Humber Teaching NHS Foundation Trust

Trust Board Meeting 27 September 2023
Agenda - Public Meeting

For a meeting to be held at 9.30am Wednesday 27 September 2023, via Microsoft Teams

		Lead	Action	Report Format
	Standing Items			
1.	Apologies for Absence - Lynn Parkinson, Steve McGowan, Stuart McKinnon-Evans	CF	Note	verbal
2.	Declarations of Interest	CF	Note	√
3.	Minutes of the Meeting held on 26 July 2023	CF	Approve	√
4.	Action Log and Matters Arising	CF	Discuss	√
5.	Patient Story – Experiences of Homelessness, Engagement and Co-production – Hayley Escreet-Williamson, Engagement Lead, Mental Health Services Division) and Kirsty Dent Clinical Lead, Homeless Mental Health Service and service user attending	KF	Note	√
6.	Chair's Report	CF	Note	√
7.	Chief Executives Report	MM	Note/Approve/Ratify	√
8.	Publications and Highlights Report	MM	Note	√
	Patient Safety, Strategy and Delivery			
9.	Patient Safety: • Countess of Chester Update • 'Closed Cultures` Progress Report	 HG/KF HG/KF	 Discuss Discuss	 √ √
10.	Patient and Carer Experience Five Year Forward Plan 2023 – 2028. Mandy Dawley, Assistant Director of Patient and Carer Experience and Co-production attending	KF	Ratify	√
11.	Patient and Carer Experience Annual	KF	Ratify	√

Caring, Learning & Growing Together

	Report 2022/23 including Complaints and Feedback. Mandy Dawley, Assistant Director of Patient and Carer Experience and Co-production attending			
12.	Suicide and Self-harm Strategic Plan Update	KF	Note	√
13.	Infection Prevention Control Annual Report - Debbie Davies, Lead Nurse Infection Prevention and Control attending	HG	Ratify	√
14.	Infection Prevention and Control Plan 2023-2028 – Debbie Davies, Lead Nurse Infection Prevention and Control attending	HG	Ratify	√
15.	Patient Safety Incident Response Plan and Patient Incident Response Policy	HG	Ratify	√
	Trust Strategic Goals Assurance			
16.	Finance Report	PB	Note	√
17.	Performance Report	PB	Note	√
18.	Risk Register Update - Oliver Sims, Corporate Risk & Incident Manager attending	HG	Note	√
19.	Board Assurance Framework Update - Oliver Sims, Corporate Risk & Incident Manager attending	MM	Note	√
	Corporate			
20.	Compliance with the New Provider Licence	SJ/PB	Discuss	√
21.	A Framework of Quality Assurance for Responsible Officers and Revalidation, Annex D – Annual Board Report and Statement of Compliance	KF	Approve	√
22.	Operating Pressure Escalation Level (OPEL) Framework and PRN00572 - System Co-ordination	CJ	Note	√
23.	2022 Patient Led Assessment of the Care Environment (PLACE) Update	PB	Note	√

24.	2022 Staff Survey Progress Report	KP	Note	√
25.	Workforce Disability Equality Scheme (WDES) Annual Report	KP	Ratify	√
26.	Workforce Race Equality Scheme (WRES) Annual Report	KP	Ratify	√
27.	Equality Diversion and Inclusion (EDI) Annual Report	KP	Ratify	√
28.	Trust Winter Plan 2023/24	CJ	Discuss	√
29.	Rotational Report on Safe Working - Dr Mohammed M Qadri Guardian of Safe Working attending	KF	Note	√
	Assurance Committee Reports			
30.	Quality Committee Assurance Report & 1 June 2023 Minutes	PE	Note	√
31.	Mental Health Legislation Committee Assurance Report	MS	Note	√
32.	Audit Committee Assurance Report	PB	Note	√
33.	Collaborative Committee Report	PB	Note	√
34.	Charitable Funds Committee Assurance Report and 16 May 2023 Minutes*	PB	Note	√
35.	Workforce and Organisational Development Committee Assurance Report and 17 May 2023 Minutes	DR	Note	√
36.	Reporting of Committee Business	CF	Approve	√
37.	October Board Strategic Development Agenda	CF	Note	√
38.	Items to Escalate including to the High Level Risk Register & for Communication	CF	Note	verbal
39.	Any Other Urgent Business	CF	Note	verbal
40.	Review of Meeting – Being Humber	CF	Note	verbal
41.	**Exclusion of Members of the Public from the Part II Meeting**			

42.	**Date, Time and Venue of Next Meeting** Wednesday 29 November 2023, 9.30am via Microsoft Teams			

*Presented to Board as Corporate Trustee

NHS
Humber Teaching
NHS Foundation Trust

Agenda Item 2

Title & Date of Meeting:	Trust Board Public Meeting – 27 September 2023
Title of Report:	Declarations of Interest
Author/s:	Caroline Flint Chair
Recommendation:	

To approve		To discuss	
To note	✓	To ratify	
For assurance			

Purpose of Paper:	The report provides the Board with a list of current Executive Directors and Non-Executive Directors interests.

Key Issues within the report:

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

Governance:

	Date		Date
Audit Committee		Remuneration & Nominations Committee	
Quality Committee		Workforce & Organisational Development Committee	
Finance & Investment Committee		Executive Management Team	
Mental Health Legislation Committee		Operational Delivery Group	
Charitable Funds Committee		Collaborative Committee	
		Other (please detail) Monthly Board report	✓ 27.9.23

Caring, Learning
& Growing Together

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

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

Directors' Declaration of Interests

Name	Declaration of Interest
Executive / Directors	
Ms Michele Moran Chief Executive (Voting Member)	• Appointed as a Trustee for the RSPCA Leeds and Wakefield branch • Chair of Yorkshire & Humber Clinical Research Network • SRO Mental Health/Learning Disabilities Collaborative Programme. • HCV CEO lead for Provider Collaboratives • IMAS partner • Humber and North Yorkshire ICB Board Member • Non-Executive Director DHU Healthcare (a Social Enterprise organisation) from 2/11/22
Mr Peter Beckwith, Director of Finance (Voting Member)	• Son is a Student at Hull York Medical School
Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals (Voting Member)	No interests declared
Dr Kwame Opoku-Fofie, Medical Director (Voting member)	• Director of Bluewaters Healthcare Limited, (not actively trading) • Spouse Mrs Marian Opoku-Fofie is the Deputy Chief Pharmacist of Humber Teaching NHS Foundation Trust
Mrs Lynn Parkinson, Chief Operating Officer (Voting Member)	Husband works for HMRC
Mr Steve McGowan, Director of Workforce and Organisational Development (Non-Voting member)	No interests declared
Non Executive Directors	
Rt Hon Caroline Flint – Chair (Voting Member)	• Husband is a member of Doncaster MBC Councillor and Cabinet member • Brother-in-law is a Senior Consultant and Professor for Ophthalmology in the West Midlands • Chair of the Committee on Fuel Poverty which is an advisory non-departmental public body sponsored by the Department for Business, Energy and Industrial Strategy
Mr Mike Smith, Non-Executive Director (Voting Member)	• Director Magna Trust • Director, Magna Enterprises Ltd • Associate Hospital Manager RDaSH • Associate Hospital Manager John Munroe Group, Leek • Trustee - The Rotherham Minster Development Trust
Mr Francis Patton, Non-Executive Director (Voting Member)	• Non-Executive Chair, The Cask Marque Trust • Treasurer, All Party Parliamentary Beer Group • Managing Director, Patton Consultancy • Non Executive Director of SIBA and Chair of SIBA Commercial, The Society of Independent Brewers • Trustee Director, the Baxi Partnership Limited • Trustee Director, the Baxendale Employment Ownership Trustees Limited

	• Trustee Director the Spirit Pension Trust
Mr Dean Royles, Non-Executive Director (Voting Member)	• Director Dean Royles Ltd • Trustee Health People Managers Association (HPMA) • Owner Dean Royles Ltd • Advisory Board of Sheffield Business School • Associate for KPMG • Chair of NHS Professionals Strategic Advisory Board
Mr Hanif Malik, Associate Non-Executive Director (Non-Voting Member)	• Non-Executive Director, Karbon Homes
Mr Stuart McKinnon-Evans, Non-Executive Director (Voting Member)	• Wife is employed by Carers' Resource, which may supply services to the NHS in West and North Yorkshire. • Part-time sponsor of University of Bradford's sustainability programme. The University may provide services for, and in collaboration with, the NHS.
Dr Phillip Earnshaw, Non-Executive Director (Voting Member)	• Director of Conexus GP Federation • Vice Chair of Wakefield District Housing • FMC Health Solutions Ltd – Director and Shareholder • Health Care First Partnership – Senior Partner • Phillip Earnshaw Ltd – Director & Majority Shareholder • Trustee of Prince of Wales Hospice

Humber Teaching NHS Foundation Trust

Item 3

Trust Board Meeting
Minutes of the Public Trust Board Meeting held on Wednesday 26 July 2023 via Microsoft Teams

Present:

Rt Hon Caroline Flint, Chair
Mrs Michele Moran, Chief Executive
Dr Phillip Earnshaw, Non-Executive Director
Mr Hanif Malik OBE, Associate Non-Executive Director
Mr Stuart McKinnon-Evans, Non-Executive Director
Mr Francis Patton, Non-Executive Director
Mr Dean Royles, Non-Executive Director
Mr Mike Smith, Non-Executive Director
Mr Peter Beckwith, Director of Finance
Dr Kwame Fofie, Medical Director
Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals
Mrs Lynn Parkinson, Chief Operating Officer

In Attendance:

Mrs Stella Jackson, Head of Corporate Affairs
Mrs Karen Phillips, Deputy Director of Workforce & Organisational Development
Mrs Jenny Jones, Trust Secretary (Minutes)
Mr Alex Uney, Communications Officer
Chris Rooke, Senior Partnerships and Strategy Manager, Jayne Gibson, Service Manager, Jill Pouncey and Roger Everitt, Members of the Community and Patient and Carer Experience Champions and Matthew Handley, General Manager (for item 95/23)
Mr Oliver Sims, Corporate Risk and Compliance Manager (for items 101/23 and 102/23)
Mrs Cathryn Hart, Assistant Director Research & Development (for item 104/23)

Apologies:

Mr Steve McGowan, Director of Workforce and Organisational Development

Board papers were available on the website and an opportunity provided for members of the public to ask questions via e mail. Members of the public were also able to access the meeting through a live stream on YouTube.

92/23	**Declarations of Interest** The declarations were noted. Any further changes to declarations should be notified to the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest, they declare their interest and remove

	themselves from the meeting for that item. The Chief Executive; Director of Finance; Mike Smith, Non-Executive Director; and Stuart McKinnon-Evans, Non-Executive Director have a standing declaration of interest regarding items relating to the Collaborative Committee.
93/23	**Minutes of the Meeting held 31 May 2023** The minutes of the meeting held on 31 May were agreed as a correct record.
94/23	**Matters Arising and Actions Log** The action log and work plans were noted.
95/23	**Patient Story – Whitby Community Hospital Redesign Community Engagement** Board members were shown a recording that supported the presentation, which shared views of members of the community regarding Whitby hospital redesign community engagement. Questions were posed in relation to challenges that had been faced including, working together, retention of the war memorial and artwork. There was recognition of the excellent work that the Trust had done in achieving standards for the building and environment. Lynn Parkinson referred to opportunities for a health and wellbeing hub being sited at the hospital, which had been discussed with the Place Director. The Board thanked Chris, Jayne, Jill, Roger and Matthew for attending the meeting.
96/23	**Chair's Report** The Chair presented her report which was taken as read. It was noted that the visit to Whitby referred to in the report had been postponed. Other sections highlighted included calls with the teams shortlisted for a HSJ award to learn more about their work and attendance at the NHS Providers Governance conference. **Resolved:** The report was noted.
97/23	**Chief Executive's Report** The Chief Executive introduced her report and highlighted the following areas: • £5k raised for the Danceathon challenge. Due to its popularity and the feedback received, the Staff Health and Wellbeing Group was considering the opportunity for the Trust to host dance classes in the future • The Right Care Right Person approach had launched in the media. The Chief Executive and others had linked in with the Metropolitan Police to progress this. • The Trust had been shortlisted for HSJ awards • Congratulations to Hilary Gledhill and the team for achieving the Pastoral Care award for nurses • Recognition of the significant work for the Electronic Patient Record by Pete Beckwith and the team. Lynn Parkinson reported that planning for the recent industrial action of junior doctors and consultants had resulted in no adverse effect on the organisation. The Emergency Planning and Silver command arrangements had worked well.

	Stuart McKinnon-Evans asked about the mental health beds capacity and whether the right provision was in place for the delayed transfers of care. Lynn explained that lack of capacity in care homes or residential homes for older people was a challenge compounded by the complexities of the needs of the patient care required. These issues impacted on the system pressures resulting in out of area placements which was not ideal for service users and their families. Francis Patton asked how the Schwartz work had impacted on the organisation. The Chief Executive explained this was at an early stage and pilots were being arranged for the autumn in venues accessible to staff. Hanif Malik referred to the Health Stars report querying whether there was potential to run a campaign around the three cardio walls. This would be discussed by the Charitable Funds Committee. Hanif had also undertaken work with Leeds United previously around public health and was pleased to see the work being undertaken with other local sports clubs. Kwame Fofie drew the Board's attention to the involvement in Trust activities leaflet at the end of the report. The Chair asked that the members areas be reviewed to make it more prominent. There was no mention of governors which would be reviewed. The Board ratified the Medical Gases policy. **Resolved:** The report was noted and the Medical Gases policy ratified.
98/23	**Publications and Highlights Report** The report provided an update on recent publications and policy. Hanif Malik highlighted the synergy between the Long Term Workforce Plan and the Equality, Diversion and Inclusion (EDI) plan. The Board would be discussing EDI at its next Strategic meeting alongside the six high impact actions identified. Dean Royles suggested that the Long Term Workforce Plan was an opportunity for Integrated Care System (ICS) engagement and how this affected the age profile particularly in rural and city areas. Kwame Fofie agreed adding that the impact of Covid and morbidity rates required a level of reflection given the intensity. Eating Disorder prevalence figures were also higher creating capacity issues for services. The Chair commented that a recent BBC report identified that young people in affluent areas were more affected than those living in socio- economic disadvantaged areas. Some items would be discussed in more detail at the Strategic Board meeting. The Chief Executive reported that the Integrated Care Board (ICB) was looking at strategy and the alignment of the 180 day plan and the Breakthrough programme. There was active involvement in the workstreams to ensure links into the developing People strategy. **Resolved:** The report was noted.
99/23	**Finance Report** The finance report as at the end of June 2023 was presented by Pete Beckwith and taken as read. A breakeven position was recorded consistent with the Trust's planning target. A discussion was planned at the next Strategic Board meeting around the wider system finance position. A medium term financial plan had been developed

	that also showed the underlying financial position going forward. **Resolved:** The Board noted the Finance report
100/23	**Performance Report** The report showed the current levels of performance as at the end of June 2023. The Board was informed that the new version of the report would be presented from September. Pete Beckwith highlighted that an error in data for inpatient deaths had been rectified in the public papers. Statutory and mandatory training was at 95% and clinical supervision in a strong position at 93.3%. Early Intervention in psychosis (EIP) performance remained strong. NHS East Riding Talking Therapies (formerly IAPT) 6-week target remained below the 75% target, but it was an improvement on the previous month. Out of area placements rose during June. Lynn Parkinson provided an update on the delayed transfers of care (dtoc) and out of area placements positions. There was a continued focus on both of these areas. Dtoc would not see a rapid reduction given the issues previously highlighted. The ambition for out of area placements was to see a zero position, although a rise was being seen above normal variation for older people. Community and crisis pathways were being reviewed for out of hospital provision to identify any further work that could be done to improve the position. Care Programme Approach (CPA) reviews had performed well in the past however Francis Patton noted a decrease in recent months. Lynn explained that these were 12-month reviews for which robust reporting was in place with exceptions reported directly to her. It was anticipated that the level would improve going forward. Stuart McKinnon-Evans asked what the position was with consultant vacancies and recruitment to these. Kwame Fofie reported that international recruitment continued with doctors expected to join in the Autumn. Some consultants had also retired. Karen Phillips explained that consultant vacancies were at 16.8% in June, three new consultants were in the pipeline and four speciality doctors were due to join the organisation. Retention remained an issue. Dean Royles commented that the Workforce and Organisational Development Committee monitored the vacancy situation. **Resolved:** The report was noted
101/23	**Risk Register Update** An update was provided regarding current, additional or closed risks since last reported to Trust Board in March 2023. Six risks were on the register, two risks WF10 and WF37 had been closed/de-escalated. Overall, 132 risks were held across the Trust's risk registers which was an overall decrease of 15 from the last report. Pete Beckwith referred to risk WF38 suggesting that this should be split into safety of services and cost implications which would be taken forward. **Resolved:** The report was taken as read and noted by the Board. Risk WF38 to be split into two separate risks **Action HG/OS**

102/23	**Board Assurance Framework Update** Oliver Sims presented the Q1 working version of the refreshed Board Assurance Framework which had been approved by EMT in June 2023. Francis Patton noted that on the front sheet there was no reference to reviews by Sub Committees. When discussed at the Finance and Investment Committee, a view was taken that there should be more emphasis on financial and technology in the gaps and assurance columns of the `optimising an efficient and sustainable organisation' risk. The Chief Executive thanked Oliver for his work on the document. Discussions at the Operational Delivery Group (ODG) focussed on triangulation and a more joined up approach which the Executive Management Team (EMT) would progress. **Resolved:** The report was noted. Feedback received would be taken forward.
103/23	**Recovery Strategic Framework** Lynn Parkinson presented a summary update of progress across the priority areas set out in the Recovery Strategic Framework 2021-2026 at the end of year two. She highlighted the following key points: • Continued focus on development of the Recovery College • Launch of Youth Recovery and Wellbeing College imminent • Positive engagement and alignment with Patient and Carer Experience with a focus on people with lived experience. Each Division had a dedicated engagement lead to support implementation of this ambition. Francis Patton congratulated those involved for the achievements. This would be shared with the team who continued to work to improve the Recovery College. **Resolved:** The report was noted.
104/23	**Six Monthly Research and Development Report** Cathryn Hart presented the report to the Board which was taken as read. The following areas were brought to the Board's attention:- • 52 national studies undertaken • 100% achievement for Trust GP practices undertaking research studies • Governance of research including funding • Increased visibility of team to promote research • Funding increase for this year • Participated in national promotion video • Shortlisted for four awards Hilary Gledhill commended the report. She suggested it could be strengthened to include areas suggested by Ruth May in 2021 about the increase in the numbers of nurses in research. Cathryn agreed to take this forward. The Chair was impressed with the range of projects. She asked if any changes in practice had been made as a result of the outcome of any studies. Cathryn replied that it could take years before the results from national studies were available and solutions to issues identified tended to be incorporated into NICE guidance. Some Trust research outcomes could be implemented more quickly such as the pathway

	experience questionnaire for people with severe mental health issues. Stuart McKinnon-Evans commented that research opportunities had been raised on a recent knowledge and skills visit. He suggested this could be promoted as a positive benefit during recruitment campaigns. Cathryn reported that opportunities to include research in recruitment material was being progressed. **Resolved:** The report was noted.
105/23	**Six Monthly Review of Safer Staffing – Inpatient Units (Oct 22 – March 23)** The report was presented by Hilary Gledhill and taken as read**.** It provided the current position in relation to Care Hours per Patient Day (CHPPD) and key performance indicators (KPI) for each unit and assurance that the Trust's levels of staffing were safe. The Executive Management Team (EMT) reviewed the CHPPD and recommend that the levels were changed for Townend Court, Ullswater and Malton as outlined in the report. Work was underway to provide more visual representation in future reports which was welcomed. Dean Royles commented that the supporting narrative was helpful to explain how vacancies were filled given the levels of sickness absence and agency spend. Hilary reported that over recruitment took place where possible with newly qualified nurses, but it did mean units could be operating with a number of new people. The Chair noted the number of visits that had taken place and from the report it could be seen how much work was undertaken to ensure safe staffing levels were in place. She asked if staff were working longer shifts to maintain cover and what the mood was like with them. Hilary explained that staff were moved around to cover vacancies, and some did not like this and preferred to remain with their teams. However, all staff had the patients at the centre of their work and would, therefore, be flexible in order to meet their needs. Lynn Parkinson added that innovative recruitment methods with Health Care Assistants allowed them to go where needed rather than be assigned to a team and they had joined the Trust knowing they would be moved around. **Resolved:** The report was noted. the Board ratified the changes to the CHPPD for Townend Court, Ullswater and Malton
106/23	**Review of Trusts Constitution** Stella Jackson reported that the Constitution had been reviewed by lawyers to bring it in line with the Health and Social Care Act 2022. At the same time, a number of general proposals had been made regarding the content. The proposals had been considered by the Council of Governors and the addendum highlighted changes to the original proposals as identified in the substantive paper. Governors had requested that the Executive Management Team team reconsider their response to the proposal regarding an extension in the maximum number of terms of office a Governor could serve. Whilst it was recommended that the Board approve this proposal, the importance of diversity on the Council of Governors through contested elections was emphasised. The Chair suggested that membership and encouraging people to stand as candidates to become a governor should be

	discussed at a future development session. The work undertaken by Stella to reach this point was recognised by the Board. An annual review of the Constitution would be undertaken going forward. **Resolved:** The Board approved the changes highlighted in paragraphs 2 and 3 of the report and noted the proposed changes detailed in paragraph 4 which did not receive Council of Governor approval.
107/23	**Annual Non-Clinical Safety Report 2022/23** The annual report was presented by Pete Beckwith and was taken as read. There continued to be strong training compliance against mandatory and statutory requirements, risk assessments had been completed for all Trust buildings and over the year there had been six fire alarms and three RIDDOR incidents. **Resolved:** The annual report was noted.
108/23	**Gender Pay Gap Report** The report provided an annual overview based on a snapshot date of 31 March 2022. The report showed that the gender pay gap was decreasing despite a slight rise from the previous year which was consistent with the national rates. It was 13.2% which was still below the national rate of 14.9%. It was noted that due to timing this report had not yet been to the Workforce and Organisational Development Committee but would be discussed at a future meeting. **Resolved:** The report was approved by the Board.
109/23	**Humber and North Yorkshire Integrated Care System – Mental Health and Learning Disabilities Collaborative Programme Report** The report provided an update on the work of the Humber and North Yorkshire Health and Care Partnership Mental Health, Learning Disabilities and Autism Collaborative Programme. The report was taken as read and highlighted that the virtual annual conference would take place on 9 November 2023. **Resolved:** The report was noted.
110/23	**Finance & Investment Committee Assurance Report** Francis Patton presented the report from the most recent meeting. Items discussed included the financial position of the system, update on the Budget Reduction Strategy (BRS) and the agency spend position which had seen a 9% reduction towards the target of 30% reduction. **Resolved:** The report was noted.
111/23	**Quality Committee Assurance Report and 2 March 2023 Minutes** The report from the latest meeting and the March minutes were presented by Phillip Earnshaw and taken as read. At the June meeting, the safeguarding report and the Community Mental Health (CMHT) survey results were reviewed. The Quality Account was presented and the

	amount of work that went into pulling this together was acknowledged. The Chair had attended this Committee meeting and reported that the national suicide report and waiting times had also been discussed. **Resolved**: The report and minutes were noted.
112/23	**Collaborative Committee Assurance Report** Stuart McKinnon-Evans presented the report which was taken as read. A positive meeting was held with NHSE for quarter three with progress being made. Pressures were being seen in Child and Adolescent Mental Health Services (CAMHS) and adult eating disorders due to the volume of referrals. This was also creating financial pressures. From November, meetings would move to quarterly in line with other Board sub-Committees. **Resolved:** The report was noted
113/23	**Audit Committee Assurance Report** The report was presented by Stuart McKinnon-Evans for information. The meeting considered the annual report and accounts which the Board had delegated to the Committee to sign off to meet the national timescales. It was a positive meeting and supportive comments had been received from audit colleagues in relation to work undertake and the reports. **Resolved:** The report was noted.
114/23	**Remuneration and Nomination Committee Revised Terms of Reference** Revised terms of reference for the Committee were submitted for approval. Changes made related to consultant appointments and recruitment and retention payments. **Resolved:** The terms of reference were approved
115/23	**August Board Strategic Development Agenda** The agenda for the Strategic Development meeting in August was provided for information. The meeting would take place virtually and going forward consideration would be given to the number of items on the agenda. **Resolved:** The agenda was noted.
116/23	**Items to Escalate including to the High-Level Risk Register and for Communication** No items were raised.
117/23	**Any Other Urgent Business** No other business was raised.
118/23	**Review of the Meeting – Being Humber** The meeting had been held in the Being Humber style with structured discussions and informative reports.

119/23	**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.
120/23	**Date and Time of Next Meeting** Wednesday 27 September 2023, 9.30am via Microsoft Teams

Signed …… Date …….
Chair

Humber Teaching NHS Foundation Trust

Agenda Item 4

Action Log:
Actions Arising from Public Trust Board Meetings

Summary of actions from July 2023 Board meeting and update report on earlier actions due for delivery in September 2023 *Rows greyed out indicate action closed and update provided here*						
Date of Board	**Minute No**	**Agenda Item**	**Action**	**Lead**	**Timescale**	**Update Report**
26.7.23	101/23	Risk Register Update	Risk WF38 to be split into two separate risks	HG/OS	September 2023	Description for risk WF38 updated to remove reference to agency costs / finances. A separate entry scoped for inclusion on Workforce and OD risk register in relation to finance elements linked to consultant vacancies
Outstanding Actions Arising from Previous Board meetings for feedback to a later Board meeting						
Date of Board	**Minute No**	**Agenda Item**	**Action**	**Lead**	**Timescale**	**Update Report**
26.10.22	200/22	Chief Executive's Report	Speech and Language Therapists, Ruth Edwards and Siobhan Ward to be	Chief Operating Officer	April 2023 revised to a future Board	Patient/Staff story to be provided on Speech and Language

			invited to a future meeting		meeting – date to be arranged	
29.3.23	39/23(b)	2022 Staff Survey Results	Protected Characteristics report to be shared with the Board	Director of Workforce and Organisational Development	October 2023	This will form part of the Workforce Race Equality Scheme (WRES) and Workforce Disability Workforce Scheme (WDES) reports which are due later in the year.
29.3.23	39/23(c)	2022 Staff Survey Results	Workforce and Organisational Development Committee to review the internal messages sent to staff to try to improve the score around the patient question	Director of Workforce and Organisational Development	May 2023	**Sept 2023 update** Patient safety being our top priority was discussed in the Quality Committee at its meeting in June when the Quality accounts were presented. The discussion resulted in a revision to the narrative in the Quality priorities. Report on the Staff Survey presented and considered by Workforce Committee. At the Board time out, it was suggested that other Committee's need to be looking at aspects of the Staff

						Survey which relate to their remit e.g. the quality committee to focus on the questions relating to patient safety.

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

Humber Teaching NHS Foundation Trust

Board Public Workplan April 2023/March 2024 *(v6x)*

Chair of Board: ___Caroline Flint_____
Executive Lead: _____Michele Moran_____

Board Dates:- / Reports:	Strategic Headings	LEAD	31 May 2023	26 Jul 2023	27 Sep 2023	29 Nov 2023	Jan 2024	Mar 2024
Standing Items - monthly								
Minutes of the Last Meeting	Corporate	CF	x	x	x	x	x	x
Actions Log	Corporate	CF	x	x	x	x	x	x
Chair's Report	Corporate	CF	x	x	x	x	x	x
Chief Executives Report includes:- Policy ratification, Comms Update, Health Stars Update, Directors updates	Corporate	MM	x	x	x	x	x	x
Publications and Highlights Report	Corporate	MM	x	x	x	x	x	x
Performance Report	Perf & Fin	PB	x	x	x	x	x	x
Finance Report	Perf & Fin	PB	x	x	x	x	x	x
Quarterly Items								
Finance & Investment Committee Assurance Report	Assur Comm	FP	x	x		x	x	
Charitable Funds Committee Assurance Report	Assur Comm	SMcKE	x		x	x		x
Workforce & Organisational Development Committee	Assur Comm	DR	x	x		x	x	
Quality Committee Assurance Report	Assur Comm	PE	x		x	x		x
Mental Health Legislation Committee Assurance Report	Assur Comm	MS	x		x	x		x
Audit Committee Assurance Report	Assur Comm	SMcKE	x		x	x		x
Collaborative Committee Report	Assur Comm	SMcKE	x	x	x	x	x	x
Board Assurance Framework	Corporate	MM		x	x	x		x
Risk Register	Corporate	HG		x	x	x		x
Humber and North Yorkshire Integrated Care System – Mental Health and Learning Disabilities Collaborative Programme Update Update	Corporate	MM		x		x		x
6 Monthly items								
Trust Strategy Delivery Report not needed due to BAF revision June 23	Strategy	PB		x		X		
Freedom to Speak Up Report	Corporate	MM	x			x		
MAPPA Strategic Management Board Report (inc in CE report)	Strategy	LP			x			x
Safer Staffing 6 Monthly Report	Corporate	HG		x			x	
Research & Development Report	Corporate	KF		x			x	
Annual Agenda Items								
Suicide and Self-harm Strategic Plan (next due 2025)	Strategy	KF			x			
Recovery (Enabling) Strategy Update (due 2026)	Strategy	LP		x				
Mental Health Managers Annual Progress Report (inc in Assurance Report)	Assur Comm	LP	x					
Patient and Carer Experience Forward Plan (2023 to 2028 (due 2023)	Strategy	KF			x			
Presentation of Annual Community Survey	Corporate	KF						x
Guardian of Safeworking Annual Report	Corporate	KF			x			
Patient & Carer Experience (incl Complaints and PALs) Annual Report	Corporate	KF			x			

NHS
Humber Teaching
NHS Foundation Trust

Board Dates:- Reports:	Strategic Headings	LEAD	31 May 2023	26 Jul 2023	27 Sep 2023	29 Nov 2023	Jan 2024	Mar 2024
Quality Accounts moved to June Strategic Meeting	Quality	HG	x def					
Infection Control (Enabling) Plan moved to Sept with Annual report	Strategy	HG		X def	x			
Infection Prevention Control Annual Report	Quality	HG			x			
Safeguarding Annual Report	Quality	HG			X def	x		
Annual EPRR Assurance Report	Quality	LP	x					
EPRR Core Standards (moved to Nov due to new req)	Corporate	LP				x		
Patient Led Assessment of the Care Environment (PLACE) Update	Quality	LP			x			
Health Stars Strategy Annual Review	Assur Comm	SMcG	x					
Health Stars Operations Plan Update	Assur Comm	SMcG	x					
Annual Operating Plan	Strategy	MM						x
Freedom to Speak Up Annual Report	Corporate	MM			x			
Report on the Use of the Trust Seal	Corporate	MM	x					
Review of Standing Orders, Scheme of Delegation and Standing Financial Instructions	Corporate	SJ	x					
Annual Non-Clinical Safety Report	Corporate	PB		x				
Annual Declarations Report	Corporate	SJ	x					
Charitable Funds Annual Accounts	Corporate	PB					x	
A Framework of Quality Assurance for Responsible Officers and Revalidation, Annex D – Annual Board Report and Statement of Compliance	Corporate	KF			x			
Gender Pay Gap	Corporate	SMcG		x				
WDES Report — reports into Workforce & Organisational Development Committee, but separate report to the Board	Corporate	SMcG			x			
WRES Report reports into Workforce Committee with report to Board	Corporate	SMcG			x			
Equality Diversity and Inclusion Annual Report	Corporate	SMcG			x			
Annual National Staff Survey Results	Corporate	SMcG						x
Board Terms of Reference Review (inc in Effectiveness review)	Corporate	CF	x					
Committee Chair Report	Corporate	CF						x
Annual Committee Effectiveness Reviews & Terms of Reference (one paper)	Corporate	SJ	x					
Reaffirmation of Slavery and Human Trafficking Policy Statement in Chief Executive report	Corporate	MM					X	
Fit and Proper Person Compliance	Corporate	CF	x					
Winter Plan	Corporate	LP			x			
Workplan for 2023/24: To agree	Corporate	CF/MM	x					
AD Hoc Items								
Items to Escalate including to the High Level Risk Register	Corporate	CF	x	x	x	x	x	x
Potential Items for Consideration at Future Strategy meetings	Corporate	CF	x	x	x	x	x	x
Estates Strategy – March 23	Corporate	PB						
Edenfield Update	Corporate	HG			x			x
Provider Licence	Corporate	SJ	x					

Board Dates:- Reports:	Strategic Headings	LEAD	31 May 2023	26 Jul 2023	27 Sep 2023	29 Nov 2023	Jan 2024	Mar 2024
Staff Survey Progress Report	Corporate	SMcG			x			
Health Inequalities to a Strategic Board Development Meeting	Corporate	KF						
Board Assurance Framework Assessment	Corporate	MM			x			
Community Mental Health Presentation Survey Update	Corporate	KF			x			
Compliance with the New Provider License	Corporate	SJ/PB			x			
EDI – date to be confirmed after September	Corporate	SMcG						
Review of the Constitution	Corporate	SJ		x				
Deleted /Removed Items								
Review of Disciplinary Policy and Procedure	Corporate	SMcG						
Risk Management Strategy Update –moved to a Strategic Board item	Strategy	HG						
Equality Delivery Scheme Self Assessment – to go to Workforce Committee	Corporate	SMcG						

Agenda Item 5

Title & Date of Meeting:	Trust Board Public Meeting– 27 September 2023
Title of Report:	Experiences of Homelessness, Engagement and Co-production
Author/s:	Hayley Williamson-Escreet (Engagement Lead, Mental Health Services Division) Kirsty Dent (Clinical Lead, Homeless Mental Health Service) Service User
Recommendation:	To approve: ; To discuss: ; To note: ✓ ; To ratify: ; For assurance:
Purpose of Paper:	To inform the Trust Board about how the Trust is listening to patient experiences to improve the care provided to those who have experiences of homelessness. A film has been created and will inform key messages from our homeless community, which include: • Stigma: People feel cut off from society; a smile and hello can make all the difference. • Individuals feel ashamed when accessing services. • To show people that it is possible to recover. • Anyone can end up homeless.

Key Issues within the report:

Positive Assurances to Provide:	**Key Actions Commissioned/Work Underway:**
A Lived Experience of Homelessness working group was established in November 2022 where clinical and corporate staff and individuals with experiences of homelessness attend on a bi-monthly basis to support this agenda. A film has been produced to educate everyone on the current situation for those who are homeless or at risk of homelessness to encourage individuals and services to think about what they can do to improve the experience of care and support for this group.	• Work is underway to raise of the profile of the Trust's Homeless Mental Health Service and to break down stigma associated with this group of individuals. A film has been produced which will be shared at the Mental Health Services Practice Development Day on 10 October 2023. • Partnership working within the Experiences of Homelessness Working Group is helping to

	ensure that the voices of those who have experiences of homelessness are being listened to, improving the care and support provided to this marginalised group. •
Key Risks/Areas of Focus: • Since Covid-19, the cost of living increase crisis and the housing crisis, there has been a significant rise in those at risk of homelessness, the hidden homeless who are 'sofa surfing' and those who are rough sleeping. • There are many barriers to accessing support for this group such as virtual and telephone appointments which can often exclude the homeless community. • There is still evidence to suggest that there is a stigma in relation to the homeless communities.	**Decisions Made:**

Governance:

	Date		Date
Audit Committee		Remuneration & Nominations Committee	
Quality Committee		Workforce & Organisational Development Committee	
Finance & Investment Committee		Executive Management Team	
Mental Health Legislation Committee		Operational Delivery Group	
Charitable Funds Committee		Collaborative Committee	
		Other (please detail) Board Story	✓ 27.9.23

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

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

Humber Teaching NHS Foundation Trust

Agenda Item 6

<table>
<tr><td>Title & Date of Meeting:</td><td>Trust Board Public Meeting – 27 September 2023</td></tr>
<tr><td>Title of Report:</td><td>Chair's Report</td></tr>
<tr><td>Author/s:</td><td>Rt Hon Caroline Flint
Trust Chair</td></tr>
<tr><td>Recommendation:</td><td><table>
<tr><td>To approve</td><td></td><td>To discuss</td><td></td></tr>
<tr><td>To note</td><td>✓</td><td>To ratify</td><td></td></tr>
<tr><td>For assurance</td><td></td><td></td><td></td></tr>
</table></td></tr>
<tr><td>Purpose of Paper:</td><td>To provide updates on the Chair, Non-Executive and Governor activities since the last Board meeting.</td></tr>
<tr><td colspan="2">Key Issues within the report:</td></tr>
<tr><td colspan="2"><table>
<tr><td>Positive Assurances to Provide:
Board Strategic Development meeting discussions
Chair and Non-Executive Director (NEDs) visits
Completed recruitment of 2 Associate Non-Executive Directors (ANEDs)
Focused discussions on Patient safety – procedures, data and cultures
Governor Development Session</td><td>Key Actions Commissioned/Work Underway:
Governor Elections
Annual Members Meeting</td></tr>
<tr><td>Key Risks/Areas of Focus:
No matters to escalate</td><td>Decisions Made:
N/A</td></tr>
</table></td></tr>
<tr><td>Governance:</td><td><table>
<tr><td></td><td>Date</td><td></td><td>Date</td></tr>
</table></td></tr>
</table>

Caring, Learning & Growing Together

	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Board report	27.9.23

Monitoring and assurance framework summary:

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

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

Trust Chair's Board Report – 27 September 2023

Since the last Humber Board meeting in July, the trial of Lucy Letby concluded, finding her guilty of murdering 7 babies and attempting to kill 6 others in the neonatal unit at the Countess of Chester Hospital. A statutory public inquiry has been announced, however policymakers, clinicians, NHS providers and the public are asking why policies, procedures, regulatory bodies and enabling people to whistle blow were not enough to prevent the atrocities at the Countess of Chester.

Our planned August Strategic Board Meeting was already focused on patient safety discussing new arrangements under the Patient Safety Incident Response Framework (PSIRF). It is no surprise that in this context we also reflected on what happened at the Countess of Chester. We recognise that alongside all the checks, data collection, policies, reporting of deaths and freedom to speak up, the culture of an organisation, service or ward is as important.

No doubt at the Public Inquiry "What was the culture that enabled this to happen? How might we recognise it and prevent it happening again"? will be asked. These were questions asked at Board and throughout Humber after the shocking incidents at Edenfield. A review of our practices and procedures as well as open discussion of stemming closed cultures followed. At Board we receive data and reports, hear from patients, clinical and non-clinical personnel. As important to us is less formal contact with patients and staff and ensuring that patients, families and staff feel confident to speak up if they have any doubts or concerns and will be actively listened to.

Edenfield, Countess of Chester and other Trusts facing investigation understandably hit the headlines and I'm sure when this happens many staff face questions from family and friends which can be demoralising when they are doing a great job. Everything should be done to prevent patients' safety being put at risk but everyday across the NHS millions of people are cared for safely and lives saved, and I hope our staff know that we recognise that too.

Over the Summer we launched a recruitment campaign for two Associate Non-Executive Directors (ANEDs). This is a development role to encourage more diversity and interest and is for 2 days a month. I am very pleased that the Council of Governors, on the 5 September, approved the Interview Panel's recommendations to appoint Priyanka Perera and David Smith who will be joining us in October.

We say goodbye to Hanif Malik, the Trust's first ANED, as he ends his term. His perspectives and experiences have informed and strengthened our Board discussions. Our thanks and we wish him the very best.

Trust Board Strategic Development Meeting, 28 June 2023

These meetings include a small number of key items on the agenda which enables Board members to have a detailed discussion regarding matters of strategic importance. Time is also allocated, as appropriate, for the Board to work on its own development. The Board focussed its attention on the following areas at the August meeting:

- **Countess of Chester Update -** NHS England's letter highlighted initiatives put in place to strengthen the monitoring of patient safety. Some of which were already being undertaken by the Trust to meet the enhanced patient safety monitoring requirements set out by NHSE. In discussion we all felt concerned that clinicians had not been listened to at the Countess of Chester Hospital and this highlighted the importance of Humber Teaching NHS FT ensuring its culture enabled all staff to feel able to speak up about any concerns they had. Work was in train (as part of Freedom to Speak Up work) for a discussion to take place with clinicians regarding this matter. It was important that the system enabled Trusts to learn from one another about cultural issues.

- **Patient Safety Incident Response Framework (PSIRF) -** PSIRF is another element of the Trust's patient safety work (such as processes to highlight any under-reporting areas) and applied to the Trust's Primary Care services too. The Board agreed it was important that work was undertaken in divisions to determine whether sub-cultures existed and whilst safety incident investigations would be undertaken, there would be more focus on learning and ways to measure improvements from that. Robust processes were in place to report on the deaths of any patients using or waiting to use the Trust's services (including Primary Care). The Chair and NEDs would be invited to attend a "huddle" discussion to support learning.

- **CQC Inspection Process and Preparation -** We discussed the changes to how the CQC would regulate providers and the wider system commencing Autumn 2023. During ensuing discussion, it was reported that whilst the number of CQC inspections would reduce, the CQC would be informed about any serious incidents occurring which would trigger an inspection visit.

- **Rapid review into data on mental health inpatient settings: final report and recommendations overview -** An action plan would be produced and progress updates would be provided to the Board. A quality improvement training session would be delivered at a future Strategic Board Development meeting.

- **Productivity and Efficiency Update -** An explanation regarding the workforce growth information would be provided in the Finance report to the September Public Board meeting. It was important that work was undertaken at system level to join up processes/ways of working in order to achieve greater productivity and efficiency. Not to the detriment of quality, the Trust should continue its own curiosity and questioning approach and how the Board might advance arguments regarding productivity and efficiency.

- **Board Responsibility for Implementing the ED&I Improvement Plan -** Board members required clarity regarding the objectives and steps should be undertaken to determine what other trusts were doing in response to these. Clarity was required regarding the action to address health inequalities within the workforce and consideration should be given to work being undertaken at a system level on the improvement plan.

