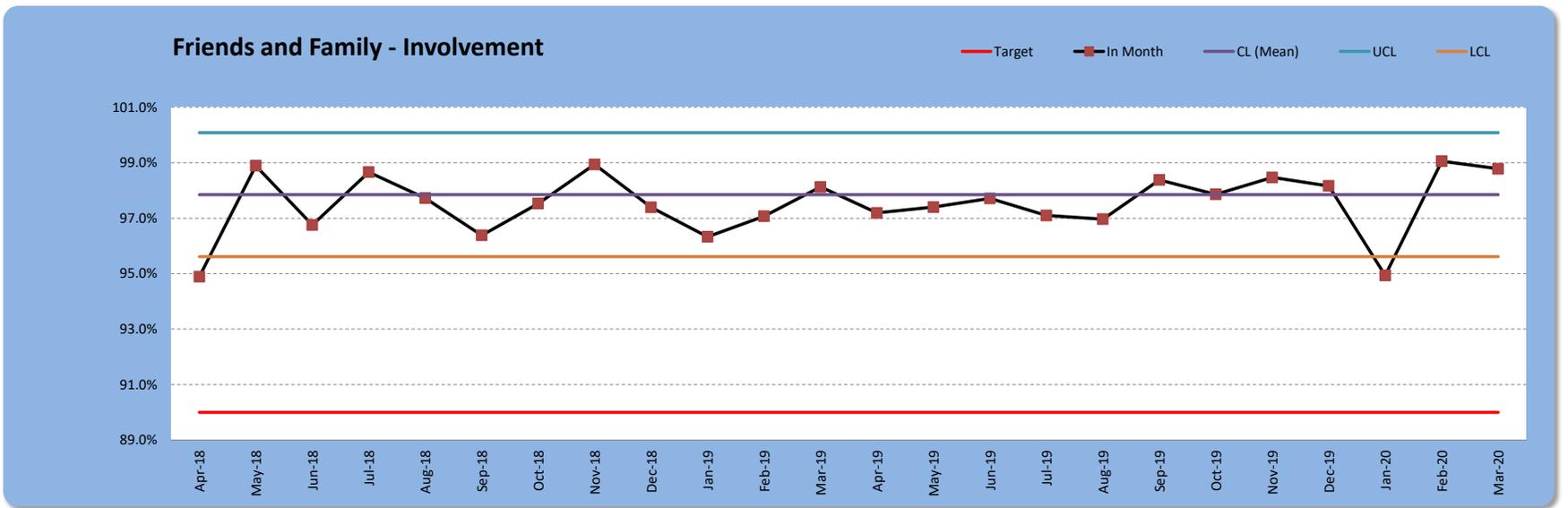| Indicator Title	Description/Rationale		KPI Type
			CA 3c %
Friends and Family Test	Results of the overall surveys completed where patients felt they were involved in their care	Executive Lead John Byrne	CA 3c %

Narrative

In month target achieved

Target: 90%
Amber: 80%

Current month stands at 98.8%

Friends and Family - Involvement

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

Exception Reporting and Operational Commentary

Business Intelligence

The results for the two remaining question results are:

	Mar-20
Patients Overall FFT Helpful	98.7%
Patients Overall FFT Information	98.4%

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PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Mar 2020

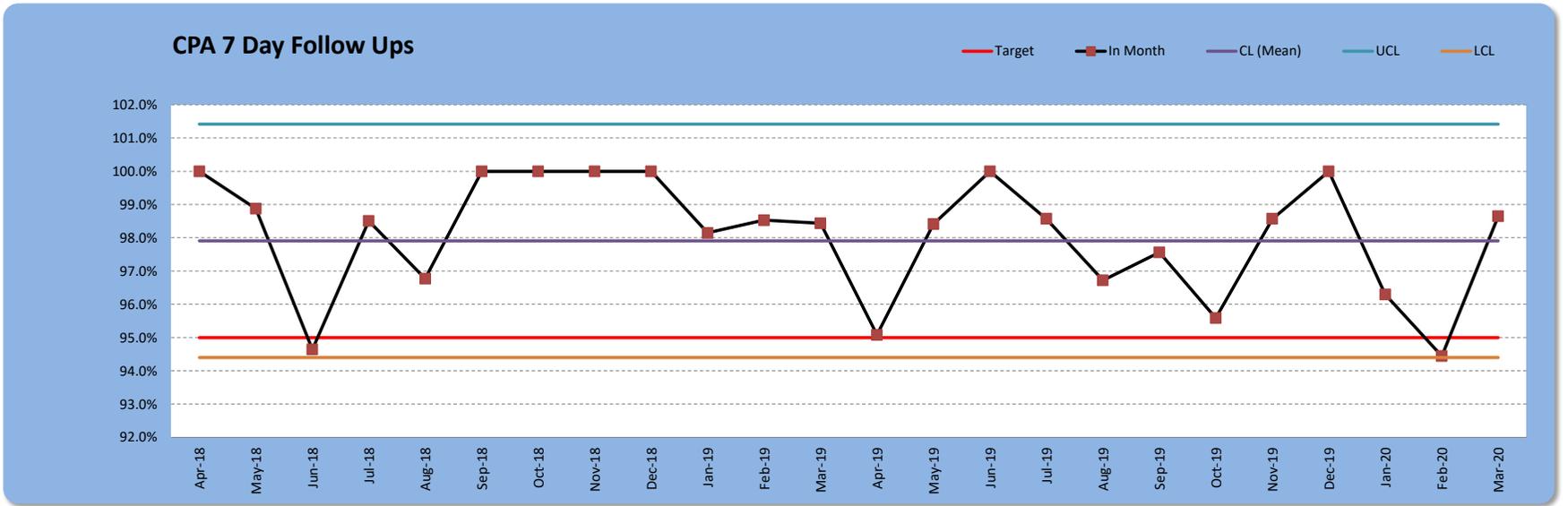| Indicator Title	Description/Rationale		KPI Type
CPA 7 Day Follow Ups	This indicator measures the percentage of patients who were on CPA and had a follow up within seven days of discharge	**Executive Lead** Lynn Parkinson	OP 12

Narrative	
Above Target	
Target: 95%	
Amber: 85%	
Current month stands at 98.6%	

Exception Reporting and Operational Commentary

Business Intelligence

CQUIN - 3 day follow up process
87.9% of follow ups in achieved for February (109/124)

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PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Mar 2020**

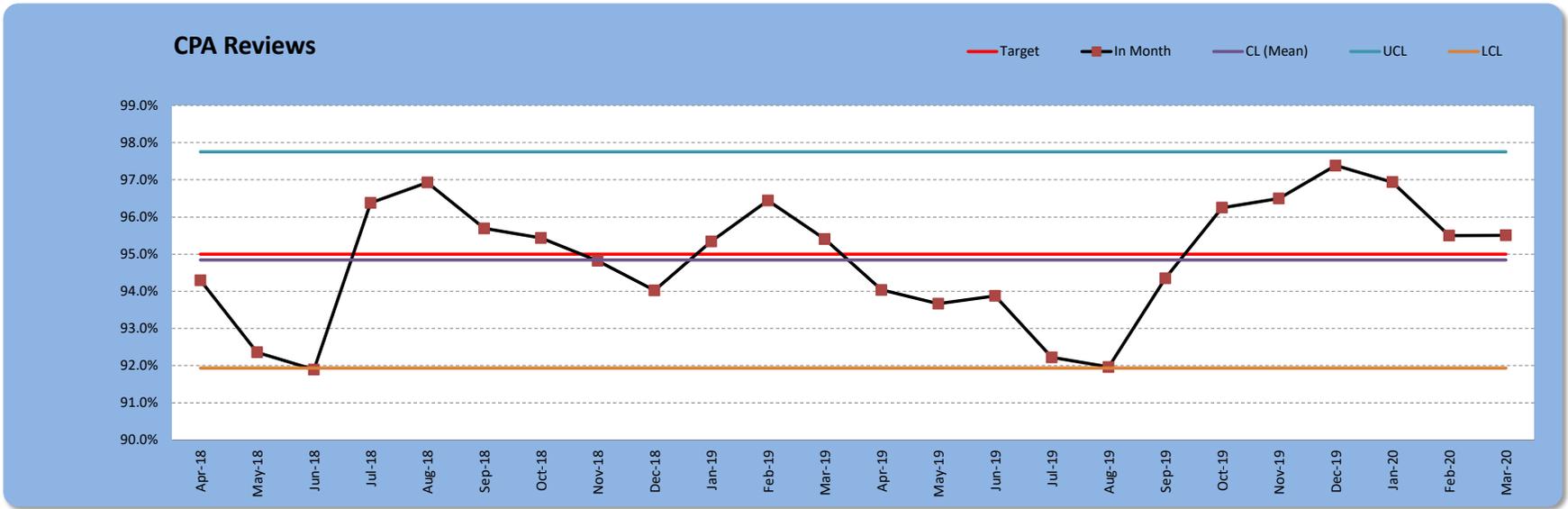| Indicator Title	Description/Rationale		KPI Type
Care Programme Reviews	This indicator measures the percentage of patients who are on CPA and have had a review in the last 12 months	**Executive Lead** **Lynn Parkinson**	OP 7

Narrative	
Performance increase and above target	

Target: 95%
Amber: 85%

Current month stands at 95.5%

CPA Reviews

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

Exception Reporting and Operational Commentary

Business Intelligence

During these unprecedented times it has been agreed by Gold Command to suspend any commentary/narrative in the Integrated Board Report for March. This will be reviewed in the coming months.

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Mar 2020**

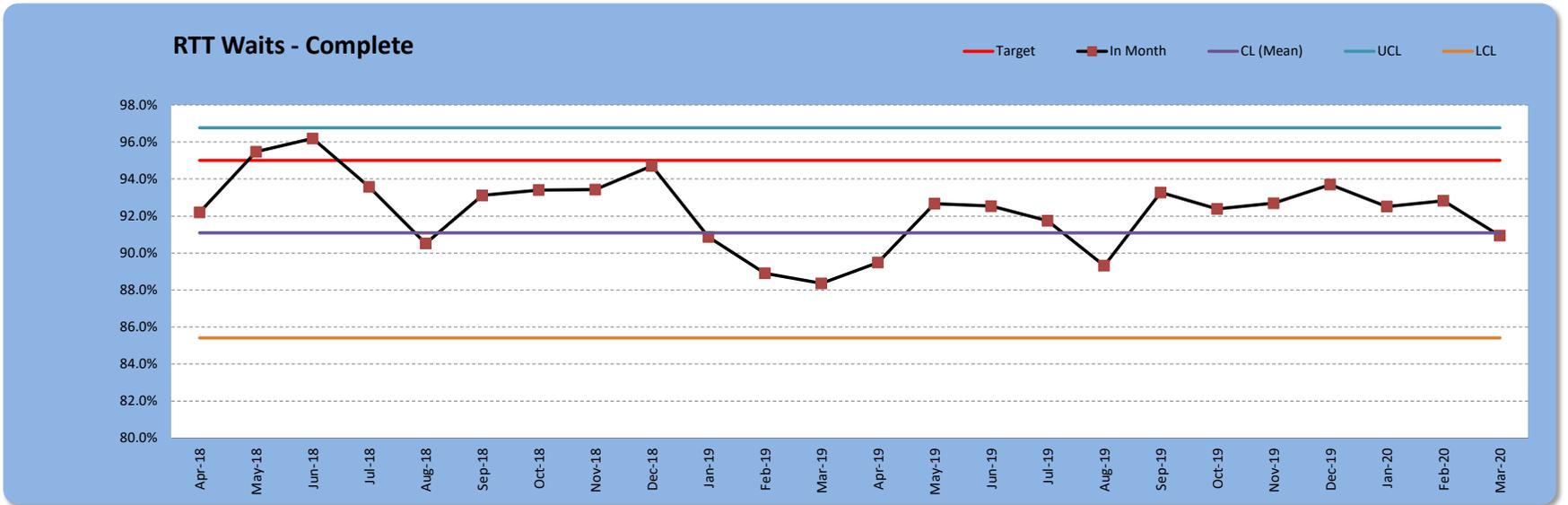| Indicator Title	Description/Rationale		KPI Type
RTT Experienced Waiting Times (Completed Pathways)	Referral to Treatment Experienced Waiting Times (Completed Pathways) : Based on patients who have commenced treatment during the reporting period and seen within 18 weeks	**Executive Lead** Lynn Parkinson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

Narrative
Slight improvement on previous month

Target: 95%
Amber: 85%

Current month stands at 90.9%

RTT Waits - Complete

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

Exception Reporting and Operational Commentary

Business Intelligence

During these unprecedented times it has been agreed by Gold Command to suspend any commentary/narrative in the Integrated Board Report for March. This will be reviewed in the coming months.

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Mar 2020**

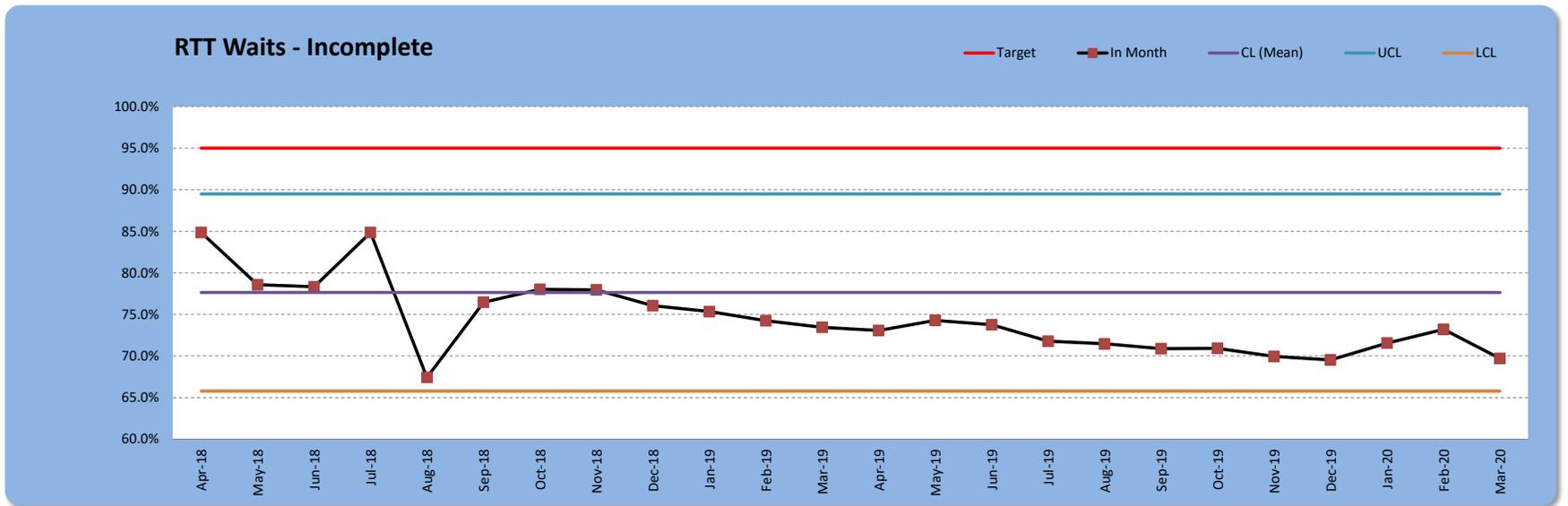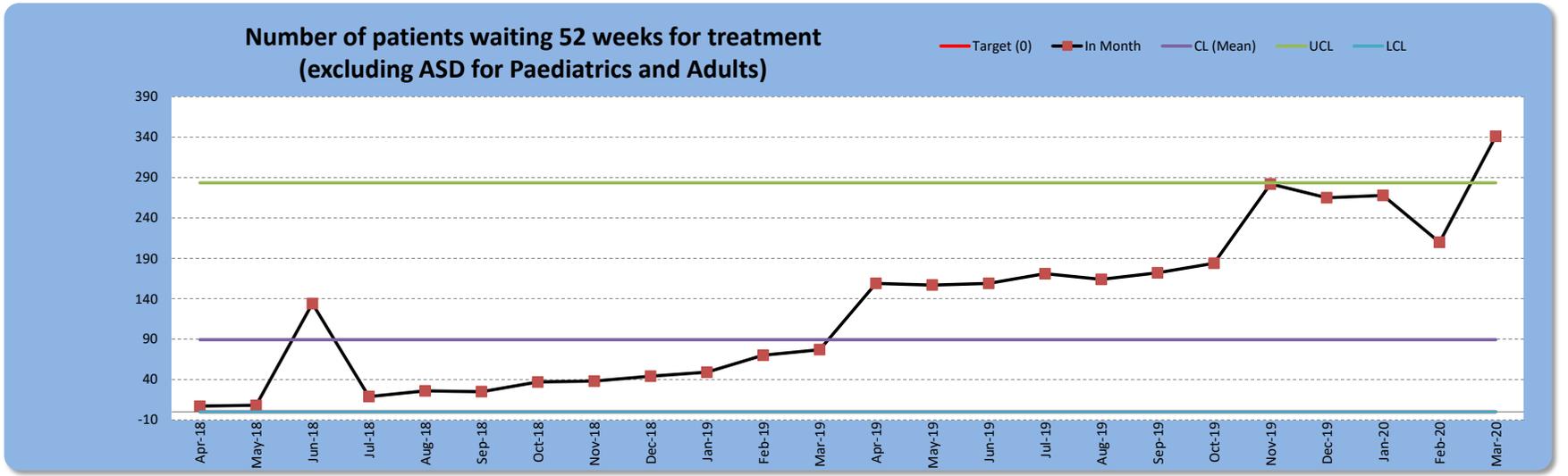| Indicator Title	Description/Rationale		KPI Type
RTT Waiting Times (Incomplete Pathways)	Referral to Treatment Waiting Times (Incomplete Pathways) : Based on patients who have been assessed and continue to wait more than 18 weeks for treatment	**Executive Lead** Lynn Parkinson	OP 21

Narrative	
slight deterioration from previous month	
Target: 95%	
Amber: 85%	
Current month stands at 69.7%	

Exception Reporting and Operational Commentary

Business Intelligence

During these unprecedented times it has been agreed by Gold Command to suspend any commentary/narrative in the Integrated Board Report for March. This will be reviewed in the coming months.