- **Staff Survey Progress Update -** Plans to encourage staff to complete the survey were discussed such as enabling non-clinical staff's understanding of patient safety and their role to support that. It was important that the survey enabled managers to fully understand the experiences of their team members. Perhaps in view of its length and time taken to pull the results together, it was felt it would be better if the survey could be undertaken on a bi-annual basis. The Trust had suggested to the Coordination Centre that an app be developed to improve response rates.

2. Chair's Activities Round Up
There have been a number of planning meetings for the Annual Members Meeting on the 18 October which will be held in the Lecture Theatre on the Willerby Site. Lead Governor Doff Pollard is being supported with preparing her presentation and the Engaging Members Group have provided ideas and been kept informed.

Planning is also well underway for the return of the Staff Celebration Awards on the 10 November. There have been so many great recommendations which will make judging really hard.

Audit Yorkshire Procurement Webinar – I attended this event and learnt more about NHS procurement, good practice and tackling fraud.

Visits (in person and virtual)
I was pleased to meet up with Stephanie Dines Acting Team Leader/Lead Speech and Language Therapist about their project 'Follow My Lead' which has been shortlisted for the HSJ Awards. Another shortlisted team led by Emily Wallace and Laura Derving, also provided me with an insight to their work.

With Mandy Dawley and Suze Elmore, I spent an afternoon meeting volunteers and local residents who participate in the Peel Community Project in Hull. Since, Mandy has shared with Humber staff an appeal for items that would support the different services they offer. Suze on the day was able to share information on local learning to cycle projects she is involved in, and I am following up on making links with a Hygiene Bank in Doncaster. It shows how much from conversations with local communities we can learn but also support.

External meetings included:
HNY Provider Chairs
Chairs ICS Briefings
NHS Confederation Mental Health Chairs Network
NHS England ICB and Trust Chairs meeting – this was the first event to bring both ICB and Trust Chairs together with a focus on patient safety
NHS Providers Meeting for Chairs and Chief Executives – focus was discussion and reflection on the Countess of Chester and patient safety.

4. Governors

I have met with Public and Staff Governors also attended the Engaging Members group.

An Extraordinary CoG met on the 5 Sept and approved the appointment of two new Associate Non-Executive Directors (ANED) Priyanka Perera and David Smith. Governors, NEDs, staff from Human Resources and Board Support Unit, the recruitment agency Nurole, Executive Directors and the CEO worked hard to tight deadlines with myself to ensure a successful recruitment campaign. There was some learning regarding getting documents to everyone and who to contact with a query which will be taken on board for the next campaign.

Governor Elections 2023 are underway. Nominations opened on the 19 September and close on 17 October. There are vacancies for 2 Public Governors (Hull), 2 Public Governors (East Riding) 1 Public Governor (Whitby, Scarborough &Ryedale) and 2 Staff Governors (1 clinical and 1 clinical or non-clinical). My thanks to Stella Jackson, supported by Katie Colrein and our Comms team, who has overseen the campaign and coordinated a record output of diverse communications to inform and encourage people to put themselves forward. Stella is also presenting online drop ins for people interested. Thanks to Governors for their ideas and they have been provided with materials to circulate and encourage nominations through their networks and taken part in a video to promote them.

Governor Development Day (21.09.23) – focused on the work of the Mental Health Legislation, Contracting at Humber and ICB Chair Sue Symington joining to talk about working with the ICS.

5. Board and Governor Visits

NEDs, EMT and Governors

Malton Hospital, Phillip Earnshaw, Lynn Parkinson & Tim Durkin

Humber Teaching NHS Foundation Trust

Agenda Item 7

Title & Date of Meeting:	Trust Board Public Meeting – 27 September 2023
Title of Report:	Chief Executive's Report
Author/s:	Name: Michele Moran Title: Chief Executive
Recommendation:	

To approve	✓	To discuss	
To note	✓	To ratify	✓
For assurance			

Purpose of Paper:	To provide the Board with an update on local, regional and national issues. • Ratification of the Policies identified in the Policy section • Board approval to sign up to the Sexual Safety Charter
Key Issues within the report:	

Positive Assurances to Provide: • Work contained within the report	**Key Actions Commissioned/Work Underway:** • Contained within the paper
Key Risks/Areas of Focus: • Nothing to escalate	**Decisions Made:** • Ratification of Policies

Governance:

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

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*	
√ Tick those that apply	
✓	Innovating Quality and Patient Safety
✓	Enhancing prevention, wellbeing and recovery
✓	Fostering integration, partnership and alliances

✓	Developing an effective and empowered workforce
✓	Maximising an efficient and sustainable organisation
✓	Promoting people, communities and social values

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

Chief Executive's Report

1.1 Policies for Approval

The policies in the table below are presented for ratification. Assurance was provided to the Executive Management Team (EMT) as the approving body for policies that the correct procedure has been followed and that the policies conform to the required expectations and standards in order for Board to ratify these.

Policy Name	Date Approved	Lead Director	Key Changes to the Policy
Vehicle Tracking Policy	24/7/2023	Director of Finance	This new policy relates to the management of vehicle tracking devices using a Global Positioning System. It aims to ensure that the Trust can monitor and make best use of resource in relation to any vehicle fitted with a tracking device within the organisation.
Local Clinical Excellence Awards	24/7/2023	Director of Workforce and Organisational Development	This Policy and Procedure supersedes all other Policies and Procedures regarding the awarding of Local Clinical Excellence Awards (LCEA) (also previously known as Employer Based Awards) within the Trust. It applies to all Trust Consultants eligible to apply for Local Clinical Excellence Awards.
Patient Safety Partners Policy	14/8/2023	Director of Nursing, Allied Health and Social Care Professionals	The NHS Framework for Involving Patients in Patient Safety, sets out the requirement for people to support and contribute to healthcare organisations' governance and management processes for patient safety and describes how organisations should support Patient Safety Partners to be involved in wider governance and leadership of safety activities. This new policy sets out the expectations of the Trust and Patient Safety Partners in accordance with national guidance.
Attendance Management	29/8/2023	Deputy Director of Workforce and OD	The policy has been updated in response to the Trust's Commitment to the Dying to Work Charter which sets out an agreed way in which our employees will be supported, protected and guided throughout their employment, following a

			terminal diagnosis.
Physical Restraint Policy	29/8/2023	Medical Director	This policy outlines the statutory responsibilities of all staff in relation to the physical restraint of patients under our care. The Policy has recently been reviewed with the addition of a section on physical restraint within acute hospitals (5.8).
Patient Safety Incident Response Framework Policy	119/2023	Director of Nursing, Allied Health and Social Care Professionals	This Policy has been developed in line with the national template and sets out how the Trust will respond to a patient safety incident in line with the robust arrangements already in place, the methodology people are trained to use, and the principles and arrangements outlined in the Patient Safety Incident Response Plan. The Policy will replace the Incident Reporting Policy.

1.2 Around the Trust

1.2.1 Visits

Both my virtual and in person visits continue across all areas of the organisation. Morale is good given the pressures that staff are facing. System duplication remains a growing pressure.

1.2.2 Roundtable.

I took part in NHS CEO lead discussion regarding NHS Trusts Providing GP services, challenges and strengthens, this was to support the developing national policy. Feedback is awaited and will be shared with the Board at a later date.

1.2.3 HSJ

As the Board is aware the organisation has been shortlisted for a HSJ awards regarding Right Care, Right Person. I am a HSJ Judge – obviously not in the category of our submission.

1.2.4 Veterans

Humber Teaching NHS Foundation Trust has been successfully reaccredited as 'Veteran Aware' by the national steering group for the NHS Veteran Covenant Healthcare Alliance. Congratulations and well done!

2 Around the System

2.1 Place Appointments

Further appointments have been made in North Yorkshire Place –

Lisa Pope Deputy Place Director – who worked as part of the North Yorkshire CCG team and will now take on new responsibilities supporting delivery of priorities across North Yorkshire Place

Beth Ellett Deputy Director East Coast – Beth is joining North Yorkshire ICB team having led the delivery of the Covid vaccination programme for the HNY ICB. Beth's post is a joint appointment with East Riding Place working to support the delivery of integrated pathways for the east coast locality.

3 National News

3.1 Publications

There have been several major publications, over the past few weeks;

- Equality and Diversity
- Letby letter
- Acute Inpatient Review

All have been discussed in the strategic Board session and which will be progressed throughout the organisation.

3.1.1 NHS Launches First-ever Sexual Safety Charter to help Protect Staff

On 4 September 2023, NHS England launched its first ever sexual safety charter in collaboration with key partners across the healthcare system. NHS leaders can sign the charter on behalf of their organisation by emailing england.domesticabusesexualviolence@nhs.net. It is expected that signatories will implement all ten commitments by July 2024. Further detail is set out in the Director of Nursing, Allied Health and Social Care Professionals update.

The focus of the approach to signing the charter is that those who work, train and learn within the healthcare system have the right to be safe and feel supported at work. Organisations across the healthcare system need to work together and individually to tackle unwanted, inappropriate and/or harmful sexual behaviour in the workplace.

As signatories to this charter, NHS leaders commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards our workforce.

4 Director Updates

4.1 Chief Operating Officer Update

4.1.1 Leadership Visibility

Over the last two months the Chief Operating Officer has visited Scarborough Community services, Fitzwilliam Ward at Malton Hospital, Avondale ward, the Mental Health Crisis Team, the Psychiatric Intensive Care Unit (PICU) and Townend Court. In all areas the current operational challenges were discussed, areas of transformational change work were considered and any barriers to making progress were picked up and addressed. Overall staff were motivated, committed to improvement and had a good focus on implementing measures to support staff health and wellbeing.

4.1.2 Operational, Industrial Action, Winter Planning and Covid Update –

This update provides an overview of the operational, industrial action, winter planning and covid position across our clinical services and the arrangements and continuing work in place in the Trust and with partner organisations to manage these concurrent pressures.

The Trust has continued to be prepared for industrial action so that there is minimal disruption to patient care and service provision. The Emergency Preparedness Resilience

and Response (EPRR) Team coordinate the completion of assessment checklists developed to support the trusts preparations for any action. This planning continues to consider the potential and planned strike action by other services and sectors.

Our emergency planning arrangements have and will continue to be stood up to coordinate and implement our plan to manage the impact of any further strike action, this has occurred during recent action taken by the British Medical Association (BMA) in relation to junior doctors and by consultants. Further action by junior doctors and consultants has been confirmed to be taking place in September. Silver command will continue to meet regularly during any action and report to gold command via sitrep reports. Our preparation work has so far been effective and fortunately we have seen no significant adverse impact on our services.

Our operational pressures continue to be monitored through our daily sitrep reporting processes to identify and respond to pressures quickly across services, ensuring we are clear what our level of pressures are, allowing us to communicate these to the wider system effectively and either respond with or receive mutual aid as necessary.

System wide review of the effectiveness of winter planning commenced during Quarter 1 and is continuing during Quarter 2 2023/24 in preparation for planning for next winter. Our **winter plan for 2023/24** has been reviewed and approved by the Executive Management Team. Additional winter pressures funding is expected and in anticipation of this, a number of operational schemes have been developed and will be submitted when required. Through our EPRR team we have undertaken an organisational review of our plan and response which we are feeding into the wider system work.

Operational service pressures have been stable in the Trust in August and early September. The highest pressures were seen in our community services in Scarborough and Ryedale due to continued high demand and the ongoing pressures seen by the acute hospital.. The Trusts overall operational pressures in the last two months has reduced to (OPEL) 2 (moderate pressure) from an escalation level (OPEL) 3 (severe pressure) in June and July. Mental health pressures have reduced due to an improved position on acute pathways demands and a reduction in the use of out of area beds.

Child and Adolescent Mental Health (CAMHS) services are continuing to experience high demand, it remains at a plateau in August and September for core services but with ongoing increase in referrals for Neurodiversity services. Presenting needs continue to be of high levels of acuity and complexity. High demand for young people experiencing complex eating disorders has plateaued and a new eating disorder community treatment service is being operationalised by the service to support this. Focus continues on reducing waiting times in these services, particularly in relation to autism and attention deficit hyperactivity disorder diagnosis. Occupancy and patient flow in our CAMHS inpatient service remains improved and delayed transfers of care have reduced.

Nationally requirements are in place to eradicate the use of out of area mental health beds and our services are implementing plans to achieve this. Our out of area bed use has reduced in August and September, it is impacted by our overall bed occupancy which has reduced slightly with daily occupancy between 75.3 – 85.0%.

Delayed transfers of care (DTOC) from our mental health beds remain high during the last two months, overall there is improvement in the last quarter and some of the longer delays have been resolved due to the escalation measures in place. Patients are waiting predominantly for specialised hospital placements with other NHS providers or local

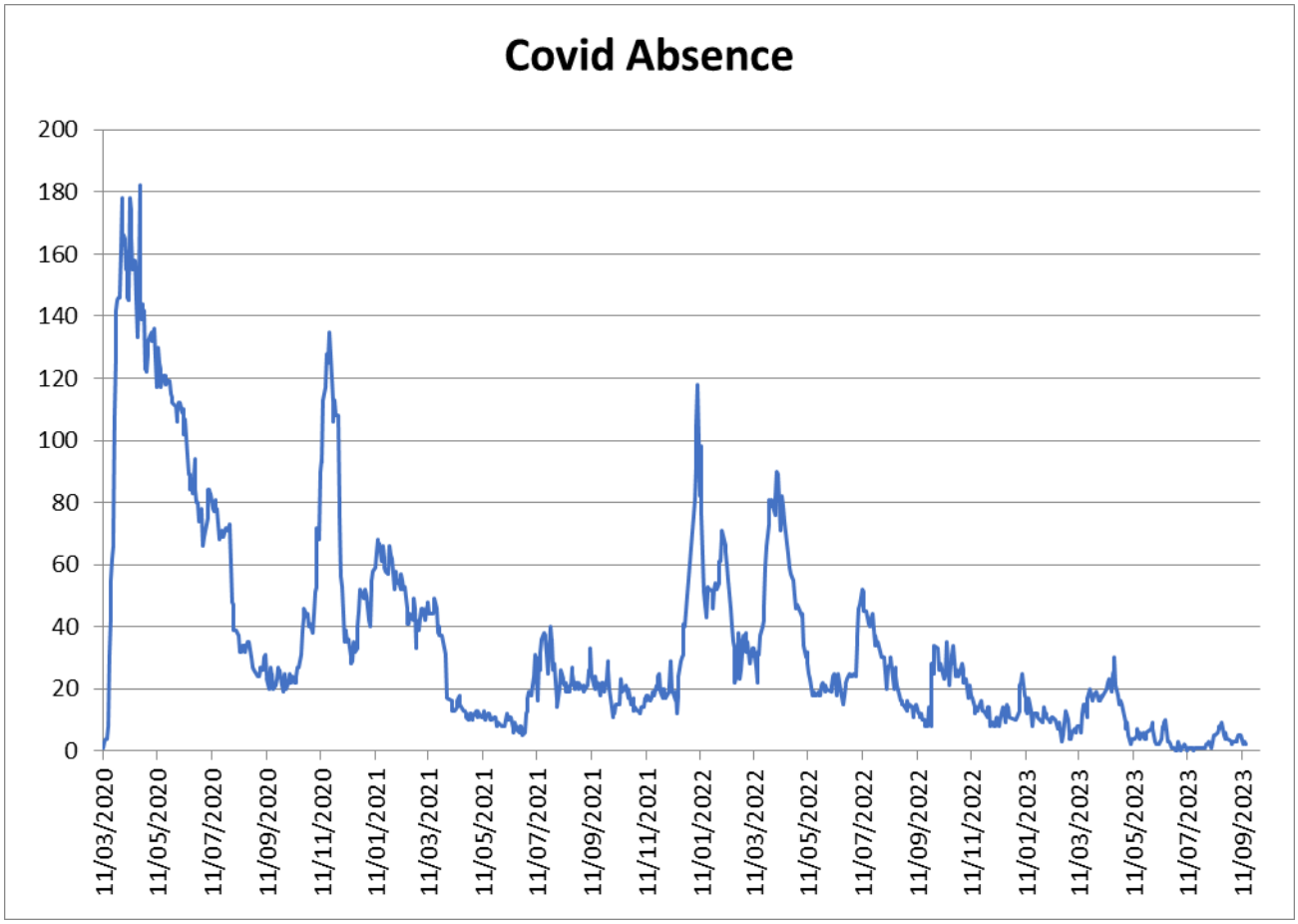
authority provided residential placements. Escalation mechanisms are in place with partner agencies to take action to resolve the delayed transfers and discharges that our patients are experiencing. Focus is being maintained on improving this position further to achieve the best outcomes for our patients and to ensure it does not continue to adversely impact on the improved position we had achieved in reducing out of area placements. The escalation measures have had a positive impact on achieving discharge for some of our longest delayed patients.

System pressures have seen some improvement in North Yorkshire and York and in the Humber areas more recently for both health and social care. Whilst Acute hospital partners in all parts of our area have reported pressures at OPEL 4 during the last two months, periods of de-escalation to OPEL 3 (and occasionally OPEL 2) are occurring more frequently. Local authorities and the Ambulance services have also experienced some improvement in pressures. The combined impact of these ongoing pressures alongside ongoing industrial action has however seen system pressures remain at overall OPEL 3. System work has continued to focus on reducing the number of patients in the acute hospitals who do not meet the criteria to reside in order to improve patient flow, reduce ambulance handover times and to recover elective activity. New initiatives have been developed supported by new national discharge funding to improve patient flow. Progress has been made to develop space identified by Hull University Teaching Hospitals NHS Trust to provide a new facility, adjacent to the Emergency Department, to stream mental health service users to. The new provision opened on 26th June and provides an enhanced environment to assess the needs of those presenting with mental health issues and is staffed by our expanded hospital mental health liaison team. Early data demonstrates that the service is continuing to successfully divert patients away from the emergency department, it is being monitored closely and early information about the patients experience of the new facility is extremely positive.

Ongoing work has been taking place by our recruitment team to increase the number of staff available to us on our bank, recruitment campaigns focussed on specific clinical areas have had success and bank fill rates are improved. Continuing effort is taking place to reduce the number of health care assistant vacancies to decrease reliance on agency use and a rolling advert and recruitment process is in place.

The Trust has seen low numbers of cases of **Covid-19** positive inpatients during August and early September, however a new variant is resulting in increased cases nationally and we remain vigilant to managing this, particularly in our inpatient areas.

When combined with non-covid related sickness the overall staff absence position is currently at 6.55%.



The remit of the Covid- 19 task group chaired by the Deputy Chief Operating Officer has been broadened to include planning our response to winter 2023/4, the ongoing risk of industrial action, wider emergency planning and is now our Emergency Response task group.

The Trust continues to effectively manage the impact of high system pressures and industrial action within its ongoing arrangements. Delayed transfers of care/patients with no criteria to reside (NCTR) remain the most significant operational risk in relation patient flow and access to inpatient mental health beds.

Operational focus remains on recovering access/waiting times where these continue to be a challenge. Divisions are currently pursuing a range of service change and transformation programmes which are set out in their service plans, these are reported via the Operational Delivery Group to the Executive Management Team. They demonstrate that they are underpinned by capacity and demand modelling work, respond to external benchmarking data and are supported by a Quality Improvement (QI) approach where this is applicable to improve outcomes for our patients.

4.1.3 Multi-Agency Public Protection Arrangements (MAPPA) Update

Multi-Agency Public Protection Arrangements (MAPPA) are the statutory arrangements for managing sexual and violent offenders. Responsible Authorities (including Police, National Probation Service and Prisons) have a duty to ensure that the risks posed by these offenders are assessed and managed appropriately.

Duty to Co-operate agencies or DTC's (which includes health Trusts) work with the Responsible Authority and have a crucial role in reducing risk and protecting the public. By working in a coordinated way, individuals who pose the greatest risk to the public are

identified and risk assessed with a management plan implemented via multi-agency panel meetings.

There are also several system meetings related to the MAPP arrangements and Humber Teaching NHS Foundation Trust is represented at the MAPPA Strategic Management Board (SMB) and the Humberside Criminal Justice Board (HCJB) by the Chief Operating Officer or delegate. The Associate Director of Psychology and nominated single points of contact (SPOCs) for the divisions provide senior practitioner representation at relevant panel meetings, and other system meetings such as the Performance and Quality Assurance meeting (PQA) are attended by one of the SPOCS.

The Trust has developed a system of Single Points of Contact or SPOCs in all the Divisions, supported by the Associate Director of Psychology so that MAPPA issues can be well coordinated and communicated. As well as single points of contact for each division, a number of staff are MAPPA “champions” who provide easily accessible support and advice to the teams that they work within.

The Trust continues to fulfil its responsibilities to MAPPA as a Duty to Cooperate agency achieving 100% attendance across all required meetings. The Head of Hull and East Riding probation commented: “KPIs remain excellent and a tribute to all Responsible Authority and Duty to Cooperate Services who attend MAPPA Panels and Filter meetings.”

Recent Work:

MAPPA has its own communications section on the Trust Intranet in order to ensure that staff can access updates and current requirements.

https://intranet.humber.nhs.uk/multi-agency-public-protection-arrangements.htm

When there is an update, it is published in the Trust global communications several times to ensure staff are linked across to the information.

Training on basic MAPPA awareness is updated every six months and available to our staff online. In return, mental health awareness training is provided in the same way by us for probation and other criminal justice colleagues.

All staff at Probation now work in one unified system which is smoother than the previous national trial of only having the most serious offenders with the National probation Service. The alternatives provided were deemed to be too fragile.

Health and wellbeing support is again being provided to probation staff by our psychology team. The feedback has been excellent including: What was useful?
“The opportunity to share/ learn, kept me engaged and stimulated thinking particularly on the things I can change and influence- small wins for a big impact.”

Most roles in the Criminal Justice System are becoming increasingly pressured and this is having an impact on recruitment. Therefore, the Humberside Criminal Justice Board carrying out a piece of joint work to see how they can continue to attract new staff. The Trust will participate in the steering group taking this work forward.

The Trust continues to work with MAPPA on reviewing practice and are planning several “Learning the Lessons” events to continue to develop well governed and effective ways of working.

The MAPPA annual report is due for publication in October and the Trust have submitted an article about working with young people who offend.

There are some upcoming changes in the disclosure legislation and responsibilities are solely with Police for disclosure now, rather than Probation, with the exception of registered Sex Offenders.

Tom McLouglin is our new Humberside Police Assistant Chief Constable with responsibility for MAPPA and Partnerships.

4.2 Director of Nursing, Allied Health and Social Care Professionals

4.2.1 Leadership Visibility

Over the last couple of months, the Director of Nursing, Allied Health & Social Care Professionals, and her deputy have between them visited a number of teams across the Trust as follows:

Millview Lodge was visited by the Director of Nursing who met with a Nurse Associate about their role and aspirations and support available to them on the unit and two nurses awaiting their nurse registration PIN who were going to be staff nurses in our older people's services.

The Nurse Associate was incredibly enthusiastic about their role and the opportunities it had given them to expand their area of practice. The nurses awaiting their PINs were reminded about the Preceptorship Academy and the additional support available to them in recognition that they are the first cohort of new registrants that have been affected by the pandemic resulting in them having less work-based experience than their predecessors. A discussion was also held with the deputy charge nurses regarding improving their compliance with clinical supervision and the approaches they can take going forward in line with the policy.

Whitby Hospital and Whitby Community Team were visited separately by the Director of Nursing and their deputy. The Director of Nursing went on a clinical visit with a member of the district nursing team in the afternoon to see first-hand care being delivered which was observed to be excellent.

Overall staff reported they were positive about working in the Trust. Issues regarding access to bank staff were raised and discussions were undertaken regarding how to attract more bank staff. The Deputy Director of Nursing facilitated a SWARM huddle on their visit which is a new approach to investigating patient safety incidents whereby staff involved in the incident undertake a rapid review of learning from the incident, identifying any immediate learning to be taken forward.

Both the Director of Nursing and her deputy met the Advanced Nurse Practitioners in the UTC and were very impressed by the expertise of individuals and the nurse led service. The Director of Nursing has also met with newly registered staff who have completed their preceptorship via the Trusts Preceptorship Academy. This was an opportunity to formally present staff with their certificate of achievement and gain feedback on the Preceptorship Academy to ensure the content of the modules remain appropriate.

The Deputy Director of Nursing also visited Avondale and PICU and spoke to staff and patients, reporting patients were very positive about the care there were experiencing in

both units. On Avondale there was a strong sense of pride in the work people were doing and collective collaboration and gelling as a team. Patients were engaged in activities and there appeared good engagement between staff and patients. The environment was tidy, the garden area was lovely and a source of pride for staff and patients.

On PICU it was evident that staff had positive relationships with patients through the use of appropriate humour and positive nonverbal communication. The Deputy DON spoke to various members of staff and spent time with the leadership team talking through any challenges they felt they had. Their main challenge was violence and aggression to staff and they talked through the support in place (debriefs with Psychologists, senior staffing checking in with them, reflective sessions and restorative supervision) all of which sounded excellent and a suggestion was made that they write it up as a model/ standard across the organisation.

4.2.2 NHS Launches First-ever Sexual Safety Charter to help Protect Staff

On 4 September 2023, NHS England launched its first ever sexual safety charter in collaboration with key partners across the healthcare system. NHS leaders can sign the charter on behalf of their organisation by emailing england.domesticabusesexualviolence@nhs.net. It is expected that signatories will implement all ten commitments by July 2024.

The focus of the approach to signing the charter is that those who work, train and learn within the healthcare system have the right to be safe and feel supported at work. Organisations across the healthcare system need to work together and individually to tackle unwanted, inappropriate and/or harmful sexual behaviour in the workplace.

As signatories to this charter, NHS leaders commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards our workforce and commit to the following principles and actions to achieve this:

- We will actively work to eradicate sexual harassment and abuse in the workplace.
- We will promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours.
- We will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate.
- We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours.
- We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour.
- We will ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators.
- We will ensure appropriate, specific, and clear training is in place.
- We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours.
- We will take all reports seriously and appropriate and timely action will be taken in all cases.
- We will capture and share data on prevalence and staff experience transparently.

The Board are requested to support signing up to the charter which if approved EMT will identify the lead director and oversee the work.

The commitments apply to everyone in our organisation equally. Where any of the above is not currently in place, we will commit to work towards ensuring it is in place by July 2024.

Trust Current Position
The principles align to the Organisations Behavioural Standards.
We have been reporting on sexual safety in the workplace for a number of years, using incident reporting to inform practice and improvements. Leads are in place to champion the work and improvement actions have been undertaken including raising awareness campaigns/staff (and patient) information leaflets.

A standard operating procedure is in place to encourage reporting with additions made to the DATIX reporting system to capture activity. All incidents are reviewed in the daily safety huddle with actions agreed as appropriate.

In addition, the Inpatient Psychology Team have delivered a Trauma Informed Care teaching session in conjunction with the Trauma Service to all inpatient staff. The Safeguarding Team have produced an informative poster for inpatient staff: Safeguarding Team Ten Minute Focus: Sexual Safety and Well-Being on our Wards. A high-level report is produced for the Safeguarding Forum on a six-monthly basis.

Next Steps
It is proposed that the requirements of the Charter will be taken forward via the Safeguarding Forum with reports to EMT and the relevant Committees regarding any further improvement actions.

It is also noted that NHS staff will be asked if they have experienced sexual harassment or inappropriate behaviour in the workplace for the first time in this year's staff survey. This will help the NHS and the Trust understand the potential prevalence of sexual misconduct in organisations and inform further action to protect and support staff across the NHS.

4.2.3 Patient Safety Incident Response Framework (PSIRF) ICB Feedback
The patient safety team, led by Kate Baxendale the Deputy Director of Nursing, AHP and Social Care Professionals have formally presented the Trust position and plan to the ICB in respect of our desire to implement the national Patient Safety Incident Response Framework (PSIRF) from October 1st subject to board ratification of the policy and plan and ICB approval.

Feedback from the ICB following the presentation was as follows:

'*The group was hugely impressed with the level of detail, your person-centred approach, the substantial amount of work undertaken and how this has impacted on your journey as an organisation to improve the patient safety culture in all that you do.*
It was evident you had a great platform already in place from which to build. Kate coming into the organisation recently has shown real leadership and knows the PSIRF requirements inside and out.

It was great to hear that you have welcomed support and collaboration from the ICB and this is a real blueprint for others.

The PSIRF Implementation Group has delegated authority to approve providers plans on behalf of the ICB Quality Committee and we are really pleased to endorse yours. We will ensure this is recognised and reflected in the next ICB Quality Committee`.

Subject to Trust Board ratification of our plan and policy in September we are ready to formally implement PSIRF as a means to strengthen our approach to investigating and learning from patient safety incidents in line with national policy.

4.3 Director of Workforce & Organisational Development Updates

4.3.1 Dignity and Respect Campaign

As a Trust, we care for patients and work with colleagues from a diverse range of backgrounds. Our staff survey data tells us that Black, Asian and Minority Ethnic (BAME) staff, and staff with a disability, have a worse experience working for the Trust than those from White or non-disabled backgrounds.

These findings are supported by anecdotal feedback on workplace experience from our staff networks (including our LGBTQ+ staff network), and whilst the Trust positions well against national figures and shows improvement year on year, there is an acknowledgement that more can be done as part of our journey to widen participation, create a compassionate and inclusive culture and ensure a positive and safe workplace culture.

In August 2023 EMT approved proposals to deliver a Dignity and respect campaign across the organisation during the Autumn of 2023. This campaign will be realised through physical and digital resources that will be positioned across the Trust in all work environments, with messaging aimed at encouraging the reporting of 'staff to staff' incidents of bullying, harassment or discrimination towards all people, but with particular emphasis on reaching underrepresented groups, namely but not limited to, the LGBTQ+ community, those with a disability or long term condition and ethnically diverse colleagues, providing a safe environment to report and resolve incidents and further embed our culture of respect and inclusivity.

4.3.2 Humber People Strategy

We already understand that the foundation of any organisation and its success lies within the talented employees who dedicate their skills, passion and creativity to move the organisation forward and meet its overall aims and objectives, in our case the ultimate goal of providing the highest quality of care to our service users and patients.

The current People Strategy expired in 2022 and therefore it is necessary to deliver upon a new People Strategy that builds upon current foundations as a key enabling strategy of the organisation
Plans are in place to deliver the new strategy in a co-produced approached over the next few months, with the view that final ratification will happen at Trust Board in January 2024.

4.3.3 PROUD Programme Development

In 2018, the Trust embarked on an ambitious plan of Organisational Development that has seen the implementation and integration of Senior Leadership and Leadership Development Programmes, the Humber High Potential Development Scheme and Senior Leadership and Leadership Forums as well as a number of other associated resources and programmes to develop leadership capability at the Trust.

In August 2023 EMT approved proposals for the future of the PROUD programme that will see a refocus of the Leadership Forums, expand the use of Lumina profiling and 360 feedback and will introduce a Leadership Conference and 'Big OD Conversation'
The PROUD programme will be evaluated annually with a two yearly full refresh.

4.3.4 SEQOHS Accreditation

The Safe Effective Quality Occupational Health Service (SEQOHS) standards are the benchmarks that occupational health services are required to demonstrate they meet to be awarded SEQOHS accreditation, and to retain their accreditation.

In August 2023 the Occupational Health team were successful in their reaccreditation for SEQOHS which they have maintained since 2014.

4.3.5 Workforce Wellbeing Initiatives

In August 2023 EMT was presented with the proposals for the ongoing workforce wellbeing plan. A host of physical and emotional wellbeing activities has been approved as well as consideration of early proposals to develop our support for Carers in the workforce. Physical Health MOTs continue to be popular with the workforce, with this offer now extended to those in the 40 years plus age category.

4.3.6 Workforce & OD Operational Visits

As part of their National Staff Survey action plan and to meet key aims to understand operational challenges and fully understand their impact on patient care, the Workforce & OD team will each be taking the time to attend an operational area one day per year (or two half days), in a programme of activity to remind themselves of their contribution towards meeting the Trust's primary objective to provide outstanding quality care. This activity will be taking place throughout the autumn of 2023 and has had the welcome and support of the leaders in the operational divisions.

4.3.7 Rainbow Badge Scheme Accreditation

The Trust has engaged in a process to become accredited with the rainbow badge scheme in recognition of our inclusion work in support of LGBTQ+ colleagues. The Trust awaits the accreditation outcome which is due in September 2023.

4.3.8 Dying to Work Charter

Sadly, it is inevitable some employees during their employment at the Trust will be diagnosed with a terminal illness. We currently take steps to ensure the person feels they are treated with dignity, respect and compassion. In the past 12 months, 3 staff members have died in service.

As part of our ongoing efforts to be recognised as a compassionate and inclusive employer, EMT approved for the Trust to sign the TUC Dying to Work Charter, in recognition of enhanced provision in terms of sick pay and support for those who have received a terminal diagnosis. The managing attendance policy and toolkit have been updated to reflect the enhanced provision.

4.4 Medical Director Updates

4.4.1 Visits

The Medical Director visited three of our hospitals and facilities in the last few months: Malton Hospital, Whitby Hospital, Granville Court at Hornsea. The commitment and dedication of the staff never fail to amaze.

Some of the staff talked about their long association with the hospitals dating back to three decades. There were also new staff including our recently recruited international nursing staff. They all had their unique stories and experience, however their commitment to high quality patient care was unquestionable.

4.4.2 Mental Health Act Quality Improvement (QI)I Pilot Scheme

We have been selected as one of the few pilot sites for the National Mental Health Act QI programme. This programme will be run by NHS England in partnership with the Virginia Mason Institute. This QI programme will support inpatient services to develop and implement co-produced change ideas that put into practice the principles set out in reform of the Act - tackling inequity of experience faced by groups experiencing significant inequalities under the Mental Health Act.

4.4.3 Quality Improvement

The Trust held a Quality Improvement week in July 2023. This included several revisits to QI Stories as voted for by our QI Champions and a hybrid QI Forum from the Lecture Theatre that was attended by 80 members of Staff, Patients and Carers. Presentations included Swale Relaxation Room, Transformation in Neurodiversity – A Life Span Approach. My QI Journey, a QI Update, Scale, Spread and Embed, Optimising the Pathway - Brain Health Worker Project (MAS), Patient and Carer Experience Modules for Recovery College and the Innovation Hub.

4.4.4 Medical Education

The key updates from medical education are:

- 'Celebrating Excellence in Mental Health & Addictions' Conference – 11th October 2023, Mercure Hotel, Willerby, is fully subscribed, all 100 places booked, event opened to a further 25 with a view to increasing places further. Attached is the full day programme for information and interest.

- Review meeting held on 16th August 2023 with Dr Andrew Lockey, Associate Dean, NHS England Education, feedback with regards to Trust performance, education standards and delivery was excellent.

- Developing a 'This is Us' booklet in collaboration with Trust Communication Team, this will showcase 11 of our consultants and highlight the development opportunities Humber has offered our doctors, particularly in areas such as medical education – this will be used as a recruitment tool.

- Approached by TEWV following the release of the GMC National Training Survey (NTS) results, which highlight Humber as ranking in the top 10 nationally, with a meeting request to share information with them regarding how we achieved our outstanding survey results.

4.4.5 Research & Development

Four student nurses will be joining our Trust research team for 8 weeks from September in a move to further embed research in practice. We are one of just four mental health trusts who are part of a national evaluation of a hybrid clinical research placement model for undergraduate nurses in England, where time with the research team is directly integrated within the placements. This national project is being supported by the NIHR Nursing and Midwifery Senior Research Leader Programme. In this hybrid model, student nurses will

spend roughly half of their time with their main clinical team base and the other half with the Research Team. This will encourage students to see research as part of our frontline service offer, enabling them to get first-hand experience of embedding research into clinical practice by involvement in research activities whilst on clinical placement. Other positives include enhancing a student's CV, adding diversity to their bank of skills, and adhering to the current NHS research and nursing strategies.

4.4.6 Psychology

26 new trainee clinical psychologists have been appointed and they will start work with the Trust in late September.

4.4.7 Mental Health Act

Mental Health Legislation Manager is attending the first session of the MHA Review QI programme in Birmingham next week.

4.4.8 Patient and Carer Experience

- Patient and Carer Experience (including Complaints and Feedback) Annual Report 2022/23 including short film to deliver the key messages - Board ratification 27 September 2023
- Patient and Carer Experience Five Year Forward Plan (2023 to 2028) including Easy read version, short film, and resources - Board ratification 27 September 2023
- Kings Fund/NHS E/H&NY ICS Engagement Project - planning to deliver a series of workshops to support with the development of a 'Communications Experience Charter' - Autumn 2023

4.5 Director of Finance Updates

4.5.1 Visits

Since July the Director of Finance has welcomed new recruits at the August Trust Induction, visited Maister Lodge with the Modern Matron, attended Stockton Hall with the Lead Provider Collaborative and also visited Alfred Bean to meet with the MH collaborative finance team.

4.5.2 Finance and Planning Updates

Wagestream

Since going live the Trust have seen a positive response to the introduction of Wagestream with over a 100 people already engaged/signed up to the service.

Wagestream provide a payroll advance service to Bank Staff enabling Bank Staff to drawdown up to 50% of the value of each bank shift worked ahead of the formal monthly pay date.

Inclusion Groups Programme

The Inclusion Groups Programme of the East Riding Health and Care Committee (Exec Sponsor – Michele Moran) is progressing well. At the suggestion of the programme delivery group, Smile Foundation and ERYC have combined respective projects on mapping VCSE provision and an inclusion health needs assessment. It is expected that the findings will present a clearer picture of the strengths, needs and gaps in relation to inclusion health in the East Riding which can be shared with professionals to improve understanding of how to support inclusion health groups. The delivery group has been asked to assist with the allocation of £275k annual recurrent ICB health inequalities

funding for the East Riding. Projects under discussion include: continuing to support the ERYC inclusion health outreach programme; migrant and asylum seeker physical and mental health; and support for people with LD and autism.

Primary Care Networks
Jon Duckles has been asked to continue as Chair for Marmot PCN following the safe transfer of Princes Medical and Northpoint GP practices to James Alexander Family Practice. The PCN would like to explore the use of a Non-Exec role on their Board.

Patient Level Costing
Productivity dashboard have been developed and are being deployed to provide services with Patient Level Costing Data at team level. Dashboard will continue to be refined, with oversight and the Productivity and Performance sub group of Operational Delivery Group.

4.5.3 Cyber Security Updates
There are two types of CareCert notifications,

High priority notifications - cover the most serious cyber security threats, these notifications are sent to the IT Service desk with requirements for acknowledgement to NHS digital within 48 hours and remediation applied within 14 days.

Any high priority notifications that cannot be resolved within 14 days require a signed acceptance of the risk by the CEO and SIRO to be submitted to the NHS Digital portal.

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

The Trust are using software to track that status of its digital estate which provides the data included in this section of the report.

In terms of CareCerts

- CareCERT notices issued during 2023: 130
  - High Priority CareCERT notices Issued during 2023: 7

In terms of number of Active Workstations

- Total active workstations detected by Lansweeper 3,578 (*47 of which are servers*)
- Workstations no seenin the last 60 days – 330 (*264 of which not seen for 90 days*)

There were no Distributed Denial of Service (DDoS) attacks against the Trusts internet connections during July or August 2023.

4.5.4 Digital Updates

Electronic Patient Record
Work on the EPR is progressing well, current work is focussed on data migration between TPP and Dedalus, good progress has also been made with process state mapping for Mental Health Services.

Office 365
The Trust has renewed the Office 365 licences via the National Framework. Work is progressing to move from full client licences to web-based version manager where appropriate over the coming months.

Front Line Digitisation
The Trust have submitted bids of £1.3m against the front line digitisation national underspend. Bids are currently being shortlisted by the NHS England Regional Digital Teams, decisions are expected by the end of September 2023.

Interweave Team Shortlisted
The Interweave team have shorted NHS England in the development of the National Shared Care Record Plan and work to join together the ICS Shared Records into a national system,

Conference Representation
Ian Clucas, the deputy CIO for Interweave, is presenting the Yorkshire & Humber Care Record at the Leeds digital festival

Lee Rickles has presented the future of interoperability at the Tech UK Health & Social Care summit and the Public Sector Network webinar concerning Secure by Design - Digital Transformation.

4.5.5 Estates and Hotel Services Updates

Electric Vehicles
In support of the Trust's Green Plan, the Estates and Facilities' fleet of vehicles are migrating to be fully electric where possible. The first two of fourteen fully electric vans have now been delivered and will be liveried with Humber branding and to indicate that they are fully electric.

Two fully electric Hotel Services' cars are also being delivered on 21 Sept, which will be branded to match.

Charging network upgrades are being undertaken around the Mary Seacole building to support the rollout and ensure Trust Vehicles can be charged.

A further review of Trust sites is being undertaken to establish what additional capacity can be provided across the estate.

Reinforced Autoclaved Aerated Concrete (RAAC)
The Trust have no identified RAAC within any of its facilities, which has been established from a review of the as built information and Health and Safety Files for the estate.

To obtain further assurance, surveyors have been appointed to undertake intrusive surveys at sites where buildings fit the age profile of when RAAC was in use.

A schedule of surveys is currently being developed, which will require coordination with the Nominated Responsible Building Managers.

Accessibility Surveys
The Trust has commissioned Access Able to renew the Trust's accessibility surveys. This will not only assist in the development of the estate, but will also help support people who visit Trust properties, by providing an overview of each site on a publicly accessible web-based portal and App.

Comms and patient engagement are included with the project, with surveys commencing in November.

Fieldhouse Bridlington
Following vacation of the building in March 2023 and in response to Landlord's dilapidations schedule that has been served, the Trust's surveyor has valued the site based upon 'diminution in value', as the site will no longer be used as a GP facility. This value is considerably less than was served and the Trusts solicitor has communicated this onto the Landlord's solicitor.