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Mar 2020**

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

Narrative	

Reduction (17) on number waiting over 52 weeks

Number of patients waiting 52 weeks for treatment (excluding ASD for Paediatrics and Adults)

Target: 0
Amber: 0

Current month stands at 341

Exception Reporting and Operational Commentary

Business Intelligence

During these unprecedented times it has been agreed by Gold Command to suspend any commentary/narrative in the Integrated Board Report for March. This will be reviewed in the coming months.

188 of the >52 weeks waits relate to CAMHS. See additional SPC for further information.

The increase is attributable to S&R Services which has increased from 23 in February to 140 in March.

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

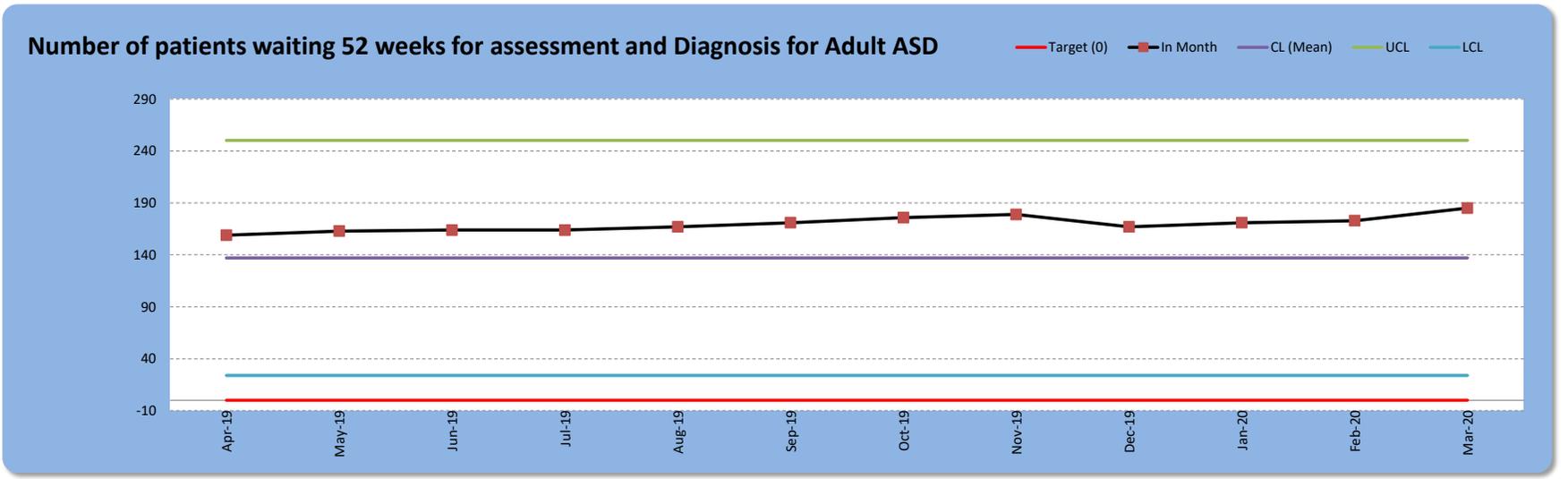**For the period ending:**   **Mar 2020**

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

Narrative
Increased by 4 when compared on the previous reporting period.

Target: 0
Amber: 0

Current month stands at 185

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

— Target (0) ■— In Month — CL (Mean) — UCL — LCL

Exception Reporting and Operational Commentary

Business Intelligence

During these unprecedented times it has been agreed by Gold Command to suspend any commentary/narrative in the Integrated Board Report for March. This will be reviewed in the coming months.

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery
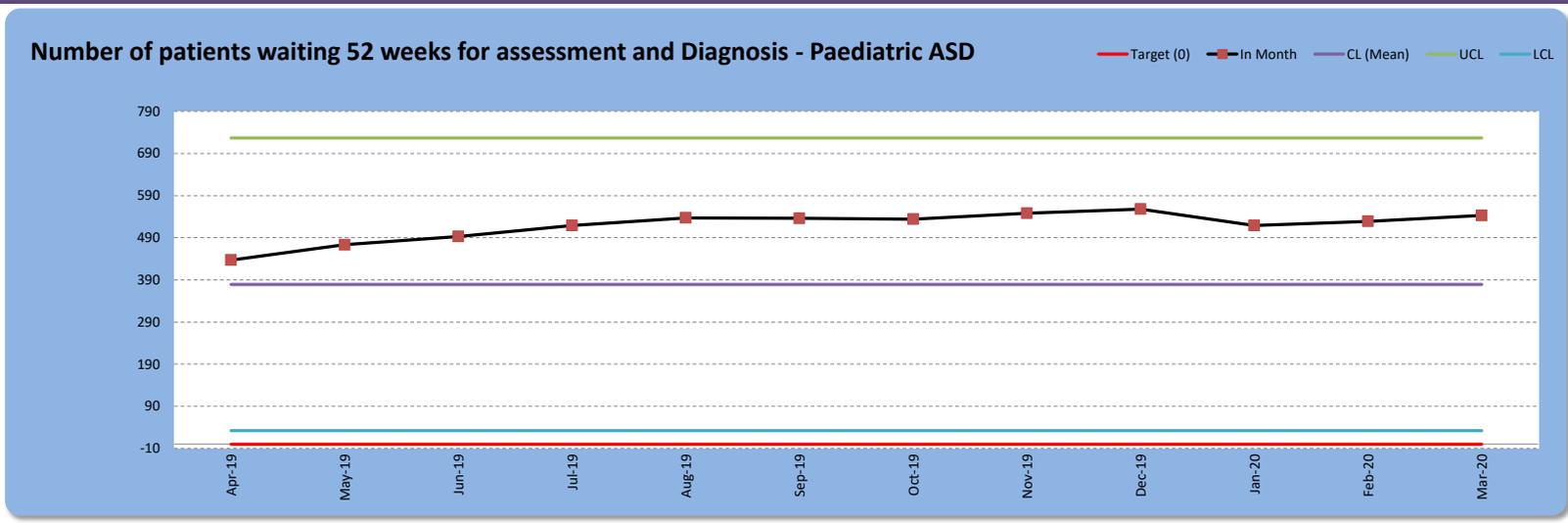
For the period ending: Mar 2020

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

Narrative
Reduction of 39 when compared to the previous month.

Target: 0
Amber: 0

Current month stands at
543

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

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

Exception Reporting and Operational Commentary

Business Intelligence

During these unprecedented times it has been agreed by Gold Command to suspend any commentary/narrative in the Integrated Board Report for March. This will be reviewed in the coming months.

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery
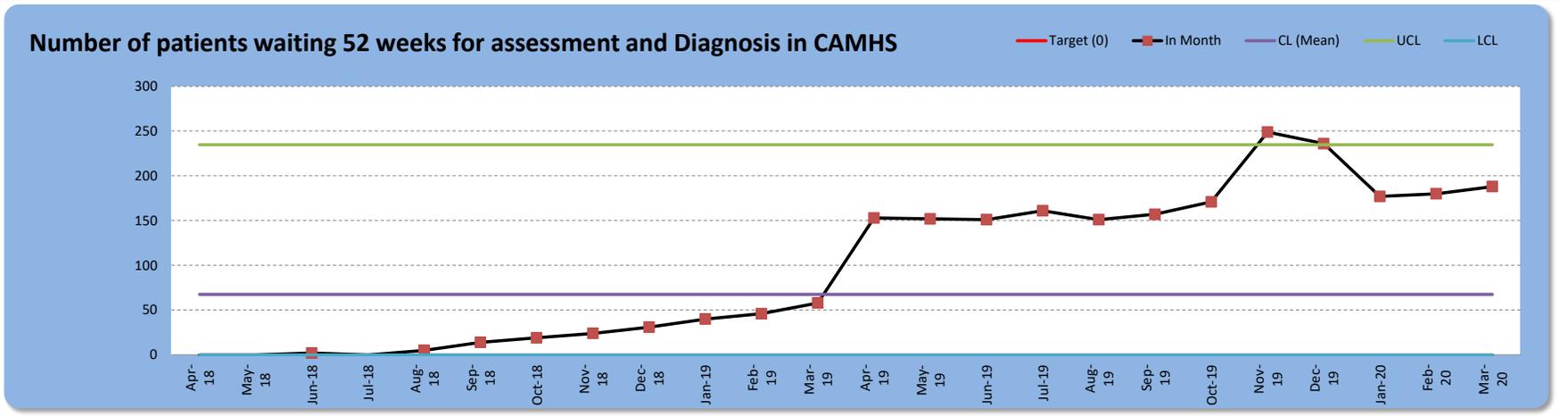
For the period ending: **Mar 2020**

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

Narrative	

Reduction of 59 since last month

Target: 0
Amber: 0

Current month stands at 188

Number of patients waiting 52 weeks for assessment and Diagnosis in CAMHS

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

Exception Reporting and Operational Commentary

During these unprecedented times it has been agreed by Gold Command to suspend any commentary/narrative in the Integrated Board Report for March. This will be reviewed in the coming months.

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Mar 2020

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

Narrative
Target achieved

Target:	56%
Amber:	51%
Current month stands at 85.7%	

EIP - Seen within 14 days

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

Exception Reporting and Operational Commentary

Business Intelligence

During these unprecedented times it has been agreed by Gold Command to suspend any commentary/narrative in the Integrated Board Report for March. This will be reviewed in the coming months.

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Mar 2020

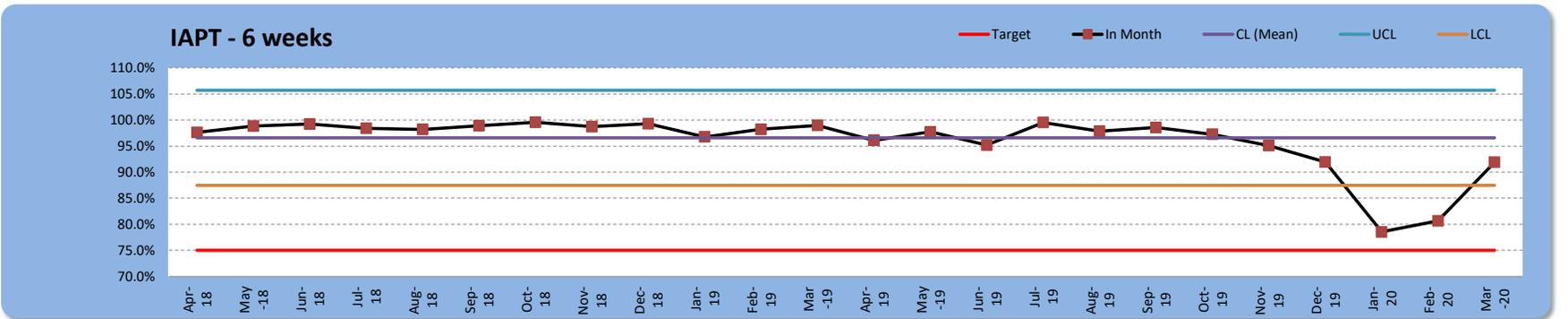| Indicator Title	Description/Rationale		KPI Type
Improved Access to Psychological Therapies	Two graphs to show percentage of patients who were seen within 6 weeks and 18 weeks of referral	Executive Lead Lynn Parkinson	OP 10a

Narrative

Target achieved

Target: 75%
Amber: 70%

Current month
91.9%

IAPT - 6 weeks

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

Narrative

Target Achieved

Target: 95%
Amber: 85%

Current month
99.7%

IAPT - 18 weeks

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

Exception Reporting and Operational Commentary

Business Intelligence

During these unprecedented times it has been agreed by Gold Command to suspend any commentary/narrative in the Integrated Board Report for March. This will be reviewed in the coming months.

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Mar 2020

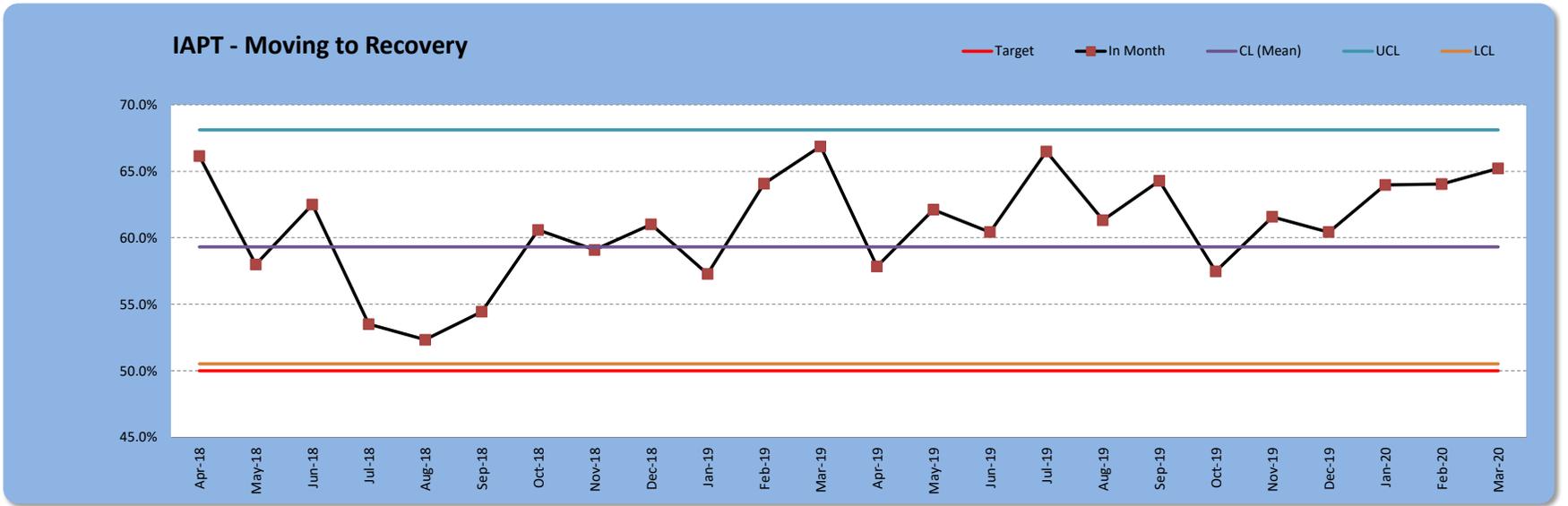| Indicator Title	Description/Rationale		KPI Type
Improved Access to Psychological Therapies	This indicator measures the Recovery Rates for patients who were at caseness at start of therapeutic intervention	**Executive Lead** Lynn Parkinson	OP 11

Narrative
Target Achieved

Target: 50%
Amber: 45%

Current month stands at 65.2%

IAPT - Moving to Recovery

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

Exception Reporting and Operational Commentary

Business Intelligence

During these unprecedented times it has been agreed by Gold Command to suspend any commentary/narrative in the Integrated Board Report for March. This will be reviewed in the coming months.