Energy
The Trust has entered into a two-year contract with Inenco to broker energy for the Trust for the next two years. This will include for a capped strategy to energy procurement, to protect the Trust from any ongoing upward trend in market conditions.

The duration of the arrangement is to enable the opportunity to engage with a solar farm to be developed.

Space utilisation monitoring
A pilot is in development to implement Ubiqisense space utilisation monitors within Trust HQ. This will assist in the development of the implementation of flexible use space.

The dynamic space utilisation tool will be able to identify not only when spaces are in use, but also identify trends in the way that a space is used, such as room heat maps of activity. The room records no personal information but does enable live tracking of space use.

Humber Centre
Following the successful completion of the gym, shop, patient bank and entrance reconfiguration, further works are underway at the Humber Centre to improve the patient environment. This includes for the upgrade to toilet and washing facilities, together with clinic rooms on each ward. Further works are in progress to improve bedroom facilities, which include detailed engagement sessions with staff and patients, with sample rooms being produced to facilitate the process.

The project to make improvements to the environments at the Humber Centre and Pineview has been undertaken in close partnership between the Estates and Facilities department and the Humber Centre operational team. Whilst delivering such a project within a live environment continues to be challenging, the close partnership working between corporate and operational teams has proved to be a success.

National standards for healthcare food and drink
Work continues to ensure that the Trust meets its obligations under the national standards for healthcare food and drink. Recruitment is in progress for a dedicated nutritionist, whilst the rollout of a digital patient menu is being developed.

4.5.6 Contracts Update

Primary Care Addictions Contract
Hull City Council have offered the Trust a one-year contract extension for the Primary Care Addictions Contract, the Divisional view is this should be accepted and the extension letter has been signed by the CEO, this is an income contract for the Trust with a annual value of £0.579m.

Hull University Hospital Trust (HUTH) Contracts
The Trust commissions services from HUTH and delivers services to them under two contracts. Both contracts are currently being reviewed by service leads prior to them being renewed for a 3 year period from 1st April 2024. For the services commissioned a single tender waiver will be requested.

Dental Commissioning
The Trust is working with the ICB dental commissioning lead with the aim of securing community dental provision for a cohort of Humber Centre patients who are currently unable to access dental services.

Whitby GP Out of Hours
Whitby GP OOH services are being retendered as part of a wider competitive procurement for out of hours services across North Yorkshire, this procurement is being led by York FT.

CMHT Social Workers
The Trust is currently in the process of renewing its contract with East Riding of Yorkshire Council for the provision of Social Workers into our Primary Care Network community mental health teams. The service specification is currently being reviewed by the Division General Manager.

4.6 Head of Corporate Affairs Update

4.6.1 Visits
The Head of Corporate Affairs visited Whitby Hospital on 18 July with public governors Doff Pollard and Tony Douglas.

Staff found the hospital a nice place to work; they liked the building, the facilities and quality of the space. However, a lack of meeting room space was a cause for concern and would be addressed.

Patients being cared for at the hospital had more complex conditions than pre-Covid and this prolonged their length of stay.

4.6.2 Fit and Proper Person Test
NHS England has published a new Fit and Proper Persons Test (FPPT) Framework and associated guidance. The Framework sets out new checks and balances required by NHS organisations to ensure board members are fit and proper to be NHS directors.

While the FPPT checks that are currently required remain in place, the new framework introduces a standardised board member reference and the recording of FPPT checks as part of an individual's Electronic Staff Record (ESR).

As per current arrangements, directors will be asked to complete an annual FPPT attestment. A number of checks will then be undertaken and the outcome recorded on ESR. The Chair will review the evidence for the Chief Executive and Non-Executive Directors and form a conclusion for each board member about whether they are fit and proper. The Chief Executive will do likewise for Executive Directors and the SID for the Chair. The Head of Corporate Affairs will then submit a return to NHS England. The Chair will confirm, through an annual report to Public Board and the Council of Governors, that the FPPT has been undertaken.

The Chair has written to all directors to advise them of the changes and has invited them to contact her should they have any concerns regarding the recording of their FPPT data on ESR.

The Trust currently complies with existing guidance regarding the FPPT requirements - an annual Fit and Proper Person Test process is undertaken which involves: i) directors self-certifying that they continue to be Fit and Proper; and ii) the completion of standard checks. Work is underway to ensure the Framework is implemented by 21 March 2024 and the Board Reference template will be used with effect from 30 September 2023.

5 Communications Update

Service Support
The team are managing a service communications plan to support change and development.

Division	Campaigns/Projects this month
Mental Health (Planned/Unplanned)	• National Rebrand of Emotional Wellbeing Service • CLEAR project (CAMHS)
Community & Primary Care	• Recruitment campaign
Children's and Learning Disabilities	• Divisional website development

Team Updates
Our three new team members are now all in post. Two of the roles are brand new, funded by other teams to enhance communications in specific areas of need.

Our new Digital Communications Officer will support the development, updating and maintenance of current and future service websites. The Service Communications Officer for Childrens and Learning Disabilities will support the Mental Health Support Teams to communication with school students, parents and teachers as well offer broad support across the division.

Theme 1: Promoting people, communities, and social values

- **Governor Elections**

Governor Elections has been supported by a comprehensive communications plan across all key stakeholder groups. It includes design, print social media direct mail and email communications. An Elections Special engagement opportunities newsletter has developed and sent to all Trust Members. A testimonials video starring serving bring to life the experience of holding the role, it's value and benefits.

- **Annual Members Meeting (AMM)**

The AMM will take place on Wednesday 18 October at the Lecture Theatre. There will be a marketplace promoting services and a guest speaker to share their experience on the theme of mental health and resilience.

The agenda includes a look back at the last twelve months and a projection of what's to come, a presentation from a Governor and the formal presentation of the Trust's finances.

Promotion will begin 18 September with personal invitations to key contacts as well as a multi-channel marketing campaign to encourage attendance from the communities we serve.

- **Brand Updates**

Quarterly reviews of key staff groups provide more in-depth insight into brand use and understanding. This quarter we are working with Allied Health Professionals hosting a workshop and running a survey to gather feedback. An action plan created following the last review with Administration colleagues has been completed with a number of changes have been rolled out across the platform as a result.

New developments to the platform this period include a new calendar facility for staff to book event equipment, such as display banners, tables, leaflet and poster holders, and a quick-reference brand guide for those who need brand support at a glance. This has been well received by staff since launch and is now in use by a range of clinical and corporate staff.

Over 100 new images have been added to the online photo library. The platform has achieved over 500 photo downloads since launch in June showing it's quickly become a valuable asset for staff to access images themselves as well as saving time for the team.

- **Social Media Content**

Social media content continues to support the move of the IAPT service to NHS East Riding Talking Therapies. All our platforms have been used over recent months to inform patients and stakeholders on the change and reassure them that while the service's name is changing, the service delivered is the same. We are into the final phase as we look to consolidate our messaging toward the final 'change-over' date of 18th September.

Messaging has been developed for the Governor Elections and is currently being deployed as we build towards nominations opening. Throughout the campaign, we have over 30 posts scheduled alongside supporting activity from across the team.

The best-performing posts of this period were celebrating the news of the Right Care, Right Person HSJ Awards nomination, Tom Cahill's visit to Townend Court, and the launch of the new NHS Cadets programme. This piece focuses on Michele Moran's journey from Cadet to CEO.

- **Media Coverage**

A total of 14 positive stories were published this month. The top three performing stories over the period were:

1. Humber Youth Action Group – introducing member Ailsa Moan and her story
2. NHS Cadets – launching a new programme for young people
3. SeaFit – an initiative to help fishermen and their families get access to the care they need

In total, we have seen 11 media publications in total across local, regional and national press (9 positive, 2 neutral, and 0 negative).

- **Awareness Days**

Key dates of note this month were:

10 September: World Suicide Prevention Day
13 September: World Sepsis Day

Our messaging for World Suicide Prevention Day encouraged people to reach out and talk to friends, and signposted people who were suffering to local services.

Theme 2: Enhancing prevention, wellbeing and recovery

- **Electronic Patient Record Project**

We're pleased to have been able to introduce our single, new EPR provider, TPP SystmOne, to teams across the Trust over the last few months. We're currently in the process of configuring processes and keeping staff informed of the latest updates. This also includes introductory engagement activities such as reaching out to staff who have expressed an interest in being a Digital Champion or Super User, which make up an important element of future phases.

The team have developed a useful FAQs document, which is hosted on the EPR Hub on the Intranet, to help staff fully understand the new programme of work at this stage.

Looking ahead, we will be launching an introductory campaign in October/November which addresses the timeline moving forwards and the benefits staff can expect to experience at different milestones. We look forward to reporting on this in a later board report.

- **Patient Safety Incident Response Framework – PSIRF**

We have supported the Patient Safety team to communicate our move towards the new NHS England Patient Safety Incident Response Framework – PSIRF. We have developed multiple communications across several internal and external channels including an informative intranet page, sharing updates via the Global and intranet news, sending comms via the ICB newsletter and sharing and publicising upcoming coming 'lunch and learn' MS Teams sessions being held by the Patient Safety team.

Theme 3: Developing an effective and empowered workforce

- **Staff Celebration Evening 2023**

Shortlisting has taken place for the Staff Awards and nominees and those that submitted the nomination have been filmed for the event to create content to use on the night and post event.

Planning continues to deliver a high-quality event experience to celebrate staff and their achievements.

- **Humbelievable**

Rachel Kirby, Head of Marketing and Communications is presenting a session at the

Regional Communication and Engagement Forum on recruitment marketing campaigns to share our knowledge with NHS colleagues.

Our North Yorkshire Recruitment campaign which launched on 16th June continues to perform well with 4000 visits the landing page from the digital marketing campaign. 84% of these were new views from individuals that had never visited our site to look at jobs before. The next phase of the campaign focuses on the Virtual Ward and allied health professional in North Yorkshire and will roll out in October.

Our Health Care Support workers campaign is live and includes targeted social media advertising, direct mail and online advertising in this first phase. The work has been well supported by the services and our staff feature in the advertising talking about the excellent opportunities available at our Trust. The advert landing page created for the campaign has had over 1200 visits generating 519 applications for the last block interview. A challenge remains around quality of application which we are building into the next phase of the campaign.

Throughout September, a package has been running with the Nursing Times to advertise nursing positions. A 'Return to Nursing' campaign will run throughout October deploying a range of targeted social media advertising, advertising in a Hull and East Riding based parenting magazine, and a press release.

- **NHS Staff Survey 2023**

The NHS Staff Survey 2023 launches on 2nd October. We are working in partnership with Workforce and OD team Work to deliver the communications plan. Communications starts mid-September with targeted messaging including team and divisional communications. Weekly figures will be shared along with information about ongoing staff incentives to encourage participation and engagement with the new incentives.

- **Flu and COVID-19 Vaccinations**

A communications plan will support the flu and COVID-19 clinics. Once confirmation of the clinic dates and booking systems is confirmed by the operational teams we can move forward with communicating this with staff.

- **Report it – Respect Campaign**

A creative marketing campaign to encourage reporting of harassment and abuse from staff to staff has been created by the team working with our EDI lead. New reporting methods will be shared through posters and internal communication to support the launch in September. Designs have been shared and supported by our staff networks.

Theme 4: Fostering integration, partnerships, and alliances

- **Working Better Together – ICS Communications Forum**

The first workshop was held by the ICS communications team attended by leads from across the patch to look at how we can improve how we work together as a communications system.

Discussions included the role of the ICS Communications team and how we can work collaboratively as a system to ensure we are maximising the impact of our messages.

Theme 5: Innovating for quality and patient safety

- **Awards**

Our team supports services with award submissions throughout the year. The key award shortlists of note for the remainder of the year are:

HSJ Patient Safety Awards 2023
This month the shortlisted teams will attend the awards ceremony in Manchester.

Shortlisted teams include: The Phlebotomy Clinic at Community LD Hull is shortlisted for the Learning Disability Initiative category. Follow My Lead by Hull PMLD is shortlisted for two awards of Patient Safety Education and Training, and also Learning Disability Initiative. CENS, Complex Emotional Needs Service is shortlisted for the Community Care award.

Social Worker of the Year Awards 2023
Kirsten Bingham is a finalist in the Approved Mental Health Professional (AMHP) Social Worker of the Year 2023 award. The awards ceremony takes place on 3rd November 2023.

HSJ Awards 2023
We have been shortlisted for the HSJ Place-based Partnership and Integrated Care Award with Right Care Right Person. The awards ceremony is taking place on 16th November 2023.

Theme 6: Optimising an efficient and sustainable organisation

- **Interweave**

Funded by the Digital team, Loren and Georgia support the Interweave programme of work, an element of the Yorkshire and Humber Care Record.

Support includes launch of their first Interweave newsletter, website audits and updates, article writing and upcoming events such as Leeds Digital Festival. Those interested can sign up for the virtual event here to learn more about Interweave and the wider Shared Care Record system.

Measures of Success

Theme 1: Promoting people, communities, and social values			
KPI	**Measure of success by 2025**	**Benchmark**	**This month**
Positive Media Stories published	Positive vs negative coverage maintained at 5:1	5 stories covered by media per month	9 positive stories covered by media
			0 negative stories covered by media
Visits to Brand Portal	Up 20% to 696	580	717

	sessions		
Facebook engagement rate	2%	2%	1.68%
Twitter engagement rate	2%	2%	1.6%
LinkedIn follower growth	+ 4.3%	Target 2872 followers	123 new followers – 3,653 total

Theme 2: Enhancing prevention, wellbeing and recovery			
KPI	**Measure of success by 2025**	**Benchmark**	**This month**
Stakeholder newsletter open rate	20%	18%	21.3%

Theme 3: Developing an effective and empowered workforce			
KPI	**Measure of success by 2025**	**Benchmark**	**This month**
Intranet bounce rate reduced	< 50%	58.41	57.4%
Intranet visits maintain at current level	7,300 visits p/m	7402	6,300
Global click through rate (CTR) increase	7%	15%	11%
Staff engagement event programme	Engage 10% of staff in each event (2023/24) 20% (24/25)	First staff engagement event attracted 10% of staff (360)	Nothing to measure in period.
	Post event satisfaction survey results in upper quartile (73%+)	Industry standards used for benchmark	First survey will take place following Staff Awards

Theme 5: Innovating for quality and patient safety		
KPI	**Measure of success**	**Progress to date**
Awards nominations	4 national/2 local shortlists annually	Supported 29 nominations So far, 12 of these entries have been shortlisted

Theme 6: Optimising an efficient and sustainable organisation			
KPI	**Measure of success by 2025**	**Benchmark**	**This month**
Reduce homepage bounce rate	Below 50%	67%	68.4%
Increase average page visits per session	+ 2 per visitor	1.9	1.9
Increase average dwell time	+ one minute	1m31s	1m42s

6 Health Stars Update

Fundraising Activity

Golf Day

The Health Stars Golf day took place on Thursday 14th September at Cottingham Parks club. This is the first golf event since pre covid, so it was great to welcome 15 teams on the day. Everyone we spoke to, had a great day. Three Teams from the Trust took part, and it was very positive to welcome many of new corporate partners for the first time at a Health Stars Event.

Plans for next year's event are already underway as many of the teams are keen to continue this relationship.

Upcoming Events

Health Stars has engaged with staff to arrange several fundraising events and activities between bow and the ned of the year. The Clear out Your Coppers campaign will encourage people to pop their spare change into a Health Stars collection tin, we are now using QR codes and just giving pages so people can set up their own events to raise funds. Health Stars will be arranging a comedy night, a bingo event as well as hosting a grand Christmas raffle which will be drawn at the annual Trust Carol Concert in December.

Update on Campaigns/Appeals

Whitby Bricks

Health Stars is in position to commission the first set of commemorative bricks into the Whitby Hospital garden. Once we have confirmation from the Trust regarding the

installation, Health Stars will work with Trust Communications team to arrange publicity/unveiling.

Impact Appeal Garden

We are delighted that the last phase of the Inspire project will be underway soon. The garden area is due to be transformed now that a contract has been awarded. We have been supported by two very generous funders who between them have pledged £130k towards the scheme. This funding has been confirmed and the Trust is now in a position to commence the work.

Fundraising Campaigns

The three areas of targeted fundraising have been identified which will allow Health Stars to fund some of the bigger wishes in the circle of wishes system. The campaigns are live on Just Giving and a comms and marketing plan for each is being devised, this will include in person engagement, such as road shows and presentations, social media campaigns and digital fundraising activities. We are working with the divisions, Estates and PMO to ensure these projects continue to have traction.

Health Stars has identified seven grant funders which we have applied to and have liaised with the Malton League of Friends group who is very happy to support items to improvement dementia care.

The Circle of Wishes

So far this year we have had 92 requests submitted into the Circle of Wishes . Health Stars is working though them to identify which ones are charitable and where funding is readily available, getting as many signed off as possible.

It was agreed at the last Chartable Funds Committee meeting that where funds aren't reality available to grant wishes quickly, meaning wishes were stalling and not being processed, that the Humber Big Thank you, the general funds pot, should be used, especially where a "top up" is required to get a request over the line. Fund guardians with large or inactive fund balances will be encouraged to support requests from areas especially where there is a clear cross over of patient benefit. In order for transparent and coordinated discussions to take place, we have set up a monthly Charitable Funds Action group meeting with the division leads and the fund guardians to ensure that funds are being spent appropriately.

In the background a new Circle of Wishes platform is being developed thanks to Smile and the NHS Charities Together Development Grant.

Michele Moran
Chief Executive

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Agenda Item 8

Title & Date of Meeting:	Trust Board Public Meeting – 27 September 2023
Title of Report:	Publications and Policy Highlights
Author/s:	Name: Michele Moran Title: Chief Executive
Recommendation:	

To approve		To discuss	
To note	/	To ratify	
For assurance			

Purpose of Paper:	To inform and update the Trust Board on recent key publications and policy since the July Board (detailed below): • Cost savings in the NHS • GP surgeries to move to digital phone systems • Cutting procurement red tape • Updated enforcement guidance • Care Quality Commission – single assessment framework • Community care
Key Issues within the report:	

Positive Assurances to Provide: • n/a	**Key Actions Commissioned/Work Underway:** • n/a
Matters of Concern or Key Risks: • n/a	**Decisions Made:** • n/a

Governance:

	Date		Date
Audit Committee		Remuneration & Nominations Committee	
Quality Committee		Workforce & Organisational Development Committee	
Finance & Investment Committee		Executive Management Team	
Mental Health Legislation Committee		Operational Delivery Group	
Charitable Funds Committee		Collaborative Committee	
		Other (please detail) Board	27.9.23

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

Caring, Learning
& Growing Together

√	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	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Publications and Policy Highlights

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

1. **Cost savings**

The HSJ reports a former Department of Health and Social Care director has said regulators are trying to squeeze cost savings out of some of the most financially challenged trusts and should focus more heavily on organisations with healthier balance sheets.

Analysis by HSJ shows wide variation in the cash levels across the trust sector. Cash balances increased dramatically during the Covid-19 pandemic, but then fell by nearly 20% last year.

Sir Julian Hartley from NHS Providers said: "The challenge for trusts in delivering their cash plans has been exacerbated by several factors. Additional costs are being driven by temporary staffing needs and pay expenditure, inflation and emergency pressures. Income levels are at risk due to the impact of industrial action on elective activity.

"In addition, potential under-delivery against stretching waste reduction plans increases the risk that more cash support will be required later in the year. This presents another challenge to enabling providers to return to financial sustainability."

Lead: Director of Finance

Across the NHS the financial outlook is challenging with higher efficiency targets and systems currently struggling to achieve efficiency plans, a number of technical non recurrent efficiencies are currently underlying financial deficit across the NHS.

2. GP surgeries to move to digital phone systems by spring

The Telegraph reports ministers say all GP surgeries will move to digital phone systems by spring in an effort to end the "8am scramble" to get an appointment. The government has promised changes to improve access to family doctors, including ensuring that patients can get through on the phone. Health and social care secretary Steve Barclay said around 1,000 GP practices that still have analogue systems have now signed up for the upgrade, putting the programme on track to be completed by March.

Lead: Director of Finance

The Trust have used digital and cloud based telephone systems for the past 5 years. As reported to Board in May, the Trusts Digital Delivery Group have approved the implementation of an upgraded digital telephone system for all 3 Humber GP practices, works with procurement and installation are continuing.

3. 'Cutting procurement red tape will save £100m'

The HSJ reports NHS England has revealed plans to "cut red tape" in procurement by slashing the number of frameworks through which suppliers do business with the NHS. In a letter sent to all integrated care system procurement leads, NHS England said the process of reducing the number of frameworks would "see a reduction in inefficiencies for commercial teams" and "enable the NHS to leverage its scale and national pricing".

Lead: Director of Finance

The Trust welcome the national approach to reducing the number of frameworks which should lead to greater consistency across the NHS maximising the NHS commercial purchasing power.

4. Updated Enforcement Guidance

NHS England (NHSE) has published the updated enforcement guidance. This was first introduced in 2013 alongside the NHS provider licence. The changes in this updated version reflect new legislative, statutory and policy requirements, including NHSE's statutory accountability for the oversight of both integrated care boards (ICBs) and NHS providers.

The revised enforcement guidance describes NHSE's enforcement powers and approach in relation to ICBs, NHS trusts, foundation trusts, licensed independent providers of NHS services, and licensed NHS controlled providers. It explains the regulatory and statutory processes in the event of enforcement action and subsequent rights of appeal.

Lead: Director of Finance
The two tiered approach and the regulatory and statutory processes in the event of enforcement action should be noted by the Board. The Board will be kept appraised where necessary of the application of the guidance to and within the ICB.

Changes to the guidance:

- Introduction of a two-tier approach to ICB enforcement, which ensures parity with NHS provider organisations. This means that undertakings would be used where there is reasonable suspicion of ICB failure to discharge its functions.
- Revisions to the language to reflect the change from Monitor to NHS England as the regulatory body for NHS foundation trusts.
- The extension of the provider licence to NHS trusts.

What hasn't changed:

- NHSE had planned to introduce new enforcement powers in relation to patient choice but, as changes to the regulations have not yet been made, the current procurement, patient choice and competition regulations remain applicable, with the adjustments from 1 July 2022 set out in the explanatory note on NHSE's website.
- NHSE's enforcement powers in relation to providers have not changed. The revised guidance, however, is aligned with the principles of the oversight framework, which state that NHSE will be working with and through ICBs wherever possible to encourage local resolution before escalation.

5. Care Quality Commission (CQC)

At the end of July, the Care Quality Commission (CQC) announced the latest plans for implementing its new regulatory approach.

The roll out of CQC's new single assessment framework will start in November. It will first be implemented in the south of England, followed by other regions, and is expected to be completed by the end of March 2024. This means that any assessments from November onwards for providers in the south will be carried out using the new assessment framework.

Lead: Director of Nursing

Phased introduction noted. Board briefed regarding the changes in the Board Strategy session in August.

6. 'Data reveals disappointing failure to boost community care'

The HSJ reports a 'disappointingly slow' transformation of community services means thousands of mental health patients are still presenting at emergency departments within weeks of being discharged from an inpatient facility. Experts said an NHS England-led community transformation programme, launched in 2019 as part of a £2.3bn investment in mental health services, should have helped reduce readmission rates, but internal data suggests the rates have increased since then.

The proportion of adult patients was 11 per cent in 2018-19, when the investment programme was launched, and had increased to 12 per cent by 2022-23, representing around 6,000 adult cases. The situation appears worse for children, with an 18 per cent readmission rate within two months, up from 17 per cent in 2018-19.

NHS England (NHSE) said mental health services are under “significant pressure”, with community crisis teams seeing a 30 per cent increase in referrals compared to before the pandemic, with urgent and emergency care services “treating record numbers”. NHSE said evidence of reduced calls to crisis teams and A&E attendances were being seen in pilot sites which led the programme from 2019-20, with the national rollout coming the following year.

Lead: Chief Operating Officer

The Trust was an early implementer site for the adult CMHT transformation programme and has seen positive benefits as a result of the introduction of the new primary mental health care service. Readmission rates are monitored for both adult and children’s mental health services and these are not deteriorating for the Trust.

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Agenda Item 9a

Title & Date of Meeting:	Trust Board Public Meeting - Wednesday 27th September 2023
Title of Report:	The Countess of Chester Hospital initial learning- update
Author/s:	Kwame Fofie, Medical Director Hilary Gledhill, Director of Nursing, Allied Health & Social Care Professionals Stella Jackson, Head of Corporate Affairs
Recommendation:	

To approve		To discuss	x
To note		To ratify	
For assurance			

Purpose of Paper:	On 18 August, NHS England wrote to NHS provider trusts regarding the initial findings following the trial of Lucy Letby who was employed as a neonatal nurse by The Countess of Chester Hospital Trust requesting all Trusts review their Freedom to Speak up processes and board oversight. Trusts were in addition reminded of their obligations under the Fit and proper person requirements. This report provides assurances in respect of existing systems and processes in place regarding FTSU, board oversight, patient safety investigation procedures and outlines the steps being taken by the Trust to meet the enhanced patient safety monitoring requirements set out by NHSE.

Key Issues within the report:

Positive Assurances to Provide:

- The Trust is seeking to develop mechanisms with the Medical Examiner's office, to share information with them, so that they can conduct an independent review, in line with statutory requirements, from April 2024.
- There are robust processes in place for the oversight of patient safety incidents and patient deaths.
- There are processes in place for the review of unexpected deaths.
- Significant progress has been made regarding implementation of PSIRF.
- The Trust has Freedom to Speak Up processes in place.
- In line with current guidance, the Trust already undertakes `fit and proper person' checks for all directors on an annual basis.

Key Actions Commissioned/Work Underway:

- A meeting is being arranged with the Medical Examiners in the relevant areas to consider the referral pathway, capacity and relevant IT support to ensure information sharing and reviews of deaths occurs, as required in line with the proposed changes to the Health Service Regulations (2002). An update on the arrangements will be presented to the Quality Committee in December 2023.
- The Fit and Proper Person guidance published by NHS England seeks to strengthen existing checks and a paper regarding this matter will be forwarded to September Board.
- Further work is being undertaken to

	implement the new approach to learning from patient safety incidents with a sharper focus on data and understanding how incidents happen, working with those affected and taking effective steps to improve and deliver safer care.
Key Risks/Areas of Focus: • N/A	**Decisions Made:** • N/A

Governance:

	Date		Date
Audit Committee		Remuneration & Nominations Committee	
Quality Committee		Workforce & Organisational Development Committee	
Finance & Investment Committee		Executive Management Team	21/8/23
Mental Health Legislation Committee		Operational Delivery Group	
Charitable Funds Committee		Collaborative Committee	
		Other (please detail)	

Monitoring and assurance framework summary:

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

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

The Countess of Chester Hospital initial learning- update

1. Introduction

On 18 August, NHS England (NHSE) issued a letter to NHS provider trusts regarding the Lucy Letby verdict. Lucy Letby, a former neo natal nurse was found guilty of murdering seven babies and the attempted murder of six more, all of whom she was caring for as a nurse at the Countess of Chester Hospital in the period June 2015- June 2016. The letter outlined the steps being taken to strengthen patient safety.

A Panaroma programme also highlighted a number of key issues, particularly regarding the raising of concerns by clinicians at the Trust.

This paper highlights key points made in the letter from NHSE and the steps being taken by this Trust in response. An update regarding the inquiry which will look into the circumstances surrounding the murders is also provided.

2. Steps being taken to strengthen our approach to patient safety monitoring

<u>Medical Examiners</u>

Medical examiners are senior medical doctors who are contracted for a number of sessions a week to provide independent scrutiny of the causes of death, outside their usual clinical duties. They are trained in the legal and clinical elements of death certification processes.

The purpose of the medical examiner system is to:

- Provide greater safeguards for the public by ensuring independent scrutiny of all non-coronial deaths
- Ensure the appropriate direction of deaths to the coroner
- Provide a better service for the bereaved and an opportunity for them to raise any concerns to a doctor not involved in the care of the deceased
- Improve the quality of death certification
- Improve the quality of mortality data.

NHSE's letter outlined that the national roll-out of medical examiners since 2021 has created additional safeguards by ensuring independent scrutiny of all deaths not investigated by a coroner and improving data quality, making it easier to spot potential problems.

Trust's Response:

In June 2021, NHS England sent out a system wide letter, outlining a requirement for review of all non-coronial deaths, wherever they occur in that system. At that time, the arrangements were still non-statutory. In April 2023, the Government confirmed the next steps towards making the medical examiner system statutory, through changes to Regulation 5 of the Health Service (Control of Patient Information) Regulations 2002, which would come into place from April 2024 meaning every death in England and Wales will be scrutinised from April 2023.

The implications of this change in regulation for the Trust, are that we will be required to share information with the medical examiner's office (without consent) of deaths that occur within our inpatient areas and community services, in order that an independent review of the death, can be undertaken.

The Trust has a range of mechanisms in place to ensure all deaths are reported (unexpected and expected) and a review of a patient death, either within an inpatient area or within community services can be undertaken with further investigation undertaken as appropriate. We also present the data on patient deaths to the Board on a six-monthly basis. Going forward the, the Trust will need to develop mechanisms with the Medical Examiner's office, to share information with them, so that they can conduct an independent review, in line with statutory requirements from April 2024.

Initial scoping undertaken by the Trust's Legal Services, has recommended that the Trust would not need to create a separate Medical Examiner position. The Trust is liaising with Hull and East Riding Medical Examiner and Whitby and Scarborough Medical Examiner offices to consider the implications of the new statutory requirements, what is needed in place between the Trust and the Medical Examiner's office, workload implications and how information can be shared effectively.

Following our recent meeting with Whitby and Scarborough Medical Examiner, we were informed that they (ME) will develop a Standard Operating Procedure (SOP) and referral pathways for all trusts and GP practices within their catchment area. This will result in a uniformed approach, rather than each trust developing their own SOP and pathways.

Next Steps:

A meeting is being arranged with the Medical Examiners in the relevant areas to consider the referral pathway, capacity and relevant IT support to ensure information sharing and reviews of deaths occurs, as required in line with the proposed changes to the Health Service Regulations (2002).

An update on the arrangements will be presented to the next Quality Committee in December 2023 by the Medical Director.

Patient Safety Incident Response Framework

This autumn, the new Patient Safety Incident Response Framework (PSIRF) will be implemented across the NHS representing a significant shift in the way we respond to patient safety incidents, with a sharper focus on data and understanding how incidents happen, engaging with families, and taking effective steps to improve and deliver safer care for patients.

Trust's Response:

The Trust has undertaken considerable work to implement the PSIRF and will be ready to 'go live' in October 2023. In line with national guidance the trust has completed the following all of which aim to further enhance our approaches to continuously developing our patient safety culture, ensuring staff know when and what to report, are encouraged to report and are involved along with those affected in any subsequent learning.

- Agreed a Patient Safety Incident Response Plan (PSIRP) and safety priorities which has been developed following a review of three years patient safety data.
- Developed a Patient Safety Incident Policy which outlines how incidents will be reviewed or investigated and under what circumstances. This is currently going through the approval process and will replace the existing Incident Policy in October 2023 following Board and ICB approval.
- Developed a policy on engaging patients, their families and carers in incident review which is currently going through the approval process.
- Trained over 230 staff on how to investigate a patient safety incident using systems review methodology.

- Developed incident investigation tools, including templates for investigation, developed, and implemented processes for rapid reviews of incidents through a method called SWARM Huddles and implemented daily safety huddles to review all patient safety incidents.
- Appointed two Patient Safety Partners, who are volunteers, working with the Trust on implementing PSIRF and ensuring the patient voice is represented.
- Engaged with patient forums on the development of PSIRF.
- Identified two Patient Safety Specialists who receive additional training and can advise on complex patient safety issues.
- Developed a range of resources for staff on PSIRF and undertaken Trust wide communication activities, staff awareness sessions re the importance of reporting incidents to maximise learning.
- Rolling out patient safety level 1a (in line with the national syllabus) training as mandatory
- Continued regular data reporting and analysis of patient safety incidents through QPaS and deep dives into specific areas where further exploration is required.

Next steps:

Work is currently being undertaken to progress quality improvement programmes to underpin the agreed patient safety priorities. Progress will be reported through existing governance frameworks culminating in 6 monthly reports to the Quality Committee.

Work is underway to refresh our patient safety incident reports and oversight to align to PSIRF from October 1st. Going forward the reports will provide activity across the range of methodologies used to learn from patient safety incidents and will identify learning themes as they build to inform our annual review of patient safety priorities.

Work is underway with colleagues from the ICB to ensure we have the right approaches to investigation and to give assurances that we are learning and improving services whilst also maximising learning across the system. This is also important in our lead provider role and work has commenced with the providers in the collaborative to ensure we are assured regarding the implementation of PSIRF but also can ensure collective learning going forward form patient safety incidents.

Speaking Up

NHSE's letter outlined the importance of NHS leaders listening to the concerns of patients, families and staff, and following whistleblowing procedures, alongside good governance, particularly at trust level. NHSE wants everyone working in the health service to feel safe to speak up and confident that it will be followed by a prompt response.

Last year, NHSE rolled out a strengthened Freedom to Speak Up (FTSU) policy. All organisations providing NHS services are expected to adopt the updated national policy by January 2024 at the latest. In its letter of 18 August, NHSE outlined that leaders and Boards must ensure proper implementation and oversight of the new policy. Specifically, they must urgently ensure:

- All staff have easy access to information on how to speak up.
- Relevant departments, such as Human Resources, and Freedom to Speak Up Guardians are aware of the national Speaking Up Support Scheme and actively refer individuals to the scheme.
- Approaches or mechanisms are put in place to support those members of staff who may have cultural barriers to speaking up or who are in lower paid roles and may be less confident to do so, and also those who work unsociable hours and may not always be aware of or have access to the policy or processes supporting speaking up.

- Methods for communicating with staff to build healthy and supporting cultures where everyone feels safe to speak up should also be put in place.
- Boards seek assurance that staff can speak up with confidence and whistleblowers are treated well.
- Boards are regularly reporting, reviewing and acting upon available data.

NHSE will be asking ICBs to consider how all NHS providers have accessible and effective speaking up arrangements.

Trust's Response:

We continue to promote and communicate the importance of speaking up regularly through the Trust communication routes, as does the Chief Executive in her regular staff communications. The Trusts FTSU Guardian is independent of the Board ie not a member of the Trust Board.

The Freedom to Speak Up Guardian presents an annual report and a six monthly update to the Trust Board to provide information on speaking up data, types of concerns and outcomes. The Board receive a monthly report on the number and type of concerns. A quarterly meeting is held with the Chairman, Chief Executive, Guardian and Non-Executive Director lead for speaking up. The Board has held a number of development sessions to review actions against the national self-assessment documentation.

All staff are expected to complete the NGO Level 1 Speaking Up module on commencement with the Trust.

Additional capacity to support speaking up has recently been agreed to provide further visibility to raise the importance of speaking up and to enable recruitment of more speaking up ambassadors from across the Trusts services and geography.

We are now monitoring ethnicity, gender and age to ensure that we can target specific areas where numbers of concerns being raised are low.

The new FTSU policy developed by the National Guardians Office and our revised speaking up strategy will be in place to launch in speak up month – October 2024.

Concerns have been received by medical staff and acted upon quickly and concerns have been taken seriously. A recent concern was raised regarding a patient's care and time taken to undertake appropriate assessments. This has highlighted some areas of development particularly around multi-disciplinary team working which has been reviewed by the senior operational teams.

Fit and Proper Person Test (FPPT)

NHSE reminded provider trusts of their obligations under the Fit and Proper Person requirements not to appoint any individual as a Board director unless they fully satisfy all FPP requirements including that they have not been responsible for, been privy to, contributed to, or facilitated any serious misconduct or mismanagement (whether lawful or not).

Trust Response:

The Trust currently complies with existing guidance regarding the FPPT requirements - an annual Fit and Proper Person Test process is undertaken which involves: i) directors self-certifying that they continue to be Fit and Proper; and ii) the completion of standard checks.

As outlined in the letter from NHSE, a Fit and Proper Person Framework has been developed and is to be implemented from 21 March 2024. A separate paper regarding the future requirements will be forwarded to September Board.

3. Next Steps

Following criticism of how the former leaders of the Countess of Chester Hospital responded to concerns NHSE are currently reviewing whether they should be given formal powers to disbar managers for serious misconduct. We will keep the Board briefed as this work progresses.

A Public Inquiry with full statutory powers to compel witnesses to give evidence is to be undertaken chaired by the court of appeal judge Dame Kate Thirwall.

The crimes committed by Lucy Letby are truly harrowing, and our thoughts remain with the families of her victims. Work across all areas will continue as described in the report with regular updates to EMT and the Board via the Board sub committees. We will continuously review and refresh our approaches to maximising patient safety as new learning from this case becomes apparent and will maintain our focus on patient safety being our top priority ensuring we continue to develop a culture that promotes not only reporting but listening and acting appropriately on concerns/incidents when they are raised.

Humber Teaching NHS Foundation Trust

Agenda Item 9b

Title & Date of Meeting:	Trust Board Public Meeting Wednesday 27th September 2023
Title of Report:	‘Closed Cultures` progress report
Author/s:	Hilary Gledhill, Director of Nursing, Allied Health & Social Care Professionals Paula Phillips, Forensic Service General Manager Cathryn Daley- McCoy, CAMHS Services Clinical lead Kerry Brown, Community Services Clinical Lead Sam McKenzie, Clinical lead, mental Health Services Adrian Elsworth, General Manager AMH, Unplanned Care Karen Phillips, Deputy Director of Workforce & OD Michelle Nolan, MHA Manager
Recommendation:	

To approve		To discuss	X
To note		To ratify	
For assurance			

Purpose of Paper:	This report provides the Board with an update regarding further work being undertaken by Humber Teaching NHS Foundation Trust regarding the early identification of closed cultures following the Panorama expose of Edenfield, a NHS medium secure unit in the North West in 2022. The information builds on the progress update given to the Board in March 2023.

Key Issues within the report:

Positive Assurances to Provide:

- ‘Being Humber` has been embraced by staff with OD work being undertaken aligned to Humber values.
- Visibility of leaders has been strengthened.
- Increased visibility of the Safeguarding Team in Secure Services has been maintained.
- Over 40 safeguarding champions have been identified across clinical services to work with the safeguarding team and support services.
- Safety huddles are becoming embedded in practice

Key Actions Commissioned/Work Underway:

- Safewards roll out
- Reducing Restrictive Interventions work
- Organisational development work as described in each divisions update.

Key Risks/Areas of Focus:

- None

Decisions Made:

- None

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	EMT September 2023

Monitoring and assurance framework summary:

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

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

Closed Cultures progress report

1. Introduction and Background

In March- June 2022 an undercover BBC Panorama reporter worked at the Edenfield Centre in Prestwich, Manchester. During this time the reporter filmed staff using restraint inappropriately and Patients enduring long seclusions. When in these rooms patients were not always observed, which is a Crucial safety measure. It was also noted that records of patient observation were falsified. Staff were Also seen swearing at patients and mocking them whilst in vulnerable situations such as undressing, Joking about their self-harm and slapping or pinching them on occasion. Some female staff members Were also observed acting in a sexualised way towards male patients.

On 22 November 2022, NHS England wrote to Greater Manchester Mental Health NHS FT to inform the trust it would be commissioning an Independent Review into the failings within the Trust's services, reported at the Edenfield Centre, and the failure within the organisation to escalate concerns and mitigate against patient harm. This followed concerns raised by patients, their families, and staff, some of which were presented through the media. The intention is that the review's work will bring some clarity and reassurance to patients, their families, and staff, as well as the broader public, in respect of the ongoing safety of services that the Trust delivers.

NHS England has asked Professor Oliver Shanley OBE to lead the Independent Review, as the Independent Chair. Development of the Terms of Reference will consider:

- What happened
- How it was able to happen
- Why various aspects of Greater Manchester Mental Health Trust and the NHS didn't know it was happening
- Learning that can be shared more broadly across the NHS.

The Independent Review will commence in February 2023 and is expected to conclude no later than The 30 September 2023.

Following the airing of the programme there has been an increased focus on Closed Cultures across the NHS. The Board was briefed in October 2022 and March 2023 on governance processes in place to identify closed cultures and further work being undertaken to strengthen our position. This report builds on the report to the Board in March 2023 showcasing progress made across divisions and corporate services to strengthen our approaches. Since Edenfield there has continued to be a focus on closed cultures and escalating concerns following the initial findings following the Lucy Letby Trail. Again, we are revisiting our systems and processes regarding speaking up and how we undertake investigations in light of the early findings and will continue to strengthen our approaches.

2. Trust Progress to date

Progress against the further actions presented in the March 2023 Board report is described as follows.

2.1 Board Visibility

A rolling programme of executive, non-executive and governor visits is in place to ensure Board Visibility and staff engagement with the Board and Governors. Going forward some of these visits will be planned out of hours with executives undertaking more unannounced visits. Details of visits are routinely included in the CEO report to Board.

Details of leadership visibility is described in each of the divisional updates.

2.2 Safewards Refresh

A refreshed focus on implementing Safewards in our mental health units is well underway. The aim of Safewards is to minimise the number of situations in which conflict arises between healthcare workers and patients that may lead to the use of restriction and/or containment. The Safewards Model aims to

reduce the need for restrictive interventions such as restraint and seclusion through promoting key interventions.

All wards have completed a self-assessment in relation to the implementation of the 10 Safeward interventions. These have informed their reducing restrictive intervention pledges and local Quality Improvement plans to focus on embedding and evaluating those interventions they have already implemented and approaches for introducing new ones. The Assistant Director of Nursing and Quality and the Adult Mental Health Safewards lead have visited each area and reviewed these with the leads. This has allowed sharing of good practice and signposted the teams to resources to enable the interventions to have optimal impact.

The Use of Force reporting has been developed to include self-harm and AWOL and will be triangulated with a maturity rating for the implementation of the Safeward interventions at ward level- this will allow for trend analysis of the impact of the interventions against conflict and containment. This will be supplemented by service user and carer feedback.

A train the trainer programme is being rolled out at divisional levels and a Safewards day has been organised for October where each unit will showcase their successes and progress with implementing the interventions. This will provide networking opportunities and sharing of good ideas whilst also linking in with the national programme and raising the profile of Safewards across the organisation and with partners.

Progress reports will be provided to the Quality Committee going forward as this area of work is one of the agreed Board Quality Priorities for 2023-24.

2.3 Reducing Restrictive Interventions- Performance dashboard

A part of the ongoing commitment to Reducing Restrictive interventions (RRI) and the reporting of data under the Use of Force Act, work has been undertaken to develop a data dashboard that can be used within clinical practice and be able produce a business intelligence self-service report.

The data dashboard and performance reports allow data on Use of Force/ Restrictive interventions to be reported and reviewed at organisational, divisional, and individual unit levels to really understand what is happening on the units and supports an open culture around restrictive interventions and identify areas of improvement where necessary.

The new data dashboard reports are used with in the trusts RRI group and within the divisions governance structures to monitor and understand the levels of force and restriction used, and to develop plans to try and reduce incidents where appropriate.

The live data dashboard which has a heat map for each unit showing the times were use of force and restrictive practices have been used has been rolled out to Band 7 staff within each of the units so that live information can be reviewed as part of the unit's safety huddles.

It is planned that access to the dashboard will be broadened to other staff within the units when the licences to access power BI are available to try and ensure that using the dashboard becomes an everyday occurrence and part of routine practice. This is the first time that clinical staff have been directly using power BI performance data in a routine clinical way which will take a shift in culture and will take some time to embed into normal everyday practice. The RRI group will continue to monitor the use of the dashboard and work with clinical teams to make sure the data is meaningful and supports good clinical care.

2.4 Newly Registered Staff

All newly qualified nursing, AHP and social workers who gain employment within the trust are automatically enrolled into the Preceptorship Academy. This includes a programme of learning events and action learning sets. The opportunity to meet the speak up guardian has always been a popular session and the new staff have found it very informative. The trust values are interwoven throughout the programme and are discussed at each of the action learning sets, we have now also included an

additional interactive module on closed cultures which has evaluated very positively. The professional educational team in addition support the newly registered staff offering additional support/sign posting should they want to discuss any concerns.

2.5 Human Resources Update
A number of initiatives have been put into action in order to ensure the development of an open, transparent and inclusive culture.

- Values Based Recruitment has been approved as an approach to enhance our commitment to ensuring we recruit those with the attitudes and behaviours most aligned to our 'Being Humber' Framework. This approach provides a framework for operating that offers tools and resources to enable hiring managers to assess values as well as competency.
- A recent reframe of the Trust corporate induction has provided the opportunity for us to not only promote our expectations around behavioural standards but also expanded to address closed cultures, civility and respect.
- Work has been underway to develop and deliver a programme of development specifically aimed at Health Care Support Workers. This has been recently enhanced to include closed cultures, EDI, civility and respect as a core part of the introduction module.
- EDI and Human Rights is now fully embedded as a theme throughout all of the Trust Leadership and Talent Development programmes, specifically the leadership programme (Bands 3-7), senior leadership programme (8a+) and the Humber High Potential Development Scheme.
- In response to the National Staff Survey 2022 and insights from the WRES and WDES reports, the Trust is launching a Dignity and Respect campaign in Autumn 2023 that aims to promote a safe culture to report 'staff to staff' incidents of bullying, harassment and victimisation. This campaign will aim to drive up incident reporting and provide necessary support measures to demonstrate our commitment to an inclusive, compassionate and open culture.
- Employee Relations cases will be analysed on an annual basis as part of an approach to understanding whether there are any specific learning trends. This analysis will shape appropriate actions to further understand and provide solutions to issues that are detected.

2.6 Mental Health Act CQC Inspections
There have been 3 CQC MHA visits to our inpatient units between January and June 2023. The CQC found no evidence of a closed culture during any of these inspections.

There were 3 issues identified that appeared to place additional restrictions on all patients on two of the Units in relation to access to leave and activities.

Actions:

Full-time Occupational Therapist and a full-time activities coordinator in post.
Staffing continues to be reviewed daily. OPEL levels are agreed and necessary actions, including reallocations of staff, are taken to ensure the safety of the full inpatient service.

Staff are aware of the process for reporting any cancelled or postponed leave which is then discussed In the Acute Care Forum and Mental Health Legislation Steering Group.

All prescribed section 17 leave continues to be reviewed within patients individual MDT's. Staff are aware of the need to be creative in considering using the full MDT (other disciplines) to enable patients to take their prescribed leave.

Weekly planners are in place for activity.

One ‘blanket restriction’ was identified whereby the CQC raised that the seclusion room did not have an ensuite toilet within the room. A full review of all seclusion rooms across the Adult Mental Health wards had already commenced prior to this visit. A capital application and business case has been completed in order to provide en-suite amenities, to all the seclusion suites in the adult mental health inpatient wards which meet the requirements of Code of Practice 26.109. Work to all the seclusion rooms in the adult mental health units is to be completed over 2023/25 and is planned to commence this year on PICU and Newbridges followed by the remaining units.

2.7 Peer Review Programme

The Trust’s peer review programme recommenced on the 1st of April 2023 and will run until 30th September 2023. Led by the Nursing Directorate with support from divisional staff, divisional leads determine which of their services require a peer review, which is based on intelligence such as the latest CQC inspection outcomes, the number of and types of incidents reported, informal and formal complaints received, patient safety incident investigations, sickness rates and safer staffing numbers. It is however expected that all services will participate in the programme over time.

There is a standard peer review framework in place, which was refreshed this year to ensure it was inclusive of the new CQC quality statements and closed culture indicators.

There are 37 peer reviews scheduled for this cycle and, since the 1st of April 2023, there have been 14 peer reviews that have taken place. There is a good representation of services from across all four divisions, who have peer reviews scheduled. There are monthly meetings in place to monitor the peer review schedule, review the feedback received, consider the actions from reviews and to share good practice.

Themes from the reviews are collated and reported to the Audit and Effectiveness Group with either an action plan or quality improvement project developed to address any concerns. The reviews also enable positive feedback to be gathered and shared, to inform learning and improvement work.

This year a certificate of thanks is being sent out to those areas who have participated in the review. Feedback is also being gathered on staff experience of a review and how it can be developed further.

Next Steps

NHS England have asked the Trust to submit a case study, as part of work to develop an accreditation process for our peer reviews.

Feedback from the reviews will be shared with the Audit and Effectiveness Group/QPAS/EMT and the Quality Committee in September and December 2023, with updates against any areas requiring further action. The Trust will also hold a spotlight event in December 2023 to share learning and good practice from the reviews.

2.8 Divisional Updates

Details of progress made in each division is detailed below. It is worthy of note that since the March Board report 40 safeguarding champions have been identified across Trust clinical services. These staff will work closely with the safeguarding team and be a source of safeguarding support for staff working in clinical services as well as ensuring safeguarding requirements are followed.

2.8.1 Secure Services

The division has undertaken considerable work at ward and team level, they have reviewed their processes to strengthen assurance in some areas as follows:

The “being Humber” approach is being implemented across all service areas as a threshold for behaviour and attitude expectations. The division has completed a review of how teams and individuals work, the focus of the work being to ensure a closed culture does not develop. Most areas have completed this process and presented their work to the leadership team at a culture event on the 4th Sept 2023. Wards have reported that there are improvements in reporting and raising concerns, they said they feel heard and supported: ***“We really are getting there”. ”We are making [the ward] ‘the place to be’”. “We are a ‘strong team’ and feel heard”. “Our team is enthusiastic … we ‘connect’ with others”.***

There were common themes in regard to what they felt they needed to do next. The leadership team is mapping the work against ‘being Humber to finalise an overarching divisional plan for discussion with the Chief Operating Officer and the Director of Nursing, AHP and Social care Professionals.

Senior leadership visibility and availability was reviewed earlier in the year. Since that time there has been greater presence on the wards and an out of hours visit was made by the general manager to attend a dining event in June. The service manager and clinical leads posts have become vacant but the plan for those roles to have some out of hours attendance will be put in place on appointment.

Wards report that ***“we like management presence which has helped us place ourselves in the context of the division”*** (Pine View). They tell us that they ***“want senior managers to continue being visible”*** (Swale). Leadership visibility and accessibility includes listening events provided by the Clinical Lead, General Manager and Medical Lead. There have been 9 of these events since they were introduced in 2022. 5 of these in 2023. Some have included direct questions regarding culture; all staff report awareness of escalation routes and also a preparedness to report and raise concerns. The Leadership team has also introduced a series of ‘Ask the leadership team’.

The Psychology Team have implemented the Essen Climate Evaluation Schema – Essen CES which utilises a short questionnaire to assess the essential traits of the social and therapeutic atmosphere of forensic wards. The recent results have been compared to normative data from other Forensic psychiatric hospitals in the UK and placed into one of the following categories: Clearly below average. Somewhat below average. Average. Somewhat above average. Clearly above average. The results show that the division rates clearly above average in 6 areas and average in 1 area.

	Humber Centre & Pine View
Patient Cohesion (Patients)	17.2
Patient Cohesion (Staff)	14.4
Experienced Safety (Patients)	11.9
Experienced Safety (Staff)	13.9
Therapeutic Hold (Patients)	17.7
Therapeutic Hold (Staff)	18

The division continues to be supported by commissioner led quality reviews. A rolling planned yearly cycle of review is in place and regular quality ‘catch ups’ are planned monthly with senior managers. Feedback has been largely positive. Recommendations largely relate to the environment, user experience/involvement, and staffing. The new reception and gym have been completed. Works to improve bathroom facilities have been completed. A larger project to allow for en-suite bedrooms and to meet bed-modelling needs is also in process.

Commissioners report that user experience has improved in areas of activity, for example ***“There are***

more groups … there is an education worker who is currently working with the majority of service users... Service users are accessing the gym". Staffing remains a pressure but again there are some improvements with the ward now having an Occupational Therapy assistant who works over a 7 day period".

Commissioners have met with service users, they note that ***"no service users have raised significant concerns regarding their care and treatment. Service users reflected the activities available and on offer and the improvement to these activities… there were no themes of concern raised in terms of service user experience. Service users who met with us informally and on a one to one reported to feel safe on the ward".***

Governance reporting structures have been firmly embedded into practice. These structures provide oversight and review of patient safety incidents and action plans through the utilisation of an incident tracker. The meetings also provide oversight of the divisional Quality Improvement Plan which has been reviewed and updated to highlight the quality improvements for the coming year. Progress against the QIP is overseen by the Quality and Patient Safety Group with reports to the Quality Committee.

2.8.2 Mental Health Services

Implementation of the Safe Wards initiative is ongoing. Audits have been completed across the inpatient units, further to which, bespoke quarterly action plans are in development. A six-monthly report is now produced for QPaS, and is also presented at the Mental Health Act Legislation Steering group, ensuring oversight and wider support into the project. Additionally, the Safe Wards team are working with the Reducing Restrictive Interventions Group and are aiming to gain more service user involvement to improve inpatient interventions. Consideration is also being given to developing Positive Behavioural Support (PBS) plans on the units which are an approach that is used to support behaviour change.

Senior leadership visibility to include out of hours has been reviewed and strengthened.

The Division have developed several initiatives to support visibility, engagement and communication as follows:

- (Virtual) lunch with the senior leadership team continues to develop. This is an open forum for anyone to meet with the divisional leadership team; ask any questions or share any thoughts or concerns.
- Established practice development days. This is an opportunity to not only celebrate and share good practice across the division but also to engage and demonstrate clinical leadership across the services.
- Service managers have dedicated time within the teams and all senior clinical leads (8As) are present within the service.
- Visibility of the senior leadership team is demonstrated through attendance at complex patient MDTs and patient focused professional meetings. This is to support complex decision making and to ensure senior oversight of clinical care.
- General managers spend dedicated time across sites to support visibility and oversight.
- The division has Band 7 clinical leadership across inpatients and the crisis service 7 days a week. The duty manager is available out of hours 7 days a week.

The division is trialling a Senior Clinical lead and Service Manager supporting nights, handover periods and weekend shifts which will be evaluated over the coming months .

Work is ongoing to review episodes of seclusion and restrictive practices to ensure that all information and data is scrutinised to ensure lessons are learnt regarding restrictive interventions and we understand why they have happened and whether it could have been prevented. The Acute Care Forum (inpatient clinical network) and the clinical leads on all inpatient units are involved in reviewing incidences and data and report to the trust wide work on Reducing Restrictive Interventions. Data has been broken down to show specific hot spots for use of seclusion and is being reported to the safety huddles on the units. This work is now being reported upon in the new data dashboard for restrictive practice and use of force.

Peer reviews are established across all inpatient and community teams. A schedule of reviews has been established across the year to ensure a programme of reviews are undertaken. The division is working closely with Hull Local Authority to ensure that the new LA CQC inspection is included in our community mental health teams peer review process to ensure all aspects of the responsibility is peer reviewed.

The division is working with the RRI group to ensure service users with lived experience are involved with all aspects of RRI. Experts by experience are now members of the RRI Group and a cross divisional task and finish group has been established to scope how people with lived experience can be involved and used effectively in this important area of work. This group is being led by the divisional co production lead.

Specific work has been highlighted from a culture perspective in the adult crisis team and organisational development work has commenced to help address some of the themes that have emerged. A restructure of the leadership team has also recently occurred to aid change in this service area. We are also proud to share that the service will be commencing a transformation piece of work with Health Education England in the new year to help address external views by re-shaping clinical pathways.

2.8.3 Children and Learning Disability Services

The divisional clinical lead for children's services is based in CAMHS Inspire which is on the same site as many other children's services including CAMHS Crisis team and Hull Core CAMHS team. This provides regular opportunities to have routine contact with the teams in addition to joining team meetings both on a planned and an ad hoc basis. They are currently facilitating weekly reflective practice sessions at CAMHS Inspire and providing clinical supervision to teams leads for the unit in addition to those in Acute CAMHS. Additional support sessions have recently been provided with one of our Early Intervention teams in response to concerns raised by the staff team.

The availability, engagement, and flow of communication between staff working at every level of the division and the senior leadership team has continued to be strengthened. Some examples of specific initiatives that have supported the visibility and approachableness of the senior team include:

- Virtual lunch with the senior leadership team; an open forum for anyone to meet with the divisional leadership team, to ask questions or share any thoughts or concerns.
- Service Managers, Divisional Managers, Clinical Leads and Senior Clinicians are physically based with the teams, or regularly visit. So that each team or service has easy access to the senior leadership team in an informal way.
- Visibility of the senior leadership team is demonstrated through attendance at complex patient discussions, MDTs and patient-focused professional meetings. This is to support complex decision making and to ensure senior oversight of clinical care.
- Within the Learning Disability Service regular Connections Meetings have been started, chaired by the Clinical Lead, to create a regular space for all the teams in the service to come together for information-sharing and learning.
- Within Children's Services there have been meetings set up with several CAMHS teams in response to concerns and/or queries raised by clinical and administrative staff that have demonstrated access to senior leadership that is responsive and engaged

The Learning Disability Service is currently advertising for a new role of Engagement Lead. This post holder will have a particular focus on ensuring that patient and carers, and experts by experience are actively involved in the evaluation and governance of services and are fully involved in new service developments. The intention will be for this postholder to work closely with the Children and Young People Engagement Lead to further strengthen the engagement agenda within the Division which now includes a monthly engagement meeting. This is a newly established forum to enable services to come together with the Engagement Leads to think about initiatives for their areas. The Trust Quality Improvement Lead has also been invited to attend this forum to further enhance divisional engagement in this area.

At Townend Court listening exercises took place in the Spring of 2023, facilitated by the General Manager. Providing a space for staff to talk directly and openly about any concerns that they might have. Following these listening exercises an action plan was developed, and a series of follow-up meetings are

planned for October 2023. Townend Court also participated again in this year's peer review cycle and the reviewing team included the Children's Service Clinical Lead. Patient and carer feedback gathered through this was consistently positive and an action plan is being developed that captures staff feedback about areas for improvement. Four CAMHS teams are also scheduled to participate in this year's peer review cycle and reviewing teams have been pulled together from across the Division to strengthen the 'fresh eyes' opportunity of reviewing services that are different to where the reviewers usually work.

At Townend Court, Health Care Assistant Forums were set up in the Spring and have continued on a fortnightly basis. At CAMHS Inspire monthly team meetings were reinstated in the Spring of 2023 and Divisional Leads routinely join this to provide updates and answer any queries the team may have. There is also a facility for staff to input into this meeting in an anonymous way through a comments box that is a standing item on the monthly meeting agenda. Separate meetings for Healthcare Assistants and Nurses also take place on a monthly basis as well as professional meetings for the MDT members.

A monthly meeting between the Local Union Representatives and the Service Manager and General Manager have been occurring in the Learning Disability Service to allow for another route for staff to communicate indirectly with management about any issues of concern should they find this route easier. Targeted meetings have also taken place in CAMHS in response to queries and concerns raised directly by staff members or through their service leadership with the aim of providing a supportive and responsive forum to discuss areas of concern. This has included meetings with teams from across CAMHS which encompasses Early Intervention, Core CAMHS and Acute CAMHS.

At Townend Court an interim Modern Matron has recently commenced in post. She is reviewing the meeting structures within the inpatient service to ensure that all staff (including Nurses, MDT members, Health Care Assistants, and Hotel Staff) have regular team meetings, that are supportive and facilitate clear and honest communication, with a focus on values-based practice, communication, and learning,

The new consultant psychologist commences in post in October 2023 and a clinical effectiveness lead has been appointed in September 2023 to oversee appropriate aspects of the matron role until they come back into post in September 2024. Efforts have been made to cover these posts while waiting for these current posts to come into effect but unfortunately without success. Addressing the resultant gaps in clinical leadership over recent months has provided an opportunity for the divisional clinical lead to work more closely with the staff team to cover key elements of this role. This has included the facilitation of weekly reflective practice sessions and completion of clinical formulations as well as active participation in the Senior Leadership Team/oversight of the Quality Improvement Plan for the unit.

Across the Division every team has clear supervision structures and clear lines of accountability.

Within the Learning Disability Service the inpatient Unit Manager and Deputy Manager are taking part in the Safewards training, and the unit has embraced the Safewards methodology; by creating their pledges, producing an action plan, and visiting other units within the trust to share learning and ideas. The service also has an active Reducing Restrictive Interventions group that covers both the unit and the Intensive Support Team; who meet regularly and have found new and interesting ways of continuing to implement the RRI principles into practice. The Unit Manager is producing weekly information boards for the wards to review and reflect on the types of incidents that have occurred.

To enhance patient engagement and mechanisms for eliciting patient feedback at Inspire, the deputy ward managers have instituted a cycle of weekly patient-led groups. There are four in total that rotate in the month and each has a different focus: Reducing Restrictive Interventions, Patient Experience, Safewards and Physical Health. The unit has been supported by both the Division's engagement lead and those from the Provider Collaborative to set these up and they are now well embedded. These are in addition to the two daily meetings that patients are encouraged to attend where any queries or concerns can be raised with the staff team.

A patient safety and clinical assurance sub-group has now been established in the Division that sits under the divisional governance meeting and feeds into the clinical networks. Representatives of the group attend Trustwide patient safety groups and bring learning and updates back to the division through this forum for sharing and actioning. Our staff have also engaged ln governance sessions facilitated by the Director of Nursing which have focused on patient safety and reporting risks through the systems in place. The Division have also facilitated two sessions for staff on governance to strengthen how it is

understood and embedded at all levels of our system.

Within our Division we also have Granville Court, a nursing home for adults with profound and multiple disabilities. A DoLS is in place for every resident at Granville which contributes a layer of oversight and scrutiny of the care provided at the home to ensure that least restrictive practices are in place. There is a daily safety huddle every morning when any incidents are reviewed and a safety huddle which forms part of every handover. There are weekly staff meetings that are open to all staff including agency and bank staff to enable any concerns being raised. An anonymous suggestion box is also in place in the event of someone not feeling able to raise any queries in the meeting. Carer engagement is prioritised with an open-door policy in place and no restriction on visiting. An advocate is in place for every resident who does not have a next of kin or a relative that can visit often. Routine calls with the team are booked in to facilitate proactive contact with families.

2.7.4 Community and Primary Care Services

There is high visibility of clinical and operational leads across services. All service managers, matrons, team leaders and clinical leads are based in localities with staff. There are regular visits to localities by the Divisional Clinical Lead and General Manager. These are visits with purpose where staff are encouraged to come and meet the team and discuss their services, to discuss new developments and ideas and to raise any concerns or issues. Staff are actively encouraged to be part of new service developments and transformation projects.

Locality meetings and operational meetings are rotated across the patch and are being held in localities face to face to ensure continued visibility.

A number of organisational development activities have been undertaken as follows:

- Bespoke training ‘Dealing with difficult conversations` workshop on-site completed.
- Lumina portraits delivered to leaders (Band 6 and above).
- Senior leadership team (Band 6+) attended a 2-hour face to face session to reflect/ create a management action plan for ways forward facilitated by OD.
- Coaching and mentoring on offer to all members of the team not just management roles.
- Inclusive language document shared to support tackling inappropriate tone/ language.
- Being Humber resources provided to the teams.
- Coaching sessions provided to some senior clinical managers.
- Essential leadership training encouraged to all management team Band 6+
- Listening events held for all staff.
- Supervisions/ one to one conversation with Band 6 colleagues giving feedback on managing behaviours.
- Checklist implemented for day shift to provide guidance to new/ international staff.
- In Scarborough informal feedback opportunities have been implemented alongside regular meetings ie a ‘Staff White Board’ has been introduced at Prospect Road (Scarborough main hub base) with themed questions to enable real time, feedback and sharing of ideas which can be posted anonymously. This feedback is collated, and action plans created to implement required changes.
- Locality leadership time out including operational and clinical leaders which resulted in a shared Scarborough Leadership Clinical and Operational Goals and Priorities for the year ahead aligned to HTFT strategy.

Further Actions to be implemented:

- Planned workshop on knowledge and skill of dealing with performance/ behavioural issues.
- Service Manager to have a monthly 'open door' session for colleagues to raise ideas/ concerns.
- All managers to start celebrating successes more as a team. Collaborate on ideas of how this would work as a team ie shoutouts etc/ colleague of the week/ Thank you token
- To explore a positive newsletter that could be shared bi-monthly/ monthly to increase engagement in the team sharing good news stories.
- Team management to encourage a new 'solution based' approach. Firm communication to the teams about behaviour, strong messaging about behaviour framework. Reducing and managing the gossiping/ 'telling tales’ culture and emphasis on appropriate escalation.

- Team to start using more collaborative language - WE as a team and addressing errors by individuals not as a collective and avoiding using THEM and US. Create a sense of unity and belonging to reduce the isolation and divided culture across the team.

3. Summary

The report presents a picture of a continuing focus on senior leaders creating the right culture aligned to trust values and the 'Being Humber' behavioural standards and ensuring the right governance and staff support and development systems are in place and embedded in practice across all of our services.

Oversight of the work will continue to be overseen by QPAS to ensure all divisions continually share their ideas and learn from each other to ensure the organisation as a whole is assured that we have the right governance and staff support systems in place to recognise excellence in care and identify teams that may be struggling, with swift appropriate action being taken to prevent a closed culture developing.

We will take note of the findings from the inquiries into Edenfield and The Countess of Chester Hospital when they become available to further review our systems/approaches and culture to ensure the Trust continues to learn and thereby maximise the quality of care for those who use our services.

NHS
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Agenda Item 10

Title & Date of Meeting:	Trust Board Public Meeting 27 September 2023
Title of Report:	Patient and Carer Experience Five Year Forward Plan (2023 to 2028)
Author/s:	Mandy Dawley (Assistant Director of Patient and Carer Experience and Co-production)
Recommendation:	

To approve		To discuss	
To note		To ratify	√
For assurance			

Purpose of Paper:	To ask the Trust Board to ratify the Patient and Carer Experience Five Year Forward Plan (2023 to 2028). This five year plan identifies three outcomes aligned to the Trust Strategy's six organisational goals and highlights what we will achieve over the next five years across patient and carer experience, involvement, engagement, equality, diversity and inclusion.

Key Issues within the report:

Positive Assurances to Provide:

There are two versions of this five year forward plan:

- **Internal plan** which includes appendices sharing the milestones (over 3 time trajectories) that will be achieved across Trust services to deliver the plan.
- **External plan** which includes the same information as the internal plan but excludes the appendices.

Resources to support this plan will include:

- An easy read version
- A film
- Patient information leaflet
- Posters
- Four pull up banners looking back at the milestones achieved during the last five years to deliver the Patient and Carer Experience Strategy (2018 to 2023)

Key Actions Commissioned/Work Underway:

- Action plans are in the process of being developed to work towards achieving delivery of the milestones in years 1 and 2.

Since April 2022, the Trust has engaged and involved our communities in the development of our Patient and Carer Experience Five Year Forward plan (2023 to 2028). We created a working group including patients, service users, carers, staff and partnership organisations to provide us with their thoughts and views on the approach to co-producing the development of the plan and its content. This group oversaw the planning, preparation and production of the plan.

Healthwatch East Riding of Yorkshire worked in partnership with the Trust to draft a Patient and Carer Experience: Five Year Plan (2023 to 2028) survey following discussions with the working group. The survey was sent to communities, staff and partner organisations so that everyone could have their say on the Trust priorities for engagement and involvement over the next five years.

We also gathered thoughts and views from wider communities by attending local events and groups e.g. Hull Pride, Hull and East Riding Lesbian, Gay, Bisexual, Transgender (LGBT+) forum, the Trust's 2022 Annual Members Meeting and the Trust's Patient and Carer Experience (PACE) forums, by sharing the survey link on the Trust's social media platforms including communications to targeted groups and by facilitating virtual workshops with the Trust's PACE forum members including Whitby & District PACE, Scarborough & Ryedale PACE, Hull & East Riding PACE, Staff Champion of Patient Experience and Veteran's forums.

A competition took place to reach out to our communities, staff and partner organisations to design the front cover of this Forward Plan and a 'Plan on a Page' highlighting the key outcomes to be delivered as part of the vision for the Trust's involvement and engagement work over the next five years.

The Patient and Carer Experience/Quality Improvement Strategies Working Group continues to meet on a quarterly basis to provide assurance around delivery of the action plans associated with both strategies.

Key Risks/Areas of Focus:

- No matters to escalate

Decisions Made:

N/A.

		Date		Date
	Audit Committee		Remuneration &	

Governance:			Nominations Committee	
	Quality Committee	31.8.23	Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	14.8.23
	Mental Health Legislation Committee		Operational Delivery Group	22.8.23
	Charitable Funds Committee		Collaborative Committee	
			Other (QPAS)	27.7.23

Monitoring and assurance framework summary:

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

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

NHS
Humber Teaching
NHS Foundation Trust

Patient and Carer Experience

Five Year Forward Plan (2023 to 2028)

Caring, Learning
& Growing Together

PRODUCED IN COLLABORATION WITH LIVED EXPERIENCE

Contents

1.0

Foreword

Message from our Trust Chair and Chief Executive

Our communities (patients, service users, young people, carers, family and friends) are at the centre of everything we do. There is no better and more important way of improving services than by listening to what individuals think, feel and experience throughout their care journey and beyond. This Forward Plan will set out how we will listen, support and work together with our patients, service users and carers.

This is a key Forward Plan that supports the six goals of our organisation. We are delighted to see that this Forward Plan is aligned to these goals including three clear but stretching priorities to ensure we continue to improve the quality of our services. Over the past five years your involvement and engagement in Trust activities has helped us to significantly improve the care we provide to our communities. The Trust is already recognised as a national leader in co-production. Moving forward, we will continue to grow alongside our changing communities and this five year plan will support us to continue on this journey.

We are delighted to introduce our new Patient and Carer Experience Five Year Forward Plan and are committed to meeting the needs of our communities. This Forward Plan has been co-produced with our Board, communities, staff and partner organisations.

We would like to thank everyone who has contributed to developing this Forward Plan.

Michele Moran
Chief Executive

Rt Hon Caroline Flint
Trust Chair

2.0

Opening Remarks

Message from our Trust's Service User/Carer Governors

As a Trust the importance of family and carers is of huge importance in giving the care that they and others need. It gives us knowledge and an insight into a patient that only those closest to the patient understand. Lived experience becomes a key exponent in the understanding of where things work or maybe even do not work. It is an important tool in the way we learn and move forward to ensure patients, families and carers get the best possible care and help.

I am looking forward to working with the Trust over the next few years to support delivery of this valuable Patient and Carer Experience Five Year Forward Plan, to ensure that families and carers have a voice, are listened to and their feedback is acted upon so together we really can make a difference to the care our loved ones receive.

Anthony Houfe
Service User/Carer Governor

As a Service User/Carer Governor and a patient, I am passionate about improving services within the Humber Teaching NHS Foundation Trust. I have been working with patient/carer charities for about 15 years and will use all that experience plus a listening ear to work with this Forward Plan and its goals.

We are on a journey which changes and improves each year, but the main focus is always the care of patients, service users, carers, staff, and the community.

Life over the last few years has had to change and adapt at a phenomenal rate to cope with covid and other serious pressures. I have seen how hard everybody has worked within the Trust to accommodate the necessary changes. I also pledge to work towards the goals in our new Forward Plan. Therefore, I endorse wholeheartedly the new Patient and Carer Experience Five Year Forward Plan (2023 to 2028).

Marilyn Foster
Service User/Carer Governor

3.0

Introduction

Working in partnership with patients, service users, families, carers and staff (co-production) is the best way to ensure our services meet the needs of our communities. We are proud to deliver services which support people across their life course, working in communities across the Humber and North Yorkshire. Our communities are at the heart of everything we do, as we deliver safe, patient centred care across mental health, forensic services, community services, primary care and services for children, young people and people with learning disabilities and autism.

In this document we use the word communities to include everyone who either receives our services or cares for individuals who receive our services including; babies, carers, children, clients, customers, families, parents, patients, service users, young people and the general public. It also includes partner organisations in the public, private, community and voluntary sector. We can't achieve our aims in isolation, so our Forward Plan also emphasises the vital importance of developing partnerships and collaboration across the Humber and North Yorkshire Health and Care Partnership area and beyond.

This plan identifies the outcomes we will achieve over the next five years across patient and carer experience, involvement, engagement, equality, diversity and inclusion.

This visual shows our three Patient and Carer Experience outcomes mapped against the Trust's strategic priorities and values.

Outcome 1 – Our Care

Our care is informed by lived experience, involvement and engagement to ensure our diverse communities feel heard, valued and understood.

Outcome 2 – Our Partnerships

Our strong partnerships enable us to empower communities, address health inequalities and deliver integrated care that meets local needs.

Outcome 3 – Our Workforce and Organisation

Our staff are supported to involve our communities in all aspects of our work.

Our aim is to embed cultural change by empowering our communities to become equal partners in developing services that are fit for the future. As well as aligning with our Trust Strategy, this Forward Plan and our commitment to co-production also complement our Social Values report, which showcases the positive impact that we have on the economy, community life, the health of our local population and the environment.

We would like to thank you for your continued involvement and for helping us make a difference.

4.0

Looking back on the past five years …

Here is the journey of our key achievements

2017-18

Patient and Carer Experience Strategy (2018-2023)

We developed a vision to deliver our priorities for 2018-2023. The strategy was launched at the 2018 Annual Members Meeting.

Friends and Family Test (FFT) Dashboard

A 'live' data dashboard was created enabling staff to view results of Friends and Family Test (FFT) surveys received from patients and carers in real time.

Always Events

Two examples include:

PSYPHER – Clients involved in creation of discharge paperwork and are actively involved in the discharge process.

Townend Court Learning Disabilities Inpatient Unit:

Partnership Working

We built stronger relationships with our local community and third sector organisations.

The Trust introduced the Humber Co-production Network in November 2018.

Patient Stories

The Board receives a monthly patient story to build a picture of what it is like to be in receipt of our services.

2018-19

Trust Forums

Four forums created to give our communities a voice and the chance to be involved in Trust business.

4

Staff Champions of Patient Experience

82% of our teams have a Staff Champion of Patient Experience. Champions are recognised through purple lanyard inserts.

Over the past year we have seen considerable growth in membership at our forums. The Staff Champions of Patient Experience forum now has 122 champions; all teams now have an identified champion.

2018-19

Accessibility

Browsealoud software installed onto the Trust website. Browsealoud makes information accessible to patients, service users and carers.

Interpreter on Wheels initiative rolled out in mental health services providing one-touch access to professional interpreters on a PC, tablet or smartphone thus providing spoken and visual communication.

Hull Pride July 2018

The Trust supported its first Hull Pride event in July 2018. Over fifty individuals marched in the parade with the Humber banner and supported our Trust stand.

2019-20

National Films

The Trust was very proud to be recognised by NHS Improvement to participate in a series of films to showcase our work in engaging patients and carers.

Involvement in Trust Activities

Opportunities available to members of the public to be involved in Trust Activities.

Identifying Carers and Offering Support

A big push to ensure staff were identifying carers and offering them support by referring to carers support organisations.

A tool was made available to support clinicians when identifying if a care giver is in stress called the 'Relatives Stress Scale'.

Involving Patients, Service Users and Carers in Recruitment Framework

Co-production of framework to involve patients, service users and carers in recruitment.

Veterans Offer

Veterans Forum created to provide a meeting place for veterans and serving members of the forces, their friends and family members and Trust staff.

The Trust was awarded Veterans Aware Hospital Status.

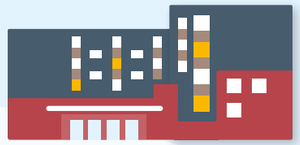
2020-21

Covid-19 and changes to the way we work

Virtual working commenced including hosting all forums via MS Teams and virtual pastoral and spiritual services commenced led by Trust Chaplain.

Community engagement to support the Whitby Hospital building enhancements

The local community have been actively involved in having their say to support the enhancements of the hospital, including; the garden and landscaping, naming the wards, artworks and fundraising.



Pathway to Support; Supporting families, carers and loved ones following a Patient Safety Incident Booklet

Co-production of 'Pathway to Support; Supporting families, carers and loved ones following a Patient Safety Incident' booklet.

Befriending and Signposting for Black, Asian and Minority Ethnic (BAME) Communities

Funding granted for Befriending and Signposting for Black, Asian and Minority Ethnic (BAME) Communities Role.

Equality Diversity & Inclusion (EDI) and Inequalities Operational Group

The Equality Diversity & Inclusion (EDI) and Inequalities Operational Group commenced November 2020.

17

Peer Support Workers

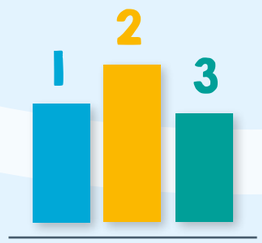
17 Peer Support Workers recruited to work across Mental Health Services inpatient units and community teams across the East Riding. A further 6 Peer Support Workers recruited to support Hull Mental Health Services.

Complaints and Feedback

A rebrand of the Complaints and Patient Advice and Liaison Service (PALS) team to Complaints and Feedback team. During Covid-19 we changed the way we triage complaints, this process now remains to simplify making a complaint, for complainants.

Patient and Carer Experience (PACE) Development Plans

Teams were asked to identify a minimum of three Patient and Carer Experience (PACE) actions to implement within their area to embed the PACE agenda.



2021-22

Humber Youth Action Group (HYAG)

The Humber Youth Action Group (HYAG), was co-produced and developed to bring together young people between the ages of eleven and twenty-five to get involved in Trust activities.

Friends and Family Test (FFT) results – mandatory year on year

21,946 completed surveys received during the year, 88% of patients had a positive experience of our services.

21,946

Co-production logo stamp

Co-production Stamp was co-produced and developed to add value and recognition to the hard work and support that goes into co-produced work.

Panel Volunteer

A standardised approach developed whereby members of staff include Panel Volunteers on interview panels.

Making Every Member Count Initiative

Launched to standardise an approach to ensure that members of the public are informed of all the involvement opportunities available in the Trust from their initial contact with our services.

Armed Forces Community Navigator (AFCN)

Veterans Forum members developed the Armed Forces Community Navigator role.

Patient Experience to Inform Quality Improvement

Patient Experience to Inform Quality Improvement – "Quality Improvement will support our patient and carer centred vision for a holistic person-centred approach"

Patient and Carer Experience (PACE) Training Programme

PACE Training Programme including 8 modules launched in collaboration with the Trust's Recovery and Wellbeing College.

5.0

Making a difference

Patients, services users and carers

Our communities tell us that participating in Trust activities and sharing their experiences is rewarding and meaningful to them. Here are some quotes from people we have worked with.

"Getting my message across about my life story is really important when nobody knows about disabled people, they don't know what we have to put up with. So by being able to get involved and talk about my experience lets people know why it's so important. I like getting involved because the staff need to know what to do when working with other learners and continue to let us work together".

Graham – person with lived experience, Learning Disabilities and Autism Service

"Joining the HYAG has been a great opportunity to learn about the Trust and the care for young people. It has given me chance to develop my skills and help others. It is exciting to see ideas/suggestions we bring up come to life."

Humber Youth Action Group (HYAG) Member

"It was amazing to be heard and tell our side of the story."

Person with lived experience, Mental Health Services Division

"I've really been enjoying being a part of Humber Youth Action Group because it's such a positive group of people. I have learnt so many things which I can apply to myself or my friends."

Humber Youth Action Group (HYAG) Member

"Involvement in Trust activities has allowed me to use my expertise in autism, helping to develop co-production in Humber. This has felt challenging and worthwhile and allows me to work as an equal with Trust staff. As a mental health survivor, now fully recovered, I have benefited so much from being part of the Trust 'family', A great life changing experience and a wonderful part of any recovery journey."

Andy – patient with lived experience, Learning Disabilities and Autism Service

"Personally rewarding and a chance to give back."

Person with lived experience, Mental Health Services Division

Staff

"My involvement with PACE has been both personally and professionally rewarding.

Working for a Trust that values the voices of it's whole community has meant that I have been able to learn more about how I impact on PACE and also how I can impact upon making things better.

Co-production has been the single biggest learning for me, and is invaluable for us to move forwards.

Listening to how the work that has been carried out has had a direct, positive impact upon peoples' lives is one of things that makes me proud to be Humber."

Marie Dawson, Senior Project Manager, Staff Champion of Patient Experience

"Involvement with the Patient and Carer Experience agenda has meant being able to work collaboratively with our clients and their families to better understand how they want to see the service develop.

PSYPHER were one of the early cohorts to become involved with the Always Event programme support by NHS England & NHS Improvements; along with our colleagues and patients within the Learning Disabilities service we were invited to be involved in a promotional video which has been used by NHS England & NHS Improvements in the training for future Always Event cohorts.

It gave our clients the chance to express what the experience had meant to them and how changes were made as a direct result of their feedback."

Lesley Kitchen, Team Manager, PSYPHER

6.0

How we will know that we have achieved our outcomes

Outcome 1 – Our Care

Our care is informed by lived experience, involvement and engagement to ensure our diverse communities feel heard, valued and understood.

The Trust values the lives, opinions and experiences of everyone and is dedicated to developing services that are right for our communities to effectively meet everyone's needs, whilst addressing health inequalities they may experience. It is so important to make sure that individuals and those who support them are not only included in the care journey to make informed decisions, but are also provided with opportunities to influence, shape and improve healthcare services.

Outcome 2 – Our Partnerships

Our strong partnerships enable us to empower communities, address health inequalities and deliver integrated care that meets local needs.

Working together with our partner organisations to further strengthen existing relationships to understand and respond to the changing needs of our communities is a key priority for our Trust. We strive to continually improve our care by building strong alliances with our communities and partner organisations. We break down barriers to address health-inequalities and ensure the best possible outcomes for our patient population.

Outcome 3 – Our Workforce and Organisation

Our staff are supported to involve our communities in all aspects of our work.

A happy workforce who are proud to work for the Trust is key to positive patient and carer experience and engagement. We equip our staff with the knowledge, skills and experience to genuinely co-produce services with our communities. Patient and carer experience and engagement informs our investments in services, estates and technologies to make sure no one is excluded.

7.0

What we will achieve

Trust wide

Goals	Innovating for quality and patient safety	Enhancing prevention wellbeing and recovery	Fostering integration, partnerships and alliances	Promoting people, communities and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
PACE Themes	Our Care		Our Partnerships		Our Workforce and Organisation	
	• Increase the number of identified Patient and Carer Experience Champions and the number of people with lived experience being paid to work together as equal partners with our staff to develop and improve services. • Patient information is co-produced as standard across all services. • Familiarity and confidence with systems and processes to collect and review feedback is embedded across all services.		• Patient experience and engagement leads across the Yorkshire and Humber Health and Care Partnership deliver impact through joint ventures. • Organisations within the Engagement Lead network across the Yorkshire and Humber footprint work in an effective and seamless way. • Our 'Engagement Twitter' account has an increased following and hosts an optimal number of 'live Twitter chats' on key topics that matter to our communities.		• Panel volunteers are included on interview panels for an increased number of patient-facing posts. • Staff feel that the training provided by the Trust is aligned to their values, including the mandatory Patient and Carer Experience Training programme for new Staff Champions of Patient Experience. • Staff routinely utilise their understanding of the digital inclusion needs of their communities when planning care and designing services.	

Children's and Young People's Services

Goals	Innovating for quality and patient safety	Enhancing prevention wellbeing and recovery	Fostering integration, partnerships and alliances	Promoting people, communities and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
PACE Themes	Our Care		Our Partnerships		Our Workforce and Organisation	
	• Young people can access the Youth Recovery College, Humber NHS Cadet Programme and work experience. • Lived experience is at the heart of our CAMHS Eating Disorders Service. • Mental Health Support Teams are embedded in schools and communities.		• Humber Youth Action Group members sit on the Humber and North Yorkshire Health and Care Partnership Youth Advisory Board. • Best practice and resources on involving children and young people are used across the Humber and North Yorkshire. • We take a one system approach to children and young people's emotional and mental wellbeing across schools and in the community.		• Staff are trained in engagement, co-production and involvement of children and young people. • Young people know about our Trust and future employment within our organisation. • Therapy spaces for children and young people are welcoming, friendly, and accessible to all.	