PI RETURN FORM 2019-20

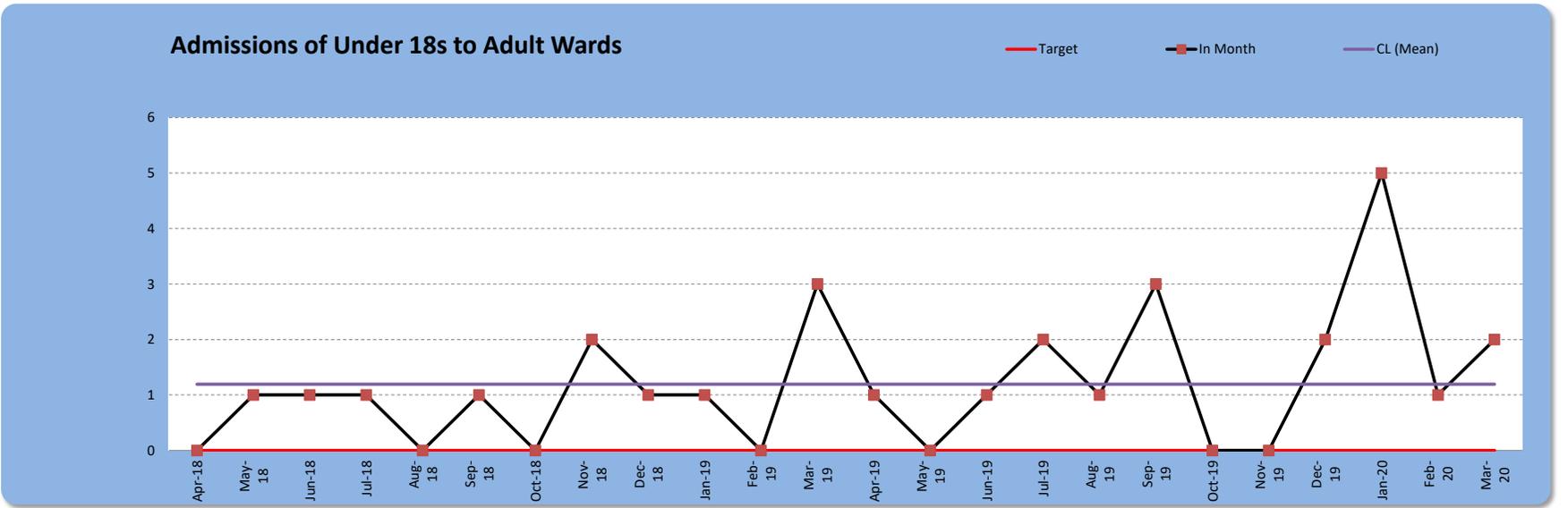## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: Mar 2020

Indicator Title	Description/Rationale		KPI Type
Under 18 Admissions	Number of patients aged 17 and under who were admitted to an adult ward	**Executive Lead** **Lynn Parkinson**	ST 1

Narrative
5 admissions in the reporting period.

Target: 0
Amber: 1

Current month stands at 2

Admissions of Under 18s to Adult Wards — Target, In Month, CL (Mean)

Exception Reporting and Operational Commentary

Business Intelligence

During these unprecedented times it has been agreed by Gold Command to suspend any commentary/narrative in the Integrated Board Report for March. This will be reviewed in the coming months.

PI RETURN FORM 2019-20

Goal 3 : Fostering Integration, Partnership and Alliances

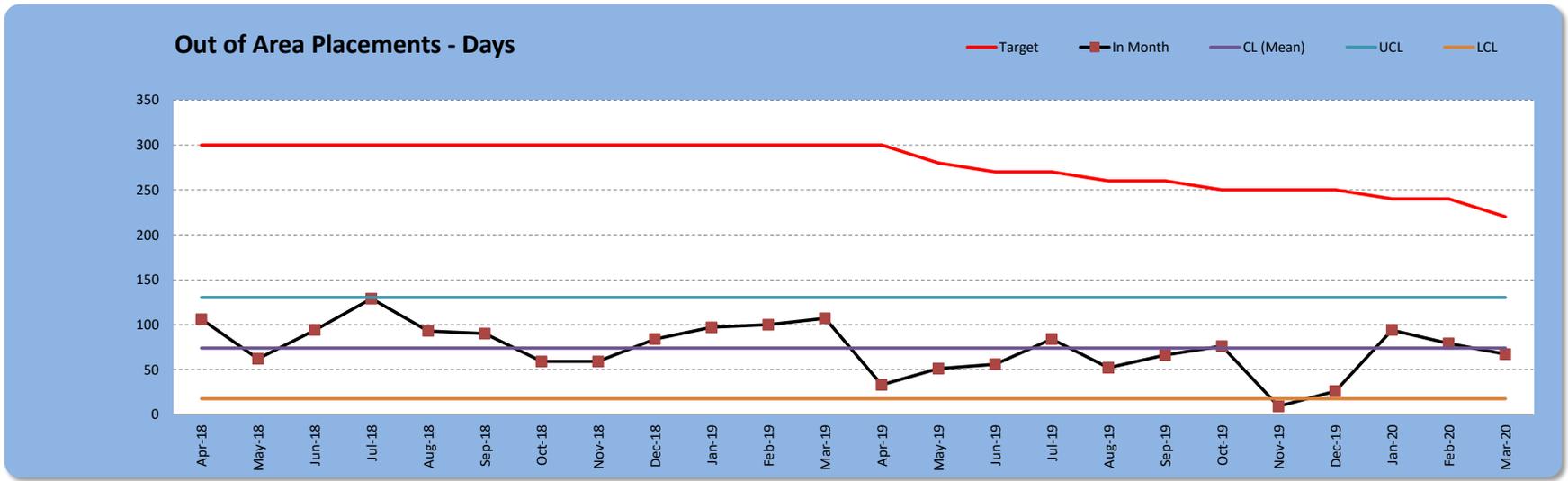**For the period ending:**   **Mar 2020**

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

Narrative
Out of area days have increased to 94 but remains well below the trajectory set.

Target: 220
Amber:

Current month stands at 67

Out of Area Placements - Days

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

Exception Reporting and Operational Commentary

Split of Speciality and Reasons in current month

Patients out of area in month   5

Reasons Split	
Unavailability of bed	43
Safeguarding	24
Offending restrictions	0
Staff member/family/friend	0
Patient choice	0
Admitted away from home	0

Service Split	Mar-20
Adult	43
OP	0
PICU	24
Patients out of area in month	5

During these unprecedented times it has been agreed by Gold Command to suspend any commentary/narrative in the Integrated Board Report for March. This will be reviewed in the coming months.

PI RETURN FORM 2019-20

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: Mar 2020

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

Narrative
remains within target
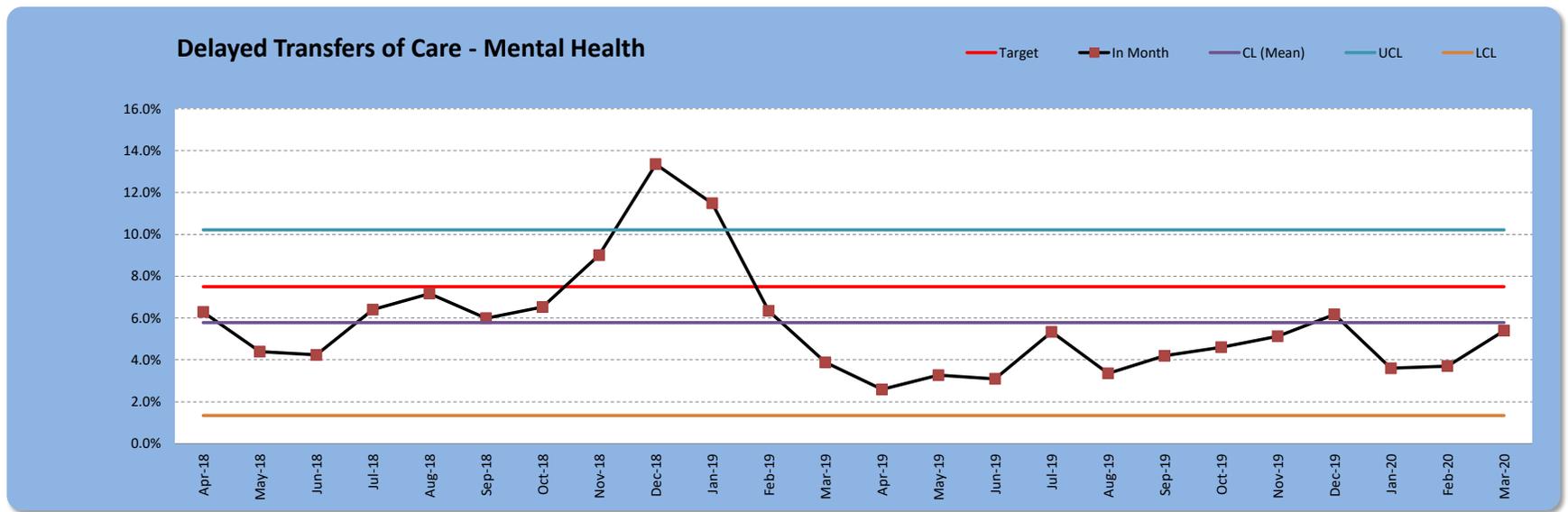
Delayed Transfers of Care - Mental Health

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

Target: 7.5%
Amber: 7.0%

Current month stands at 5.4%

Exception Reporting and Operational Commentary

Business Intelligence

During these unprecedented times it has been agreed by Gold Command to suspend any commentary/narrative in the Integrated Board Report for March. This will be reviewed in the coming months.

There were 214 delayed days in mental health during March. This is an increase of 70 days when compared to the previous month. Six patients in Older People's (71 days) and five patients in Adult services (143 days).

PI RETURN FORM 2019-20

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Mar 2020**

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	WL 1

Narrative
In month target achieved.

Target:	5.0%
Amber:	5.2%

Current month
4.8%

Sickness Absence

Legend: Target, In Month, CL (Mean), UCL, LCL, Rolling 12M
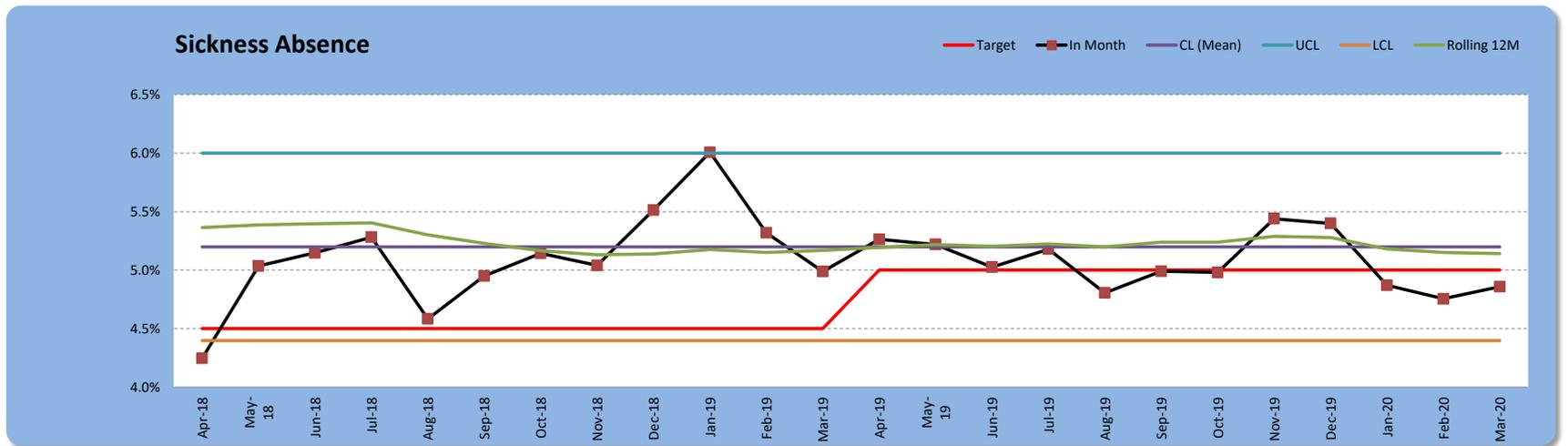
Exception Reporting and Operational Commentary

	Mar Absence % (FTE)	Rolling 12 month period
338 Adult MH Planned Care (Directorate)	4.78%	5.85%
338 Adult MH Unplanned Care (Directorate)	5.28%	6.02%
338 Chief Exec (Directorate)	0.00%	0.94%
338 Chief Operating Officer (Directorate)	5.02%	4.33%
338 Childrens Services (Directorate)	4.56%	4.13%
338 Childrens and Learning Disability Mangement (Direct	0.00%	6.00%
338 Community Services (Directorate)	6.01%	5.69%
338 Finance (Directorate)	2.30%	2.81%
338 Human Resources (Directorate)	1.31%	4.14%
338 Learning Disability Services (Directorate)	4.54%	4.99%
338 Medical (Directorate)	4.47%	5.23%
338 Nursing and Quality (Directorate)	4.16%	3.76%
338 Older People MH Planned Care (Directorate)	4.96%	6.49%
338 Older People MH Unplanned Care (Directorate)	5.43%	4.96%
338 Primary Care (Directorate)	3.33%	2.05%
338 Secure Services (Directorate)	5.95%	7.34%
Grand Total	4.85%	5.13%

Business Intelligence

Trustwide - Mar
4.8%
Rolling 12m
5.1%
WTE
2459.2

During these unprecedented times it has been agreed by Gold Command to suspend any commentary/narrative in the Integrated Board Report for March. This will be reviewed in the coming months.

PI RETURN FORM 2019-20

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Mar 2020**

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

Narrative

Within target

Target: 0.83%
Amber: 0.70%

Current month stands at 1.3%

Staff Turnover - Monthly
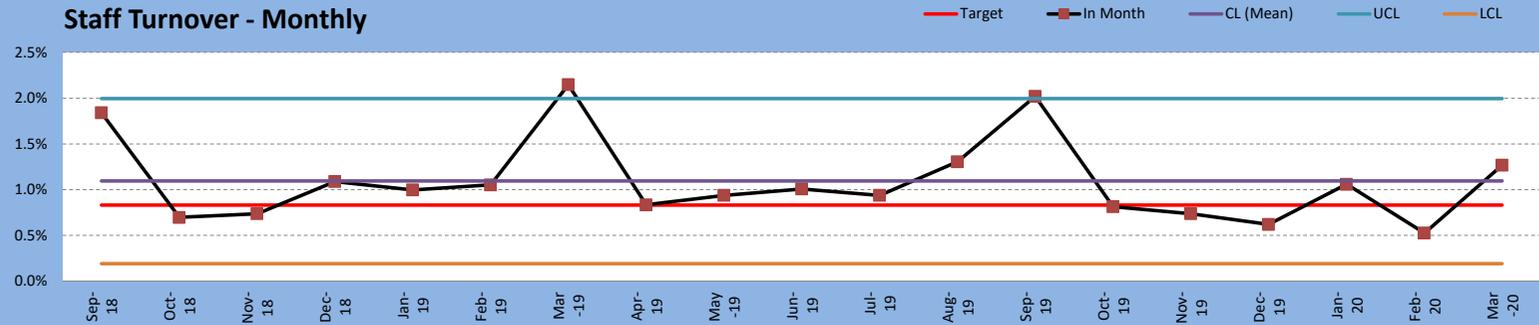
Narrative

Exceeds Target

Target: 10%
Amber: 9%

Current month stands at 12.5%

Staff Turnover - Rolling 12 months

Exception Reporting and Operational Commentary

Business Intelligence

During these unprecedented times it has been agreed by Gold Command to suspend any commentary/narrative in the Integrated Board Report for March. This will be reviewed in the coming months.

PI RETURN FORM 2019-20

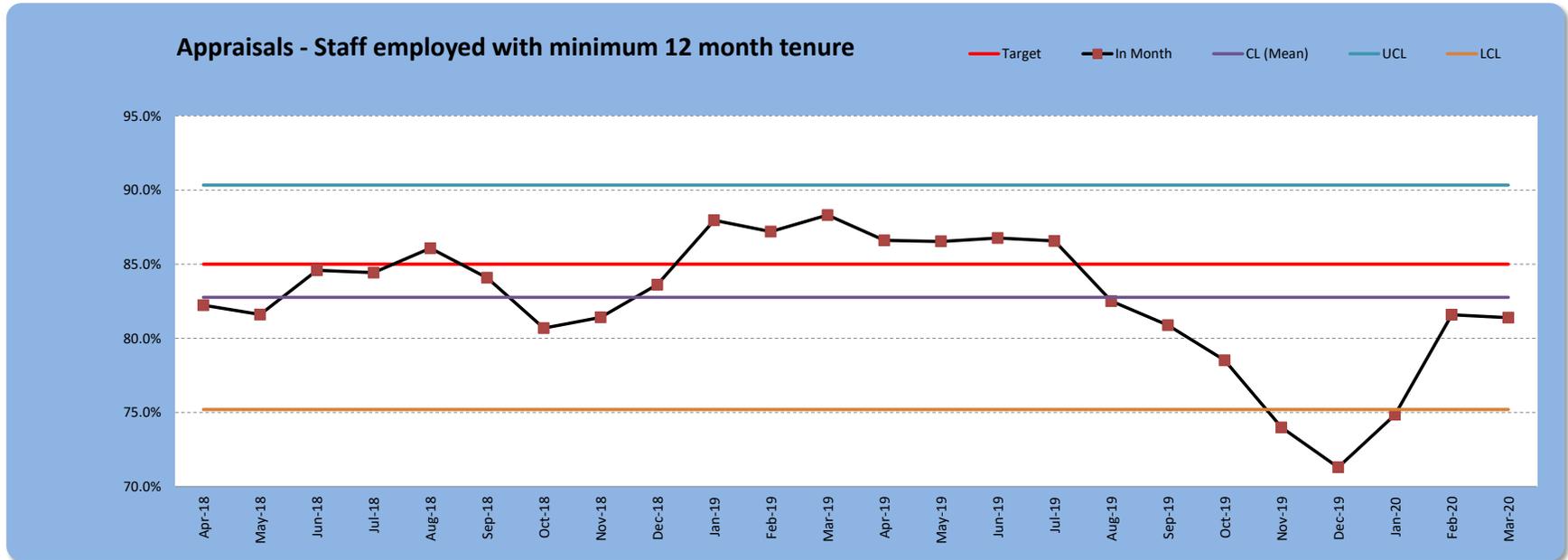## Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Mar 2020**

Indicator Title	Description/Rationale		KPI Type
Staff Appraisals	Percentage of staff who have received an Appraisal within the last 12 months (excludes staff on maternity)	**Executive Lead** Steve McGowan	WL 4 (ii)

Narrative	
in month target not achieved	
Current month stands at 81.4%	

Appraisals - Staff employed with minimum 12 month tenure

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

Exception Reporting and Operational Commentary

Divisional Split	Mar-20	Corporate Split by Service	
Childrens and LD	78.0%	Chief Exec	100.0%
Primary Care	78.9%	Chief Operating Officer	77.4%
Corporate	86.3%	Finance	95.6%
MH Planned	81.3%	Human Resources	100.0%
MH Unplanned	79.5%	Medical	96.9%
Secure Services	89.3%	Nursing and Quality	87.8%

Business Intelligence

During these unprecedented times it has been agreed by Gold Command to suspend any commentary/narrative in the Integrated Board Report for March. This will be reviewed in the coming months.

PI RETURN FORM 2019-20

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Mar 2020**

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

Narrative
The Trust has no target for cash set, however the Trust has seen an improvement in overall cash and the underlying cash position.

Target:

Amber:

Current month stands at £15,108 ,000

Cash in Bank (£000's) — In Month, CL (Mean), UCL, LCL

Exception Reporting and Operational Commentary

Business Intelligence

The cash figure represents the cash balances held by the Trust (Government Banking Service, Commercial Account and Petty Cash).

During these unprecedented times it has been agreed by Gold Command to suspend any commentary/narrative in the Integrated Board Report for March. This will be reviewed in the coming months.

PI RETURN FORM 2019-20

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Mar 2020**

Indicator Title	Description/Rationale		KPI Type
Resource Score	The Single Oversight Framework assesses the Trust's financial performance across different metrics	**Executive Lead** **Peter Beckwith**	F 2b

Narrative
No change

Target: 2
Amber: 3

Current month stands at 2

Resource Score

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

Exception Reporting and Operational Commentary

Business Intelligence

The 'Use of Resource' framework assesses the Trust's financial performance across different metrics, the Trust can score between 1 (best) and 4 (worst) against each metric, with an average score across all metrics used to derive a use of resources score for the Trust.

During these unprecedented times it has been agreed by Gold Command to suspend any commentary/narrative in the Integrated Board Report for March. This will be reviewed in

PI RETURN FORM 2019-20

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Mar 2020**

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

Narrative

The Trust are reporting a year to date deficit, consistent with its NHSI Plan.

Target:

Amber:

Current month stands at -£59 ,000
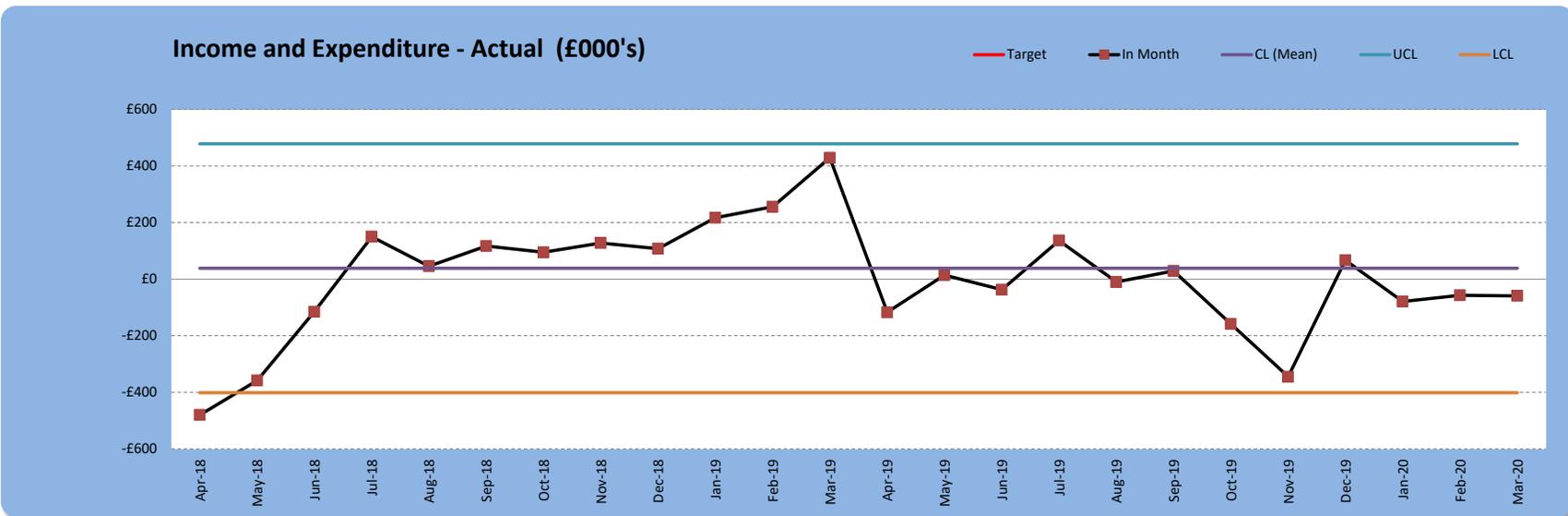
Income and Expenditure - Actual (£000's)

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

Exception Reporting and Operational Commentary

Business Intelligence

The figures above represent the monthly financial position, and report the difference between income received in month and expenditure incurred in month.

During these unprecedented times it has been agreed by Gold Command to suspend any commentary/narrative in the Integrated Board Report for March. This will be reviewed in the coming months.
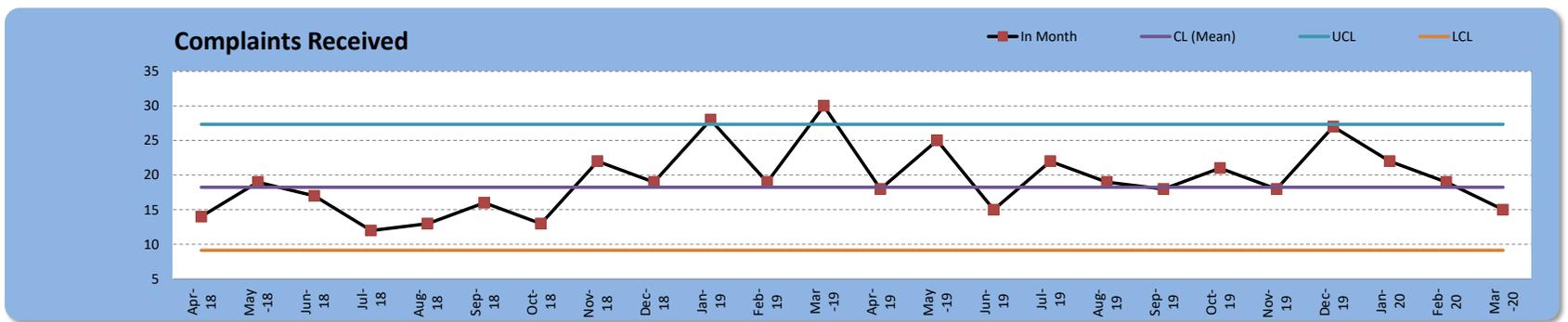
PI RETURN FORM 2019-20

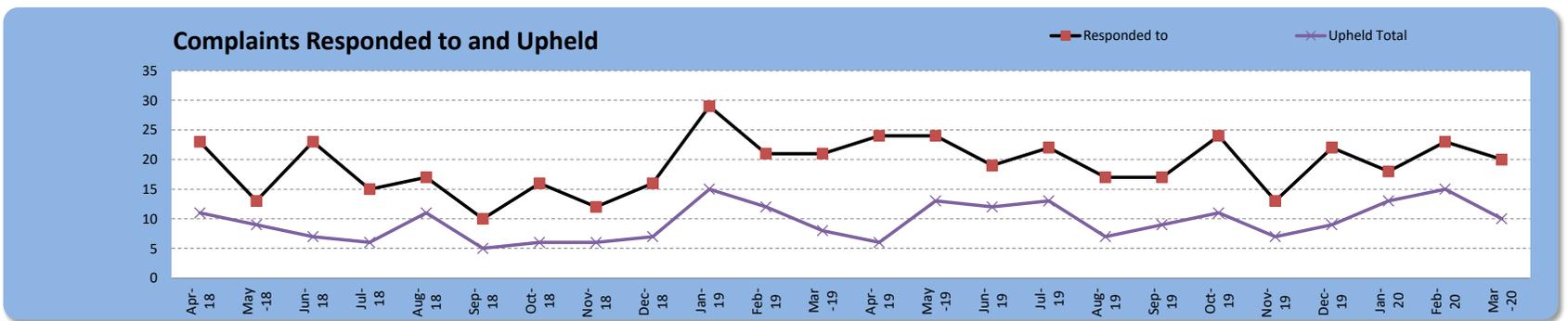## Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Mar 2020**

Indicator Title	Description/Rationale		KPI Type
Complaints	Two charts showing the number of Complaints Received in month (chart 1) and the number of Complaints Responded to and Upheld (chart 2)	**Executive Lead** John Byrne	IQ 1

Narrative
within tolerance

Current month stands at 15

Complaints Received

Legend: In Month · CL (Mean) · UCL · LCL

Narrative
Upheld YTD **125** **51.4%**

Current month upheld stands at 10

Complaints Responded to and Upheld

Legend: Responded to · Upheld Total

Exception Reporting and Operational Commentary

Business Intelligence

During these unprecedented times it has been agreed by Gold Command to suspend any commentary/narrative in the Integrated Board Report for March. This will be reviewed in the coming months.

PI RETURN FORM 2019-20

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Mar 2020**

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

Narrative
within control limits

Target: 0
Amber: 0
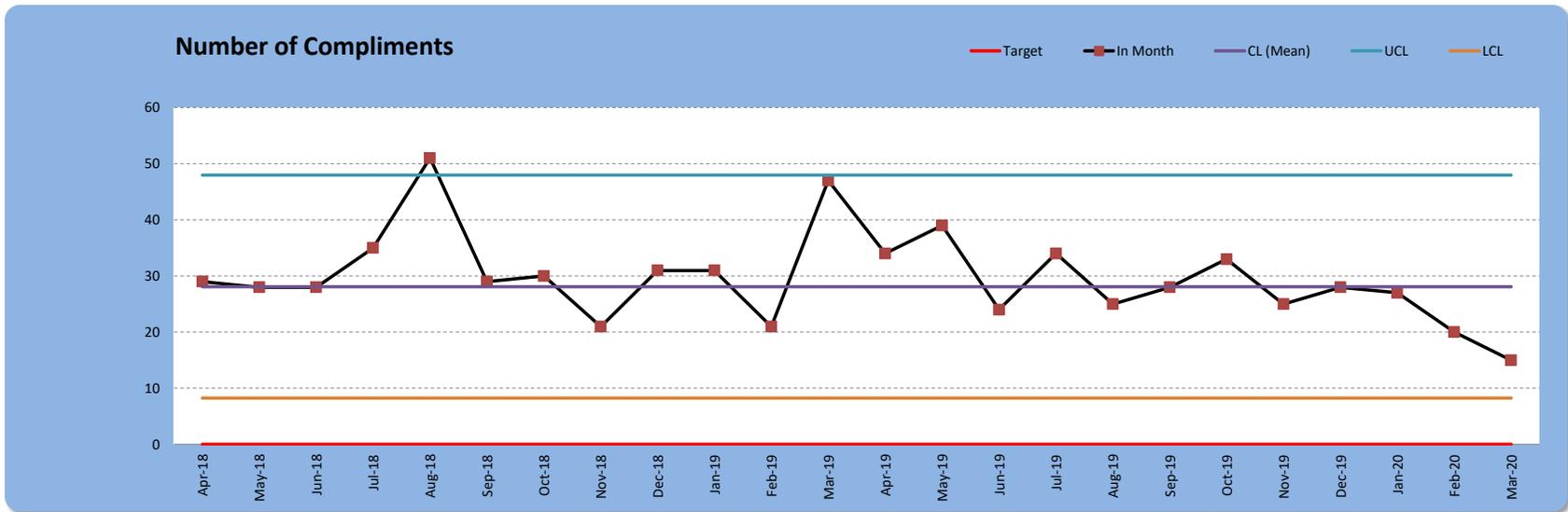
Current month stands at 15

Number of Compliments

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

Exception Reporting and Operational Commentary

Business Intelligence

15 Compliments logged for the current month

During these unprecedented times it has been agreed by Gold Command to suspend any commentary/narrative in the Integrated Board Report for March. This will be reviewed in the coming months.

Title & Date of Meeting:	Trust Board Public Meeting– 29th April 2020				
Title of Report:	Finance Report 2019/20: Month 12 (March)				
Author/s:	Name: Peter Beckwith Title: Director of Finance				
Recommendation:	To approve		To receive & note	✓	
	For information	✓	To ratify		
Purpose of Paper:	This report is being brought to the Trust Board to present the draft financial position for the Trust as at the 31st March 2020 (Month 12). The report provides assurance regarding financial performance, key financial targets and objectives. The Board are asked to note the financial position for the Trust and raise any queries, concerns or points of clarification.				
Governance: *Please indicate which group or committee this paper has previously been presented to:*		Date		Date	
	Finance & Investment Committee		Executive Management Team		
	Mental Health Legislation Committee		Operational Delivery Group	☑17.3.20	
	Charitable Funds Committee		Other (please detail)		
Key Issues within the report: *Please ensure you also complete the monitoring and assurance framework summary below:*	- An operational surplus of £0.149m was recorded at the end of March 2020. - Cash balance at the end of March was £15.108m (Underlying Government Banking Service Cash position was £14.820m) - Capital Spend as at the end of March was £12.460m - The Use of Resource Score at the end of the financial year was 2, consistent with plan				

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	Yes	If any action required is	N/A	Comment

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

Caring, Learning and Growing

FINANCE REPORT – March 2020

1. Introduction

This report is being brought to the Trust Board to present the draft financial position for the Trust as at the 31st March 2020 (Month 12). 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. Income and Expenditure

2.1 The Trust reported a surplus of £0.149m, £0.503m favourable to the planned deficit of £0.354m.

The improved position is influenced by an additional £0.457m of cash support provided by NHSE&I which required a bottom line improvement in the financial position.