Forensics Services

Goals	Innovating for quality and patient safety	Enhancing prevention wellbeing and recovery	Fostering integration, partnerships and alliances	Promoting people, communities and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
PACE Themes	Our Care		Our Partnerships		Our Workforce and Organisation	

- Engagement with carers is improved through open events, increased family and friends' engagement and feedback and active participation throughout the division.
- Patients are supported to access vocational opportunities, including training delivered by external educational providers, and to get involved in Trust activities alongside volunteers, such as running the in-house shop.
- The Secure Quality Involvement (SeQuIn) tool is embedded as a quality improvement tool and is used across the division as a quality indicator.
- Staff and service users are active members of internal and external involvement forums, including an active carers forum which provides feedback to the division to support quality improvement.
- Shared pathways between community and inpatient services are strengthened.
- The division delivers on shared engagement plans and actions agreed with the Yorkshire and Humber network.
- Service user and carer involvement is always considered as part of service development, policy and practice across the division.
- All care coordinator staff attend the established, in-house family engagement training as a mandatory requirement.
- The division has established peer support workers and an established full time involvement lead in post.

Primary Care and Community Services

Addictions Services

Goals	Innovating for quality and patient safety	Enhancing prevention wellbeing and recovery	Fostering integration, partnerships and alliances	Promoting people, communities and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
PACE Themes	Our Care		Our Partnerships		Our Workforce and Organisation	

- The role of the addictions "Voice" forum in co-producing patient and carer information is communicated and celebrated.
- Panel volunteers with lived experience are actively involved in identified areas of recruitment and positive impact statements are collated, ensuring best practice.
- An increased number of volunteers/peer mentors share their lived experience within service delivery through roles in Addictions HUBs and satellite clinics.
- Qualitive and quantitative feedback from the Friends and Family Test and other feedback activities is used to capture patient and carer experience.
- Evidence of service improvements which support positive patient and carer experience is collected and shared.
- Staff Champions of Patient and Carer Experience provide continuous feedback to the clinical management team, which is cascaded to all staff.
- Volunteer and peer mentor champions within the addictions service provide the power for change, empowering staff and ensuring full recognition of patient and carer experience.

Community Services

Goals	Innovating for quality and patient safety	Enhancing prevention wellbeing and recovery	Fostering integration, partnerships and alliances	Promoting people, communities and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
PACE Themes	Our Care		Our Partnerships		Our Workforce and Organisation	
	• PACE champions in Scarborough & Ryedale, Whitby and District and Pocklington support the community and the division by sharing their lived experiences to influence improvements to service delivery.		• Volunteers working in community hospital wards and community services teams enhance patient and carer experience by embracing the Patient and Carer Experience Volunteer role. • Qualitative feedback is collected from Friends and Family Test surveys and bespoke surveys to capture positive patient and carer experience. • An increased number of quality improvement charters focus on improving patient and carer experience.		• Staff Champions of Patient Experience provide regular updates on PACE and involvement and engagement activities by reporting into the divisional meetings. • Co-production is embedded in the division through cultural change, so that the patient and carer voice is listened to from the start of any new initiative.	

Primary Care Services

Goals	Innovating for quality and patient safety	Enhancing prevention wellbeing and recovery	Fostering integration, partnerships and alliances	Promoting people, communities and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
PACE Themes	Our Care		Our Partnerships		Our Workforce and Organisation	
	• An increase in the number of Quality Improvement charters involving patient participation or lived experience contributes to improved patient and carer satisfaction. • Wider participation in Patient Participation Groups maximises community engagement and involvement.		• The Senior Patient and Carer Experience Co-ordinator has strong relationships with Primary Care Networks, Healthwatch, carers' organisations and other local groups. • Standardised and embedded process are in place across all practices relating to the patient and carer experience agenda. • Cultural change embeds patient and carer experience across the Primary Care Networks.		• Panel Volunteers add value to the recruitment process with regards to the recruitment and retention of staff in primary care. • Patient and Carer experience, involvement and engagement is embedded across all GP surgeries.	

Mental Health Services

Goals	Innovating for quality and patient safety	Enhancing prevention wellbeing and recovery	Fostering integration, partnerships and alliances	Promoting people, communities and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
PACE Themes	Our Care		Our Partnerships		Our Workforce and Organisation	
	• The number and role of experts by experience in the division is expanded, recognised and celebrated. • Cultural change places co-production of inpatient care at the forefront, informing change and having a positive impact on patient and carer experience, including delivery of co-produced work around Reducing Restrictive Interventions. • Cultural change increases the amount of co-production taking place across Community Mental Health Services, allowing patients, their carers and families to feel listened to, empowered and involved.		• Strong relationships with external partners develop our understanding of the health inequalities that exist within our communities, informing service development. • The co-produced Recovery and Wellbeing College strengthens relationships with internal services and external partners such as Public Health and our Local Authorities. • Further growth of the co-produced Recovery and Wellbeing College empowers local communities, including communities experiencing health inequalities, to support their own mental health and wellbeing.		• Recovery Champions across the division are committed to sharing co-production opportunities and initiatives of the Recovery and Wellbeing College to those accessing the services of Humber Trust. • Services across the division see cultural change around the co-production of services, where the involvement of those with lived experience, their families and those involved in their care comes first.	

Learning Disabilities Services

Goals	Innovating for quality and patient safety	Enhancing prevention wellbeing and recovery	Fostering integration, partnerships and alliances	Promoting people, communities and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
PACE Themes	Our Care		Our Partnerships		Our Workforce and Organisation	
	• Each Learning Disabilities team completes at least one Always Events improvement standard yearly and rolls out learning to other teams. • The Quality Checker programme supports patients and carers to use their own experiences to judge the quality of care & support and give feedback to services.		• Patients and carers are engaged planning of services that are delivered as part of Humber & North Yorkshire Health and Care Partnership. • Commissioning service specifications promote co-ordinated pathways which ensure access to specialist resources and expertise. • Experts by experience co-produce training on the delivery of annual health checks and this approach is firmly established as an integrated way of working with our partners.		• Patient and carers are supported to have representation on working groups and boards, to influence policy changes and to recommend changes to the design and delivery of care • Co- production work is embedded into everyday activities throughout the division at all levels of care delivery. • Patients & carers are key players in delivering Trust Induction to new staff across all services.	

8.0

How we developed the Forward Plan

To engage and involve our communities in the development of our Forward Plan we needed to ask the following:

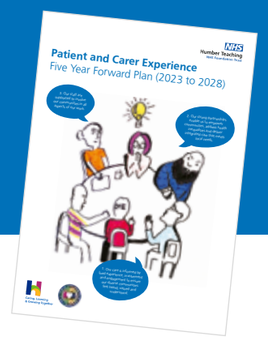
- How do you currently engage with us?
- What does good engagement and involvement look like to you?
- How would you like to get involved in Trust activities over the next 5 years?
- Which of the following activities would you like to know more about?
- What would you like us to prioritise over the next 5 years?

To do this we created a working group including; patients, service users, carers, staff and partner organisations. The purpose of this group was to provide us with their opinions on what should be included in the Forward Plan and how we should give the opportunity for everyone to provide their thoughts and views on the content.

Healthwatch East Riding of Yorkshire worked in partnership with the Trust to draft a Patient and Carer Experience: Five Year Plan (2023 to 2028) survey following discussions with the working group. The survey was sent to communities, staff and partner organisations so that everyone could have their say on the Trust priorities for engagement and involvement over the next five years.

We also gathered thoughts and views from wider communities by attending local events and groups e.g. Hull Pride, Hull and East Riding Lesbian, Gay, Bisexual, Transgender (LGBT+) forum, the Trust's 2022 Annual Members Meeting and the Trust's Patient and Carer Experience (PACE) forums, by sharing the survey link on the Trust's social media platforms including communications to targeted groups and by facilitating virtual workshops with the Trust's PACE forum members including Whitby & District PACE, Scarborough & Ryedale PACE, Hull & East Riding PACE, Staff Champion of Patient Experience and Veteran's forums.

A competition took place to reach out to our communities, staff and partner organisations to design the front cover of this Forward Plan and a 'Plan on a Page' highlighting the key outcomes to be delivered as part of the vision for the Trust's involvement and engagement work over the next five years.



Appendices

The following appendices share the milestones that will be achieved across Trust services to deliver the Patient and Carer Experience Five Year Forward Plan.

Trust Wide Services

Goals	Innovating for quality and patient safety	Enhancing prevention wellbeing and recovery	Fostering integration, partnerships and alliances	Promoting people, communities and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
PACE Themes	Our Care		Our Partnerships		Our Workforce and Organisation	
PACE Outcomes	1. Our care is informed by lived experience, involvement and engagement to ensure our diverse communities feel valued, heard, and understood.		2. Our strong partnerships enable us to empower communities, address health inequalities and deliver integrated care that meets local needs.		3. Our staff are supported to involve our communities in all aspects of our work.	
	Within the next five years the following milestones will be achieved					
Years 1 & 2	1. The role of Patient and Carer Experience Champion will be in the Trust induction pack. 2. There will be a shift from consultation to co-production of patient information. 3. There will be a process in place to pay people with lived experience for their time and commitment in supporting service developments and specific projects. Staff will have an awareness of the guidance to support this and actively promote within their communities. 4. All divisions will have developed robust systems and processes to collect, share and review feedback to support service development and celebrate successful service delivery.		1. We will be contributing to the Humber and North Yorkshire Health and Care Partnership (HNY HCP) and the engagement agenda across Yorkshire and the Humber to inform and influence joint involvement and engagement opportunities. 2. We will have introduced an Engagement Lead network across the ICS footprint. 3. We will have created an 'Engagement Twitter account' and have an enhanced following on our Engagement Twitter handle including the initiation of live Twitter chats on key topics that matter to our communities.		1. An increased number of Panel Volunteers (PV) will be registered on the PV database to represent patient facing posts. 2. Continuous marketing of the Patient and Carer Experience Training programme to Staff Champions of Patient Experience (SCoPE) to raise awareness of involvement in Trust activities. 3. Staff will be familiar with the digital inclusion needs and challenges of their communities. 4. Staff will start to identify opportunities to include people with lived experience in the design and delivery of Trust training courses. 5. Staff Champions of Patient Experience will have aligned their annual Patient and Carer Experience Development Plan priorities to both the Trust-wide and Divisional annual milestones outlined in the PACE Five Year Forward Plan for years 1 and 2. 6. To continue to promote a no blame culture across the organisation whereby patient safety is a regular agenda item on the Patient and Carer Experience forums to share the learning from patient safety incident investigations.	
Years 3 & 4	Within the next five years the following milestones will be achieved					
	1. There will be an increased number of Patient and Carer Experience Champions identified by Trust staff. 2. There will be an increase in the co-production of patient information. 3. The number of people with lived experience being paid for their time will increase. 4. Robust systems and processes to collect, share and review feedback are routinely used.		1. We will have strengthened relationships with patient experience and engagement leads across the HNY HCP footprint. 2. Organisations within the Engagement Lead network will be delivering tangible joint engagement projects and sharing information where appropriate. 3. An increased following on our 'Engagement Twitter' account, increasing the number of 'live Twitter chats' on key topics that matter to our communities.		1. An increased number of patient facing posts will include a Panel Volunteer on the interview panel. 2. An increase in the number of Staff Champions of Patient Experience who will have completed the Patient and Carer Experience Training programme. 3. Staff will have an increased awareness and confidence in asking about the digital inclusion needs and challenges of their communities. 4. There will be an increase in the number of people with lived experience being involved in the design and delivery of Trust training courses. 5. Staff Champions of Patient Experience will have aligned their annual Patient and Carer Experience Development plan priorities to both the Trust-wide and Divisional annual milestones outlined in the PACE Five Year Forward Plan for years 3 and 4. 6. Patients and Carers are involved in every patient safety incident investigation.	
Year 5	1. There will be a further increase of Patient and Carer Experience Champions identified by Trust staff. 2. Patient information is co-produced as standard across all services. 3. There will be a further of increase of the number of people with lived experience being paid for their time. 4. Familiarity and confidence with systems and processes to collect and review feedback is embedded across all services.		1. We will be able to demonstrate the impact of joint ventures through partnership working across the HNY HCP. 2. Organisations within the Engagement Lead network across the HNY HCP footprint will be working in an effective and seamless way. 3. A further enhanced following on our 'Engagement Twitter' account, with an optimal number of 'live Twitter chats' on key topics that matter to our communities.		1. A further increased number of patient facing posts will include a Panel Volunteer on the interview panel. 2. The Patient and Carer Experience Training programme to be mandatory for new Staff Champions of Patient Experience. 3. Staff will routinely be utilising their understanding of the digital inclusion needs of their communities when planning care and designing services where possible. 4. Staff feel that the training provided by the Trust is aligned to their values. 5. Staff Champions of Patient Experience will have aligned their annual Patient and Carer Experience Development plan priorities to both the Trust-wide and Divisional annual milestones outlined in the PACE Five year Forward plan for year 5. 6. We are a learning organisation that learns from all patient safety incident investigations and we share the learning to inform improvements and celebrate excellence.	

Children's and Young People's Services

Goals	Innovating for quality and patient safety	Enhancing prevention wellbeing and recovery	Fostering integration, partnerships and alliances	Promoting people, communities and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
PACE Themes	Our Care		Our Partnerships		Our Workforce and Organisation	
PACE Outcomes	1. Our care is informed by lived experience, involvement and engagement to ensure our diverse communities feel valued, heard, and understood.		2. Our strong partnerships enable us to empower communities, address health inequalities and deliver integrated care that meets local needs.		3. Our staff are supported to involve our communities in all aspects of our work.	

Years 1 & 2

Within the next five years the following milestones will be achieved

1. Establishment of a Youth Recovery College. This will be co-produced with young people and in collaboration with division services, delivering bespoke wellbeing sessions, tailored to the needs of young people.
2. Humber NHS Cadet Programme, in collaboration with St Johns Ambulance, piloted with the 0-19 Services. Providing young people, that may not traditionally have access to these opportunities, the chance to learn more about our organisation.
3. The CAMHS ED service have started to develop a range of processes, working directly with young people and families to collect and collate feedback and ensure that their experiences and expertise shape service delivery and the ongoing development of the pathway.
4. The Mental Health Support Team (MHST) will have coproduced a brand-new service name with young people, ensuring the service has a non-stigmatising identity.
5. Establishment of a coproduction and engagement group within the Intervention CAMHS service, focussing on engaging and coproducing websites and pages, social media content and reviewing what's working well and what needs to change.
6. Early intervention Child and Adolescent Mental Health Service (CAMHS) will have established a work experience strategy and framework to support work placements for young people and will offer early opportunities to connect with careers in Mental Health.

1. Our community and partnering organisations will have an awareness of the Youth Recovery College and its provision of support for children, young people, and their families.
2. The Humber Youth Action Group have supported the Integrated Care System (ICS) development of a Youth Advisory Board, to influence children and young people's mental health services and strategy across the ICS footprint.
3. The Engagement Manager for Children's Services has supported the development of an ICS wide network of engagement leads across the ICS Footprint.
4. The Early intervention CAMHS to establish a one system approach to young people's emotional and mental wellbeing in schools and the community, through education steering groups, school networks, and the Emotional and mental wellbeing Academy.

1. Services within the children's division are identifying ways to contribute to the Youth Recovery College universal offer, increasing young people's positive mental & physical health and wellbeing and access to specialist advice around self-care.
2. Established a 'Youth Engagement, Co-production and Involvement module' coproduced by young people for the development of our staff hosted on the Recovery College Platform.
3. 'Take over days' launched, to involve young people in our Trust, meet our staff and learn about their daily role.
4. Staff have an awareness of the importance of therapy space used by children, young people, and their families, taking into consideration reasonable adjustments to ensure they are welcoming, friendly, and inclusive.

Years 3 & 4

Within the next five years the following milestones will be achieved

1. An increased number of young people accessing the Youth Recovery College and engaging with a package of bespoke wellbeing sessions, tailored to the needs of young people.
2. Humber NHS Cadet Programme rolled out across the division.
3. The CAMHS ED service have established a range of processes to collect and collate feedback and ensure that their experiences and expertise shape service delivery and the ongoing development of the pathway.
4. MHST identity is recognised within schools and communities in a way that empowers young people to access support and recognise the offer through its branding.
5. Increased membership of the coproduction and engagement group within the Intervention CAMHS service.
6. An increased number of young people participating in Early intervention CAMHS work experience, offering early opportunities to connect with careers in Mental health.

1. Our community and partnering organisations are contributing to the Youth Recovery College provision of support to children, young people, and their families.
2. We will have supported the growth of the ICS wide Humber and North Yorkshire Young People's Mental Health Advisory Board, by having a minimum of one Humber Youth Action Group member sitting on the board.
3. The Engagement Manager for Children's Services will work in collaboration with the network of engagement leads across the ICS Footprint, sharing best practice and resources regarding youth participation and co-production.
4. The Early intervention CAMHS to started to embed a one system approach to young people's emotional and mental wellbeing in schools and the community, through education steering groups, school networks, and the Emotional and mental wellbeing Academy.

1. An increased number of staff within the division have contributed to the Youth Recovery College universal offer, to increase young people's selfcare skills, physical and mental health, and wellbeing.
2. An increased number of staff have undertaken the 'Youth Engagement, Co-production and Involvement module' hosted on the Recovery College Platform.
3. An increased number of 'take over days' are initiated, involving young people in our Trust, meet our staff and learn about their daily role.
4. Staff have implemented changes where necessary to therapy space used by children, young people, and their families, taking into consideration reasonable adjustments to ensure they are welcoming, friendly, and inclusive.

Year 5

1. An optimal number of young people accessing the Youth Recovery College and engaging with a comprehensive package of bespoke wellbeing sessions, tailored to the needs of young people.
2. Humber NHS Cadet Programme, in collaboration with St Johns Ambulance, is embedded across the division.
3. The CAMHS ED service have made cultural changes to their way of working, ensuring the lived experience of young people and families is a golden thread running through every aspect of their service and the care they deliver.
4. MHST identity is embedded within schools and communities in a way that empowers young people to access support and recognise the offer through established branding.
5. An enhanced membership of the coproduction and engagement group within the Intervention CAMHS service.
6. An enhanced number of young people participating in Early intervention CAMHS work experience, offering early opportunities to connect with careers in Mental health.

1. We will have embedded effective collaborative working between our community and partnering organisations and the Youth Recovery College.
2. We will have supported the embedding of the ICS wide Humber and North Yorkshire Young People's Mental Health Advisory Board by having an optimum number of Humber Youth Action Group members sitting on the board.
3. The Engagement Manager for Children's Services will work in collaboration with the network of engagement leads across the ICS Footprint, to embed joint youth participation and co-production approaches across the system.
4. The Early intervention CAMHS to further embed a one system approach to young people's emotional and mental wellbeing in schools and the community, through education steering groups, school networks, and the Emotional and mental wellbeing Academy.

1. An enhanced number of staff within the division have contributed to the Youth Recovery College universal offer, to increase young people's selfcare skills, physical and mental health, and wellbeing.
2. An enhanced number of staff have undertaken the 'Youth Engagement, Co-production and Involvement module' hosted on the Recovery College Platform.
3. An enhanced number of 'take over days' initiated, involving young people in our Trust, meet our staff and learn about their daily role.
4. We will have embedded cultural change across the division, where reasonable adjustments are considered in all therapy spaces by services, to ensure children, young people and their families find them welcoming, friendly, and inclusive.

Forensics Services

Goals	Innovating for quality and patient safety	Enhancing prevention wellbeing and recovery	Fostering integration, partnerships and alliances	Promoting people, communities and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
PACE Themes	Our Care		Our Partnerships		Our Workforce and Organisation	
PACE Outcomes	1. Our care is informed by lived experience, involvement and engagement to ensure our diverse communities feel valued, heard, and understood.		2. Our strong partnerships enable us to empower communities, address health inequalities and deliver integrated care that meets local needs.		3. Our staff are supported to involve our communities in all aspects of our work.	
	Within the next five years the following milestones will be achieved					
Years 1 & 2	1. All teams throughout the division have a Patient and Carer Experience Champion identified. and the division service will have representation at all Patient and Carer Experience and involvement forums. 2. There will be an increase in the number of volunteers actively supporting the Forensics division. 3. Every six months there is an open day event for family and friends and feedback is gathered to inform future developments. 4. A scoping exercise will have been carried out to inform the division's vocational needs. 5. The use of the Secure Quality Involvement (SeQuIn) tool is embedded in practice as a robust system of feedback for patient and carer experience.		1. Staff and service users will be attending external involvement forums either in person or virtually. 2. Pathways and partnerships between inpatient and community services are identified and strengthened. 3. Partnerships with external educational providers are identified. 4. There is a carers forum led by and chaired by an independent volunteer on behalf of the service. 5. The division is actively involved in the Humber and North Yorkshire collaborative quality reviews and service development. 6. Staff and service users are involved in developing engagement plans with the Yorkshire and Humber involvement network.		1. Family engagement training is offered to all care coordinators across the division. 2. A minimum of 2 in-house staff will be trained to deliver the family engagement training. 3. A business case is supported for a full-time involvement lead. 4. A scoping exercise will have been carried out to demonstrate the need for a technology lead and a vocational trainer across the service. 5. Involvement Awareness training is part of staff inductions.	
	Within the next five years the following milestones will be achieved					
Years 3 & 4	1. Patient and Carer Experience Champions are actively attending and participating in Patient and Carer Experience and involvement forums. 2. Volunteers will be enhancing the culture and support offer throughout the division to help to enhance patient experience. 3. The open events are increasing family and friends' engagement in the division and the feedback is informing quality improvements. 4. From the scoping exercise, vocational needs are considered and plans are in place to address the vocational needs across the division. 5. The service will be demonstrating actions taken and implemented to support the findings from the SEQUIN tool and quality reviews.		1. There will be an increase in the number of staff and service users from the division attending regular external involvement forums. 2. There are robust pathways of communication, participation, and involvement between in patient and community services. 3. There are established links with external education providers in place. 4. There is an increase in membership to the carer forum led by an independent chair. 5. There are robust and established systems for communication and feedback with the Humber and North Yorkshire collaborative. 6. There are established engagement plans with the Yorkshire and Humber involvement network.		1. There is an established timetable of care coordinator staff attending the family engagement training. 2. The family engagement training will be delivered by at least 2 in house trainers. 3. The division has a full-time involvement lead in post. 4. From the scoping exercise the division will have identified vocational/ technology opportunities to action in response to validated need. 5. The division demonstrates increased staff awareness about patient and carer involvement by increased attendance and participation in involvement forums across the division.	
Year 5	1. Patient and Carer Experience Champions are actively involved in Trust activities and there is divisional representation at all Patient and Carer Experience and involvement forums. 2. There is a cultural change whereby volunteers are supporting patients to get involved in various Trust activities (e.g. Volunteers and patients will be running the in-house shop facility). 3. There is a further increase in family and friends' engagement, increased family and friends' feedback and very active participation throughout the division. 4. There are vocational opportunities available and in place across the division. 5. The SEQUIN tool is embedded as a quality improvement tool and is used across the division as a quality indicator.		1. Staff and service users are active members of external involvement forums and are involved in projects and developments. 2. There is an increase in active communication and shared pathways between community and inpatient services across the division. 3. There are opportunities for service users to access training delivered by external educational providers. 4. There is an established carers forum that meets regularly and who are actively involved in providing feedback to the division to support quality improvement. 5. The division has established regular meetings with Humber North Yorkshire collaborative where shared plans and actions are discussed and agreed. 6. The division is demonstrating actions taken and implemented to support the engagement plans agreed with the Yorkshire and Humber network.		1. All care coordinator staff attend the family engagement training as a mandatory requirement. 2. The division has increased the number of family engagement trainers and is running an established in-house timetable of training. 3. The division has an established full time involvement lead in post. 4. The division has established vocational opportunities accessible to service users across the division. 5. Service user and carer involvement is always considered as part of service development, policy and practice across the division.	

Primary Care and Community Services

Addictions Services

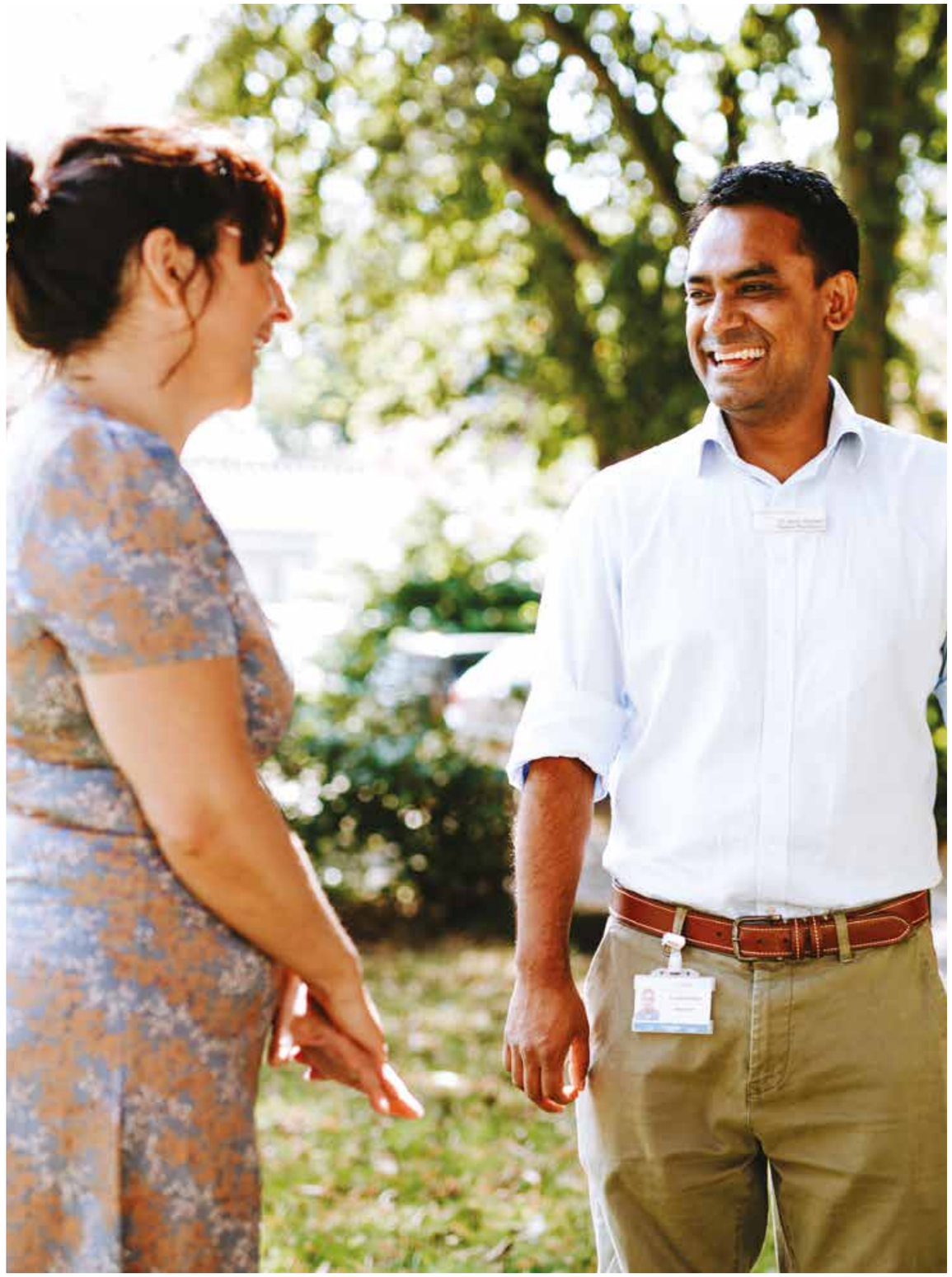
Goals	Innovating for quality and patient safety	Enhancing prevention wellbeing and recovery	Fostering integration, partnerships and alliances	Promoting people, communities and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
PACE Themes	Our Care		Our Partnerships		Our Workforce and Organisation	
PACE Outcomes	1. Our care is informed by lived experience, involvement and engagement to ensure our diverse communities feel valued, heard, and understood.		2. Our strong partnerships enable us to empower communities, address health inequalities and deliver integrated care that meets local needs.		3. Our staff are supported to involve our communities in all aspects of our work.	
	Within the next five years the following milestones will be achieved					
Years 1 & 2	1. There will be a shift in the addictions "Voice" forum from consultation to co-production of patient/carer information. 2. The development and delivery of certified training will be in place to ensure recruitment is jointly led by people with lived experience identified within the "Voice" forum.		1. Volunteer/peer mentor roles will be developed to ensure that there are no barriers to being involved in the addictions service delivery. 2. Reviews of data and best practice from the East Riding Drug Partnership forum are in place to share with staff and volunteers.		1. Our team will have a Staff Champion of Patient Experience (SCoPE) who will attend and the Staff Champions of Patient Experience forum. They will ensure full commitment to the role. 2. Identify addictions volunteer/peer mentor champions to be actively involved to recognise Trust activities and champion them.	
Years 3 & 4	1. An increased membership of addictions "Voice" forum to partake in all co-production of patient/carer information. 2. Shortlisting will be conducted by the designated member of staff and the designated panel volunteer, who will be briefed on interview roles and responsibilities and debriefed once scoring has taken pace.		1. A rise in volunteers/peer mentors conducting roles in Addictions HUBs and satellite clinics, sharing a lived experience within service delivery. 2. Improvements in service delivery will be acknowledged.		1. Staff Champions of Patient Experience will be entrenched in addiction HUBs ensuring collective outcomes. 2. Addiction's volunteer/peer mentor champions feedback to the addictions "Voice" patient/carer forum to support existing patient and carer experience.	
Year 5	1. Co-production with the addictions "Voice" forum will be communicated to the Trust's SCoPE & PACE forums via the Staff Champions of Patient Experience. 2. Our panel volunteers of lived experience will be actively involved in identified areas of recruitment and positive impact statements will be collated ensuring best practice.		1. Qualitive and quantitative feedback will be obtained from the Friends and Family Test (FFT) as well as already applied feedback activities to record patient and carer experience. 2. Additional service improvement will be recognised supporting positive patient and carer experience which will be evidenced via digital portals, FFT surveys and current applied feedback methods.		1. The Staff Champions of Patient Experience will continuously feedback to the clinical management team to then cascade to all staff via staff meetings. 2. Addiction's volunteer/peer mentor champions will be providing the power for change to empower staff and ensure full consideration of patient/carer experience.	

Community Services

	Within the next five years the following milestones will be achieved		
Years 1 & 2	1. A new joint Scarborough & Ryedale Patient and Carer Experience forum (with York and Scarborough Teaching Hospitals NHS Foundation Trust) will have commenced. 2. An increase in the number of members attending the Whitby & District PACE forum. 3. An increased number of new members from the Pocklington area attending the Hull & East Riding PACE forum.	1. Volunteer roles to support the workforce and patient care will be developed and activities identified with support from the Trust's Voluntary Services team and Carers Plus North Yorkshire. 2. Systems and processes in place to review regular reports and data from Healthwatch North Yorkshire to inform opportunities for Quality Improvement.	1. All teams will have a Staff Champion of Patient Experience (SCoPE) who will be engaged and involved in their meaningful role. 2. The division will recruit to and have a full-time Patient and Carer Experience Co-ordinator in post with a workplan to support the division with patient and carer experience and involvement and engagement activities.
Years 3 & 4	1. A further increase in the number of PACE Champions attending the Scarborough & Ryedale Patient and Carer Experience forum, therefore wider involvement and engagement with Trust activities. 2. A further increase in the number of PACE Champions attending the Whitby & District Patient and Carer Experience forum, therefore wider involvement and engagement with Trust activities. 3. A further increase in the number of PACE Champions attending the Hull & East Riding Patient and Carer Experience forum from the Pocklington area, therefore wider involvement and engagement with Trust activities.	1. An increased number of Volunteers will be working in community hospital wards and community services teams to enhance patient and carer experience by embracing the Patient and Carer Experience Volunteer role. 2. An increase in Quality Improvement charters will be realised.	1. SCoPEs will be embedded in all teams and actively involved in the PACE agenda, ensuring that co-production is at the heart of the division. 2. SCoPE meetings will be chaired by the PACE Co-ordinator to provide protected time to support with patient and carer experience and involvement and engagement activities within the division.
Year 5	1. PACE champions in the Scarborough & Ryedale area will be supporting the community/division by sharing their lived experiences to influence improvements to service delivery. 2. PACE champions in the Whitby & District area will be supporting the community/division by sharing their lived experiences to influence improvements to service delivery. 3. PACE champions in the Pocklington area will be supporting the community/division by sharing their lived experiences to influence improvements to service delivery.	1. Qualitative feedback collected from Friends and Family Test (FFT) surveys and bespoke surveys will be inform the division about positive patient and carer experience. 2. A further increase in Quality Improvement charters will be realised leading to positive patient and carer experience which will be captured through FFT surveys and bespoke surveys.	1. Staff Champions of Patient Experience will be providing regular updates on PACE and involvement and engagement activities by reporting into the divisional meetings. 2. Cultural change realised whereby co-production will be embedded in the division and the PACE Co-ordinator will be contacted for support at the start of any new initiative to ensure that the patient/carer voice is listened to from the start.

Primary Care Services

	Within the next five years the following milestones will be achieved		
Years 1 & 2	1. Feedback is collected from a variety of different platforms and presented in regular reports and triangulation to inform thematic analysis. 2. Wider participation of volunteers sitting on the practice Patient Participation Groups.	1. Senior Patient and Carer Experience Coordinator will have built relationships with local organisations (e.g. Healthwatch organisations, Carers organisations) and external patient/carer groups. 2. Senior Patient and Carer Experience Coordinator will have built relationships with the Primary Care Networks.	1. We will have an increased number of Panel Volunteers on the Trust's Panel Volunteer database for Primary Care. 2. We will have a Senior Patient and Carer Experience Coordinator in post who will be supporting the division in all aspects of patient and carer experience, involvement and engagement.
Years 3 & 4	1. An increase in the number of Quality Improvement charters involving a patient participation / lived experience. 2. Strengthened participation influencing creative ideas and succession planning.	1. Streamlined and efficient processes across all practices relating to the patient and carer experience agenda. 2. Senior Patient and Carer Experience Coordinator will be attending PCN meetings and be a conduit between the GP surgeries and the PCNs and patient and carer experience is a standard agenda item.	1. We will have an increased number of vacancies appointed to, including a Panel Volunteer. 2. Strengthened involvement and engagement across all GP surgeries.
Year 5	1. Improved patient and carer experience satisfaction. 2. Wider participation influencing maximised community engagement and involvement.	1. Standardised and embedded process in place across all practices relating to the patient and carer experience agenda. 2. Cultural change whereby patient and carer experience is embedded across the Primary Care Networks.	1. We will be able to determine that a Panel Volunteer has added value to the recruitment process with regards to the recruitment and retention of staff in primary care. 2. Patient and Carer experience, involvement and engagement is embedded across all GP surgeries.



Mental Health Services

Goals	Innovating for quality and patient safety	Enhancing prevention wellbeing and recovery	Fostering integration, partnerships and alliances	Promoting people, communities and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
PACE Themes	Our Care		Our Partnerships		Our Workforce and Organisation	
PACE Outcomes	1. Our care is informed by lived experience, involvement and engagement to ensure our diverse communities feel valued, heard, and understood.		2. Our strong partnerships enable us to empower communities, address health inequalities and deliver integrated care that meets local needs.		3. Our staff are supported to involve our communities in all aspects of our work.	
	Within the next five years the following milestones will be achieved					
Years 1 & 2	1. There is a dedicated place on the Humber website for 'Adult Mental Health Involvement' which has been promoted to the public so that our communities know where to find information around co-production activities and the impact that their involvement has had on the care that we provide. 2. A co-production group has been established with a balance of clinical representation from the division and those with lived experience, their carers and families who are working together to co-produce work around Reducing Restrictive Interventions. 3. Through the promotion of a co-production toolkit, Community Mental Health services have a good understanding of co-production and are actively involving those with lived experience in the development of Community Mental Health Services.		1. Engagement has commenced within the community to better understand our local population and the health inequalities that exist within our communities. 2. Our local communities have co-produced and supported the relaunch of Humber's Recovery and Wellbeing College.		1. The Recovery Champion role has been advertised and a number of staff have signed up to the role. 2. Through the promotion of a co-production toolkit, Community Mental Health Services have a good understanding of co-production and are actively supporting and involving those with lived experience in the development of Community Mental Health Services.	
	Within the next five years the following milestones will be achieved					
Years 3 & 4	1. The division have an increased amount of experts by experience involved following a 'co-production' marketing campaign. 2. Co-production of inpatient care has excelled through work within the RRI Co-production group and co-production within inpatient settings across the division, allowing patients, their carers and families to feel listened to and empowered whilst informing positive change relating to many aspects of inpatient care. 3. An increased amount of co-production is taking place across Community Mental Health Services, allowing patients, their carers and families to feel listened to, empowered and involved.		1. An increased amount of engagement has taken place within the community to better understand the health inequalities that exist within our local communities and the impact these have on mental health and access to mental health support. 2. The Co-produced Recovery and Wellbeing College has strengthened relationships with internal services and external partners such as Public Health and our Local Authorities which has further empowered local communities to support their own mental health and wellbeing.		1. There is an increased number of Recovery Champions across the division who are committed to sharing co-production opportunities and initiatives of the Recovery and Wellbeing College with those accessing the services of the Trust. 2. Through the continued promotion of co-production, an increased amount of services across the division have a good understanding of co-production and are actively supporting and involving those with lived experience in the development of Mental Health Services across the division.	
Year 5	1. A celebration event has taken place for those involved in the Co-production of Mental Health Services to thank them for their involvement. 2. A cultural change has been realised across the division's adult inpatient care where co-production is at the forefront, informing change and having a positive impact on patient and carer experience. 3. A cultural change has been realised across the division's Community Mental Health Services where co-production is at the forefront, informing change and having a positive impact on patient and carer experience.		1. Our strengthened relationships with external partners has further developed our understanding of the health inequalities that exist within our communities which is now informing service development. 2. Further growth of the Co-produced Recovery and Wellbeing College has resulted in an increase in those within our communities, including those experiencing health inequalities who are benefitting from the resources of the college which is enhancing the support that we provide.		1. There is an optimal number of Recovery Champions across the division who are committed to sharing co-production opportunities and the initiatives of Recovery and Wellbeing College with those accessing the services of Humber Trust. 2. An optimal number of services across the division have seen a cultural change around the co-production of services where the involvement of those with lived experience, their families and those involved in their care comes first.	

Learning Disabilities Services

Goals	Innovating for quality and patient safety	Enhancing prevention wellbeing and recovery	Fostering integration, partnerships and alliances	Promoting people, communities and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
PACE Themes	Our Care		Our Partnerships		Our Workforce and Organisation	
PACE Outcomes	1. Our care is informed by lived experience, involvement and engagement to ensure our diverse communities feel valued, heard, and understood.		2. Our strong partnerships enable us to empower communities, address health inequalities and deliver integrated care that meets local needs.		3. Our staff are supported to involve our communities in all aspects of our work.	
	Within the next five years the following milestones will be achieved					
Years 1 & 2	1 Always Events® will be the co-production quality improvement methodology used to understand what matters to people who use our services, their families and carers to co-produce changes to improve experience of care. Core staff group will have completed training to implement and support Always Events in all service areas. 2 Qualitive data will be a primary source of collating feedback for Trust-wide services from patients who have barriers to completing traditional data collection. This qualitative data will be presented in a way that is chosen by the patient and remains meaningful for them.		1 Working in partnership with Humber Transforming Care Partnership (HTCP) and continuing work as per the HTCP Learning Disabilities & Autism Co-production Engagement & Communications Report (2021/2023), alongside their communication, co-production and engagement goal as part of their current "Big Plan 2022-2024". 2 Inpatient & Community Planning Project – working closely with community groups, advocacy services and others across Hull, East Yorks & North Lincs – engaging with patients and carers around future planning of services as part of the wider Humber & North Yorkshire Health and Care Partnership (Mental Health and Learning Disabilities & Autism Collaborative Planning). 3 Re-establish Assessment & Treatment Unit (ATU) as part of membership group for the Yorkshire and Humber Learning Disability and Autism Operational Delivery Network to support the vision of Building the Right Support. 4 The Community Team for Learning Disabilities increase their collaborative work with local GPs to address health inequalities for people with a learning disability through delivering Learning Disabilities Annual Health Check training. This forms part of the Humber and North Yorkshire Health and Care Partnership (HNY HCP) priorities in their Developing our Strategy for the future – a Statement of Intent 2021.		1 Engagement Lead in post working collaboratively with community partners and proactively seeking and building continuous and meaningful engagement with the public and patients to shape services and improve health. 2 There will be process in place to ensure all teams have co-production awareness sessions delivered as part of their training requirement. 3 Patients & carers will be supported to be part of delivering Staff Induction for the division. 4 The division will commit to the National Communications Access Project to support inclusive communication for all. 5 Staff have an awareness of the importance of space used by patients and their families, taking into consideration reasonable adjustments to ensure they are welcoming, friendly, and accessible to all.	
	Within the next five years the following milestones will be achieved					
Years 3 & 4	1. Staff within the division are identifying opportunities to contribute to Always Events through patient / carer feedback. 2. Patient Carer led sessions are supported by the divisional peer lead team to gain regular in-depth feedback on service delivery and care in ways that are accessible and meaningful for them.		1. Continuing ongoing collaboration with Humber Transforming Care Partnership with their vision of improving health and care services strategy alongside the HNY HCP. We will feedback patient journeys and experiences to the Partnership to inform their future planning where individuals are unable, and create opportunities for others to share to partnerships directly. 2. Delivering on outcomes of agreed planning of services part of Humber & North Yorkshire Health and Care Partnership (Mental Health and Learning disabilities & Autism Collaborative Planning). 3. Deliver professional and clinical expert care and guidance to ensure the care and support provided to people with learning disabilities and autism is consistent across Yorkshire & Humber through sharing of best practice, evidence based approaches and sharing outcomes with commissioners of services. 4. Inclusion of expert by experience involvement in delivering Learning Disabilities Annual Health Check training to local GPs as part of collaboration and co-production between all systems and people involved.		1. Engagement Lead undertaking analysis of complex information (qualitative, quantitative and statistical information) to inform and measure the effectiveness of projects and work streams to improve health outcomes. 2. Division will ensure staff are supported to develop any new skills required to support co-production and staff are supported and given the opportunity to work with patients using co-production approaches, with time, resources and flexibility. 3. Patients & carers will be supported to develop training & contribute to the Trust Induction. 4. The division will achieve accreditation as Communication Accessible with entry onto national directory and ability to display the Communication Accessible Symbol. 5. Staff have implemented changes where necessary to spaces used by patients and their families, taking into consideration reasonable adjustments to ensure they are welcoming, friendly, and accessible to all.	
Year 5	1. At least one Always Events® improvement standard will be completed yearly in each LD divisional team and rolled out to the wider teams on completion. 2. Quality Checker programme will be in place to support patients and carers to use their own experiences to judge service quality of care & support and for feedback to services for improvement.		1. Continuing ongoing collaboration with Humber Transforming Care Programme to deliver their vision of improving health and care services in their pursuit of the Triple Aim and national targets. 2. Delivering on outcomes of agreed planning of services part of the Humber & North Yorkshire Health and Care Partnership (Mental Health and Learning disabilities & Autism Collaborative Planning). 3. Focussing on co-ordinating pathways to ensure access to specialist resources and expertise with outcomes forming part of commissioning services specifications. 4. Working with the Humber and North Yorkshire Health and Care Partnership to deliver training will see increasing numbers of annual health checks being completed, as co-production of training is firmly established as an integrated way of working with our partners.		1. Support patient and carers to have representation on working groups / boards to influence policy changes / recommend changes to the design and delivery of care 2. Co-production work will be embedded into everyday activities and work throughout division at all levels of care delivery. 3. Patients & carers will be key players in delivering Trust Induction to new staff across all services 4. The division will continue to commit to yearly Communication Accessible training and standards to maintain accreditation supporting inclusive communication for all 5. Cultural change where reasonable adjustments are considered in all spaces, to ensure spaces for patients and their families across the division are welcoming, friendly, and accessible to all is embedded.	

This forward plan is available in alternative languages and other formats including Braille, audio disc and large print by contacting us in the following ways:

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NHS
Humber Teaching
NHS Foundation Trust

Patient and Carer Experience

Five Year Forward Plan (2023 to 2028)

Caring, Learning
& Growing Together

PRODUCED IN COLLABORATION WITH LIVED EXPERIENCE

Contents

1.0

Foreword

Message from our Trust Chair and Chief Executive

Our communities (patients, service users, young people, carers, family and friends) are at the centre of everything we do. There is no better and more important way of improving services than by listening to what individuals think, feel and experience throughout their care journey and beyond. This Forward Plan will set out how we will listen, support and work together with our patients, service users and carers.

This is a key Forward Plan that supports the six goals of our organisation. We are delighted to see that this Forward Plan is aligned to these goals including three clear but stretching priorities to ensure we continue to improve the quality of our services. Over the past five years your involvement and engagement in Trust activities has helped us to significantly improve the care we provide to our communities. The Trust is already recognised as a national leader in co-production. Moving forward, we will continue to grow alongside our changing communities and this five year plan will support us to continue on this journey.

We are delighted to introduce our new Patient and Carer Experience Five Year Forward Plan and are committed to meeting the needs of our communities. This Forward Plan has been co-produced with our Board, communities, staff and partner organisations.

We would like to thank everyone who has contributed to developing this Forward Plan.

Michele Moran
Chief Executive

Rt Hon Caroline Flint
Trust Chair

2.0

Opening Remarks

Message from our Trust's Service User/Carer Governors

As a Trust the importance of family and carers is of huge importance in giving the care that they and others need. It gives us knowledge and an insight into a patient that only those closest to the patient understand. Lived experience becomes a key exponent in the understanding of where things work or maybe even do not work. It is an important tool in the way we learn and move forward to ensure patients, families and carers get the best possible care and help.

I am looking forward to working with the Trust over the next few years to support delivery of this valuable Patient and Carer Experience Five Year Forward Plan, to ensure that families and carers have a voice, are listened to and their feedback is acted upon so together we really can make a difference to the care our loved ones receive.

Anthony Houfe
Service User/Carer Governor

As a Service User/Carer Governor and a patient, I am passionate about improving services within the Humber Teaching NHS Foundation Trust. I have been working with patient/carer charities for about 15 years and will use all that experience plus a listening ear to work with this Forward Plan and its goals.

We are on a journey which changes and improves each year, but the main focus is always the care of patients, service users, carers, staff, and the community.

Life over the last few years has had to change and adapt at a phenomenal rate to cope with covid and other serious pressures. I have seen how hard everybody has worked within the Trust to accommodate the necessary changes. I also pledge to work towards the goals in our new Forward Plan. Therefore, I endorse wholeheartedly the new Patient and Carer Experience Five Year Forward Plan (2023 to 2028).

Marilyn Foster
Service User/Carer Governor

3.0

Introduction

Working in partnership with patients, service users, families, carers and staff (co-production) is the best way to ensure our services meet the needs of our communities. We are proud to deliver services which support people across their life course, working in communities across the Humber and North Yorkshire. Our communities are at the heart of everything we do, as we deliver safe, patient centred care across mental health, forensic services, community services, primary care and services for children, young people and people with learning disabilities and autism.

In this document we use the word communities to include everyone who either receives our services or cares for individuals who receive our services including; babies, carers, children, clients, customers, families, parents, patients, service users, young people and the general public. It also includes partner organisations in the public, private, community and voluntary sector. We can't achieve our aims in isolation, so our Forward Plan also emphasises the vital importance of developing partnerships and collaboration across the Humber and North Yorkshire Health and Care Partnership area and beyond.

This plan identifies the outcomes we will achieve over the next five years across patient and carer experience, involvement, engagement, equality, diversity and inclusion.

This visual shows our three Patient and Carer Experience outcomes mapped against the Trust's strategic priorities and values.

Outcome 1 – Our Care

Our care is informed by lived experience, involvement and engagement to ensure our diverse communities feel heard, valued and understood.

Outcome 2 – Our Partnerships

Our strong partnerships enable us to empower communities, address health inequalities and deliver integrated care that meets local needs.

Outcome 3 – Our Workforce and Organisation

Our staff are supported to involve our communities in all aspects of our work.

Our aim is to embed cultural change by empowering our communities to become equal partners in developing services that are fit for the future. As well as aligning with our Trust Strategy, this Forward Plan and our commitment to co-production also complement our Social Values report, which showcases the positive impact that we have on the economy, community life, the health of our local population and the environment.

We would like to thank you for your continued involvement and for helping us make a difference.

4.0

Looking back on the past five years …

Here is the journey of our key achievements

2017-18

Patient and Carer Experience Strategy (2018-2023)

We developed a vision to deliver our priorities for 2018-2023. The strategy was launched at the 2018 Annual Members Meeting.

Friends and Family Test (FFT) Dashboard

A 'live' data dashboard was created enabling staff to view results of Friends and Family Test (FFT) surveys received from patients and carers in real time.

Always Events

Two examples include:

PSYPHER – Clients involved in creation of discharge paperwork and are actively involved in the discharge process.

Townend Court Learning Disabilities Inpatient Unit:

"We will always be able to contact people who are important to us 24hrs a day"

Partnership Working

We built stronger relationships with our local community and third sector organisations.

The Trust introduced the Humber Co-production Network in November 2018.

Patient Stories

The Board receives a monthly patient story to build a picture of what it is like to be in receipt of our services.

2018-19

Trust Forums

Four forums created to give our communities a voice and the chance to be involved in Trust business.

Staff Champions of Patient Experience

82% of our teams have a Staff Champion of Patient Experience. Champions are recognised through purple lanyard inserts.

Over the past year we have seen considerable growth in membership at our forums. The Staff Champions of Patient Experience forum now has 122 champions; all teams now have an identified champion.

Accessibility

Browsealoud software installed onto the Trust website. Browsealoud makes information accessible to patients, service users and carers.

Interpreter on Wheels initiative rolled out in mental health services providing one-touch access to professional interpreters on a PC, tablet or smartphone thus providing spoken and visual communication.

Hull Pride July 2018

The Trust supported its first Hull Pride event in July 2018. Over fifty individuals marched in the parade with the Humber banner and supported our Trust stand.

2019-20

National Films

The Trust was very proud to be recognised by NHS Improvement to participate in a series of films to showcase our work in engaging patients and carers.

Involvement in Trust Activities

Opportunities available to members of the public to be involved in Trust Activities.

Identifying Carers and Offering Support

A big push to ensure staff were identifying carers and offering them support by referring to carers support organisations.

A tool was made available to support clinicians when identifying if a care giver is in stress called the 'Relatives Stress Scale'.

Involving Patients, Service Users and Carers in Recruitment Framework

Co-production of framework to involve patients, service users and carers in recruitment.

Veterans Offer

Veterans Forum created to provide a meeting place for veterans and serving members of the forces, their friends and family members and Trust staff.

The Trust was awarded Veterans Aware Hospital Status.

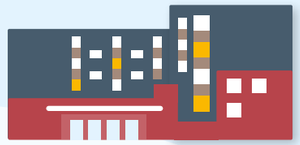
2020-21

Covid-19 and changes to the way we work

Virtual working commenced including hosting all forums via MS Teams and virtual pastoral and spiritual services commenced led by Trust Chaplain.

Community engagement to support the Whitby Hospital building enhancements

The local community have been actively involved in having their say to support the enhancements of the hospital, including; the garden and landscaping, naming the wards, artworks and fundraising.



Pathway to Support; Supporting families, carers and loved ones following a Patient Safety Incident Booklet

Co-production of 'Pathway to Support; Supporting families, carers and loved ones following a Patient Safety Incident' booklet.

Befriending and Signposting for Black, Asian and Minority Ethnic (BAME) Communities

Funding granted for Befriending and Signposting for Black, Asian and Minority Ethnic (BAME) Communities Role.

Equality Diversity & Inclusion (EDI) and Inequalities Operational Group

The Equality Diversity & Inclusion (EDI) and Inequalities Operational Group commenced November 2020.

17

Peer Support Workers

17 Peer Support Workers recruited to work across Mental Health Services inpatient units and community teams across the East Riding. A further 6 Peer Support Workers recruited to support Hull Mental Health Services.

Complaints and Feedback

A rebrand of the Complaints and Patient Advice and Liaison Service (PALS) team to Complaints and Feedback team. During Covid-19 we changed the way we triage complaints, this process now remains to simplify making a complaint, for complainants.

Patient and Carer Experience (PACE) Development Plans

Teams were asked to identify a minimum of three Patient and Carer Experience (PACE) actions to implement within their area to embed the PACE agenda.

2021-22

Humber Youth Action Group (HYAG)

The Humber Youth Action Group (HYAG), was co-produced and developed to bring together young people between the ages of eleven and twenty-five to get involved in Trust activities.

Friends and Family Test (FFT) results – mandatory year on year

21,946 completed surveys received during the year, 88% of patients had a positive experience of our services.

21,946

Co-production logo stamp

Co-production Stamp was co-produced and developed to add value and recognition to the hard work and support that goes into co-produced work.

Panel Volunteer

A standardised approach developed whereby members of staff include Panel Volunteers on interview panels.

Making Every Member Count Initiative

Launched to standardise an approach to ensure that members of the public are informed of all the involvement opportunities available in the Trust from their initial contact with our services.

Armed Forces Community Navigator (AFCN)

Veterans Forum members developed the Armed Forces Community Navigator role.

Patient Experience to Inform Quality Improvement

Patient Experience to Inform Quality Improvement – "Quality Improvement will support our patient and carer centred vision for a holistic person-centred approach"

Patient and Carer Experience (PACE) Training Programme

PACE Training Programme including 8 modules launched in collaboration with the Trust's Recovery and Wellbeing College.

5.0

Making a difference

Patients, services users and carers

Our communities tell us that participating in Trust activities and sharing their experiences is rewarding and meaningful to them. Here are some quotes from people we have worked with.

"Getting my message across about my life story is really important when nobody knows about disabled people, they don't know what we have to put up with. So by being able to get involved and talk about my experience lets people know why it's so important. I like getting involved because the staff need to know what to do when working with other learners and continue to let us work together".

Graham – person with lived experience, Learning Disabilities and Autism Service

"Joining the HYAG has been a great opportunity to learn about the Trust and the care for young people. It has given me chance to develop my skills and help others. It is exciting to see ideas/suggestions we bring up come to life."

Humber Youth Action Group (HYAG) Member

"It was amazing to be heard and tell our side of the story."

Person with lived experience, Mental Health Services Division

"I've really been enjoying being a part of Humber Youth Action Group because it's such a positive group of people. I have learnt so many things which I can apply to myself or my friends."

Humber Youth Action Group (HYAG) Member

"Involvement in Trust activities has allowed me to use my expertise in autism, helping to develop co-production in Humber. This has felt challenging and worthwhile and allows me to work as an equal with Trust staff. As a mental health survivor, now fully recovered, I have benefited so much from being part of the Trust 'family', A great life changing experience and a wonderful part of any recovery journey."

Andy – patient with lived experience, Learning Disabilities and Autism Service

"Personally rewarding and a chance to give back."

Person with lived experience, Mental Health Services Division

Staff

"My involvement with PACE has been both personally and professionally rewarding.

Working for a Trust that values the voices of it's whole community has meant that I have been able to learn more about how I impact on PACE and also how I can impact upon making things better.

Co-production has been the single biggest learning for me, and is invaluable for us to move forwards.

Listening to how the work that has been carried out has had a direct, positive impact upon peoples' lives is one of things that makes me proud to be Humber."

Marie Dawson, Senior Project Manager, Staff Champion of Patient Experience

"Involvement with the Patient and Carer Experience agenda has meant being able to work collaboratively with our clients and their families to better understand how they want to see the service develop.

PSYPHER were one of the early cohorts to become involved with the Always Event programme support by NHS England & NHS Improvements; along with our colleagues and patients within the Learning Disabilities service we were invited to be involved in a promotional video which has been used by NHS England & NHS Improvements in the training for future Always Event cohorts.

It gave our clients the chance to express what the experience had meant to them and how changes were made as a direct result of their feedback."

Lesley Kitchen, Team Manager, PSYPHER

6.0

How we will know that we have achieved our outcomes

Outcome 1 – Our Care

Our care is informed by lived experience, involvement and engagement to ensure our diverse communities feel heard, valued and understood.

The Trust values the lives, opinions and experiences of everyone and is dedicated to developing services that are right for our communities to effectively meet everyone's needs, whilst addressing health inequalities they may experience. It is so important to make sure that individuals and those who support them are not only included in the care journey to make informed decisions, but are also provided with opportunities to influence, shape and improve healthcare services.

Outcome 2 – Our Partnerships

Our strong partnerships enable us to empower communities, address health inequalities and deliver integrated care that meets local needs.

Working together with our partner organisations to further strengthen existing relationships to understand and respond to the changing needs of our communities is a key priority for our Trust. We strive to continually improve our care by building strong alliances with our communities and partner organisations. We break down barriers to address health-inequalities and ensure the best possible outcomes for our patient population.

Outcome 3 – Our Workforce and Organisation

Our staff are supported to involve our communities in all aspects of our work.

A happy workforce who are proud to work for the Trust is key to positive patient and carer experience and engagement. We equip our staff with the knowledge, skills and experience to genuinely co-produce services with our communities. Patient and carer experience and engagement informs our investments in services, estates and technologies to make sure no one is excluded.

7.0

What we will achieve

Trust wide

Goals	Innovating for quality and patient safety	Enhancing prevention wellbeing and recovery	Fostering integration, partnerships and alliances	Promoting people, communities and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
PACE Themes	Our Care		Our Partnerships		Our Workforce and Organisation	
	• Increase the number of identified Patient and Carer Experience Champions and the number of people with lived experience being paid to work together as equal partners with our staff to develop and improve services. • Patient information is co-produced as standard across all services. • Familiarity and confidence with systems and processes to collect and review feedback is embedded across all services.		• Patient experience and engagement leads across the Yorkshire and Humber Health and Care Partnership deliver impact through joint ventures. • Organisations within the Engagement Lead network across the Yorkshire and Humber footprint work in an effective and seamless way. • Our 'Engagement Twitter' account has an increased following and hosts an optimal number of 'live Twitter chats' on key topics that matter to our communities.		• Panel volunteers are included on interview panels for an increased number of patient-facing posts. • Staff feel that the training provided by the Trust is aligned to their values, including the mandatory Patient and Carer Experience Training programme for new Staff Champions of Patient Experience. • Staff routinely utilise their understanding of the digital inclusion needs of their communities when planning care and designing services.	

Children's and Young People's Services

Goals	Innovating for quality and patient safety	Enhancing prevention wellbeing and recovery	Fostering integration, partnerships and alliances	Promoting people, communities and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
PACE Themes	Our Care		Our Partnerships		Our Workforce and Organisation	
	• Young people can access the Youth Recovery College, Humber NHS Cadet Programme and work experience. • Lived experience is at the heart of our CAMHS Eating Disorders Service. • Mental Health Support Teams are embedded in schools and communities.		• Humber Youth Action Group members sit on the Humber and North Yorkshire Health and Care Partnership Youth Advisory Board. • Best practice and resources on involving children and young people are used across the Humber and North Yorkshire. • We take a one system approach to children and young people's emotional and mental wellbeing across schools and in the community.		• Staff are trained in engagement, co-production and involvement of children and young people. • Young people know about our Trust and future employment within our organisation. • Therapy spaces for children and young people are welcoming, friendly, and accessible to all.	

Forensics Services

Goals	Innovating for quality and patient safety	Enhancing prevention wellbeing and recovery	Fostering integration, partnerships and alliances	Promoting people, communities and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
PACE Themes	Our Care		Our Partnerships		Our Workforce and Organisation	

- Engagement with carers is improved through open events, increased family and friends' engagement and feedback and active participation throughout the division.
- Patients are supported to access vocational opportunities, including training delivered by external educational providers, and to get involved in Trust activities alongside volunteers, such as running the in-house shop.
- The Secure Quality Involvement (SeQuIn) tool is embedded as a quality improvement tool and is used across the division as a quality indicator.

- Staff and service users are active members of internal and external involvement forums, including an active carers forum which provides feedback to the division to support quality improvement.
- Shared pathways between community and inpatient services are strengthened.
- The division delivers on shared engagement plans and actions agreed with the Yorkshire and Humber network.

- Service user and carer involvement is always considered as part of service development, policy and practice across the division.
- All care coordinator staff attend the established, in-house family engagement training as a mandatory requirement.
- The division has established peer support workers and an established full time involvement lead in post.

Primary Care and Community Services

Addictions Services

Goals	Innovating for quality and patient safety	Enhancing prevention wellbeing and recovery	Fostering integration, partnerships and alliances	Promoting people, communities and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
PACE Themes	Our Care		Our Partnerships		Our Workforce and Organisation	

- The role of the addictions "Voice" forum in co-producing patient and carer information is communicated and celebrated.
- Panel volunteers with lived experience are actively involved in identified areas of recruitment and positive impact statements are collated, ensuring best practice.

- An increased number of volunteers/peer mentors share their lived experience within service delivery through roles in Addictions HUBs and satellite clinics.
- Qualitive and quantitative feedback from the Friends and Family Test and other feedback activities is used to capture patient and carer experience.
- Evidence of service improvements which support positive patient and carer experience is collected and shared.

- Staff Champions of Patient and Carer Experience provide continuous feedback to the clinical management team, which is cascaded to all staff.
- Volunteer and peer mentor champions within the addictions service provide the power for change, empowering staff and ensuring full recognition of patient and carer experience.

Community Services

Goals	Innovating for quality and patient safety	Enhancing prevention wellbeing and recovery	Fostering integration, partnerships and alliances	Promoting people, communities and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
PACE Themes	Our Care		Our Partnerships		Our Workforce and Organisation	
	• PACE champions in Scarborough & Ryedale, Whitby and District and Pocklington support the community and the division by sharing their lived experiences to influence improvements to service delivery.		• Volunteers working in community hospital wards and community services teams enhance patient and carer experience by embracing the Patient and Carer Experience Volunteer role. • Qualitative feedback is collected from Friends and Family Test surveys and bespoke surveys to capture positive patient and carer experience. • An increased number of quality improvement charters focus on improving patient and carer experience.		• Staff Champions of Patient Experience provide regular updates on PACE and involvement and engagement activities by reporting into the divisional meetings. • Co-production is embedded in the division through cultural change, so that the patient and carer voice is listened to from the start of any new initiative.	

Primary Care Services

Goals	Innovating for quality and patient safety	Enhancing prevention wellbeing and recovery	Fostering integration, partnerships and alliances	Promoting people, communities and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
PACE Themes	Our Care		Our Partnerships		Our Workforce and Organisation	
	• An increase in the number of Quality Improvement charters involving patient participation or lived experience contributes to improved patient and carer satisfaction. • Wider participation in Patient Participation Groups maximises community engagement and involvement.		• The Senior Patient and Carer Experience Co-ordinator has strong relationships with Primary Care Networks, Healthwatch, carers' organisations and other local groups. • Standardised and embedded process are in place across all practices relating to the patient and carer experience agenda. • Cultural change embeds patient and carer experience across the Primary Care Networks.		• Panel Volunteers add value to the recruitment process with regards to the recruitment and retention of staff in primary care. • Patient and Carer experience, involvement and engagement is embedded across all GP surgeries.	

Mental Health Services

Goals	Innovating for quality and patient safety	Enhancing prevention wellbeing and recovery	Fostering integration, partnerships and alliances	Promoting people, communities and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
PACE Themes	Our Care		Our Partnerships		Our Workforce and Organisation	
	• The number and role of experts by experience in the division is expanded, recognised and celebrated. • Cultural change places co-production of inpatient care at the forefront, informing change and having a positive impact on patient and carer experience, including delivery of co-produced work around Reducing Restrictive Interventions. • Cultural change increases the amount of co-production taking place across Community Mental Health Services, allowing patients, their carers and families to feel listened to, empowered and involved.		• Strong relationships with external partners develop our understanding of the health inequalities that exist within our communities, informing service development. • The co-produced Recovery and Wellbeing College strengthens relationships with internal services and external partners such as Public Health and our Local Authorities. • Further growth of the co-produced Recovery and Wellbeing College empowers local communities, including communities experiencing health inequalities, to support their own mental health and wellbeing.		• Recovery Champions across the division are committed to sharing co-production opportunities and initiatives of the Recovery and Wellbeing College to those accessing the services of Humber Trust. • Services across the division see cultural change around the co-production of services, where the involvement of those with lived experience, their families and those involved in their care comes first.	

Learning Disabilities Services

Goals	Innovating for quality and patient safety	Enhancing prevention wellbeing and recovery	Fostering integration, partnerships and alliances	Promoting people, communities and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
PACE Themes	Our Care		Our Partnerships		Our Workforce and Organisation	
	• Each Learning Disabilities team completes at least one Always Events improvement standard yearly and rolls out learning to other teams. • The Quality Checker programme supports patients and carers to use their own experiences to judge the quality of care & support and give feedback to services.		• Patients and carers are engaged planning of services that are delivered as part of Humber & North Yorkshire Health and Care Partnership. • Commissioning service specifications promote co-ordinated pathways which ensure access to specialist resources and expertise. • Experts by experience co-produce training on the delivery of annual health checks and this approach is firmly established as an integrated way of working with our partners.		• Patient and carers are supported to have representation on working groups and boards, to influence policy changes and to recommend changes to the design and delivery of care • Co- production work is embedded into everyday activities throughout the division at all levels of care delivery. • Patients & carers are key players in delivering Trust Induction to new staff across all services.	

8.0

How we developed the Forward Plan

To engage and involve our communities in the development of our Forward Plan we needed to ask the following:

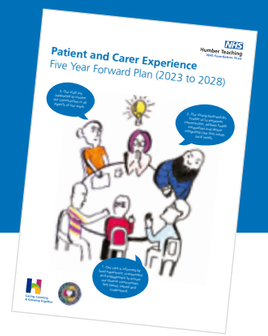
- How do you currently engage with us?
- What does good engagement and involvement look like to you?
- How would you like to get involved in Trust activities over the next 5 years?
- Which of the following activities would you like to know more about?
- What would you like us to prioritise over the next 5 years?

To do this we created a working group including; patients, service users, carers, staff and partner organisations. The purpose of this group was to provide us with their opinions on what should be included in the Forward Plan and how we should give the opportunity for everyone to provide their thoughts and views on the content.

Healthwatch East Riding of Yorkshire worked in partnership with the Trust to draft a Patient and Carer Experience: Five Year Plan (2023 to 2028) survey following discussions with the working group. The survey was sent to communities, staff and partner organisations so that everyone could have their say on the Trust priorities for engagement and involvement over the next five years.

We also gathered thoughts and views from wider communities by attending local events and groups e.g. Hull Pride, Hull and East Riding Lesbian, Gay, Bisexual, Transgender (LGBT+) forum, the Trust's 2022 Annual Members Meeting and the Trust's Patient and Carer Experience (PACE) forums, by sharing the survey link on the Trust's social media platforms including communications to targeted groups and by facilitating virtual workshops with the Trust's PACE forum members including Whitby & District PACE, Scarborough & Ryedale PACE, Hull & East Riding PACE, Staff Champion of Patient Experience and Veteran's forums.

A competition took place to reach out to our communities, staff and partner organisations to design the front cover of this Forward Plan and a 'Plan on a Page' highlighting the key outcomes to be delivered as part of the vision for the Trust's involvement and engagement work over the next five years.



"The Trust would like to thank everyone who has contributed to this Five Year Forward Plan. We would like to say a special thank you to every one of you who has been engaged and involved with the Trust over the past five years and continue to contribute to Trust activities. You all are really making a difference to the services we provide."

This forward plan is available in alternative languages and other formats including Braille, audio disc and large print by contacting us in the following ways:

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Willerby
East Riding of Yorkshire
HU10 6ED

Tel: 01482 301700
Email: hnf-tr.contactus@nhs.net

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@humbernhsft

If you would like any further information relating to the implementation of this forward plan please contact the Patient and Carer Experience Team as follows:

Humber Teaching NHS Foundation Trust
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HU10 6ED

Tel: 01482 389167
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Humber Teaching NHS Foundation Trust

Agenda Item 11

Title & Date of Meeting:	Trust Board Public Meeting: 27 September 2023
Title of Report:	Patient and Carer Experience Annual Report 2022/23 including Complaints and Feedback
Author/s:	Mandy Dawley (Assistant Director of Patient and Carer Experience and Co-production)
Recommendation:	

To approve		To discuss	
To note		To ratify	√
For assurance			

Purpose of Paper:	To ask the Trust Board to ratify the Patient and Carer Experience Annual Report (2022/23) including Complaints and Feedback.

Key Issues within the report:

Positive Assurances to Provide:

By listening to feedback, it is helping us to understand and influence our service provision as well as shape the services we deliver. Key highlights from the year include:

- We continue to host regular forums, Trust wide and across all of the divisions to enable patients, service users, carers, staff and partner organisations to be actively engaged with the Trust - over the past year there has been a significant increase in the number of involvement and engagement groups that our communities can access to share their experience and get involved in Trust activities.

- We continue to invest in the Patient and Carer Experience agenda. The strategic Patient and Carer Experience team is supported by operational engagement and involvement leads who are embedded in the Trust's four clinical divisions.

- Patients, service users and carers continue to provide feedback by participating in a number of surveys including; Friends and Family Test, Community Mental Health

Key Actions Commissioned/Work Underway:

- Action plans have been developed to address areas of concern identified in the National GP Survey (2022) and Community Mental Health Service User Survey (2022). Regular meetings are taking place to seek assurance that the action plans are being implemented.

- Earlier this year, the Trust commenced phase 2 of the Scale, Spread and Embed national project which involves digital processing of Friends and Family Test (FFT) data to drive improvements in patient experience. This is phase 2 of a 3-year project. The project builds on the Imperial College experience and aims to test and evaluate the usability of the Natural Language Processing (NLP) technology in combination with QI methodology across a range of NHS Trusts to improve patient experience. In the next six months an algorithm which is built into the Trust's FFT Dashboard will go live and will activate monthly reports to show thematic analysis of the FFT feedback responses (positive and negative) by team, division, and the organisation. Because the Trust receives large volumes of FFT feedback from Primary

Service User survey and the national GP survey.

- Our communities continue to get engaged and involved in a number of Trust activities including; sharing their story at Trust Board, participating in research, volunteering and quality improvement and being a Trust member, Patient and Carer Experience Champion, Patient Safety Partner.

- Since the launch of the co-production stamp, there have been 28 co-produced pieces of work approved for the logo to be added. Every piece of work awarded the logo goes into a prize draw which takes place at every Staff Champion of Patient Experience forum and the winning team receives a £35 voucher.

- The Trust has strengthened the Brand Centre by introducing guidance on writing Accessible Information, designing patient information and offering information in alternative formats. Two training films have been produced to inform staff on how to record accessible information needs in the Electronic Patient Record (EPR).

- To help us to understand who is accessing our services and their needs, November 2022 saw the launch of an enhanced data collection template in our clinical systems. A 'Why Ask' booklet is available for staff and the public to access in both hard copy and digital version.

- We supported Hull Pride 2022 by hosting a stand and participating in the Pride march. Young people from the Trust's SMASH service and Humber Youth Action Group attended the event to represent the organisation.

- The Humber and North Yorkshire ICS is one of six areas to be chosen to work with NHS England and the Kings Fund on an engagement project. The Trust is one of five organisations leading on this work and will be working with all ICS organisations across Humber and North Yorkshire to develop a shared vision for experience.

- During the past twelve months the Trust has responded to a total of 582 complaints: 195

Care, it is hoped that the feedback received will help us to better understand patients' positive and negative experiences so we can celebrate what is working well and develop Quality Improvement Charters were innovation is required. The work will progress in a phased approach as follows:

- Phase 1 – January 2023 – Market Weighton are the pilot team.
- Phase 2 – September 2023 – Launch event to involve the remaining Primary Care practices on the pilot.
- Phase 3 – October 2023 – Move main FFT dashboard and Excel dashboard over to Power BI where all services in the Trust will be able to access the 'new look dashboard' with thematic analysis of the qualitative feedback.
- Phase 4 – Roll out and train all staff on the new Power BI FFT dashboard.

formal complaints and 387 informal complaints. For the same period last year, the Trust responded to a total of 535 complaints: 235 formal complaints and 300 informal complaints. On comparing the two years, there has been an overall increase of 47 complaints; 40 formal complaints and 7 informal complaints.

- Over the last year 36 of the 107 clinical teams (34%) have not received any formal or informal complaints.

- Patients, service users and carers sometimes compliment our staff offering their gratitude and thanks for the wonderful service they provide. The Trust received 243 compliments for the period 1 April 2022 to 31 March 2023, which compares to 304 compliments received for the same period during 2021/2022.

Key Risks/Areas of Focus:

- Complaints, Friends and Family Test (FFT) and the national GP survey data have highlighted areas of concern in primary care. Key areas of concern are appointments, communication, values and behaviours of staff and patient care are dominant themes across GP practices. Once people attend their appointment, most appear happy with the service they receive and there is a lot of positive feedback (compliments and FFT responses) to confirm how friendly, warm, professional, and considerate the Primary Care staff are and what an efficient service is provided.

- The Community Mental Health Service User survey results were mixed this year where 6 questions scored in the highest 20% of Trusts, 4 questions in the lowest 20% of Trusts and 20 questions in the intermediate 60% of Trusts. There was a reduction in the response rate by 10% this year and actions will be put in place to address this decline before the 2023 survey takes place.

Decisions Made:

We continue to seek assurance that people know how to complain and are enhancing our Complaints and Feedback training offer to all staff.

Over the past year the Trust has been delivering on the patient, service user and carer priorities identified in a workshop that took place on 7 April 2022. The priorities include:

- To increase the voice of individuals from all backgrounds by offering more flexibility and different approaches when engaging with the Trust.
- To improve digital inclusion methods to support individual needs.
- To further develop systems and processes to encourage young people to actively engage with the Trust.
- To continue to strengthen data collection processes to better understand the demographics of the people accessing our services.

Governance:

	Date		Date
Audit Committee		Remuneration & Nominations Committee	
Quality Committee	31.8.23	Workforce & Organisational Development Committee	
Finance & Investment		Executive Management	14.8.23

Committee		Team		
Mental Health Legislation Committee		Operational Delivery Group	27.6.23	
Charitable Funds Committee		Collaborative Committee		
		Other (QPAS)	15.6.23	

Monitoring and assurance framework summary:

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

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

NHS
Humber Teaching
NHS Foundation Trust

Patient and Carer Experience

Annual Report (2022/2023) including Complaints and Feedback

Caring, Learning
& Growing Together

PRODUCED IN COLLABORATION WITH LIVED EXPERIENCE

Contents

1.0

Executive Summary

The Patient and Carer Experience Annual Report (Apr 2022 to March 2023) including the Complaints and Feedback service provides an overview of the work carried out across the organisation over the past year to support the patient and carer experience and engagement agenda.

Putting patients, service users and carers first is our priority at Humber Teaching NHS Foundation Trust (HTFT). Involving patients, service users their carers and our partners in all that we do has become an integral part of our culture and everyday thinking. To embrace a broad perspective, we actively listen to people from all parts of the community with equality and diversity as the golden thread woven throughout the patient and carer experience agenda. Due to the vast range of diverse services we provide, we believe there is an immense wealth of knowledge that we can access from our patients, service users and carers to help us with our improvement journey and transformation plans.

1.1 Patient and Carer Experience

We continue to host regular forums to enable patients, service users, carers, staff and partner organisations to be actively engaged with the Trust. Over the past year there has been a significant increase in the number of involvement and engagement groups that our communities can access to share their experience and get involved in Trust activities.

Last year saw the launch of the Patient and Carer Experience Training programme where individuals are now able to access several training resources to develop their knowledge when getting involved in Trust activities. The Trust held a celebration event in October 2022 to present a certificate and hamper of gifts to members of the public and staff who have completed the full training programme.

The Trust continues to invest in the Patient and Carer Experience agenda. The strategic Patient and Carer Experience team is supported by operational engagement and involvement leads who are embedded in the Trust's four clinical divisions.

In January of this year the Trust launched the Expert by Experience (EbE) opportunity. EbE are people with experience of using services as either a patient, service user or a carer and once registered on our EbE Bank, will be remunerated for undertaking activities with the Trust.

During this year the Trust has participated in two national surveys; the GP Patient Survey 2022 (from January 2022 to April 2022) and the Community Mental Health Service User Survey 2022 (from February to June 2022). Findings from the surveys provide qualitative and quantitative data to help the Trust map the previous year's scores against the current year to see where good progress is taking place and identify areas for improvement.

89.9%

of people were satisfied with the care the Trust provided

A robust governance process is in place to track action plans and associated improvements as they develop.

The national mandated Friends and Family Test (FFT) is the largest survey that the Trust asks patients, service users and carers to complete. This year the Trust received a total of 16,911 responses and of those responses 89.9% of people were satisfied with the care the Trust provided.

Earlier this year, the Trust commenced phase 2 of the Scale, Spread and Embed national project which involves digital processing of Friends and Family Test (FFT) data to drive improvements in patient experience. This is phase 2 of a 3-year project. The project builds on the Imperial College experience and aims to test and evaluate the usability of the Natural Language Processing (NLP) technology in combination with QI methodology across a range of NHS Trusts to improve patient experience. An algorithm has been built into the Trust's FFT Dashboard to show thematic analysis of the FFT feedback responses (positive and negative) at team level. The Market Weighton Practice is the Trust's pilot site for this initiative and has developed seven Quality Improvement Charters because of the thematic analysis. The Trust will roll out the initiative to the remaining GP practices in the Spring 2023 followed by all other teams later in the year.

The Humber and North Yorkshire Integrated Care System (ICS) is one of six areas to be chosen to work with NHS England and the Kings Fund on an engagement project. The Trust is one of five organisations leading on this work and will be working with all ICS organisations across Humber and North Yorkshire to develop a shared vision for experience.

There is more evidence of inequalities in how people access healthcare, and the outcomes realised as a result. To help us to understand who is accessing our services and their needs, November 2022 saw the launch of an enhanced data collection template and supporting patient/staff information booklet. By asking demographical questions will help us to better identify what certain groups need attention and the most help. It will also help us to better personalise interactions and conversations with patients.

1.2 Complaints and Feedback

The report provides an overview of the Complaints and Feedback service for the twelve-month period. Analysis of the themes from complaints and concerns is used to identify areas for learning to improve patient experience. In addition, the information gathered is compared with other patient experience feedback. All feedback from complaints is shared with the relevant service area to enable teams to share positive feedback and consider suggestions for improvements made by patients, service users and carers.

1.3 Patient and Carer Experience Strategy (2018 to 2023)

The strategy includes twelve priorities (all of which underpin the Trust's six organisational goals) and are the focus for the Trust's five-year Patient and Carer Experience action plan. These include:

1 Innovating for quality and patient safety

Priority one: Actively listening to patient, service user and carer feedback so we can learn from, act and improve.

Priority two: Continuing to engage patient and carer champions across the organisation to make real change happen.

2 Enhancing prevention, wellbeing and recovery

Priority three: Continue to strengthen our involvement with patients, service users and carers in decisions about their carer.

Priority four: Further involvement with patients, service users and carers in Trust activities and influencing the organisation.

3 Fostering integration, partnerships and alliances

Priority five: Ensuring that at all times we provide information that is accessible.

Priority six: Working and collaborating with other organisations to share learning and best practice.

4 Developing an effective and empowered workforce

Priority seven: To expand our staff knowledge and understanding of patient, service user and carer experience and how that influences their practice.

Priority eight: Making patient and carer experience the business of all Trust staff.

5 Optimising an efficient and sustainable organisation

Priority nine: Hold an annual patient and carer experience event to share achievements and future aspirations.

Priority ten: Patients, service users and carers will be at the centre of all our quality improvement and transformation work.

6 Promoting people, communities and social values

Priority eleven: Continue to collaborate and work in partnership with other organisations to benefit our patients, service users and carers.

Priority twelve: Raising the profile of patient and carer experience whenever we can.

2.0

Achievements over the last year

This report includes achievements made across the organisation to support the patient and carer experience and engagement agenda over the past twelve months. The achievements have been aligned to the Trust's six strategic goals.

1 Innovating for quality and patient safety

Priority One: Actively listening to patient, service user and carer feedback so we can learn from, act and improve.

Priority Two: Continuing to engage patient and carer champions across the organisation to make real change happen.

2.1 Forums and Groups

The Trust hosts a variety of forums and groups to enable patients, service users, carers, staff, partner organisations and members of the public to have a voice and raise awareness of patient and carer experience including the following, however this is not an exhaustive list.

Trust Forums

The Trust continues to actively engage and involve the community by hosting face to face and virtual Trust forums across the geographical patch.

Humber Youth Action Group (Youth Board)

To effectively embed young people's involvement and engagement, it is vital to create a culture in which young people's opinions and contributions are recognised, valued, and acted upon. The Humber Youth Action Group provides a platform for young people between the ages of 11 and 25 in the Hull and East Riding area to get together every three weeks to share their thoughts, feelings and experiences to help improve healthcare services for themselves and others.

Here are some of the Trust activities HYAG members have been involved with over the past year:

- Co-produced a promotional animated film to encourage more young people to join the HYAG.
- Updated the HYAG induction pack which is sent to young people who are interested in joining the group.
- Co-produced a passport which is being used by Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services to support young people when transitioning between the two services.
- Supported with the development of a film for the launch of the new Trust strategy.
- Recruited the Modern Matron post for Child and Adolescent Mental Health Services (CAMHS) (Inspire and Acute services).
- Co-produced a meaningful social media campaign for Children's Mental Health Week that would resonate with other young people.
- Supported the Health Care Assistants interviews for the Inspire Inpatient Unit.
- Developed a Humber Youth Recovery College platform.
- Co-produced the new Children's Neurodiversity Front Door website.

HUMBER YOUTH ACTION GROUP

Patients Council "Our Voice"

The Forensic Services Patients Council has been re-established and is meeting on a monthly basis.

Adult Mental Health Co-production Group

This group now has over 100 members on the network. The group was initially set up to support the Community Mental Health Transformation Programme and has since evolved to include all involvement and co-production opportunities across the Adult Mental Health division. The group meets monthly where staff can share their co-production opportunities and invite those with lived experience to support with engagement and involvement activities.

Crisis Involvement and Action Group

This group has evolved, and membership now includes the Yorkshire and Humber patch to support the work of the Urgent and Emergency Care (U&EC) steering group. Moving forwards the group will be entering into discussions around specific areas of work to inform the U&EC steering group as well as working on their own initiatives.

Reducing Restrictive Interventions Co-production Group

The group has been established to provide service users, carers and staff with a space to talk about restrictive practice, examples include; the sharing of experiences, training opportunities, identification of restrictive interventions, practices and blanket rules and conflict reduction ideas to improve people's experiences.

The Patients Council has developed and introduced a new approach to "You Said, We Did"

The "Our Voice" group has created a document which goes to the Forensic Services Clinical Network meeting following a council meeting. The council gets an immediate response to any issues/requests raised and the division is kept up to date with live feedback.

"I feel like we are getting somewhere now, management are listening."