After allowing for donated asset depreciation (£0.208m), fixed asset impairment (£2.093m) and Local Government Pension Scheme costs (£0.303m) the ledger position was a £2.454m deficit. These costs do not count against the Trust's NHSI Control Total.

The income and expenditure position as at 31st March 2020 is shown in the summarised table below:

Table 1: 2019/20 Income and Expenditure

	19/20 Net Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Trust Income	113,027	14,662	14,939	277	113,027	112,619	(409)
Total Net Expenditure	109,683	14,469	13,574	896	109,683	108,732	951
EBITDA	3,345	192	1,365	1,173	3,345	3,887	542
Depreciation	2,778	245	207	38	2,778	2,550	228
Interest	148	12	(32)	44	148	24	124
PDC Dividends Payable	2,116	178	414	(236)	2,116	2,507	(391)
PSF Funding	(1,343)	(155)	(157)	2	(1,343)	(1,343)	-
Operational Position	(354)	(88)	933	1,021	(354)	149	503
Excluded from Control Total							
Impairment	-	-	2,093	(2,093)	-	2,093	(2,093)
Local Government Pension Scheme	-	-	303	(303)	-	303	(303)
Donated Depreciation	216	18	17	1	216	208	8
Ledger Position	(570)	(106)	(1,480)	(1,373)	(570)	(2,454)	(1,884)
EBITDA %	3.0%	1.3%	9.1%		3.0%	3.5%	
Surplus %	-0.3%	-0.6%	6.2%		-0.3%	0.1%	

Caring, Learning and Growing

2.2 Trust Income

Trust income year to date was £0.409m behind budget.

2.3 Net Expenditure

Net expenditure for the year was £0.503m lower than budgeted.

3. Statement of Financial Position

The Statement of Financial Position in Appendix 1 shows the Trust's assets and liabilities as at 31st March 2020. In month, the net current asset position decreased by £2.055m to £6.503m.

This was related to an increase in other non current assets due to the revaluation of assets and reclassification as part of year end review.

The Accrued Liabilities figure includes Tax, NI and other payroll deductions, as well as accruals. Offsetting this other current assets which includes income accruals for PSF funding and CQUIN's.

3.1 Cash

As at the end of March 2020 the Trust held the following cash balances:

Table 2: Cash Balance

Cash Balances	£000s
Cash with GBS	14,820
Nat West Commercial Account	244
Petty cash	44
Total	15,108

In month income of £18.459m was received compared to expenditure of £16.112m.

The main expenditure for the month was pay costs, purchase ledger payments, PDC Dividend payment of £1.214m and capital payments of £1.207m comprising of, IT payments for the LHCRE project and Walker Street expenditure.

3.2 Capital Programme

The Capital Departmental Expenditure limit (CDeL) for the Trust is £11.342m. This has increased due to external funding being received for HSLI, £0.230m. Year to date capital expenditure of £12.460m comprises expenditure for IT services (£1.290m), Programme and Informatics (£0.394m), LHCRE (£4.350m), Property Maintenance (£2.270m), CAMHS unit (£3.805m) AND Other expenditure (£0.351m).

A capital valuation has been provided by the District Valuer for the Inspire Building which has resulted in an impairment loss of £2.827m. A further valuation was provided for the rest of the estate which has resulted in a gain of £0.734m. This has produced a total impairment of £2.093m.

4. Staffing

4.1 Agency

For 2019/20 NHSI has allocated the Trust an agency expenditure ceiling of £2.891m.

Actual agency expenditure for March was £0.642m, which is above the ceiling of £0.231m for the month. The year to date spend for March is £4.145m, which is higher than the same period last year where the costs were £2.189m, as shown in the table below. Year to date spend is above the annual ceiling.

The increase in spend compared to the previous year, is due to the increased use of agency Medics within the Mental Health and Children's and Learning Disability divisions to cover staff vacancies. Staff vacancies have also resulted in an increased use of agency nursing staff within Community and Primary Care Division. This has resulted in the year to date spend being higher than the NHS I ceiling.

Table 3: Agency Spend
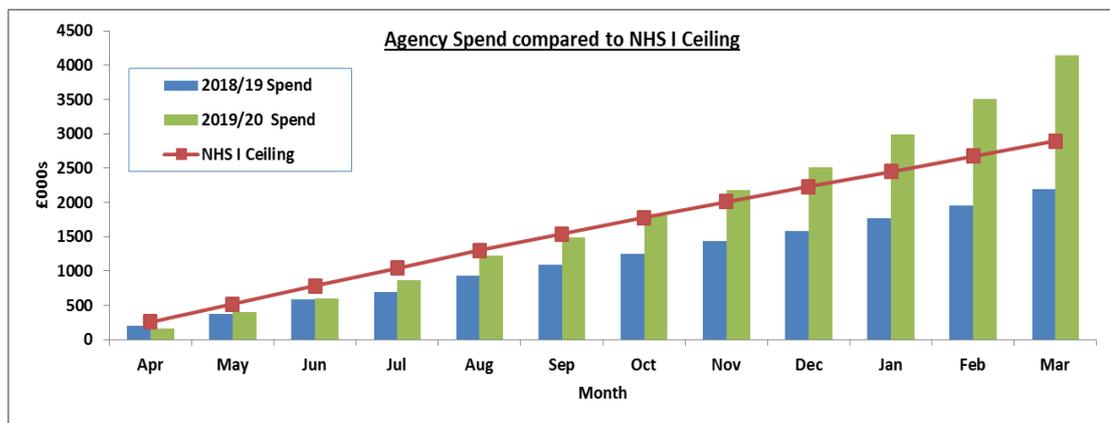
5. Recommendations

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

Appendix 1

Statement of Financial Position

	MAR-20 £000	FEB-20 £000	Movement £000	COMMENTS
Property, Plant & Equipment	109,525	103,419	6,106	Revaluation and West End reclassification
Accumulated Depreciation	24,523	24,322	201	
Net Property, Plant & Equipment	**85,002**	**79,097**	**5,905**	
Intangible Assets	9,656	8,992	664	
Intangible Assets Depreciation	1,870	1,846	24	
Net Intangible Assets	**7,786**	**7,146**	**640**	
Total Non-Current Assets	**92,788**	**86,243**	**6,545**	
Cash	15,108	12,702	2,406	
Trade Debtors	6,981	7,118	(137)	
Inventory	150	150	0	
Non Current Asset Held for Sale	990	2,145	(1,155)	West End reclassified to PP& E
Other Current Assets	1,159	678	481	
Current Assets	**24,388**	**22,794**	**1,595**	
Trade Creditors	4,704	5,108	(404)	
Accrued Liabilities	13,181	9,127	4,054	
Current Liabilities	**17,885**	**14,235**	**3,650**	
Net Current Assets	**6,503**	**8,558**	**(2,055)**	
Non-Current Payables	1,216	1,175	41	Local GovernmentPension Scheme Liability
Non-Current Borrowing	4,150	4,313	(163)	
Long Term Liabilities	**5,366**	**5,488**	**(122)**	
Revaluation Reserve	18,568	13,293	5,275	Reclassifiaction
PDC Reserve	61,170	60,642	528	HSLI and COVID 19 receipt
Retained Earnings incl. In Year	14,187	15,379	(1,192)	
Total Taxpayers Equity	**93,925**	**89,314**	**4,611**	
Total Liabilities	**117,175**	**109,037**	**8,139**	

Title & Date of Meeting:	Trust Board Public Meeting – 29 April 2020				
Title of Report:	Committee Assurance through Covid-19				
Author/s:	Name: Michelle Hughes Title: Head of Corporate Affairs				
Recommendation:	To approve		To receive & note	✓	
	For information		To ratify		
Purpose of Paper:	To provide an assurance update from Non-Executive director chairs of committees on the work of each committee during Covid-19				

		Date		Date
Governance:	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) n/a summary for board Chairs and Exec Leads of committees provided updates via email	/

Key Issues within the report: *Please ensure you also complete the monitoring and assurance framework summary below:*	Following agreement at the March Board to stand down business meetings in order for staff to dedicate focus to managing the Covid-19 pandemic it was agreed that as part of this, committees would be stood down. This report provides an update on work of the committees that is progressing throughout this time. • Quality Committee • Workforce & Organisational Development Committee • Finance & Investment Committee • Charitable Funds Committee • Mental Health Legislation Committee • Audit Committee

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

Caring, Learning and Growing

/	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	

Committee Assurance during Covid-19 Pandemic

Following agreement at the March Board to stand down business meetings in order for staff to dedicate focus to managing the Covid-19 pandemic it was agreed that as part of this, committees would be stood down.

However, it was agreed that each non-executive committee chair and executive lead would review their committee workplan to provide an assurance report to Board on any areas that need to be progressed through the period.

An update had been provided below:

Quality Committee
Chair: Non-Executive Director Prof. Mike Cooke, Executive Lead, Director of Nursing, Allied Health and Social Care Professions

- An effectiveness review for 2019/20 has been finalised by email and will be presented to the May Board as planned.
- Quality Accounts/Report 2019/20 is in circulation as a final draft for comment with some Q4 data to go in and will be presented to the May Board as planned
- An Ethics Advisory Group has been established as part of the Covid-19 response and a process has been signed off. Executive and Non-Executive members are in at least weekly contact.
- A workplan for 2020/2021 has been agreed and will be reviewed at the next Quality Committee meeting post Covid-19.
- The work programme for the year ahead still stands and will have a huge emphasis on patient and staff safety. The work signed off at the February Board – the Patient Safety Strategy and Safeguarding Strategy – will be important pillars going forward.
- Executives are able to escalate items for committee and Board calls, and formal Board meetings can be used as required.
- Any items for escalation can be highlighted between executives and the chair and Board calls and meetings will be provided with an update as appropriate and virtual meetings will be established if required.

Charitable Funds Committee
Chair: Non-Executive Director Prof. Mike Cooke, Executive Lead, Director of Finance.

- The February Board reviewed the good work and understanding of Smile, Health Stars and Impact.
- An effectiveness review for 2019/20 has been finalised by email and will be presented to the May Board as planned.
- Papers for the 24 March meeting had been prepared prior to standing down meetings and were circulated in the absence of a meeting. No issues have been raised.
- The work programme agreed for 2020/21 has been agreed and the committee will try to support, in some way, the huge emphasis on patient and staff safety.
- Any items for escalation can be highlighted by executives, Smile lead and the chair and Board calls and meetings will be provided with an update as appropriate and virtual meetings will be established if required.
- A workplan and Operational Plan have been prepared; these will be reviewed and updated prior to approval at the next Charitable Funds Committee (post COVID 19)

Mental Health Legislation Committee (MHLC)
Chair: Non-Executive Director Mr Mike Smith, Executive Lead, Medical Director

- Medical Director and Chair of MLHC have been in touch by email and phone. On 6 April the Medical Director and Chair of MHLC discussed pragmatic implementation of MHA and general issues as follows:-
- No changes to the status of the MHA at this time.
- Some trusts have implemented revised remote arrangements e.g. CTO renewals. Humber has received legal advice re this issue and our RC's are carrying out CTO renewals via Skype where possible.
- We are anticipating some formal Guidance from NHSE in the coming week which will help with interpretation of how remote working in Covid-19 relates to the MHA and Code of Practice.
- Tribunals and Hospital Manager's Reviews taking place remotely in line with National Guidance and Associate Hospital Managers are adapting well to the changes.
- The CQC have issued guidance with regard to their approach in Covid-19 where they will seek to work with providers using remote approaches and based on intelligence sharing and response to risk.

Finance & Investment Committee
Chair: Non-Executive Director Mr Francis Patton, Executive Lead, Director of Finance.

- The Committee Chair and Executive Lead have agreed that a pre Board call will be held prior to April Board and will focus on the financial performance and spend related to Covid 19 enabling Francis Patton and Peter Baren to have a wider discussion with Pete Beckworth.
- A virtual session on the 2019/20 accounts will be held when ready prior to them going to auditors. This will allow the Audit Committee and Finance and Investment Committee chairs to have a slightly more detailed financial discussion prior to Board and for a Chair's log to be prepared based upon those discussions.
- An effectiveness review for 2019/20 is being prepared - a short questionnaire is being sent to the committee members and the committee chair will collate the responses to inform the report. The draft will then be circulated to committee members to request feedback and to review the Terms of Reference before finalising it for the May Board

Workforce & Organisational Development Committee
Chair: Non-Executive Director Mr Dean Royles, Executive Lead, Director of Workforce & OD
- The committee chair changed in March 2020 from Non-Executive Director Francis Patton to Dean Royles.
- The papers for the March meeting were shared virtually to Committee members.
- A monthly call scheduled between the Committee Chair and Director of Workforce and OD will take place focusing on staffing issues of COVID 19.
- 2019/20 Equality Diversity and Inclusion Annual Report will be shared electronically for sign off prior to Board.
- 2020/21 Workforce Plan will be shared electronically for sign off.
- The effectiveness review of 2019/20 is being progressed by Francis Patton. A short questionnaire is being sent to the committee members and the committee chair will collate the responses to inform the report. The draft will then be circulated to committee members to request feedback and to review the ToR before finalising it for the May Board.

Audit Committee
Chair: Non-Executive Director Mr Peter Baren, Executive Lead, Director of Finance

- The year-end Audit Committee meeting scheduled for 19th May is going ahead. An agenda has been agreed and will cover Single Tender Waiver Update, Losses and Special Payments, Gifts and Hospitality Report, Accounting Treatment Update including MEA Assumptions, Internal Audit Progress Report and Draft Head of Internal Audit Opinion, Internal Audit Plan 2020/21, Counter Fraud Progress Report, External Audit Update, Draft Annual Accounts and Financial Statements and Draft Annual Report.
- Internal audits are on track for a head of internal audit opinion despite the challenges of Covid.
- The BAF and risk register and the IG report will be deferred to a later meeting but these are generally included in various reports and will be highlighted elsewhere.
- A further audit committee meeting will be held in June when the final accounts, annual report and ISA 260 will be reviewed ahead of the June Board.
- The Audit Chair and Executive Lead have spoken with the external auditors and they have provisionally planned to start their audit on 11th May which fits with the revised national timetable. It has been agreed that an audit committee for June be scheduled to enable the final accounts to be considered which will enable the annual accounts to be presented to Board on 24th June. The revised national timetable for accounts submission is 25th June.

April 2020

Title & Date of Meeting:	Trust Board Public Meeting - 29 April 2020			
Title of Report:	Covid-19 Update and Assurance Report			
Author/s:	Michele Moran, Chief Executive Michelle Hughes, Head of Corporate Affairs			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	The paper draws together a summary of governance during the Covid-19 pandemic and a summary of key issues from each Director in order to provide assurance to Board on a range of governance issues.			

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Gold Command	10/4 17/4

Key Issues within the report:	The report covers the following areas: 1. Covid-19 Gold Command Governance 2. Clinical Governance 3. Mental Health Act 4. Workforce 5. Communication 6. Business Intelligence and Continuity 7. Information Governance 8. EPRR - Service Changes made throughout Covid 9. Surge Plan 10. Corporate Governance 11. Finance 12. Summary

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

Caring, Learning and Growing

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	

Covid-19 Summary Assurance Report to Trust Board

This report provides an overview of governance throughout Covid-19.

1. Covid-19 Gold Command Governance

Gold Command approves key governance and policy decisions throughout this period. The systems in place to monitor and track Covid-19 Gold Command governance are managed by the Head of Corporate Affairs on behalf of the Gold Commander, Trust CEO and include:

- Key notes and actions from daily Gold meetings; these are sent to Gold members immediately after each meeting.

- Formal action and decision log; in addition to this clear corporate record an escalation process is in place for any actions that need escalating to Gold. To date all actions (147 as of 15/4/20) have all been delivered or are on track.

- Emergency Preparedness, Resilience and Response (EPRR) Strategic Decision Making Forms; these forms record key strategic decisions. To date, three key strategic decisions have been approved by Gold – the Isolation Unit at Mill View Court & Lodge, PATs training and De-escalation Management Intervention (DMI training).

- Key governance changes during Covid-19; a record of key decisions taken through Gold is maintained.

- Gold Risk Register; this is populated with any risks escalated from Silver command. Two risks have been included to date – Personal Protective Equipment (PPE) and Staffing as both were rated as 16. However, following review by Silver on 16th April the PPE risk has been reduced to a current rating of 12. This risk rating is dynamic as it links to current PPE stock levels so will continue to be reviewed weekly.

  The current Silver Risk Register has a number of risks scored at 12 - those with the highest initial rating of 16 relate to:
  - Staffing level shortfalls which may impact on patient and staff safety and continued delivery of services. Initial risk Score 16, current risk score 16.
  - Risk to availability of personal protection equipment across the Trust which could impact on the safety of patients and staff as well lead to increased staff anxiety. Initial risk Score 16, current risk score 12.
  - As a result of the development and spread of the COVID-19 outbreak there is a risk that Trust services may be affected if the virus is detected within the Trust's geographical service area and that it may impact on the safety of patients and staff. Initial risk Score 16, current risk score 12.

- A Covid-19 Ethics Assurance Group has been established and is led by the Medical Director and includes non-executive director membership. The terms of reference for this group were approved by Gold Command on 6th April. The group has met on two occasions – 20th March where the terms of reference (ToR) for the group were developed and on 2nd April when the ToR were agreed and resuscitation guidelines were commended to Gold.

- National Guidance; silver command have developed and maintain an up-to- date list of all guidance that is received in relation to Covid-19. This list is available to Gold

members and any areas that require Gold consideration are discussed in Gold meetings.

At the March 2020 Trust Board, in order for key decisions to be made in relation to Covid-19 the CEO was granted delegated authority to take decisions as required in relation to dealing with the pandemic.   To date these powers have not been used.

In addition to formal monthly Board meetings that will continue via Skype until further notice, informal Board skype update meetings have been scheduled in between formal Board meetings. Two have been held to date on 3rd and 17th April with notes recorded by the Trust Secretary.

Throughout the period of staff working from home and the cessation of face to face meetings the Chief Executive has joined in team meetings through Skype to maintain contact, offer support and extend thanks to staff for their continued support to our patients and to the Trust.

An update on key issues has been provided by individual members of the executive team below.

2. Clinical Governance

2.1   Clinical Risk Management

As a result of the COVID-19 national emergency, the Trust has made the decision to step down the usual process for requests for Initial Incident Reviews (IIR) and Significant Event Analysis (SEA) during this interim period of increased pressure on Trust services and implementation of business continuity arrangements. The decision to step down the process for the interim period has been risk assessed and an entry has been added to the Trust's COVID-19 operational risk register.

A number of controls have been implemented as follows to ensure that appropriate assurance remains in place and that potential Serious Incidents can be identified and appropriately investigated:

- Continued delivery of corporate safety huddle meeting and multidisciplinary review of all incidents on daily basis.
- A daily escalation process has been established for incidents and outcomes from the daily corporate safety huddle to the Executive Director of Nursing, Allied Health and Social Care Professionals and Medical Director.
- Weekly corporate huddle arrangements for reviewing updates from requests for further information.
- IIR / SEAs to be requested by Executive Director of Nursing, Allied Health and Social Care Professionals and Medical Director on case by case basis if required.
- Legal Services utilised to produce chronologies of incidents where more detail is required at the request of the Trust's Clinical Risk Management Group.
- The Trust Clinical Risk Management Group has been maintained and continues to operate on a weekly basis reviewing all escalated incidents and completed IIRs.
- Continued declaration of Serious Incidents where incidents meet threshold for level of investigation as determined by Executive Director of Nursing, Allied Health and Social Care Professionals and Medical Director.

An operational risk register has been developed to support the Trust's business continuity arrangements during the COVID-19 emergency situation.

The risk register is maintained by the Corporate Risk Manager and is reported to the Trust Silver Command meetings (Operational and Tactical) on a daily basis to ensure that it is representative of key operational risks that the Trust is facing and that it adequately captures the mitigations in place, as well as further actions required to support service delivery at this time.

An additional risk register has been established for the Trust's Gold Command meeting which cites operational risks with a current rating of significant (15+ rating). Gold Command also receive the full COVID-19 operational risk register on a fortnightly basis to provide assurance on the management of the Trust's key risks at this time.

The highest-rated risk(s) currently held on the COVID-19 operational risk register are described below:

Table 1 – COVID-19 Risk Register (current risk rating 15+)

Risk ID	Description of Risk	Initial Risk Score	Current Risk Score
Command Risk 7	Staffing level shortfalls which may impact on patient and staff safety and continued delivery of services.	16	16

2.2   Clinical Effectiveness- Policies/Guidelines and Protocols

In response to the COVID-19 pandemic a number of Standard Operating Procedures (SOPS); policies and procedures have been developed or amended to ensure practice is informed by the best available evidence and guidance. Key new documents include

SOPS:
- Management of a Patient Suspected or Confirmed COVID-19 (Community Services)
- Management of a Patient Suspected or Confirmed COVID-19 (Inpatient)
- Management of a Patient Suspected or Confirmed COVID-19 (Primary Care)
- Rapid Response COVID-19 Team SOP
- Management of Supply and Access to Personal Protective Equipment (PPE) SOP
- Management of Mental Health and Learning Disability Patients who meet the Case Definition for COVID-19 in an Inpatient Environment including the COVID-19 Cohort Ward SOP

New Guidance:
- Infection Control Guidance for Physical Restraint of Patients Suspected/Confirmed as having COVID-19
- Guidance on Resuscitation and the use of the ReSPECT Form for a Patient with COVID-19 (Inpatient Units)
- Continuous Positive Airway Pressure Guidance

The following key protocols and policies have also been amended:
- Verification of death and expected deaths
- Syringe driver protocol

- Guidance for Staff Responsible for Care after Death (Last Offices)

All new documents that have been developed and any amendments to existing documents are being kept in a log with details of approval routes and updated in light of any additional changes. This will be reviewed by the Quality and Patient Safety group post COVID-19 pandemic to remove any that have ceased to be relevant and retain those that represent best practice

2.3 Staff Training / Education and Support

There are a number of online training package available for those staff returning to the professional register along with guidance.

The Trust has made available a link on the intranet that takes you to a list of links to provide a comprehensive package of E-learning training for COVID 19. The links include clinicalskill.net and a direct link to the Health Education England (HEE) website which is being updated constantly with training packages and information which are all free to access. They also provide a list of all statutory mandatory training including conflict resolution. HEE have made it clear this is not to replace Trusts own stat/man training but there to assist.

The Royal College of Nursing also has a number of educational packages/ refreshers available via their website for free.

We have added to the Trusts workplace induction package for those returning to practice and have included a buddy system with the idea that a member of the Practice Education Team would support the returners through a majority of the training required and including policy awareness thus reducing the burden on the front line clinical staff.

PATS training is continuing to be delivered to newly recruited staff who are required to provide frontline care and cleaning. The course has been adapted to be delivered in line with safe practice from an Infection Prevention and Control perspective with smaller groups of staff and Personal Protective Equipment (PPE) being utilised.

Agreement has been reached to extend the requirements for refreshers to 18 months which will support the numbers of De-escalation Management and Intervention (DMI) trained staff available on the units.

The Rapid Response COVID-19 (RRC) team has been established and operational from the 25th March 2020 to ensure the organisation is proactively and appropriately responding to the COVID crisis. The team currently consists of 4 Registered Nurses (adult), 1 Registered Nurse (RN) (Learning Disability), 2 emergency care practitioners, 1 advanced nurse practitioner and an administrator and provides cover between 7am and 10pm, 7 days a week. The RRC team are based at Mill View. Overnight the RRC team have a dedicated practitioner on-call for additional support and advice.

The Rapid Response Covid team;
- provides telephone triage and COVID risk assessment
- carries out face to face assessment of patients with suspected or confirmed COVID-19 within our mental health (MH) and learning disability (LD) units
- works closely with the cohort unit to ensure the physical health needs of the patients are being met.
- provides urgent care and facilitates appropriate escalation of deteriorating patients

- liaises with the infectious disease team at Hull University Teaching Hospital (HUTH) to ensure patients are cared for in the most appropriate environment
- facilitates transfer of patients from MH or LD units to an appropriate cohort area
- provides reassurance and advice to staff,
- supports teams to deliver end of life care.

2.4   Infection Prevention and Control

Robust systems have been established to ensure that staff have access to the appropriate Personal Protective Equipment (PPE) at all times. Stock is received via a PUSH delivery system from NHS Supply chain, which means that they use demand data and daily SITREPS to determine the content and frequency of deliveries. The Humber Centre has been established as the main store for all PPE deliveries and distribution. However, given the geographical spread of the Trust two further stores have been established at Malton and Whitby hospitals.

On Monday, Wednesday and Friday (as a minimum) teams/wards are required to update their stock levels directly into a shared spreadsheet by 12 noon. This spreadsheet is used by the PPE team at the Humber Centre to push out essential deliveries to teams and prevent teams from running out. All three PPE stores are accessible 24 hours a day with the addition of 7 day staffing with dedicated driver support at the main Humber Centre store 8am-6pm.

Instances of low central stock supplies are escalated to the National Supply Disruption Line and are usually resolved. Currently, the supplies of PPE are at good levels.

The PPE team at the Humber Centre work closely with the infection prevention control team to ensure that the national Public Health England (PHE) Guidance is disseminated and adhered to. The stock distributed to teams is in line with the PHE guidance. The Infection Prevention Control team work closely with teams experiencing COVID-19 related issues and cases to ensure the appropriate management of patients and the safety of our staff is maintained.

2.5   Information Commissioners Office Guidance
The Information Commissioners Office (ICO) has issued guidance to state that although they cannot amend the statutory time frame for responding to Subject Access Requests and Freedom of Information requests they will take a pragmatic approach when it comes to any complaints from requestors for delays during the Covid 19 pandemic period. In response to the ICO guidance the Trust has issued a response to all new requestors. The response informs requestors that due to urgent operational responses in dealing with Public Health priorities there will be a delay in responding to their requests and that the Trust will endeavour to provide the information at the earliest opportunity. If it is possible to respond to the FOI quickly (for example where the FOI is sent to the wrong Trust, or we have previously answered the same FOI) we are providing responses.

Due to safeguarding concerns and legal obligations some SARs remain business critical and will be responded to within the statutory timeframe (for example requests from police, solicitors and Courts Orders). Over half of the medical records team have been redeployed to support other teams during this pandemic period. However, two full time members of staff remain in medical records who deal with the business critical SARS. Those staff members are also reviewing medical records where appropriate to save clinician's time.

There is currently no capacity within the team to review or action non-critical SARs or FOIs. However, all delayed responses will be responded to once the pandemic is over.

2.6 Patient Safety and Safeguarding
The safeguarding team are all working from home including administrative support. The duty desk continues to run Monday – Friday 9am – 5pm, taking requests for support through telephone contact and email contact. The team are continuing to be involved in the patient safety morning meetings and Clinical Risk Management Group (CRMG).

The safeguarding team are supporting staff by attending meetings in a virtual format including Multi-Disciplinary Team (MDT) and Long Term Segregation reviews. Safeguarding meetings also continue including Multi-Agency Risk Assessment Conference (MARAC), Multi-Agency Child Exploitation (MACE) and Prevent, with virtual presence currently. The team are also maintaining links with safeguarding adult and children teams, the Safeguarding Children Partnership and Safeguarding Adults Boards (SABs). The team are also sharing important safeguarding information with staff across the trust to ensure that they are kept up to date with the ever evolving temporary changes.

3. Mental Health Act (MHA)

The Medical Director and Chair of Mental Health Legislation Committee (MHLC) have been in touch by email and phone and the Chair of MHLC also took part in the Ethics Advisory Group discussion by Skype on 2 April. On 6 April the Medical Director and Chair of MHLC discussed pragmatic implementation of MHA and general issues as follows:-

- No changes to the status of the MHA at this time.
- Some trusts have implemented revised remote arrangements e.g. Community Treatment Orders (CTO) renewals. Humber has received legal advice re this issue and our Responsible Clinicians are carrying out CTO renewals via Skype where possible. We are anticipating some formal Guidance from NHS England in the coming week which will help with interpretation of how remote working in Covid-19 relates to the MHA and Code of Practice.
- Tribunals and Hospital Manager's Reviews taking place remotely in line with National Guidance and Associate Hospital Managers are adapting well to the changes.
- The Care Quality Commission (CQC) have issued guidance with regard to their approach in Covid-19 where they will seek to work with providers using remote approaches and based on intelligence sharing and response to risk.
- The over-riding principle that mitigation of risk re COVID should, wherever possible, not lead to 'mental health population' being more isolated than the general population.

4. Workforce

- Regular contact with staff side (all positive so far) issues such as PPE, health and wellbeing initiatives, annual leave etc. all discussed;
- Letter to all retired staff from the last 3 years sent out offering them the chance to return and work on our bank;
- Fast track recruitment team in place. Two people ring-fenced to only support getting new people on the bank or into the trust;
- Clear advice and guidance on working from home sent to all managers (making clear our expectations that this should be facilitated wherever possible) and to staff;

- Car parking charges switched off to ensure all new staff can start asap and without any parking issues;
- Appraisal window pushed back to October – December (will be reviewed);
- Rule break process (Working Time Regulations, Overtime etc) relaxed to speed up decision making;
- Staff given a further chance to buy or carry forward annual leave rather than be forced to take it;
- Occupational Health supporting with staff and line manager queries around testing and staff health and at risk groups and have reallocated OH nursing provision to support this;
- Devised a frequently asked questions document for staff;
- Collating school access difficulties and liaising with the LEAs to help to sort this;
- Providing data on absences and self-isolation on a daily basis;
- Flexible workforce team (source bank and agency staff for teams) commenced a seven day a week service to provide extra support for managers from Monday;
- Temporarily suspended the 3 year DBS renewal requirement to free up time for staff and managers but still adhering to the rules around DBS for new starters, including the recent CQC advice;
- Temporary paying the bridge tolls for staff and bank workers;
- Pamper and revive package being delivered to all units, utilising volunteers to deliver;
- Clinical psychologist support available to staff 7 days a week 8am to 8pm;
- Staff on in patient units being provided with free food and drinks from the catering staff.

5. Communication

The Marketing and Communications team have been centre of any emergency response ensuring that communications to all stakeholder groups are well managed and integrated. Key facts have been delivered in a clear, timely and targeted way to our audiences to ensure all parties feel safe and supported through a challenging situation allowing clinical staff to do clinical work rather than deal with communications issues. This includes

- Twice Daily communications bulletins (messages cascaded from Silver/Gold and clinical/support services) and daily weekend communication bulletins
- COVID-19 Information Hub on intranet (including updates, resources and FAQ's)
- Live 'Ask the Exec' Skype session
- Chief Executive communications support including video messages
- Attendance at East Yorkshire/Hull and North Yorks Communications Cell meetings to ensure joined up response
- Health & Wellbeing Social media campaign
- 'Your NHS Needs You' social media recruitment campaign
- Oversight and support for all patient communications

The above is underpinned by a Communications Plan which outlines how we will communicate during this crisis communications period in line with our Covid-19 Response Strategic Goals. This plan lays out how, through regular, transparent, honest and reassuring messaging we will ensure our staff feel safe, supported and able to carry out their duties. It details how we will use digital and traditional communications methods to share timely, clear and targeted information with our patients, service users and carers are well communicated with so that they understand how and why the services they engage with may change and are able to continue to access treatment and support.

We have also shown our support to the local system and wider system response by sharing key messages to slow the spread of the virus and alleviate pressure from the NHS including leading the local mental health and wellbeing campaign across social media.

We provide regular and informative updates to partners and stakeholders to ensure they are aware of what we are doing to protect our staff and patients and ensure continuity of care. This includes connecting with CCG colleagues in particular in North Yorkshire to support the work in Whitby.

The Communications Team have developed and delivered a Health and Wellbeing Hub within the COVID portal to bring together all the Trust, local and national resources available to staff which includes a number of Apps to support staff health & wellbeing.

In addition the team have led a local systems COVID mental health and wellbeing campaign translating the government's guidance document on managing you mental health and wellbeing during COVID-19 into easy to digest posters and social media graphics.

'Care Mail' is our initiative to help friends and family stay connected with loved ones at our Trust locations. A messaging portal is being created on our website and in partnership with volunteering and patient and carer experience are putting in place a system to deliver personal messages of support, thanks and encouragement which can make a real difference to aid recovery and boost staff morale.

6. Business Intelligence (BI) and Continuity

BI Business Continuity Plans have been updated and Gold command have agreed that the Integrated Board Report (IBR) and Integrated Quality and Performance Tracker (IQPT) should be continued but with no commentary provided.   BI Support has also been diverted to support sitrep reporting during the pandemic.

7. Information Governance (IG)

With the developing progress of the Coronavirus pandemic the Trust has supported staff to work from home. The information Governance Team are supporting the Trust to ensure information and cyber risks are managed appropriately during this period. The following paragraphs highlight the approach

8.1   Advice and Support

The IG Team continues to provide advice and support to staff, via email and telephone. The advice continues to be logged and will be themed and reported to the IG Group at the first post COVID-19 meeting.