Patient Council member

Older People's Feedback Groups

The Mental Health Services division engaged with those over the age of 65 to listen to their experiences of accessing older people's mental health services ahead of any potential transformation work within the service. Through being involved in this work, service users, patients, carers and families feel that they have been heard. Feedback has been gathered from focus groups held across Hull and East Riding and through visits to support groups for those with memory loss such as the East Riders group and the Butterflies group in Hull.

Feedback from individuals involved in Trust Activities in the Mental Health Services division include:

"It's given me the choice to do something positive rather than complaining".

"It gives me a better understanding of what goes on in mental health services".

"It means my opinion matters".

"It's useful to help shape/ influence services for the benefit of those that use them".

Experiences of Homelessness Working Group

During the past few months this group has been meeting to start to develop a strengthened approach to listening to and engaging with anyone who has lived experience of being homeless. By listening to the voice of those who have lived experiences of homelessness it is hoped that we can raise awareness of the issues surrounding homelessness to enhance the support we can give. During the next twelve months we will capture their experiences and will create a film to promote key messages to ensure staff are informed on how to help the homeless population access services and feel valued.

Patient case study:

Harthill Primary Care Mental Health Network, step up to a Community Mental Health Team

Initially I had a medication review and I had to call the nurse and they said I was doing fine. After that, I took an overdose and ended up in hospital and then I was referred to the Primary Care Mental Health Network. I couldn't get out of bed and I was struggling but I got a quick appointment with the mental health nurse from the network. I felt so listened to, I know sometimes hospital Mental Health Services can be quite abrupt but she was mint she was so mint, and she really listened. I felt so heard and she helped me get to the Community Mental Health Team (CMHT). Even through the Network wasn't the right pace for me, and I needed more than primary care, she said she would do everything she can to get me to the right place. I have Borderline Personality Disorder (BPD) and as soon as people hear that they say it's not my job. Before lockdown and during I called up for help, they said you can go to 'Let's Talk' but they wouldn't help me because of my BPD diagnosis.

They passed me to the Emotional Wellbeing Service and they told me to call rapid response and I got localised therapy but it was only 12 sessions. When I got to the Primary Care Mental Health Network, it was the first time in years that I've not been sent from pillar to post , the next day she called me and told me that I had been stepped up to the CMHT. She was a star and so human, she listens well and offers her own insight. She said that if I needed any support while I was waiting to be seen through the CMHT that I just needed to call. I live with my dad and around the same time as I was having problems, my dad had problems too and he saw the help I had through the network and now he is getting some support too. I don't have prejudice about people who work in mental health services and I have had some positive experiences with mental health staff in the past but this is one that has changed my perspective. At a time when I was feeling really hopeless, she gave me hope.

2.2 Surveys

The Trust gathers feedback about the services it provides by reaching out to patients, service users and carers. From the feedback received, it helps us to understand how effective our services are and identifies areas for improvement.

Friends and Family Test (FFT) Survey

The Trust continues to collect feedback about all the services it provides using the FFT online and hard copy survey forms. From a total of 16,911 completed surveys received during the year, 89.9% of patients had a positive experience of or services. Here is a snapshot of some of the feedback:

Community Mental Health Service User Survey (2022)

The Trust participated in the survey between February and June 2022. The report captures patient views and perceptions of the care they received whilst receiving community mental health services. The Community Mental Health Service User Survey working group continues to meet on a regular basis to identify and implement actions to address areas where improvements can be made.

In comparison to all Trusts surveyed by IQVIA, the Trust scored above the highest 80% threshold for six questions, four questions scored in the bottom 20% and most scores sat in the intermediate 60%. A presentation on the results was delivered by IQVIA at the Trust's March 2023 Board meeting.

During 2021 a pilot was conducted to analyse the feasibility of transitioning the CMH service user survey to a mixed-mode methodology. Service users were offered the option of completing the questionnaire either online or by paper. Text message (SMS) reminders were sent containing a direct link to the online survey. As a result of the pilot, the 2023 CMH service user survey will be implementing a push-to-web mixed-mode methodology. Responsibility for the coordination of the survey will be transferred to the Coordination Centre for Mixed Methods. Changing the way we ask for patient feedback will change the way people respond and will make results from the 2023 survey incomparable to previous years. Therefore, this is providing an opportunity for the Centre to review all aspects of the way the survey is run and the questionnaire will be undergoing significant revision this year.

Key work underway to make improvements on the survey feedback

- Person-Centred Care Planning.
- Changes to the ways that crisis calls are processed.
- A question has been added to the My Assure Audit tool, which will enable monitoring of the use of the 'All About my Medication' document.
- A new Family Inclusive Care Co-ordination Refresher package has been developed.
- Focus groups introduced to gain a more detailed understanding of service user experience of crisis care.
- Work is underway to provide thematic analysis for the Friends and Family Test, so that themes can be easily identified from the data (refer to the Scale Spread and Embed initiative in item 2.15.1). This information will be triangulated with the CMH Service User survey feedback to enable specific targeted actions for improvement.

Mental Health Inpatient Survey

Over the past few years the Trust has participated in a national Mental Health Inpatient survey. The survey was not compulsory and provided qualitative feedback from service users staying in our inpatient units and the Trust's results are benchmarked against all other organisations participating in the survey. More recently, the number of providers taking part in the survey has reduced, therefore the benchmarking data has become less meaningful. To this end, the Trust has embarked on developing its own version of the survey in house. A working group was implemented earlier this year to support with the development of the Trust's new survey, which has been fully co-produced with patients, service users, carers and staff. It aims to capture not only any areas of concern and importance identified through the former national survey but also areas of importance to those using and providing services.

A period of consultation and testing with the working group was completed and a pilot commenced in January for three months. The purpose of the pilot is to understand uptake, to ensure that any issues with accessibility could be addressed and that the format of the survey was user friendly. Also, to ensure that any technological issues were identified and addressed prior to the launch of the survey. The survey will be delivered in two parts, one to be completed during service users' time on a ward and the second to be completed post discharge.

The survey will launch fully in the Summer of 2023 with six monthly reporting and action tracking where issues are identified.

National GP Patient Survey

The GP Patient Survey assesses patients' experience of healthcare services provided by GP practices, including experience of access, making appointments, the quality of care received from healthcare professionals, patient health and experience of NHS services when their GP practice was closed.

The most recent survey took place from January to March 2022. The results are on the following website: **www.gp-patient.co.uk/**.

At the time of the survey taking place the Trust had 8 GP practices. Refer to table (1) below which provides a quantitative overview of the Trust's GP Practices' survey results for 2022 in comparison to 2021.

Five questions are included in the table and confirm:

- 12 scores are higher than last year
- 25 scores are lower than last year
- 3 scores remain the same, year on year

Table 1: National GP Patient Survey: By Practice 2021 v 2022

Questions	ICS	National Average		Fieldhouse		King Street Medical Centre		Manor House		Market Weighton		North Point		Peeler House		Practice 2 - Bridlington*		Princes Medical Centre	
	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022
% of patients who describe their experience of making an appointment as good	**60%**	46%	**56%** ↑	57%	**62%** ↑	38%	**32%** ↓	66%	**32%** ↓	46%	**35%** ↓	73%	**59%** ↓	72%	**84%** ↑	63%	**38%** ↓	65%	**56%** ↓
Your last appointment																			
% of patients who say the healthcare professional they saw or spoke to was good at listening to them during their last general practice appointment	**87%**	89%	**85%** ↓	90%	**91%** ↑	84%	**89%** ↑	94%	**86%** ↓	82%	**72%** ↓	89%	**75%** ↓	88%	**98%** ↑	86%	**80%** ↓	89%	**87%** ↓
% of patients who say the healthcare professional they saw or spoke to was good at treating them with care and concern during their last general practice appointment	**86%**	88%	**83%** ↓	90%	**90%** ↔	83%	**90%** ↑	93%	**85%** ↓	83%	**78%** ↓	89%	**81%** ↓	82%	**93%** ↑	83%	**81%** ↓	85%	**88%** ↑
% of patients who were involved as much as they wanted to be in decisions about their care and treatment during their last general practice appointment	**91%**	93%	**90%** ↓	91%	**94%** ↑	90%	**87%** ↓	92%	**92%** ↔	93%	**93%** ↔	90%	**81%** ↓	86%	**93%** ↑	86%	**83%** ↓	90%	**94%** ↓
Overall experience																			
% of patients who describe their overall experience of this GP practice as good	**76%**	58%	**72%** ↑	78%	**77%** ↓	58%	**57%** ↓	65%	**68%** ↑	58%	**42%** ↓	85%	**63%** ↓	83%	**91%** ↑	82%	**59%** ↓	83%	**74%** ↓

12/40 higher than last year's score
25/40 lower than last year's score
3/40 same as last year's score

*acquired surgery during 20/21

Table 2: National GP Patient Survey: GP Practices v National Results

Questions	National Average	Fieldhouse	King Street Medical Centre	Manor House	Market Weighton	North Point	Peeler House	Practice 2 - Bridlington	Princes Medical Centre
	2022	2022	2022	2022	2022	2022	2022	2022	2022
% of patients who describe their experience of making an appointment as good	**56%**	62% ↑	**32%** ↓	32% ↓	**35%** ↓	59% ↑	**84%** ↑	38% ↓	**56%** ↔
Your last appointment									
% of patients who say the healthcare professional they saw or spoke to was good at listening to them during their last general practice appointment	**85%**	91% ↑	**89%** ↑	86% ↑	**72%** ↓	75% ↓	**98%** ↑	80% ↓	**87%** ↑
% of patients who say the healthcare professional they saw or spoke to was good at treating them with care and concern during their last general practice appointment	**83%**	90% ↑	**90%** ↑	85% ↑	**78%** ↓	81% ↓	**93%** ↑	81% ↓	**88%** ↑
% of patients who were involved as much as they wanted to be in decisions about their care and treatment during their last general practice appointment	**90%**	94% ↑	**87%** ↓	92% ↑	**93%** ↑	81% ↓	**93%** ↑	83% ↓	**94%** ↑
Overall experience									
% of patients who describe their overall experience of this GP practice as good	**72%**	77% ↑	**57%** ↓	68% ↓	**42%** ↓	63% ↓	**91%** ↑	59% ↓	**74%** ↑

21/40 - higher than national average
18/40 - lower than national average
1/40 - same as national average

Refer to table (2) which compares the Trust's GP Practices results to the national results. On comparing 2022 results to 2021, the following observations have been made;

- 21 Trust scores are higher than the national average
- 18 Trust scores are lower than the national average
- 1 score is the same as the national average

Each GP practice has developed an action plan to address questions of concern and will continue to address and implement the actions identified.

Primary Care Feedback Analyis

A critique to triangulate qualitiatve and quantitative analysis of feedback relating to the Trust's GP practices including Friends and Family Test (FFT) survey responses, complaints, and compliments for period December 2021 to May 2022 took place to better understand peoples' experiences when attending the Trust's GP practices.

To summarise; appointments, communication, values and behaviours of staff and patient care are dominant themes across GP practices. Issues include getting an appointment to see a clinician; from getting through on the appointments line, to receiving the type of appointment of choice (virtual or face to face), to the appointment being cancelled or not on time. There are instances were values and behaviours of staff including communication are a concern and feedback highlights that staff could improve their communications processes when people are waiting to see a clinician or are waiting for results. Once people attend their appointment, most appear happy with the service they receive and there is a lot of positive feedback (compliments and FFT responses) to confirm how friendly, warm, professional, and considerate the Primary Care staff are and what an efficient service is provided.

2.3 Patient and carer Stories at Trust Board and Council of Governor Meetings

Stories can help build a picture of what it is like to be in receipt of our services and how care can be improved, or best practice shared. Patients, service users and carers attend our Trust Board and Council of Governor meetings to share their experiences of either using our services or caring for someone who has used our services.

We are honoured to share with you a patient case study from Maisy about her experience with the Humber Youth Action Group (HYAG). Maisy has accessed our Child and Adolescent Mental Health Services (CAMHS) services and joined HYAG because she wanted to make a difference and help improve young people's access to mental health support. Here, Maisy shares her views on what being part of HYAG means to her.

HUMBER YOUTH ACTION GROUP CASE STUDY

MAISY, HYAG MEMBER

Hi! I'm Maisy, a 22-year-old Psychology student at University.

WHAT WAS YOUR MOTIVATION TO JOIN THE HYAG?
I was motivated to join the group after reading about it online. As a Psychology student I have a passion for mental health and wellbeing, so I am very interested in getting involved in improving the services available to support people in any way possible! I am also very keen to improve the experiences of young people in seeking both physical and mental health support after some negative personal experiences.

WHAT HAVE YOU ENJOYED THE MOST SO FAR?
I have really enjoyed getting to speak to healthcare professionals from all different roles and getting an insight into what they do. One of my most memorable moments in the group is getting to sit on the interview panel for new Health Care Assistants at the Inspire unit, as this was a very unique opportunity that I am very grateful for.

HAS IT DEVELOPED YOUR SKILLS AND KNOWLEDGE?
Yes, it has! I have learnt a lot more about the inner workings of the healthcare system, and the different roles people do to keep it going. I have developed my skills in speaking with professionals and having the confidence in myself to volunteer for opportunities I would have been too scared to partake in previously.

HAS BEING A MEMBER OF THE GROUP HELPED YOUR STUDIES AND TO DEVELOP YOUR CAREER EXPERIENCE?
I believe it has, yes, as I am certain I want to work for the NHS, and I think that the group has given me a foot in the door that I would not have had previously.

WOULD YOU RECOMMEND THE HYAG TO OTHERS?
Yes, definitely!

HUMBER YOUTH ACTION GROUP
Making a difference together

"HYAG IS AN INCREDIBLY SUPPORTIVE ENVIRONMENT WITH EXCLUSIVE OPPORTUNITIES"

Priority three:
Continue to strengthen our involvement with patients, service users and carers in decisions about their carer.

2
Enhancing prevention, wellbeing and recovery

Priority four:
Further involvement with patients, service users and carers in Trust activities and influencing the organisation.

2.4 Co-Production Stamp

Since the launch of the co-production stamp, there have been 28 pieces of work approved for the logo to be added. Every piece of work awarded the logo goes into a prize draw which takes place at every Staff Champion of Patient Experience forum and the winning team receives a £35 voucher.

Here are the winners of the past year's draws:

- Recovery Champions Resources (Engagement Lead, Mental Health Services)
- Patients Council "Our Voice" (Humber Centre)
- Trust Strategy (Partnerships and Strategy Team) – here are the goodies the team bought with their winning voucher…

New work which has been developed in partnership with patients, service users, carers and individuals with lived experience can display our Trust's Co-production logo. It is a great way to add value and recognition to the hard work and support that goes on behind the scenes to co-produce work and to showcase where co-production has taken place.

PRODUCED IN COLLABORATION WITH LIVED EXPERIENCE

2.5 Family Inclusive Care Co-ordination Refresher Training

The training is for staff who have already completed the one-day Family Inclusive Care Co-ordination workshop. The aim is to remind clinicians of the key reasons for working in partnership with families, carers, and significant others, including an understanding of the risks of not working in partnership with families, carers and significant others. Participants are invited to watch a video of the brother of a service user who took her own life being interviewed at a Trust Board meeting.

He gives a moving account of his experiences and shares his thoughts about how our services can learn, and have learned and developed, from these experiences. As they listen, staff are asked to reflect on and then discuss, how they feel, the key messages, and how their learning will influence their practice.

Here are a few of the comments received from staff attending the refresher training:

"It was very valuable to listen to the voice of a family member."

"It's difficult to hear it, but it's a learning experience and we've got to move forward from this."

"…thought provoking video…… reminding us what we do and why we do it."

"It is so sad that another life has been lost when [service user] was seeking help. We need to be honest about our contacts with relatives and document all conversations. We are sharing decisions more often and we need to take time to make quality decisions rather than rush through tasks."

"We need to be moving away from the language that we can't talk to families…. We share information much more now."

"It continuously reminds us that there's a person involved and we don't often see the aftermath for the family when something like this happens."

"It doesn't get any easier watching this video, but I don't want it to get any easier…..It's a reminder to listen to families."

2.6 Carers Forum, Forensic Services

To increase positive engagement with family and friends, discussions are in place to develop a Carers Forum and this will be chaired by an independent volunteer. Letters are going out to families and friends to seek interest before the first meeting is set up.

2.7 Experts by Experience (EbE)

In January of this year the Trust launched the EbE opportunity. EbE are people with experience of using services as either a patient, service user or a carer and once registered on our EbE Bank, will be remunerated for undertaking activities with the Trust.

2.8 Patient Safety Partners (PSPs)

PSPs are patients, carers, family members or other lay people who are recruited to work in partnership with staff to influence and improve the governance and leadership of safety within an NHS organisation. Following NHS England/Improvement's framework for involving patients in patient safety in line with the strategic intentions outlined in the national patient safety strategy published in 2019, the Trust has recruited one PSP to support the patient safety agenda and is looking for more volunteers to participate in this agenda.

2.9 Research Champion as Recovery College Facilitator

One of the Trust's Research Champion's (person living with dementia) has become a Recovery College Facilitator and is leading a 'Living with Dementia' workshop which also includes the benefits of research participation with the module. The course has been delivered as part of the Recovery College Summer 2022 prospectus and is open to patients, services users and carers. At the workshop people share their experiences, knowledge and handy tips.

2.10 Forensic Services Dining Experience

Working in partnership with Hotel Services patients and staff have been working together to improve the food and dining experience. Taster sessions have been offered and agreement made for two members of staff to eat with service users free of charge. Also, agreement has been made for two DAB radios to be used during mealtimes to provide some background music.

Tablecloths and dressed tables have been introduced, as well as themed days to the dining room timetable and menu and both dining rooms are to be redecorated.

Improvements to the dining experience have brought about positive outcomes for both staff and patients

Patients reported that they feel the service has listened and actively responded to the concerns they raised. The food and experience is improving and everyone has been motivated to participate and be involved in promoting the changes.

Staff are hoping that patients will continue to want to come to the dining rooms and will continue to support the positive changes and future improvements.

"I've loved being part of this, the food has been fantastic."

Patient from the Humber Centre

"I thought this was a fantastic session, myself and my mum who are new to the world of Alzheimer's/dementia benefitted massively, especially from hearing Wendy speak about her experiences. We took a lot of information from this and it's made us feel extremely optimistic moving forward with my dads diagnosis. A super friendly group and lots of nice friendly faces. I was put straight a ease. Thank you for this course."

Person who attended the Living with Dementia workshop

Priority five:

Ensuring that at all times we provide information that is accessible.

3

Fostering integration, partnerships and alliances

Priority six:

Working and collaborating with other organisations to share learning and best practice.

2.11 Equality, Diversity, and Inclusion

Over the past year the Trust has been delivering on the patient, service user and carer priorities identified in a workshop that took place on 7 April 2022. The priorities include:

- To increase the voice of individuals from all backgrounds by offering more flexibility and different approaches when engaging with the Trust.
- To improve digital inclusion methods to support individual needs.
- To further develop systems and processes to encourage young people to actively engage with the Trust.
- To continue to strengthen data collection processes to better understand the demographics of the people accessing our services.

There are several initiatives either underway or have been launched, as follows:

Demographical data collection

In November 2022 the Trust launched a clinical template for collecting demographical data including protected characteristics and health inequalities. The template has been designed to improve the quality of demographical data reported into the Trust's clinical systems. It is anticipated that this additional template will support staff to ask more qualitative questions about an individual's protected characteristics and/or health inequalities. By asking additional questions will provide the Trust with more robust demographical data about our patients and service users which will help to inform the Trust on who our patients and service users are. This will help the organisation to engage and involve our wider community in Trust activities.

Accessible Information Standard (AIS)

The Trust has strengthened the organisation's Brand Centre by introducing guidance on writing Accessible Information, designing patient information and offering information in alternative formats. Two training films have been produced to inform staff on how to record accessible information needs in the Electronic Patient Record (EPR).

For the period April 22 to March 23 the Trust received one formal complaint where the complainant stated that their appointment letter did not provide an alternative communication option to the telephone. This complaint was upheld. As a result of the complaint the Customer Access Service (CAS) teams have added an email address onto their letters templates in compliance with AIS legislation.

Hull Pride

The Trust supported Hull Pride 2022 by facilitating a stand at the event and participating in the Pride march across the city. A few young people attended the event to represent the Trust from the Trust's Humber Youth Action Group (HYAG) and Social Mediation And Self Help (SMASH) team.

HYAG member's experience attending Hull Pride

One member of the HYAG is quite shy and has accessed Trust services for support around anxiety. She has experienced bullying in school and has limited friendships. The Engagement Lead for Children's Services has observed both her confidence and self-worth grow over the time she has been a member of the group.

Attending the Hull Pride gave her an opportunity to meet other members for the first-time face to face. Throughout the day she spent time getting to know three other HYAG members and participating in learning opportunities at the event. The whole time she had a smile on her face, and expressed how much she had enjoyed the day. She even had the confidence to talk to other young people about her positive experiences as a HYAG member.

After the event she developed a good friendship with another member of the group, and they continue to keep in touch and support one another. Her mother has also shared that she is thrilled with her daughters growing confidence and she feels that this is down to the positive experiences she is having within the group, and finally feeling that her voice is being heard and valued.

"It has been a huge privilege to see this young person's confidence grow and her become such a valued member of the group. She has embraced new projects, putting herself forward with a 'can do' attitude and is an inspiration to others."

The Engagement Lead for Children's Services

Reaching out to diverse groups for participation in research:

Work continues to connect with individuals from diverse groups to actively involve them in research initiatives.

- As part of the Yorkshire and Humber Regional Team, which is hosted by the Trust, a Research Nurse for the Eastern European community was appointed during this year.
- The Trust is a partner in 'Hull Research Ready Communities', working closely with the 'Ethnic Minority Research Inclusion' group and associated Reverse Mentoring programme led by the Yorkshire and Humber Clinical Research Network.
- The Trust's Research Team continues to connect with local communities, including the Peel Project and the Hull Afro-Caribbean Association.
- Ethnicity is recorded on the EDGE research database, where the information (as part of a regional project) enables comparison of population proportions of minority ethnic groups to the proportions of participants from these communities that are recruited into National Institute for Health and Care Research (NIHR) portfolio research in the region.

My Research Journey: The following animations have been co-produced in different languages to reach out to more diverse groups for involvement and engagement.

- Humber Teaching NHS Foundation Trust – My Research Journey (English Subtitles)
- Humber Teaching NHS Foundation Trust – My Research Journey (Urdu Subtitles)
- Humber Teaching NHS Foundation Trust – My Research Journey (Urdu Audio Only)
- Humber Teaching NHS Foundation Trust – My Research Journey (Urdu Audio and Visuals)
- Humber Teaching NHS Foundation Trust – My Research Journey (Polish Subtitles)
- Humber Teaching NHS Foundation Trust – My Research Journey (Arabic)

Priority seven:

To expand our staff knowledge and understanding of patient, service user and carer experience and how that influences their practice.

4 **Developing an effective and empowered workforce**

Priority eight:

Making patient and carer experience the business of all Trust staff.

2.12 The Trust continues to engage and involve staff as equal partners in the Patient and Carer Experience agenda

The Patient and Carer Experience team continues to raise awareness of the PACE agenda by delivering presentations at;

- Trust induction days and preceptorship training sessions for new staff
- Team/directorate meetings/divisional meetings
- Divisional clinical governance meetings
- Divisional clinical network meetings
- Trust wide awareness sessions
- Annual Members Meeting

2.13 Patient and Carer Experience (PACE) Training Programme

This is the first training programme to be launched by the Patient Experience Team and is in collaboration with the Trust's Recovery and Wellbeing College. It was launched on 1 March 2022 and is aimed at patients, service users, carers, members of the public and staff to share the different opportunities that are available for everyone to get involved in. When engaging in Trust activities, people can discover what it means to work with the NHS and how to truly make a difference to people's lives. The training programme consists of modules including; Who we are (The Trust), Patient and Carer Experience Forums, Sharing my Story, Research, Involvement in Recruitment (Panel Volunteer), Quality Improvement, Volunteering and Trust Membership. To date 43 people have completed all 8 modules.

Feedback from individuals who have completed the Patient and Carer Experience Training Programme:

"The training is really easy to complete, it's made up of short modules which you can view whenever you have a few available minutes and most are only a few minutes long. The training gives you as good overview of what is available within Humber for both the patient and the carer. It begins with a module that explains who the PACE team are then goes into the patient & carer experience forums and how you can get involved. This is followed by a module on sharing my story where you have the opportunity to listen to someone's journey through the service which takes them from patient to employee. This is followed by 5 further modules which cover research, voluntary services, panel volunteers, quality improvement and trust membership. I've recommended it to staff within my team and have had positive feedback when they have completed it."

Team Leader, Mental Health Services Division

"I completed the PACE training program on the Humber Recovery and Wellbeing college and found it a useful introduction to the involvement opportunities that take place across the Humber Teaching NHS Foundation Trust. The training program was easy to access and informative. I have encouraged colleagues to complete the training and as a team we have built the training into our local induction for new starters."

Senior Project Manager, Corporate Services

"I am new to the area after having moved from West Yorkshire, so I was pleased to be told about the PACE Training Programme. It has helped me to understand all the services that are available in Humber. I now also have a good idea of the infrastructure and area covered. As I have just become a Service User/Carer Governor I now feel able to contribute positively within that role".

Service User/Carer Governor

2.14 Recovery Champions

The Recovery Champion has been created to promote positive recovery values. Recovery is personal for each individual and it means being able to live a fulfilling life even with the symptoms or limitations that a person may have. Understanding recovery can provide people with hope, acceptance and a positive outlook on life whatever their circumstances which ultimately supports people in their recovery. Recovery Champions are identifiable by wearing a Recovery College pin badge. It is hoped that the pin badge will trigger conversations around the positive recovery values.

"I was able to hear his story and that helped me see that I wasn't alone. He had been through it. He gained my trust, listened to what I was going through and he shared his experience- it worked for me. For me talking to him was the biggest help I've ever had – I could relate to his story and it made my story clearer to me."

Service User supported by a Recovery Champion within the Primary Care Mental Health Networks

Priority nine:

Hold an annual patient and carer experience event to share achievements and future aspirations.

5 **Optimising an efficient and sustainable organisation**

Priority ten:

Patients, service users and carers will be at the centre of all our quality improvement and transformation work.

2.15 Patient Experience to Inform Quality Improvement (QI)

Quality Improvement (QI) and Patient and Carer Experience have continued to work closely together in 2022/23 in line with the priorities identified as part of the QI Strategy. A Joint Strategy Group has been formed to provide assurance to both agendas, with the group made up of patients, service users, carers and staff. Patients, service users and carers have also supported the development of the QI Communications Plan.

The QI charters track patient and carer involvement within QI activities across the Trust and, at the end of March 2023, 147 or 61% of improvement activities were identified or delivered with our patients, service users and carers. This increase of 17% is a step closer to achieving our target of 75% by the end of 2025/26 In addition, 93% of open and completed activities have indicated that the activity would benefit our patients, service users and carers.

The central component of QI continues to involve patients, service users and carers with the delivery of the strategy.

2.15.1 Scale, Spread and Embed Initiative

Earlier this year, the Trust commenced phase 2 of the Scale, Spread and Embed national project which involves digital processing of Friends and Family Test (FFT) data to drive improvements in patient experience. This is phase 2 of a 3-year project. The project builds on the Imperial College experience and aims to test and evaluate the usability of the Natural Language Processing (NLP) technology in combination with QI methodology across a range of NHS Trusts to improve patient experience. An algorithm has been built into the Trust's FFT Dashboard to show thematic analysis of the FFT feedback responses (positive and negative) at team level. The Market Weighton Practice is the Trust's pilot site for this initiative and has developed seven Quality Improvement Charters because of the thematic analysis.

The Trust will roll out the initiative to the remaining GP practices in the Spring 2023 followed by all other teams across the Trust, later in the year. The thematic analysis of the Patient and Carer feedback from the Friends and Family Test will ensure that all services across the Trust can deliver improvements against the identified themes.

Market Weighton Practice is the Trust's pilot site for the Scale, Spread and Embed initiative

One fantastic example of a small-scale change that the Practice undertook in response to the feedback has improved the process for rebooking appointments. When appointments had to be cancelled due to staff absence, Patients and Carers were either having to ring the practice or use the online booking system which could be time consuming. By listening to Patient and Carer feedback, the Practice ensured that the appointments could be rebooked quickly by adding the option to text "Book" to the cancellation text message Patient feedback and monitoring of the text booking approach will measure success.

"The Scale, Spread and Embed project is a great example of how collaboration has enabled the Trust to deliver improvement activities with the promise of more improvements to follow as the project expands beyond the pilot."

Quality Improvement Manager

Priority eleven:

Continue to collaborate and work in partnership with other organisations to benefit our patients, service users and carers.

6 **Promoting people, communities and social values**

Priority twelve:

Raising the profile of patient and carer experience whenever we can.

2.16 Collaboration and raising our profile wherever we can

The Trust continues to work in partnership with other organisations to share best practice and learning and raise the profile of patient and carer experience whenever we can. Examples include:

- Head of Patient Experience (HOPE) Network
- NHS England/Improvement events, workshops and meetings
- Yorkshire and Humber Place Partnership Engagement
- Networking with various provider organisations across the country

2.16.1 Integrated Care System (ICS) Engagement Project

The Humber and North Yorkshire ICS is one of six areas to be chosen to work with NHS England and the Kings Fund on an engagement project. The engagement project aims to bring citizens' voices into integrated care systems. The Kings Fund is supporting our ICS with an approach and methodology drawing on the Kings Fund Understanding Integration roadmap "Understanding integration: How to listen to and learn from people and communities". Five organisations (including our Trust) are leading on this work and will be working with all ICS organisations across Humber and North Yorkshire to develop a shared vision for experience.

The five organisations have created a steering group and have identified two governors/patients from each provider Trust to work in partnership with members of the steering group to ensure the community voice influences the project. A wider ICS session will take place in the Spring of 2023 to share the premise of the project and to begin to co-produce elements. Intelligence gathering will then commence.

2.16.2 Forensic Services support NHS England with a patient story

A Patient and two staff members from Southwest Lodge have shared their story by making a film with the support of the Head of Patient Experience (HOPE) platform. The film will be shared with the Leadership team for NHS England and the national Chief Nursing Officer.

Humber and North Yorkshire
Health and Care Partnership

3.0

Complaints and Feedback

3.1 Complaints

When a complaint is received, it is triaged to either an informal or formal process, unless the complainant has specifically requested an informal or formal resolution to their complaint/ concerns.

- A formal complaint includes any complaint from the Care Quality Commission (CQC), Clinical Commissioning Groups (CCGs), Parliamentary and Health Service Ombudsman (PHSO), complaints where the issues are complex, safeguarding or multiple concerns. Also, any complainant who refuses an informal approach or where there has been an informal approach and it has been unsuccessful; these will also be handled as formal complaints.
- An informal complaint is when a complaint is received and triaged and if appropriate is sent to the team/ service for an informal resolution. Once the issue has been resolved the Complaints and Feedback team are informed of the discussion/action taken, this is recorded and the case is closed.

This year the Trust has responded to a total of **582** complaints: 195 formal complaints and 387 informal complaints. For the same period last year (2022) the Trust responded to a total of 535 complaints: 235 formal complaints and 300 informal complaints.

On comparing the 2 years there has been an **overall increase** of **47** complaints (formal and informal complaints) and communications, appointments and patient care are the top primary subjects. The Trust has seen an increased use of the informal process which results in a swift resolution.

An annual review of the partly and fully upheld complaints outcomes can confirm the following observations/ themes:

- GP practices have received an exceptionally higher number of complaints compared to previous years. Key themes include; getting through to the practice on the telephone, access to appointments including appointment availability and access to face to face appointments.
- Adult Community Mental Health Teams (Hull) received several complaints around the lack of communication with the team and the length of time individuals are waiting to be seen.

The Trust continues to implement actions to address formal complaints responded to where the outcomes are upheld/partly upheld, and lessons are learnt from the feedback. A robust governance process is in place to ensure actions are addressed and closed.

Some of the lessons learnt include:

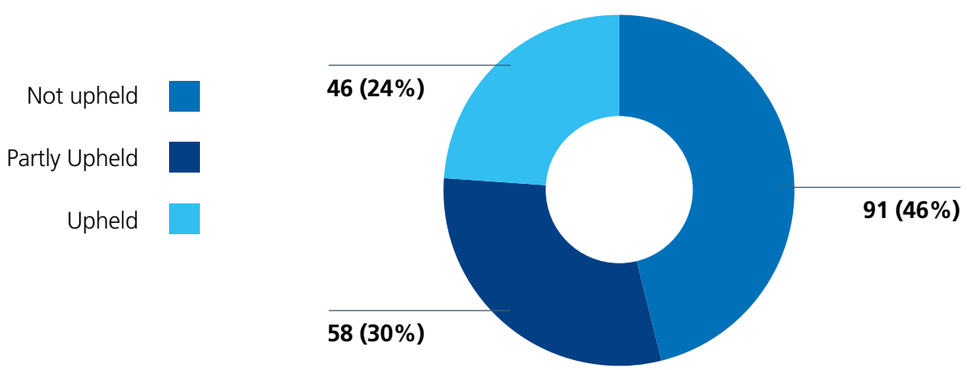
- **Market Weighton GP Practice:** A significant increase in the use and number of online consultations by the practice continues to alleviate the difficulties experienced by patients when booking appointments.
- **Humber Primary Care GP Practice:** Due to long queues occurring in the practice reception area, a call button has been installed in reception to alert staff elsewhere in the building to support the capacity on the front desk.
- **Humber Primary Care GP Practice:** Due to the length of time patients are waiting to get through to the practice on the telephone, a new system is currently being reviewed for implementation and rollout.
- **Community Mental Health Team (West):** As a result of the long waiting list for a first consult, the services are reviewing the content of their appointment letters to consider including the rationale for potential delays. Additionally, a weekly audit of ten random cases is being conducted to ensure that regular waiting list calls are taking place, and a patient information leaflet is in production explaining the new model of community mental health provision.
- **Community Mental Health Team (East):** As a result of issues with regular patient communication predominantly due to staff sickness/leave, all staff are ensuring that routine appointment dates are offered and received in a timely manner, and are being reinforced within Multi-Disciplinary Team (MDT)/business meetings. Staff continue to follow the waiting list protocol, contacting patients in the time agreed and care planned. Staff are requesting that patient support is offered by duty worker(s) if needed due to absence, and are ensuring that they discuss/request/recommend relevant treatment within MDT.
- **Child and Adolescent Mental Health Services (CAMHS):** In response to issues raised with seamless transfer of care between services, the service's message taking policy is getting reviewed and discussed in the MDT, along with education support which has now changed and has implications for core CAMHS services. An admission flow chart is getting created to go alongside checklist to prevent areas identified being missed, and an urgent clinic priority pathway and consultation for patients in crisis will be produced. The services are also establishing a clear pathway between the Mental Health Crisis team and Intensive Support Team for joint assessments.

3.1.1 Formal Complaints

For the past year the Trust received 196 formal complaints compared to 229 for the previous year.

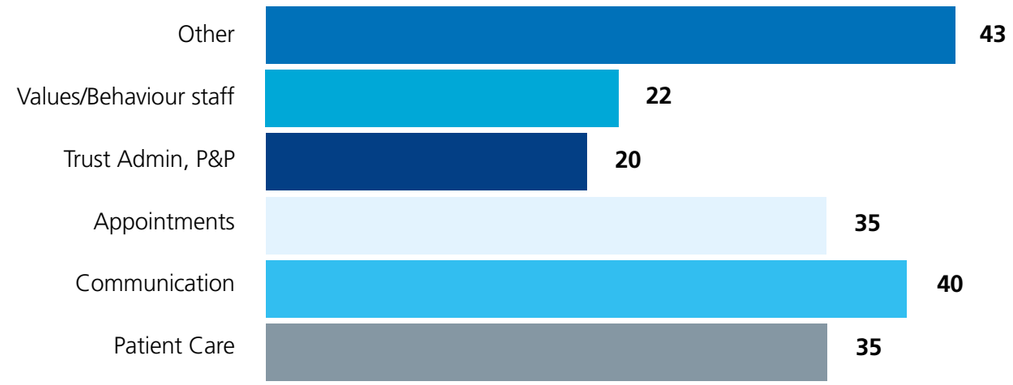
Of the 195 formal complaints responded to, 46 (24%) were upheld, 58 (30%) were partly upheld and 91 (46%) were not upheld. For the previous year, the Trust responded to 235 formal complaints of which 37 were upheld (16%), 68 were partly upheld (29%) and 130 were not upheld (55%).

Formal Complaints outcomes April 2022 – March 2023



The graph below includes the top 5 primary subjects for formal complaints responded to.

Primary Subjects for formal complaints responded to (Apr 22 – Mar 23)

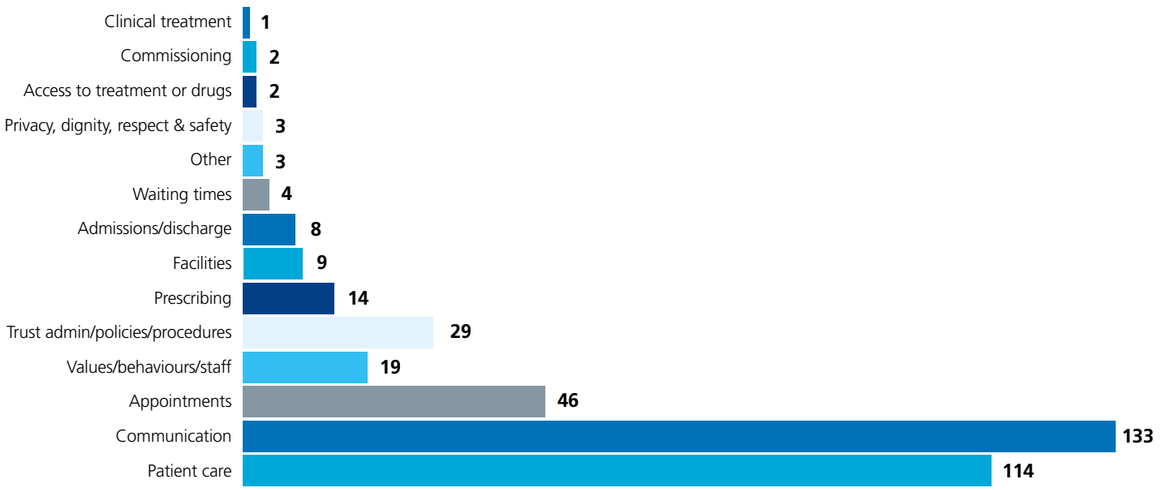


3.1.2 Informal Complaints

For the period 1 April 2022 to 31 March 2023, the Trust responded to 387 informal complaints. For the previous year, the Trust responded to 300 informal complaints.

Of the 387 informal complaints responded to, the primary subjects/themes are highlighted in the graph below.

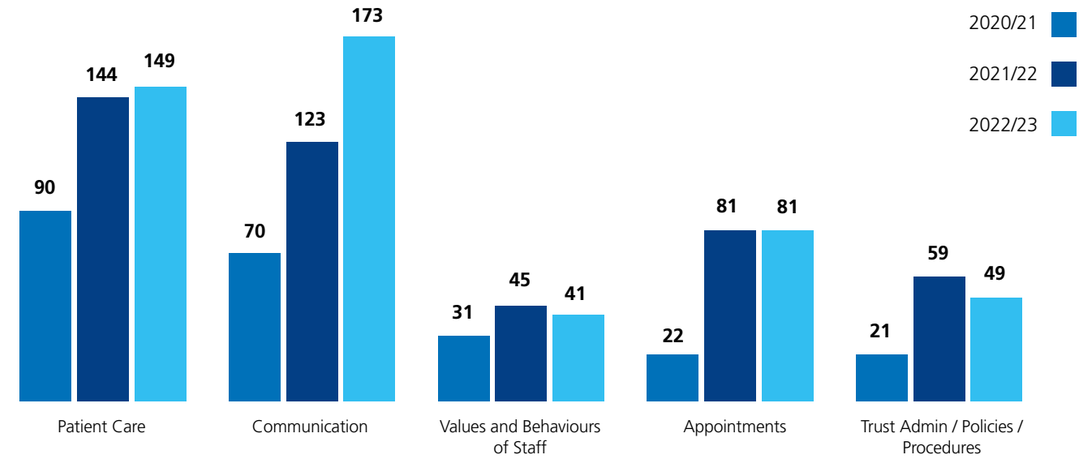
Informal Complaints Responded to (Apr 22 to Mar 23)



3.1.3 Themes and Trends:

On comparing the last three years total number of complaints responded to (including formal and informal complaints), patient care was the top theme in 2020/21 and 2021/22. However, in 2022/23 communication became the top theme which has been influenced by the volume of informal and formal complaints received for Primary Care services in particular around the long waiting times to get through on the telephone to speak to a member of staff. This correlates with the appointments theme which has seen an overall increase from 2020/21 to the subsequent 2 years by 268% (both years receiving a total of 81 complaints each year). Patient care was the highest theme in 2020/21 and it was the second highest theme in 21/22 and 22/23. This correlates with the appointments theme whereby when appointments are cancelled patients complain because they feel their needs are not being met.

Total Number of Formal and Informal Complaints Responded to by Theme (202/21 – 2022/23)



3.1.4 What we have learnt because of feedback

Formal complaints

- Child and Adolescent Mental Health Services (CAMHS) inpatient unit – The team was to develop a contract of agreement for families regarding contact.
- Community Mental Health Team – Following an unavoidable incident at the allotment group, the staff team were exploring ways in which appropriate information in care plans can be shared without compromising patient confidentiality.
- Primary Care – The practice staff had not labelled a patient's blood tests; the practice staff were reminded to re-book an appointment with a patient as soon as such an error is realised.
- Learning Disabilities Services – The team were not offering face to face visits during this period because of the Covid-19 pandemic, however there was no evidence of MS Teams or other platforms being offered to explore possible ways of offering the support.
- Adult Inpatient unit – All staff to follow the Patient's Property Procedure i.e. all miscellaneous property and clothing should be listed in the property record with a copy of the entry forwarded to the next unit if the patient is transferred.
- Community Hospital Nursing – The standard of defensible documentation to be audited and monitored.
- Forensic Services – To ensure the Multi Disciplinary Team record the process and decision making around the suspension of Section 17 leave.
- Primary Care – To alleviate long queues when ringing for an appointment, the Trust is installing new telephone systems in all our GP Practices during 2023.