8.2   IG Updates – COVID-19

The update provides 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. The update has provided information on;

- Control of Patient Information Regulations 2002 (COPI)
- Instant Messaging
- Videoconferencing
- Using Your Own Device
- Homeworking
- New Ways of Working

8.3   Data Privacy Impact Assessments (DPIA's)

NHSX has advocated the use of mobile messaging and videoconferencing to communicate with colleagues and patients using Skype, WhatsApp, Facetime or other commercial products designed for this purpose.

This has not abdicated the Trust's responsibility to perform a high level DPIA before use and the IG Team have introduced a short form DPIA to support this process, new systems/apps are logged, a DPIA is performed to identify risks/issues with no mitigation, a summary is circulated to the SIRO, Caldicott Guardian and DPO for noting.

DPIA's completed for;
- WhatsApp
- Accurx
- Upstream Videoconferencing
- Google Online Education
- Eduflow

The DPIA's will be reported to the IG Group at the first post COVID-19 meeting.

8.4   Videoconferencing
The Trust is looking to videoconferencing technologies to deliver patient care, which protects the health of staff and patients during COVID-19. The IG Team are supporting the introduction of videoconferencing, producing the 'Information Governance Guidance for Video Consultations with Patients' for all staff to follow whatever medium is used for consultations.

The IG Team are working with the Clinical Systems Team, IT and Upstream providing advice and guidance for the introduction of Upstream Videoconferencing through the Clinical Portal and Upstream Engage App

8.5   Guidance
To protect staff and raise awareness of the risks of using technologies, information was circulated to staff on WhatsApp 'scams' that are currently circulating this also included a link for general advice on using Apps for Business and Social Use.

To support access to information the supplier, TPP have re-instated the consent override facility within SystmOne to support direct care, prevention, diagnosis and treatment of those with or who are at risk of COVID-19. This has been agreed by the Caldicott Guardian and an IG update on using this functionality has been issued.

8.6   Data Security and Protection Toolkit (DSPT)
The deadline to complete the DSPT has been extended by NHS Digital to 30 September 2020.

The remaining items will be completed post COVID-19. IG Training compliance as at the 31st March was 93% (against the 95% compliance rate target), the deadline to hit the target compliance has also been extended until 30 September.

The recent audit of the DSPT concluded that governance, risk management and control arrangements provide **substantial assurance** that the DSP Toolkit assertions are being managed effectively managed. Compliance with the DSP Toolkit assertions was found to be taking place.

8.7   Emerging Guidance
The IG Team will continue to assess guidance issued in relation to COVID-19 by the ICO, NHSX and Department of Health and review this against current Trust policies, procedure

and guidance, updating where necessary to ensure the Trust maintains and appropriate level of compliance during the pandemic.

8.8 Information Sharing

The IG Team will maintain a Records of Processing Activity (ROPA) for any information shared under the Control of Patient Information Regulations 2002 as a result of COVID-19.

The IG Team continue to support teams in the development of information sharing agreements, ensuring that these are signed off appropriately to avoid any delay in sharing needed to support Trust business.

8.9 IG Incidents

All IG incidents continue to be reviewed to ensure that mitigations are put in place to minimise the effect of any breaches.

8. Emergency Preparedness, Resilience and Response (EPRR) and Service Changes made throughout Covid-19

In response to the current global COVID-19 pandemic the Trust is enacting its emergency planning processes in line with the Gold/Silver/Bronze command and control framework. This briefing outlines some of the key activities undertaken by the EPRR team to support the framework and necessary changes to service delivery to ensure service continuity and safety throughout the COVID-19 pandemic.

EPRR Key Activities Summary

- Establish wider incident team and associated resources
- Development incident room processes, including full staffing rotas to cover hours of operation – establish virtual working processes
- Support implementation of business continuity plans
- Advise Silver command on issues of EPRR
- Develop staff redirection process
- Develop and co-ordinate daily situation reports
- Liaise with system EPRR arrangements (Local Resilience Forums)
- Collate and disseminate relevant national guidance
- Co-ordinate NHS England/Improvement reports and submissions

Resources

The EPRR team have led the development of the incident control room and the wider incident team. Expertise has been sourced from across the organisation to provide input and leadership on issues such as governance, programme management, reporting, administration, human resources, service management/operational delivery, risk management and voluntary/community involvement.

Governance

The governance and reporting processes below have been established to support the command framework:

Key:

- Gold Command
- Silver Command
- Reporting requirements
- Bronze Command

Gold Command
(Meets at 1pm-2pm daily Mon-Fri, on call director updates gold command at weekends)

Silver Command
(Meets at 12pm Mon-Fri, managed via on call arrangements at the weekend)

Silver Command Operational Call
(11am Mon-Fri)

Sit Rep Reports
Produced daily by general managers, collated by the incident team and sent to Silver Operational Lead (exception reports at weekend dealt with by on call manager as necessary)
Daily sit reps are sent to NHSE/I

Bronze Leaders to liaise with silver leaders and provide updates as requested to feed reporting requirements and escalate issues as necessary.

Incident Room staffing arrangements :

- Incident room will be staffed virtually by a minimum of admin and a member of the incident team Mon to Friday, 8.30am -5pm
- Out of hours and weekend cover will be provided through amended "on call" arrangements.
- A 2ⁿᵈ Manager on call has been added to the on call rota and will be mobilised if required

Reporting

A situation report has been developed in conjunction with the business intelligence team that outlines the daily staffing compliment in each service across the trust and provides the opportunity to raise issues relating to current capacity and key areas of risk related to business continuity plans. This is for the attention of silver operational command; any issues that cannot be resolved are escalated as appropriate via the command framework.

The EPRR team are the co-ordination point for all NHSE/I returns in relation to COVID-19 and are meeting with all system partners on a weekly basis to discuss any relevant returns ensuring a process for timely completion is in place.

Business continuity plans and resulting service changes

In the early stages of the Trust response all service areas including corporate were requested to review their business continuity plans in preparation for the impact of the covid19 pandemic on service delivery. As a result and as the pandemic progressed a number of non-business critical services have been stood down and their workforce redeployed across the Trust to support other services areas. Business critical services have worked innovatively, developing different ways of working, introduced some new ways of working and ensured that service delivery has been maintained with the best interest of patients as a priority. The actions within the Business Continuity Plans have been tested throughout this pandemic and so far have been effective. Areas for improvement are and will continue to be identified, any gaps and opportunities for learning will feed into the review and debrief process at the end of this crisis, however due to the length of time of the emergency this is being captured regularly now on an ongoing basis. A number of high level service changes have taken place to accommodate the requirement to keep both patients and staff safe during this pandemic. These changes have been achieved at pace

and through effective working across corporate teams and service divisions and key to this has been:

- Roll out of digital solutions to enable remote working
- HR support to address a range of changes, bringing staff back into practice, expansion of the staff bank etc.
- Rapid development of new clinical SOPs (standard operating procedures) with support of key clinical staff and professional leads.
- Estates support to move services, equip them rapidly and close some buildings now not being occupied.
- Infection control support and advice.
- Communication support to ensure that changes are messaged effectively.

A new Covid 19 clinical group has been established and is chaired by the Clinical Director to develop and oversee changes to clinical pathways across all of the divisions. This group meets twice each week.

Silver command is capturing service changes and transformation made as a result of our response to Covid-19. A documentary file will be available post Covid. It has been agreed through Gold command that a project plan will be developed using the list maintained by silver command to ensure that post Covid the transformation made will be maintained. The Director of Finance is leading on this.

Trust Volunteers

Via our incident control room arrangements we have been in a very positive position to be able to mobilise our volunteers to support our covid 19 response. They have been instrumental in supporting our delivery of food hampers to all of our services and teams. We are utilising those that are drivers to support other transport arrangements including staff who need assistance due to changed public services to travel to work. Over the Easter weekend they delivered Easter eggs to all of our sites. We are immensely proud of our volunteers who are playing such an integral role in supporting this current emergency.

9. **Surge Plan**

The purpose of the surge plan is to set out how the Trust will respond to significant surges in service demand as a direct result of the COVID-19 outbreak, ensuring the best possible balance of service delivery to patients. The COVID-19 Surge Plan has been developed in accordance with the available guidance and predictive demand modelling information and this will be reviewed regularly in light of the rapidly changing situation with the pandemic.

The plan describes the full incident command structure with effect from 16th March 2020 that will remain in place throughout the management of the pandemic. The Trust will continue to use its Business Continuity Plans to assess the overall capacity position, level of OPEL (operational escalation levels) and associated action cards.

This plan is based on the impact on our workforce based on the modelling data and the volume of services needed for our inpatients with COVID-19 and those without. The timing of the change of use of the clinical areas listed in the plan has been aligned to a specific timeline using a combination of demand triggers. The objective of the surge plan is to provide an overarching approach, supported by detailed service plans to ensure:
1. The spread of Covid 19 is minimised;
2. That essential core activities are maintained;

3. The creation of pathways and capacity to effectively care for large volumes of Covid 19 patients requiring inpatient mental health, learning disability, community beds and wider community care;
4. To minimise morbidity and mortality from Covid 19 among patients and staff;
5. To optimise deployment of staff, planning for the impact of self-isolation and Covid 19;
6. To provide timely and effective support to our staff in support of their health and wellbeing;
7. To provide staff with training and support to undertake their duties;
8. To provide the best possible environment and equipment for staff to undertake their duties;
9. To ensure staff have access to appropriate personal protective equipment;
10. Effective management of the incident through the Covid 19 Command Structure;
11. Providing timely, authoritative and up-to-date information (that complements wider national guidance and messages) to service users, staff and partner agencies;
12. Return to normal working after a pandemic as rapidly and effectively as possible.

The plan describes the Trust's response at a Trust wide, clinical service and support service level at 4 possible intensity of surge.

| **Moderate Pressure:** | **Intensive service change and developing pandemic related absence** |

As at 1st April 2020 we are in this phase. Services are already feeling the impact of the implementation of a full incident command structure established on 16th March 2020. Services are experiencing the impact of staff absence due to sickness, isolation and shielding, teams are undertaking significant reorganisation, ceasing non-essential services to focus on maintaining delivering across critical functions to increase resilience in the coming weeks/months.

| **Severe Surge Pressure:** | **Increased activity and/or increasing absence level: Manageable within the Division/Organisation** |

Severe Surge Pressure will see increased numbers of COVID-19 patients in direct contact with our services leading to increased acuity of care that needs to be balanced with a reducing staffing base as a consequence of increasing absence rates in key professional groups. There will be greater levels of staff redirection but manageable within divisions to maintain core services.

| **Critical Surge Pressure:** | **Increased activity and/or increasing absence level: Organisational Response Required** |

Critical Surge Pressure will see continued increases in numbers of COVID-19 patients in direct contact with our services with further reductions in our staffing base for key professional groups. Inpatient capacity is increasing, with occupancy rates of >85% in dedicated cohort/isolation areas. Inpatient facilities are being repurposed outside of their typical use and staff are now being redirected outside of their usual division or outside of the organisation

| **Super-surge and Potential Service Failure:** | **Increased activity and/or increasing absence level: requires system level response** |

Absence levels have now increased beyond 25% for key staff groups, making it impossible to manage patient care within existing resources. Support for staffing capacity is needed from across the health and social care system to enable patient care to be delivered in a safe manner and core service to be maintained.

The plan describes the response to the potential impact on staff and how the Trust will act to support them. There are separate sections that address staff training and development, staff health and wellbeing, communications, workforce and organisational development. It also covers the post-pandemic recovery phase which will have a significant impact on mental health services demand. This section is expected to be developed further as the national strategy develops and we able to assess the direct impact on our services.

The Trust's surge plan was approved by Gold command on 7th April. Any major changes required will be brought back to Gold for approval. It is published on the Trust intranet and updated on a weekly basis to reflect any new guidance and changes in the local situation.

10. **Corporate Governance**

It was agreed in March that meetings would be stood down and this included Board sub committees. An assurance report has been provided separately regarding committee work through Covid-19.

A summary of work progress and plans since March is provided below. Whilst the key focus of all work continues to be directed towards managing critical business during the pandemic it was been agreed that where work had already started or where items could be progressed as business as usual these would be to ensure that post Covid, the Trust is in the best place it could to progress usual business.

A list of these areas are summarised below:

a) Board Workplans:
These have been reviewed for any business items that need to be progressed or deferred. Only a few changes have been made and updated Board workplans that have been agreed with the Chair have been shared with Board as part of the April Board pack.

b) Committee Workplans
Committee workplans were discussed at the March Board meeting and it was agreed Non-Executive Committee Chairs and Executive leads would consider any items that needed to be progressed and assurance provided to Board during the period of Covid. An update from each committee is provided in a separate paper.

c) Annual Committee Effectiveness Reviews 2019/20 and Terms of Reference
As reported to the March Board, these had been planned and started in some cases and agreed this work would continue in order to provide a single committee effectiveness report for the May Board as per the Board's workplan.

d) Annual Report 2019/20
This had been prepared and was in the final stages pending year end data and is being progressed to completion.

e) Quality Account 2019/20
This had been prepared and was in the final stages pending year end data and is being progressed to completion.

f) Annual Accounts
A full update has been provided in a separate report and the annual accounts will be presented to the June Board.

g) Constitution
A review of the Trust Constitution approved in 2017 was planned for review and this is continuing and proposals for change will be discussed with the Council of Governors and Board as meetings begin to take place.

h) Council of Governors
Updates are being provided to our Governors throughout this period every two weeks. In addition, a message was sent to our members and posted on the members page of our website to reassure our members of our work during this time. The Chair remains in regular contact with the Lead Governor throughout this period.

11. Finance
A detailed finance report is provided separately on the Part II agenda.

12. Summary

This summary of covid, clinical and corporate governance is presented to provide the Board with a comprehensive update. These areas remain under review through the Executive Team and Gold Command.

April 2020

Title & Date of Meeting:	Trust Board Public Meeting – 29 April 2020				
Title of Report:	Emergency Preparedness, Resilience and Response (EPRR) Annual Report				
Author/s:	Name: Lynn Parkinson Title: Chief Operating Officer/ Accountable Emergency Officer				
Recommendation:	To approve		To receive & note	√	
	For information		To ratify		
Purpose of Paper:	To provide an overview of the EPRR programme and activities over the last 12 months and its compliance with the NHSE core standards				

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	16.3.20	
	Mental Health Legislation Committee		Operational Delivery Group		
	Charitable Funds Committee		Other (please detail)		

Key Issues within the report:	The attached annual report provides the Trust Board with assurance that the Trust has met the EPRR duties and obligations as set out in the Health and Social Care Act (2012) as a responder during the period 1st April 2019 to 31st March 2020. The report provides an overview of EPRR activities and sets out EPRR priorities for 2020/21

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
Legal	√			
Compliance	√			

Caring, Learning and Growing

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

Emergency Preparedness, Resilience and Response

Annual Report to the Trust Board

1st April 2019 – 31st March 2020

FOREWORD

2019/20 has been another busy year for Humber Teaching NHS Foundation Trust not just in terms of additional demands on NHS services but also from a variety of unexpected internal and external incidents and the organisations planning for the EU Exit and management of the COVID-19 virus.

Under the Civil Contingencies Act (2004), NHS organisations and providers of NHS funded care must evidence that they can plan for and deal with a wide range of incidents and emergencies that could affect health or patient care. This programme of work is referred to in the health community as Emergency Preparedness, Resilience and Response (EPRR).

All NHS funded organisations must meet the requirements of the Civil Contingencies Act (2004), Health and Social Care Act (2012), NHS England Command and Control Framework and NHS Business Continuity Management Framework. It is for these reasons that Humber Teaching NHS Foundation Trust continues to drive improvement within its EPRR agenda.

Throughout the year the Emergency Planning Team has assessed risk, worked collaboratively with key stakeholders, partners, managers and clinicians in order to ensure that Humber Teaching NHS Foundation Trust is able to provide an effective, resilient and coordinated response that improves resilience, minimises the impact of emergencies, manages large scale planned events and to directly plan for the resumption of normal activity. It has also received significant assurance on a re-audit of the Business Continuity Plans which evidences the ongoing improvements the team is making. In January 2020 an additional full time member of staff, Rebecca Johns-Bielby, joined the team from the Local Authority Humber Emergency Planning Team (HEPS). Rebecca's arrival will strengthen the team's ability to deliver core EPRR alongside the increasing requirement to provide operational assurances both nationally and locally and to support the delivery of EPRR training that the Trust needs.

Humber Teaching FT is respected locally and regionally for its EPRR planning and response and works well with its partners.

I am pleased to present the EPRR 2019-20 Annual Report which identifies the work undertaken to address key priorities, identifies Trust compliance with statutory duties and acknowledges its achievements over the last twelve months.

Lynn Parkinson
Chief Operating Officer and
Accountable Emergency Officer

1. Background

NHS Organisations and providers of NHS Funded care must evidence that they can deal with major incidents or emergency disruptions whilst maintaining services to patients. This is commonly known within the NHS as Emergency Preparedness, Resilience and Response (EPRR).

Humber Teaching NHS Foundation Trust must ensure consistent delivery of high quality safe care to patients through resilience, planning and preparation. Robust arrangements must also be in place to continue to deliver this level of care when unexpected incidents occur or at times of great pressure.

The Trusts response to emergency situations has been tested over the last 12 months by means of live incidents, loss of communications and a desk top exercise.

2. Purpose

This Annual Report provides the Trust Board with assurance that the Trust has met the EPRR duties and obligations as set out in the Health and Social Care Act (2012) as a responder during the period 1st April 2019 to 31st March 2020. The report provides an overview of EPRR activities and sets out EPRR priorities for 2020/21.

3. Statutory Framework and National Policy Drivers

Under the Civil Contingencies Act (2004) the Trust is not categorised as a responder, it does not have an Emergency Department and is therefore not subject to the Act however; there is an expectation under the Health and Social Care Act (2012) that the Trust prepares and responds as though it were.

The Acts are accompanied by other requirements such as the NHS Standard Contract, NHS England Core Standards for EPRR, the national EPRR Framework and NHS Business Continuity Management Framework.

The strategic national EPRR Framework contains principles for health emergency planning for the NHS in England at all levels including NHS provider organisations, providers of NHS funded care, clinical commissioning groups (CCGs), general practices and other primary/community care organisations.

The NHS England Core Standards for EPRR provides the minimum standards which NHS organisations and providers of NHS funded care must meet. The Trust undertakes an annual self-assessment against the core standards relating to its services and provides assurance to NHS England that robust and resilient EPRR arrangements are established and maintained within the Trust.

The Trust is expected to state overall whether it is 'full', 'substantial', 'partial' or non-compliant with the core standards. Each year some standards change and different deep dive themes are requested. In 2019 the Trust self-assessed itself as demonstrating a 'substantial' compliance level; maintaining the substantial compliance level submitted since the inception of the core standards in 2014; and provided an appropriate improvement plan to work towards full compliance.

The self- assessment was considered by the Trust's EPRR Sub Group on 6th September 2019, at EMT on the 30th September 2019, discussed with the non-executive director for EPRR on 24th October, approval by the Trust Board on 30th October 2019 and final submission to NHSE on 31st October 2019.

October 2019 Submission

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Governance	6	6	0	0
Duty to risk assess	2	2	0	0
Duty to maintain plans	13	13	0	0
Command and control	2	1	1	0
Training and exercising	3	1	2	0
Response	5	5	0	0
Warning and informing	3	3	0	0
Cooperation	4	4	0	0
Business Continuity	9	9	0	0
CBRN	7	7	0	0
Total	54	51	3	0

Deep Dive	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Severe Weather response	15	12	3	0
Long Term adaptation planning	5	0	5	0

Overall assessment:	Substantially compliant

February 2020 Update- with improvement highlighted

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Governance	6	6	0	0
Duty to risk assess	2	2	0	0
Duty to maintain plans	13	13	0	0
Command and control	2	1	1	0
Training and exercising	3	1	2	0
Response	5	5	0	0
Warning and informing	3	3	0	0
Cooperation	4	4	0	0
Business Continuity	9	9	0	0
CBRN	7	7	0	0
Total	54	51	3	0

Deep Dive	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Severe Weather response	15	13	2	0
Long Term adaptation planning	5	3	2	0

Overall assessment:	Substantially compliant

4. Accountable Emergency Officer

The Chief Operating Officer is the designated Accountable Emergency Officer with responsibility for EPRR in the Trust. The Chief Operating Officer delegates responsibility to the Deputy Chief Operating Officer/Head of EPRR in order to ensure that all legislative requirements and responsibilities are delivered with the support of the EPRR Team.

5. Emergency Preparedness, Resilience and Response Discharge of Responsibilities

5.1 Emergency Preparedness, Resilience and Response Sub Group

The group meets quarterly to oversee the development and maintenance of Trust emergency and business continuity plans along with associated documentation pertinent to EPRR.

The group is primarily an assurance group established to ensure compliance with EPRR statutory legislation, strategic framework and core standards and is chaired by the Deputy Chief Operating Officer/Head of EPRR; the group is accountable to the Executive Management Team.

The core membership of the group includes representatives from both corporate and clinical areas and there is an expectation to contribute to delivering the aim, objectives and duties of the sub group.

5.2 Risk Assessment

Assessing the potential risk of emergencies occurring and using this knowledge to inform contingency planning is a key duty of responders and therefore Humber Teaching NHS Foundation Trust must have suitable, up to date, plans which set out how it plans for, responds to and recovers from major incidents and emergencies as identified in local and community risk registers.

The Trust has an EPRR risk register which is reviewed quarterly with the Trust risk manager; entries onto the risk register are aligned with the Humber Local Resilience Forum community risk register. A suite of plans ensure we can test and respond to incidents, are regularly updated and take into account the risks.

5.3 Partnership Working

The Trust is represented at health and multi-agency emergency preparedness groups within the Yorkshire and Humber area. This facilitates information sharing and coordination amongst other local responders. The groups also provide a valuable platform in terms of planning and sharing learning from events and incidents. Groups attended or dialled into this year are:

- Humber Local Resilience Forum (multi-agency)
- North Yorkshire and Humber Local Health Resilience Partnership
- System Resilience Group/A & E Delivery Board
- North of England Mental Health Forum
- Hull and ER Coronavirus committee
- EU Exit Workshops
- Weekly EU Exit Webinars
- Weekly Covid-19 Webinars

The Trust works closely with the lead Clinical Commissioning Group (CCG) for winter and surge planning and regularly responds to requests for assurance on its ability to deliver operationally during times of increasing pressure in the health system, supporting patient flow at HUTH and the planning for bank holidays/events. The Trust has also revised its Operational Escalation Levels (OPEL) in line with all system partners to ensure consistency of reporting across the patch and continues to submit daily situation reports until further notice.

5.4 Training, Exercising and Testing

A key element of EPRR is the ability for the organisation and its staff to respond positively to incidents and emergencies. In order to support this objective the Trust has had:

- Six monthly communication tests with on call staff with the next one being scheduled for April 2020.
- Held a desktop exercise in February based on staff using an unsecured public Wi-Fi.
- Had a live incident at Miranda House with a full power outage which tested BC Plans and the Incident Control Room at Trust HQ
- Joint Decision Making training will be delivered by Yorkshire Ambulance Service on 6th April 2020 and will be undertaken by all on call directors. This training forms the basis of the decision process within operational activity for EPRR

With additional resource in the team Business Continuity Plan testing and training is high on the teams agenda and work has started to engage staff to support and raise awareness. EPRR continues to be on the Trust Induction and has a stand at the lunchtime market place session.

The Trust has trained Loggists who are available on a voluntary basis and work continues to ensure that they receive refresher training and additional loggists are identified.

The team are involved in the scoping phase of 'Coast Ex' which is a multi-regional exercise due to take place in October of this year. The exercise will examine the effects of an East Coast Tidal Surge, which will be particularly important for the Trust due to the number of services provided in and around Coastal areas specifically Inspire our new CAMHS inpatient unit and our services within the Walker Street Centre that suffered previously in 2013. This will involve multi-agency partners alongside a number of Local Resilience Forums and Government departments and will meet our requirements to take part in a live exercise.

5.5 Responding to external influences

EU Exit

During 2019 the Trust convened an EU Exit group to manage and coordinate the preparations required to manage any impacts to the Trust if Britain left the EU with a 'No Deal'. National guidance specified that there would be seven key risks to the NHS and the Trust EU Exit Business Continuity Plan development was based on these, the Director of Finance is the Responsible Officer. National communications for each Trust continued to come via EPRR and a general EU Exit mailbox was assigned to manage these. The Trust continues to keep abreast of any EU Exit developments, attend any workshops and has also continued to diary EU Exit meetings to consider any new information as it comes out.

COVID-19

In February 2020 we became aware of the Coronavirus outbreak in Wuhan, China. The EPRR team has worked collaboratively with the Infection Prevention and Control team to implement processes across the Trusts service areas, in particular, Primary Care and Whitby MIU services to ensure that they are prepared for any self-presenters and how they should be managed. All communications both nationally and locally are being channelled through a central Coronavirus mailbox ensuring that those involved are fully appraised with the information that changes daily. A Coronavirus Incident Coordination Group has been convened and this will meet weekly.

Trust Estate

Due to the geographical location, age and size of some of our buildings operational services can and do at times suffer a wide range of small to large scale disruption due to unexpected flooding, IT, data or utility failures.

Whilst we have a well-established team of engineers and on-call managers in place to respond to such unforeseen incidents, some can have far reaching consequences to patient care and safety and require the implementation of business continuity plans and special measures to maintain safety and address risk.

The Trust has taken part in a number of multi-agency teleconferences during 2019/20 in response to extreme weather such as flood and high wind and is on the current list of organisations to be contacted by both the Humber Local Resilience Forum and North Yorkshire Local Resilience Forum using the mass communication blanket texts facility.

5.6 Event Briefings

Event planning is an established function of the EPRR Team. Once again the Tour de Yorkshire cycle race that has become an annual event will pass through several of the Trusts geographical service areas. At the end of April 2020 the race will once again start in Beverley with a number of rolling road closures and pass through several service areas over the period of four days. The EPRR team send out a number of travel briefings via the Communications Team and these are also circulated to Senior Managers ensuring impacts to service delivery are kept to a minimum. Services are now well practised and implement Business Continuity Plans if appropriate.

The Hull Marathon and the Humber Bridge Half Marathon are also regular local annual events with a potentially significant impact; the Trust takes the same steps to ensure that all staff and services are advised of disruption and can pre-plan journeys and patient visits.

5.7 Business Continuity Management

With the introduction of additional resource into the EPRR team the priority is to ensure the Trust continues to update and review the business continuity plans, for every service area both clinical and corporate, improving and revising as appropriate.

In support of the Trusts business continuity plans, the Trust has a robust on-call manager and director rota system. On-call activity is documented in an on-call log by each manager on completion of a period of on-call rota duty; and collated onto a central spreadsheet. On call logs are routinely reviewed for issues or learning and are distributed to the Service Managers and Senior Managers appropriately. The on call manager rotas are managed centrally by the EPRR Admin with weekend on call information being shared with HUTH operations and the CCGs which is managed centrally by switchboard at Miranda House.

The EPRR team also continues to collate and publish a weekend clinical capacity and contingency plan that incorporates key service information from all areas of the Trust which supports the on-call managers and directors with any issues that may arise during their on-call duty. Similarly bank holidays are managed with the production of a specific bank holiday plan which covers the period before, during and after the bank holiday and again includes key service information from all areas of the Trust.

Comprehensive and up to date on-call packs provide a range of information, policies, maps and procedures to support the on-call teams and this is centralised area on the V drive for electronic access. This has also been provided to the on call directors to assist them should they require it.

5.8 Emergency Preparedness Plans

The EPRR Team continues to develop, update and improve trust-wide resilience plans in alignment with updated national risk registers, local risk registers, national guidance, and learning from incidents, events and exercises and in response to new emerging specific threats or hazards. Most plans are updated every three years, when new legislation is issued or after publication of national documents.

6. Assurance and Governance Arrangements

6.1 Internal Audit

A Disaster Recovery Business Continuity Audit was undertaken in 2018 on a number of services to review local procedures and processes within their Business Continuity Plans. In response to the recommendations the team undertook a review of all Business Continuity Plans and applied a greater level of scrutiny to ensure that amendments and improvements were

implemented. A re-audit took place in January 2020 with the final audit report identifying 'Significant Assurance'.

The Trusts EPRR NHSE Core Standards submission was subjected to an audit in December 2019 and this identified a small number of recommendations of which all are being addressed and aim to be completed by the end of March 2020.

6.2 Local Health Resilience Partnership (LHRP) and Local Resilience Forums (LRF)

The LHRP for the Yorkshire and Humber area provides additional governance in terms of reviewing the Trusts submission of its EPRR core standards and its self-assessment. The LHRP is chaired jointly by the Director of PHE and NHSE and attended by Accountable Emergency Officers or director equivalent for at least 75% of the meetings if it is to meet the core standard requirement.

The LRF is a multi-agency partnership made up of representatives from local public services including the NHS particularly Category 1 Responders and they work collaboratively with the LHRP for their areas.

7. Conclusion and EPRR Priorities for 2019/20 for Emergency Planning, Response and Resilience

2019/20 has been busy for Humber Teaching NHS Foundation Trust in terms of EPRR. In particular, there have been responses to power failures, telecommunication disruptions and measures implemented to ensure patient safety during disruption to services as well as the additional external influences such as EU Exit and Coronavirus. As new guidance is developed, introduced and learning from emergencies and planned events is collated the Trust's key priorities for the 2019/20 are as detailed below:

- Maintain/improve the level of compliance against the NHS England Core Standards through work programmes that address the Trust's improvement requirements.

- Maintain the programme of updating the Trust's suite of plans, policies and procedures in order to ensure that they reflect national guidance, best practice and learning from live and test situations.

- Improve care and service safety, resilience and response through a programme of training, testing and learning from incidents internally and through networks and partners.

- Further embed the importance of Business Continuity Plans with operational services by delivering support and training and ensure an evidence based approach is taken.

Title & Date of Meeting:	Trust Board Public Meeting – 29 April 2020				
Title of Report:	Report on the Use of the Trust Seal				
Author/s:	Name: Michele Moran Title: Chief Executive				
Recommendation:	To approve		To receive & note	✓	
	For information		To ratify		
	The Trust Board are asked to note the Report				
Purpose of Paper:	The purpose of this report is to inform the Trust Board of the use of the seal for the period 1st April 2019 to 31st March 2020.				

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

Key Issues within the report:	In line with the Trust Standing Orders (8.3.1) a report of all sealings is made to the Trust Board on an annual basis**.** Over the period 1st April 2019 – 31st March 2020, the Trust Seal has been used ten times

Monitoring and assurance framework summary:

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

Use of the Trust Seal Report

1 Introduction and Purpose

The purpose of this report is to inform the Trust Board of the use of the seal for the period 1st April 2019 to 31st March 2020.

In line with the Trust Standing Orders (8.3.1) a report of all sealings is made to the Trust Board on a annual basis**.**

2 Background

The common seal of the Trust is held in a secure place by the Trust Secretary on behalf of the Chief Executive.

The Seal is used in order to execute a deed or agreement and when required to do so by law, for example during the conveyance of land

Where it is necessary to use the Trust Seal, the seal is affixed in the presence of a senior manager duly authorised by the Chief Executive, and is attested by that person.

The Trust secretary maintains a register of the use of the seal which is available for review.

3 Use of Trust Seal

Over the period 1st April 2019 – 31st March 2020, the Trust Seal has been used ten times. The Trust secretary maintains a register of the use of the seal which includes parties to the agreement which is available for review

Internal Ref Number	Date of Sealing	Description of Document
01/19	30.5.19	Execution of Right of Way HUTH
02/19	30.5.19	Lease for Flamborough
03/19	30.5.19	Manor House Surgery Lease
04/19	30.5.19	Disposal of Victoria House - **see also 06/19**
05/19	12.8.19	Car Park Land fronting Miranda House
06/19	12.8.19	Victoria House sale - **see also 04/19**
07/19	12.8.19	Surrender of the Minor Injuries Unit at East Riding Community Hospital
08/19	19.11.19	Humber Primary Care Ltd Indemnity Agreement
09/19	9.12.19	Lease agreement relating to 77 and 77a Beverley Road Hull HU3 1XR.

Internal Ref Number	Date of Sealing	Description of Document
10/19	16.12.19	Lease agreement relating to 77 and 77a Beverley Road Hull HU3 1XR; *This replaces 09/19 which was lost then relocated (with only 1 signature) and subsequently destroyed.*

4 Recommendation

The Board is asked to note the use of the Trust Seal