Informal complaints

- Primary Care – Patient stated their repeat prescriptions had errors repeatedly – A review was undertaken, and the repeat medications were amended and corrected.

- Community Mental Health Team – Patient was unhappy that her calls were not returned the same day – The Team Leader had contacted the patient and explained that this is not always possible due to capacity in the team and reiterated that her worker had planned calls with her every week.
- Forensic Services – To improve a patient's drug screening process, the service will look into a potential management plan to allow the patient to continue being prescribed their medication, including the identification of the nearest testing laboratory and time scales for requesting and receiving results.
- Older People's Mental Health – Daughter of a patient stated that some jewellery had gone missing whilst her mother was an inpatient – Service had confirmed to the daughter that all items had been signed for and returned to the patient on discharge.
- Mental Health Triage and Assessment Team – Partner of a patient had explained that his partner had received an appointment for a telephone triage but was not confident on the phone – a face to face appointment was arranged.
- Community Physiotherapy – The son of a patient was concerned that no physiotherapy had been arranged for his mother following her stroke - Service had informed the son that due to limited resources there was a waiting list for input of approximately 4-6 weeks, but visit had been booked (date given) and in the meantime the service had arranged for equipment to be delivered and to be assessed at the visit.
- Corporate Services – Patient was unhappy that a warning letter had been sent regarding their behaviour and wanted evidence – A report about the incident had been emailed to the patient.

3.1.5 Zero Informal and Formal Complaints

The table below highlights the number of teams within each division where no formal or informal complaints have been received during the reporting period (1 April 2022 to 31 March 2023).

Division	Number of Clinical Teams with Zero Complaints	Total Number of Clinical Teams	% Clinical Teams with Zero Complaints
Children's and Learning Disabilities	20	36	56%
Community Services and Primary Care	5	15	33%
Forensic Services	4	13	31%
Mental Health Planned Care	4	22	18%
Mental Health Unplanned Care	2	20	10%
Mental Health Services Central	1	1	100%
Total	**36**	**107**	**34%**

34%

Although 36 of the 107 clinical teams have not received any formal or informal complaints within the last 12 months, a piece of work was undertaken to show all we are doing to provide assurance that individuals know how to raise a complaint or concern. This included making sure that teams across the Trust have complaints leaflets and posters in their areas for members of the public to access and information is available in an Easy read version. Also, complaints and feedback training is delivered to staff to ensure they are informed of the complaints and feedback process. The Trust has undertaken further work to provide assurance that people know how to complain and are offered different ways to make a complaint or raise a concern.

3.2 Parliamentary and Health Service Ombudsman (PHSO)

Of the 195 formal complaints responded to from 1 April 2022 to 31 March 2023, none of the complainants have to date taken their case to the Parliamentary and Health Service Ombudsman.

There were two cases considered by the PHSO and both have been closed during this reporting period, but do not relate to complaints responded to during 2022/23.

There is currently 1 case being considered by the PHSO which relates to a complaint from February 2022.

3.3 Compliments

Patients, service users, carers and families sometimes compliment our staff offering their gratitude and thanks for the wonderful service they provide.

The Trust received 243 compliments for the period 1 April 2022 to 31 March 2023, which compares to 304 compliments received for the same period during 2021/2022.

"Patient was very complimentary about the care she has received from one of a GP and an ANP. She was full of praise about the way she had been treated and the help she had received from both clinicians."

GP Practice

"A family gave a huge thanks following the completion of an autism assessment; complimenting the clinicians in the Humber Neurodevelopmental Team who completed the assessment. They stated that the report was exactly accurate in reflecting their child, they felt heard and the feedback/ information about autism which was made accessible for the young person was helpful."

Child and Adolescent Mental Health Service (CAMHS)

"This team helped me set a realistic course of life and a way of handling any stress that may occur. I can now handle my stress and move on with a life worth living. Helping to stay calm and look inward at my way of handing my life. It was all such a great help."

Crisis Intervention Team for Older People (CITOP)

"Patient stated the support worker intervention had really help her increase her confidence and how the positive relationship they had developed had given her the encouragement she needed to try new things and meet new people. Patient stated how grateful she was for the help which had been provided."

Hull Memory Clinic

Complaints Animation Film

The Complaints and Feedback team recognise that some formal complaints received are issues that could be resolved locally by the team which would result in complainants having their concerns resolved faster. It was decided for a short, animated film to be produced that would support staff in handling complaints at a local level. This would be easy for staff to access and would help to get the key messages across in a simple and visual way. It would help those with a concern to get an outcome more quickly and where possible would avoid issues unnecessarily escalating. Patients, service users and carers were involved at every stage of the film development. This included the implementation of a focus group to share initial ideas, write the script and develop the story board. Staff shared their feedback on the film before the final version was produced. The film has been shared through the Global and is available for staff to view on the Complaints and Feedback page of the intranet.

Complaints Animation Film benefits

Staff can easily access the film and re watch when they need to improve their knowledge and understanding of the complaints process. This will help to build their confidence in handling a complaint.

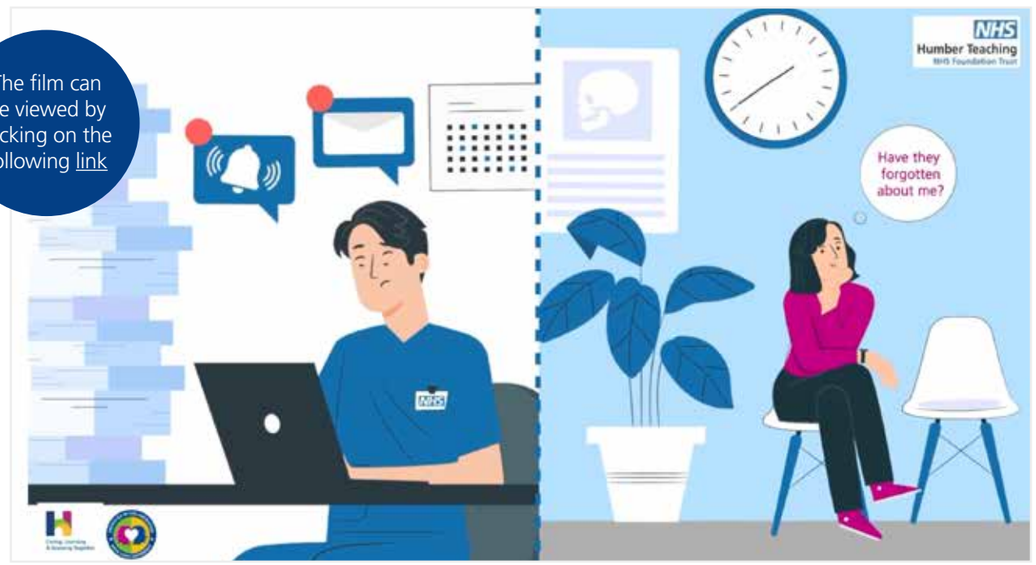
"I have just seen your animated film to support staff in handling complaints. It's absolutely brilliant! Well done to you and all involved. Really simple, clear message and I am sure this will be really helpful to staff."

Member of staff in PICU

"I think it's great for staff, its quick and to the point."

Patient Safety Manager

The film can be viewed by clicking on the following link



4.0

Priorities for 2023/24

Over the last twelve months the Trust has engaged and involved our communities in the development of our Patient and Carer Experience Five Year Forward plan (2023 to 2028). We created a working group including patients, service users, carers, staff and partnership organisations to provide us with their thoughts and views on the approach to co-producing the development of the plan and its content. This group continues to meet on a regular basis to support the planning, preparation and production of the plan.

This five year plan identifies three outcomes aligned to the Trust Strategy's six organisational goals and highlights what we will achieve over the next five years across patient and carer experience, involvement, engagement, equality, diversity and inclusion.

Outcome 1 – Our Care

Our care is informed by lived experience, involvement and engagement to ensure our diverse communities feel heard, valued and understood.

Outcome 2 – Our Partnerships

Our strong partnerships enable us to empower communities, address health inequalities and deliver integrated care that meets local needs.

Outcome 3 – Our Workforce and Organisation

Our staff are supported to involve our communities in all aspects of our work.

The table below includes a broad overview of some of the patient and carer experience, engagement and involvement priorities that will be delivered over the next twelve months and focuses on key Trust wide priorities together with a snapshot of the divisional priorities which are included in the new PACE Five Year Forward plan.

Goals	Innovating for quality and patient safety	Enhancing prevention wellbeing and recovery	Fostering integration, partnerships and alliances	Promoting people, communities and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
PACE Themes	Our Care		Our Partnerships		Our Workforce and Organisation	
Trust wide	• We will continue to roll out the Experts by Experience opportunity to pay people with lived experience for their time and commitment in supporting service developments and specific projects • We will work towards each division recruiting to an engagement lead post who will focus on developing robust systems and process to collect, share and review feedback to support service development and celebrate successful service delivery. • We will continue to shift from consultation to co-production of patient information.		• We will contribute to the Humber and North Yorkshire Health and Carer Partnership and the engagement agenda across Yorkshire and Humber to inform and influence joint involvement and engagement opportunities. • We will support the wider Integrated Care System (ICS) to introduce an Engagement Lead network across the ICS footprint. • We will create an Engagement Twitter account.		• We will continue to recruit Panel Volunteers to support the Trust's recruitment process. • We will continue to market the Patient and Carer Experience Training programme to raise the profile of involvement in Trust activities. • We will continue to identify opportunities to include people with lived experience in the design and delivery of training courses. • We will ensure that Staff Champions of Patient Experience are aligning their annual Patient and Carer Experience Development plan priorities to the Patient and Carer Experience Five Year Forward Plan divisional milestones.	
Children's and Young People's Services	• We will establish a Youth Recovery College.		• We will ensure that the Humber Youth Action Group (HYAG) is supporting the development of the ICS Youth Advisory Board.		• We will establish a Youth Engagement, Co-production and Involvement module co-produced by young people to be hosted on the Recovery College Platform.	
Forensic Services	• We will ensure that every team has identified a Patient and Carer Experience (PACE) Champion and the division will be represented at every PACE forum.		• We will ensure that staff and service users will be attending external involvement forums either in person or virtually.		• We will offer family engagement training to all care coordinators across the division.	
Addictions Services	• We will ensure that recruitment of staff is jointly led by people with lived experience.		• We will develop volunteer/peer mentor roles to ensure that there are no barriers to being involved in the Addictions service delivery.		• We will ensure that a Staff Champion of Patient Experience (SCoPE) attends the SCoPE forums to commit to the role.	
Community Services	• We will develop and introduce a new joint Scarborough and Ryedale PACE forum (with York and Scarborough Teaching Hospitals NHS Foundation Trust).		• We will implement systems and processes to review regular reports and data from Healthwatch North Yorkshire to inform opportunities for Quality Improvement.		• We will ensure that all teams have a SCoPE who will be engaged and involved in their meaningful role.	
Primary Care Services	• We will ensure a wider participation of volunteers to sit on the practices' Patient Participation Groups.		• We will have built stronger relationships between the Senior Patient and Carer Experience Co-ordinator and the Primary Care Networks.		• We will have an increased number of Panel Volunteers on the Trust's Panel Volunteer database for Primary Care.	
Mental Health Services	• We will have a dedicated place on the Trust's website for Adult Mental Health Involvement to share co-production activities and the impact that involvement has on the care we provide.		• We will engage with our communities to better understand the local population and the health inequalities that exist within our communities.		• We will further advertise the Recovery Champion role to further increase the number of staff signing up to the opportunity.	
Learning Disabilities	• We will continue to use the Always Events coproduction quality improvement methodology to understand what matters most to people who use our services, their families, and carers to co-produce changes to improve experience of care.		• We will work in partnership with Humber Transforming Care Partnership (HTCP) and continue to deliver on the work highlighted in the HTCP Learning Disabilities and Autism Co-production Engagement and Communications Report 2021/23.		• We will ensure that a process is in place for all teams to have co-production awareness sessions delivered as part of their training requirement.	

This forward plan is available in alternative languages and other formats including Braille, audio disc and large print by contacting us in the following ways:

Humber Teaching NHS Foundation Trust
Willerby Hill
Beverley Road
Willerby
East Riding of Yorkshire
HU10 6ED

Tel: 01482 301700
Email: hnf-tr.contactus@nhs.net

@humbernhsft
@humbernhsft

If you would like any further information relating to the implementation of this forward plan please contact the Patient and Carer Experience Team as follows:

Humber Teaching NHS Foundation Trust
Willerby Hill
Beverley Road
Willerby
East Riding of Yorkshire
HU10 6ED

Tel: 01482 389167
Email: hnf-tr.patientandcarerexperience@nhs.net

NHS
Humber Teaching
NHS Foundation Trust

Agenda Item 12

Title & Date of Meeting:	Trust Board Public Meeting: 27th September 2023
Title of Report:	Suicide and Self Harm Strategic Plan: Update. Based on the following: 1. National Confidential Enquiry on Suicide update 2. Suicide prevention in England: 5-year cross-sector strategy (2023-2028)
Author/s:	Dr Kwame Opoku-Fofie, Executive Medical Director
Recommendation:	

To approve		To discuss	x
To note	X	To ratify	
For assurance			

Purpose of Paper:	To discuss the key findings and clinical messages of the National Confidential Inquiry into Suicide and Safety in Mental Health annual report 2023.

Key Issues within the report:

Positive Assurances to Provide:

- Share the findings with the clinical networks and professional groups.
- Our suicide strategy 2022-2025 includes similar clinical messages and the 10 ways to Improve Patient safety.

Key Actions Commissioned/Work Underway:

- Support our clinical Networks and Clinical Team to focus on the clinical messages.
- The Trust works alongside partners including the Crisis Care Concordat and with the police (Right Care Right Person).
- The trust works with drug and substance misuse partners.

Key Risks/Areas of Focus:

- Clinical focus to be strengthen in under 25 and patients with economic adversity.
- Focus on the Clinical Messages and to be included in the Quality Improvement Activities

Decisions Made:

- The new clinical messages will be incorporated into the trust suicide plan - economic adversity, internet use associated with suicide, focus on risk factors relating to the under 25 year and LGBT patients.
- There will be stronger collaboration and links with our local suicide prevention board and ICB suicide prevention group.

Governance:

	Date		Date
Audit Committee		Remuneration & Nominations Committee	
Quality Committee	√	Workforce & Organisational	

Caring, Learning
& Growing Together

	10.06.2023	Development Committee	
Finance & Investment Committee		Executive Management Team	
Mental Health Legislation Committee		Operational Delivery Group	
Charitable Funds Committee		Collaborative Committee	
		Other (please detail)	

Monitoring and assurance framework summary:

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

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

1. **Executive Summary:**

The 2023 annual report from the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) provides findings relating to people aged 10 and above who died by suicide between 2010 and 2020 across all UK countries. Additional findings are presented on the number of people under mental health care who have been convicted of homicide, and those in the general population.

The report also present data on certain themed topics, some of which are included such as current economic and societal concerns, including patients with economic adversity, those aged under 25, and suicide-related internet use.

2. **Key Findings:**

UK General Population suicide numbers 2010-2020

There were **68,357** suicides in the general population in the UK between 2010 and 2020, an average of 6,214 deaths per year. The rate of suicide decreased by 6% in the UK in 2020, the first year of the COVID-19 pandemic, compared to 2019, and the decrease was particularly seen in men**.**

Patient suicide rates, England

Falling rates of suicides over the report period

Patient suicides, 2010-20

Over 2010-2020, there were **18,403** suicide deaths in the UK by patients (i.e., people in contact with mental health services within 12 months of suicide), an average of 1,673 deaths per year, **27% of all general population suicides.**

- There were 18,403 patient suicides.
- High rates of social adversity and isolation nearly half lived alone (48%); nearly half were unemployed.
- High rates of self-harm (64%), alcohol (48%)/drug (37%) misuse
- **7%** were from an ethnic minority group; 5% were recent migrants to the UK.
- **45%** had recent (<7 days) service contact.
- **13%** ‘one off’ contact

In-patient suicide

- **37%** on ward
- **50%** were on agreed leave.
- **13%** off ward without agreement

Post-discharge patients, 2010-20

- There were 2,394 suicides.
- Highest risk in **first 2 weeks** after leaving hospital.
- Highest number of deaths on **day 3 post-discharge**

Recent economic adversity, 2016-20

- Mainly **aged 45-64** (44%), **male** (74%), **divorced/separated** (30%)
- **Alcohol/drug misuse** common in those unemployed (66%)
- Those not unemployed had more **depression** (39%) and **recent illness** (35%)

Suicide by people aged under 25.

- **Lower rates of contact** (22%)
- **Autism** (13%) and **anxiety** (10%) common in under 18s
- More **alcohol and drug use** in 18–24-year-olds
- **75%** had a history of
- **self-harm**

Suicide-related internet use, 2011-20

- Patients of **all** ages
- 24% died by self-poisoning, substances often **obtained** online.
- **Communicating suicidal ideas** online particularly common in patients < **25**

Patients given a diagnosis of personality disorder.

- Past **abuse**, **self-harm**, alcohol, and drug misuse common
- **More** had experienced **domestic violence**; women (41%) and men (12%)

Patients identified as lesbian, gay, bisexual, or trans, 2016-20

- There were 246 suicides within the period.
- **Younger** than other patients, majority had a history of **self-harm.**
- 47% of trans patients and 26% of LGB patients given a diagnosis of **personality disorder**
- Experience of **childhood abuse** (trans, 57% and LGB, 55%) and **domestic violence** (LGB, 18%)

Homicide followed by suicide in England and Wales

Homicide followed by suicide is defined here as when the offender dies by suicide within 3 days of committing homicide.

- 154 homicide-suicide incidents between 2010 and 2020,
- an average of 14 per year
- Most offenders were male (131, 85%) and their median age was 45.

Clinical Messages

The following areas need special focus from the Trust, clinical network, and Clinical Teams.

- Involve family and carers after loss of contact.
- Focus on step down to community.
- Signpost to financial support agencies
- Access to self-harm services for young people
- Safe and compassionate care needed for patients given a diagnosis of personality disorder.
- Therapies addressing trauma to be available to LGBT patients.
- Online experience should be routine part of risk assessment.

The 10 ways to Improve Patient safety still applies:

Suicide prevention in England: 5-year cross-sector strategy: 2023 to 2028

This was published on **12 September 2023** and sets out the government's vision and aim to prevent self-harm and suicide and improve support.

The strategy identifies suicide prevention as the responsibility of multiple government departments, and wider public, private and voluntary, charity and social enterprise organisations. **Making suicide prevention everyone's business.**

Other key points include:

- The strategy's ultimate aim to reduce the suicide rate over the next five years – with initial reductions aimed for in two and a half years' time.
- The strategy aims to improve data and evidence around suicide, ensuring interventions are evidence-informed and stressing the importance of data being timely and of high quality.
- The strategy sets out areas where tailored and targeted support for priority groups, such **as children and young people, autistic people and people in contact with mental health services,** would be beneficial.
- It highlights the importance of focusing on addressing common risk factors linked to suicide at population level and on how to ensure crisis support availability, with a key focus on early intervention.

The government recently announced the relaunch of a £10m fund to support charities to work with the NHS to provide suicide prevention services. It hasn't announced any further new funding to deliver the strategy at this stage.
Key Risk factors identified in the policy as part of the wider determinants such as housing, poverty, employment, and education include:

- physical illness
- financial difficulty and economic adversity
- harmful gambling
- substance misuse
- domestic abuse
- social isolation and loneliness

Based on the evidence, provide tailored, targeted support to priority groups, including those at higher risk. At a national level, this includes:

- children and young people
- middle-aged men
- people who have self-harmed
- people in contact with mental health services
- people in contact with the justice system
- autistic people
- pregnant women and new mothers

There are also action plans in the policy which will be discussed in our clinical networks and with our professional groups.

3. **Conclusion**

For the board to note and discuss the update, key findings, and the clinical messages.

***Reference**:
1. The National Confidential Inquiry into Suicide and Safety in Mental Health. Annual Report: UK patient and general population data, 2010-2020. 2023. University of Manchester

2. Suicide prevention in England: 5-year cross-sector strategy:
nhs-providers-ndb---suicide-prevention-strategy.pdf (emlfiles4.com)

3. Suicide prevention in England: 5-year cross-sector strategy; DHSC 12 September 2023:
Suicide prevention in England: 5-year cross-sector strategy - GOV.UK (www.gov.uk)

Humber Teaching NHS Foundation Trust

Agenda item 13

Title & Date of Meeting:	Trust Board Public Meeting Wednesday 27th September 2023
Title of Report:	Infection Prevention and Control Annual Report 2022/23
Author/s:	Executive Lead: Hilary Gledhill, Executive Director of Nursing, Allied Health and Social Care Professionals Author: Deborah Davies, Lead Nurse, Infection Prevention and Control
Recommendation:	To approve: ; To discuss: ; To note: ; To ratify: X ; For assurance:
Purpose of Paper:	To provide an overview of the key work undertaken with regards to infection prevention and control for the reporting period 1 April 2022-31 March 2023, highlighting the progress and achievements made against the Trust Infection Prevention and Control Strategy 2021-23. To seek ratification for the Annual Report 2022/23 following approval at EMT and the Quality Committee

Key Issues within the report:

Positive Assurances to Provide:

- Achievement of all contractually and locally agree performance thresholds.
- The Trust mandatory infection control training compliance rate has exceeded 90% for both clinical and non-clinical staff.
- High standards of hand hygiene and Personal Protective Equipment (PPE) compliance have been maintained throughout the year

Key Actions Commissioned/Work Underway:

- Ventilation improvement project in progress.
- Seclusion suite refurbishment programme approved.
- En-suite provision remains under regular review and is factored into all new building / refurbishment schemes.
- Capital funding agreed for refurbishment of selected bathroom facilities.

Key Risks /Areas of focus:

Ongoing challenges continue due to the aging estate. This includes-

- Water safety issues at Mill view site and Maister Lodge.
- The availability of en-suite provision to support the effective isolation of COVID positive patients within a selection of units.
- The standard of hygiene facilities variable across the Trust Estate
- The poor ventilation within the inpatient areas across the aging Trust Estate.

Decisions Made:

- Improvements to the ventilation to be considered in all building development work.

Governance:

	Date		Date
Audit Committee		Remuneration & Nominations Committee	
Quality Committee	31/08/23	Workforce & Organisational Development Committee	

	Finance & Investment Committee		Executive Management Team	14.8.23
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Monitoring and assurance framework summary:

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

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

Humber Teaching
NHS Foundation Trust

Infection Prevention and Control

Annual Report 2022-2023

1. Introduction

The Trust recognises that the prevention and minimisation of each and every hospital onset case of infection is an essential requirement in ensuring that patients using our services receive safe and effective care. Robust infection prevention and control measures must be an integral part of everyday practice and applied consistently to ensure both the safety of our patients and our staff. In addition, good management and organisational processes are crucial to ensure that high standards of infection prevention and control measures are maintained and monitored.

In accordance with the requirements of the Health and Social Care Act 2008 – Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and related guidance (2015) each healthcare organisation is required to produce an annual report providing assurance that effective IPC systems and processes are in place.

This report covers the period April 2022 to March 2023 and provides information and assurance to the Trust Board of Directors of the achievements and progress made against the Trust Infection Prevention and Control Strategy 2021-2023, and the key criteria identified within both the Health and Social Care Act 2008.

2.0 Goals agreed as outlined within the IPC strategy 2018-2023

2.1 Goal 01 – Innovating Quality and Patient Safety

'We will ensure that exemplary infection prevention and control practice is embedded in practice throughout all areas within the Trust and that staff are confident in recognising and addressing infection prevention and control concerns'

2.1.1 Governance Arrangements

The Trust Board recognises and agrees their collective responsibility for minimising the risks of infection and agrees and supports the means by which these risks are controlled. These are outlined in the Trust 'Infection Prevention and Control Arrangements Policy' N-014. The key forums in place for the management and monitoring of infection prevention and control activities can be seen in appendix 1

The *Chief Executive* accepts, on behalf of the Trust Board, responsibility for all aspects of Infection Prevention and Control activity within the Trust. This responsibility is delegated to the Executive Director of Nursing, Allied Health and Social Care Professionals who has the role of Director of Infection Prevention and Control within her portfolio and reports directly to the Chief Executive and the Board. Progress and exception reports have been presented to and monitored on behalf of the Trust Board via the Quality Committee.

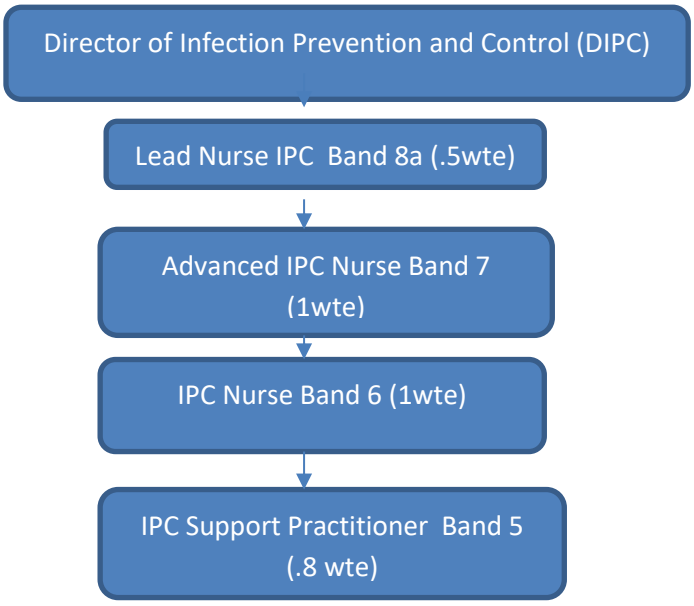
The provision of the Infection Prevention and Control Strategy 2018-2023 is seen as an essential element in continuing the Trusts focus on reducing HCAI's and in ensuring compliance to Care Quality Commission (CQC), Regulation 12 - 2.8 (assessing the risk of, and preventing, detecting and controlling the spread of infections, including those that are health care associated). The strategy reflects the Trusts vision to be a leading centre of clinical and academic excellence by providing patients with the best possible care through continuous improvement and innovation. The strategic direction for all activities pertaining to IPC has been reviewed during 2023 and a renewed Infection Prevention and Control Strategic Plan (2023-2028) has been developed and is awaiting final approval at the time of writing this report.

2.1.2 The Structure and Responsibilities of the Infection Prevention and Control Team (IPCT)

The structure of the nursing team during April 2022 to March 2023 can be seen in Table 1 below. Notification was reached in Q3 (November 2022) that sadly a member of the team (band 6) would be leaving. This has resulted in a review of the current structure culminating in the advertisement of a full-time band 5 Infection Prevention Support Practitioner. It is anticipated that the member of the team will be in place by May 2023. This has allowed us the additional opportunity to offer a one day paid secondment to one of the infection prevention and control practitioners to enhance their skills within the speciality. It is anticipated that the first individual will join the team for a period of approximately 6 months from July of this year and if successfully piloted will then be extended to others to have the same opportunity.

The Lead Nurse Band 8 post hours has also increased her hours to enhance the level of senior cover (20.5 hours weekly from 15).

Table 1. The Structure of the Nursing Team as of March 2023



The Infection prevention and control service is provided through a structured annual programme of work which includes expert advice, audit, teaching, education, surveillance, policy development and review as well as advice and support to staff, patients, and visitors. The main objective of the annual IPC programme is to maintain the high standards already achieved but to enhance or improve on areas where progress is still required. The programme addresses national and local priorities and encompasses all aspects of healthcare provided across the Trust.

The IPC Team have maintained a proactive approach with the emphasis on being visible and approachable, particularly ensuring that expert advice and support is readily accessed by all staff across the Trust.

The Lead Nurse IPC continues to provide expert clinical advice and is operationally responsible for the development of policies, guidance, infection prevention practice and the delivery of an infection prevention and control educational and training programme Trust wide. The Lead Nurse has continued to meet regularly with the Director of Infection Prevention and Control throughout the year.

Medical support has been provided via a service contract with Closer Healthcare Limited. The 'Infection Prevention and Control Doctor' is currently contracted to provide support for 1 session per week. The contract has been reviewed during 2022-2023 and continues to provide a responsive service.

2.1.3 The IPC Link Practitioner Network

The IPC Link Practitioner programme continues to be an important support to staff in all clinical areas and a large amount of the infection prevention teams time continues to ensure that each area has access to a link practitioner who has received guidance and training and ongoing support to fulfil this role. The membership is made up of a variety of grades and professions reflecting the diversity of services across the organisation.

At the time of writing this report there are 156 active IPC Link Practitioners across the Trust concentrated across all Care Divisions. They continue to be essential in embedding exemplary IPC practice into their respective clinical areas of work and the enhancing of compliance with all national standards. Increased efforts continue to engage with the harder to reach services resulting in an ever-growing number of areas monitoring and improving their own performance and infection prevention and control practice. This has led to the recent addition of 23 community teams now having access to their own dedicated link practitioner.

2.2 Performance against Key Indicators

2.2.1 Mandatory Surveillance of Healthcare associated Infections

Healthcare associated infections remain one of the major causes of patient harm and although nationally there continues to be a reduction in the number of patients developing serious infection such as MRSA bacteraemia and Clostridium difficile the rates of other HCAI have risen due to the emergence of newly resistant organisms.

Our performance, in accordance with all other NHS Trusts has been measured against a clearly defined set of standards (Key Performance Indicators) which includes the mandatory surveillance of specific categories of HCAI. This allows national trends and position to be identified but also enables regional and local benchmarking. A root cause analysis is completed for any case deemed to have been of hospital onset and action plans are developed whenever issues are identified.

The Trust performance against its key objectives can be seen below:

Trustwide Confirmed Cases	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	YTD
C Diff Confirmed Cases	1	1	0	0	0	1	0	0	1	0	0	0	4
MRSA Confirmed Cases	0	0	0	0	0	0	0	0	0	0	0	0	0
MSSA Confirmed Cases	0	0	0	0	0	0	0	0	0	0	0	0	0
Ecoli Confirmed Cases	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	1	1	0	0	0	1	0	0	1	0	0	0	4

Confirmed Infection Control Cases by Area	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	YTD
Malton Hospital	0	1	0	0	0	1	0	0	0	0	0	0	2
Whitby Hospital	1	0	0	0	0	0	0	0	1	0	0	0	2
S&R Community Services	0	0	0	0	0	0	0	0	0	0	0	0	0
Whitby Community Services	0	0	0	0	0	0	0	0	0	0	0	0	0
MH Inpatient Services	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	1	1	0	0	0	1	0	0	1	0	0	0	4

It is pleasing to note that no known cases of MRSA, MSSA or *E.coli* bloodstream infections have been reported during 2022-2023.

4 cases of Trust apportioned Clostridiode difficile infections however have been identified within the reporting period and a summary of the findings can be seen below in the table below.

Table 1. Trust Apportioned cases of Clostridiode difficile infection 2022-2023

Month	Areas of attribution	Summary of findings and contributory factors to potential acquisition.	Learning required and outcome
Dec 2022	Memorial Ward, Whitby	• Patient noted to have had a protracted stay within secondary care prior to transfer where numerous courses of antimicrobial therapy were required. • The patient was noted to have had numerous intermittent episodes of diarrhoea prior to the patients transfer however specimens had been taken and all had yielded negative results.	Conclusion: The acquisitions of the infection was determined to have been unavoidable. The choice and necessity of the antibiotic treatment was deemed to have been appropriate for the patient's recovery. Learning: A delay was noted in the obtaining of a faecal specimen within Memorial Ward to aid diagnosis. Staff were reminded of the need to send a faecal sample promptly when diarrhoea commences in the absence of a confirmatory diagnosis being in place. Outcome: The patient was successfully managed and discharged home.
Sep 2022	Fitzwilliam ward, Malton	• Patient transferred from secondary care following a protracted stay within secondary care which included a lengthy period in the Intensive Care Unit • Numerous courses of intravenous antibiotics were required. • The patient known to have multiple co-morbidities	Conclusion The acquisitions of the infection was determined to have been unavoidable. The choice and necessity of the antibiotic treatment within secondary care was deemed to have been appropriate for the patient's recovery. Outcome Patient reported to have recovered from infection.
May 2022	Fitzwilliam Ward Malton	• Had a protracted stay within secondary care prior to transfer and required numerous antibiotics	Conclusion Acquisition deemed to be unavoidable - due to a recurrence of a previous C. difficile infection

		• Patient has had a previous positive C.difficile toxin result (January 2022). • Patient in the terminal stages of metastatic carcinoma diagnosis and transferred for end-of-life care	precipitated by the antibiotics prescribed within secondary care Transfer information from secondary care poor - no mention of previous C diff history on information provided. Feedback has been provided to partner organisation. Outcome- patient died due to underlying pathology but unrelated to C. Diff diagnosis.
April 2022	Memorial Ward, Whitby	• Patient transferred form secondary care following a prolonged stay. • The patient was noted to have several co-morbidities including multiple complications following a recent Covid infection. • The patient was noted to have a previous history of C Diff infection prior to this episode	<u>Conclusion</u> Acquisition deemed to be unavoidable. This episode was deemed to be a relapse of previous infection. No issues identified as part of the patient's care and management whilst on the unit. <u>Outcome</u> Patient noted to improve following antimicrobial treatment.

2.2.2 Hand Hygiene Compliance ✓ (Achieved Trust agreed threshold of 95%)

Hand hygiene remains a fundamental component in the prevention of nosocomial infections. The IPC team continued to promote hand hygiene compliance in accordance with the 'WHO five moments for hand hygiene' and as part of this an effective hand hygiene technique must include the use of the bare below the elbows principles for all individuals who provide clinical care as part of their duties.

Opportunistic hand hygiene observations are conducted by the link practitioners within the inpatient and primary care settings on a quarterly basis utilising the Trust approved Hand Hygiene Quality Improvement Tool. As can be seen below in Table 2 the Trust average annual compliance threshold of 95% has been achieved in all 4 quarters during 2022-2023

Table 2. Trust Hand Hygiene Compliance percentage according to Quarter 2022-2023

Ward	Hand Hygiene Observations				
	Q1	Q2	Q3	Q4	Comments if score below 95%
Avondale	100%	100%	100%	100%	
Mill View Court	100%	100%	97%	100%	
New Bridges	100%	100%	100%	100%	
PICU	100%	100%	100%	100%	
Westlands	100%	100%	100%	100%	
Maister Lodge	100%	100%	100%	100%	

Ward	Hand Hygiene Observations				Comments if score below 95%
	Q1	Q2	Q3	Q4	
Mill view Lodge	97%	93%	100%	97%	Q2 Bare below the elbow principles not adhered to.
Maister Court	93%	97%	100%	100%	Q1 Bare below the elbow principles not adhered to in one instance and the incorrect technique applied when turning off the taps.
Ouse	100%	100%	100%	100%	
Swale	93%	97%	97%	97%	Q1 Bare below the elbow principles not adhered to.
Ullswater	90%	*	93%	87%	Bare below the elbow principles and inconsistent adherence to the 5 moments noted throughout all quarters. This is noted to have improved in Q1 2023 following supervision with individual staff members
Pine View	100%	100%	100%	100%	
Lilac	100%	100%	100%	100%	
Willow	100%	100%	100%	100%	
Granville	100%	100%	100%	100%	
Whitby Memorial	100%	100%	97%	100%	
Malton Fitzwilliam	100%	100%	100%	100%**	
Orion	97%	*	*	97%	No submissions completed in a number of quarters. The IPCT have commenced the provision of targeted additional support in Q4 to improve performance
Nova	93%	*	Closed	Closed	
STaRS	90%	100%	93%	100%	Q3 Poor technique noted in two staff members. On the spot education was provided to both staff members.

Key to scores *Excellent* *Good* Improvement required unsatisfactory

Although the overall compliance rate was achieved the expected standard was not achieved in the units highlighted as scoring below 95% and the reasons can be seen in the comments section in the above table. In each instance actions have been taken to address any non-compliance/ no submissions and results have improved in Q1 of this financial year.

The main areas for poor adherence were noted to be around the non-adherence to the 'Bare Below the elbow principles due to the wearing of a wrist watch /not rolling up long sleeves which impede the ability to decontaminate the hands and wrists effectively. An additional small number of issues were noted with the individual staff members hand hygiene technique and these were rectified at the time of the observation.

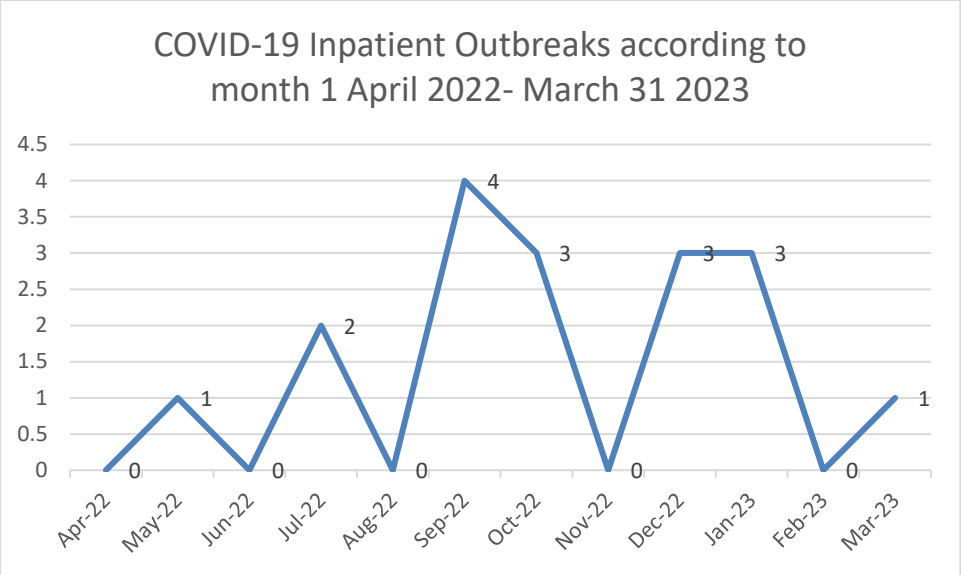
2.3 Outbreaks of Communicable Infection

Outbreaks of infection continue to be the major cause of infection related incidents in any hospital in the United Kingdom. Outbreaks occur when there are two or more linked

infections which may or may not be preventable. Usually, these events are, by definition, unpredictable. Historically this has mainly been associated with viruses such as Norovirus or Influenza. However, with the emergence of COVID-19 we have mainly been dealing with outbreaks associated with this virus and fortunately no outbreaks related to other traditional winter viruses.

In line with the mandatory national reporting requirements the Trust have reported 17 outbreaks of COVID-19 during 2022-2023. Regular Outbreak Control Group meetings have been held to support clinical areas ensuring patient safety and to minimise the risk of onward transmission.

Table 3. COVID-19 Outbreaks in the inpatient setting according to month 2022-2023



An outline of the outbreaks and any areas for learning for each individual area can be seen below in Table 4 below;

Quarter	Unit	Date of closure	Date of reopening	Patient affected	Staff affected	Learning
1	Westlands	11.5.22	6.6.22	4	8	• Staff breach identified – car sharing. Staff reminder circulated. • Inputting of patient results not always accurately completed.
1	Westlands	8.7.22	23.7.22	6	3	Significant challenges noted with compliance to IPC measures noted with a small number of the patients. The Mental Health Legislative Team supported the teams ensuring the least restrictive approach to manage the affected patients was adopted
2	Fitzwilliam , Malton	9.7.22	25.7.22	4	7	No issues identified
2	Millview Lodge	15.9.22	22.9.22	2	1	No issues identified
2	PICU	26.9.22	4.10.22	6	4	No issues identified
2	Lilac Unit	26.9.22	21.10.22	3	10	No issues identified
2	Memorial Ward, Whitby	30.9.22	18.10.22	7	8	Delay noted in the IPC team being notified but manged in accordance with national guidance

Quarter	Unit	Date of closure	Date of reopening	Patient affected	Staff affected	Learning
3	Ouse	15.10.22	27.10.22	4	1	A small number of staff noted to have difficulty finding the relevant IPC information on the Intranet site due to the number of dead links when key national documents is withdrawn and the information being available in a variety of different places.
3	Newbridge	21.10.22	4.11.23	5	6	No issues identified
3	Mill view Court	24.10.22	2.11.22	2	0	Screening programme not delivered in accordance with the Trust guidance.
3	Mill view lodge	12.12.22	23.12.22	4	2	• Social distancing noted to be difficult due to environmental improvement work being in progress prior to the outbreak being identified. • The standard of handover noted to be variable on a small number of occasions. • A staff member noted to come to work despite displaying symptoms.
3	Newbridges	19.12.22	4.3.23	5	6	The outbreak was managed well despite the extremely challenging presentation of one of the Covid-19 positive patients.
3	Maister Court	30.12.22	12.1.23	4	3	No issues or concerns identified.
4	Maister Lodge	4.1.23	12.1.23	4	8	No issues identified.
4	Fitzwilliam Ward	16.1.23	26.1.23	4	3	No issues identified
4	Mill View Court	31.1.23	10.2.23	4	3	No issues identified
4	Ullswater	21.3.23	3.4.23	4	2	No issues identified

No adverse outcomes were reported during 2022-2023 for any of the patients who yielded a positive test result. All recovered satisfactorily and have either returned to a place of residence or remain within our care due to their ongoing mental health needs.

2.4 Antimicrobial Stewardship

Slowing the development of microorganisms resistant to antimicrobials, increasing the longevity of our available agents and minimising the occurrence of healthcare acquired infections is a national and international priority. All healthcare professionals are therefore encouraged to facilitate good prescribing practices.

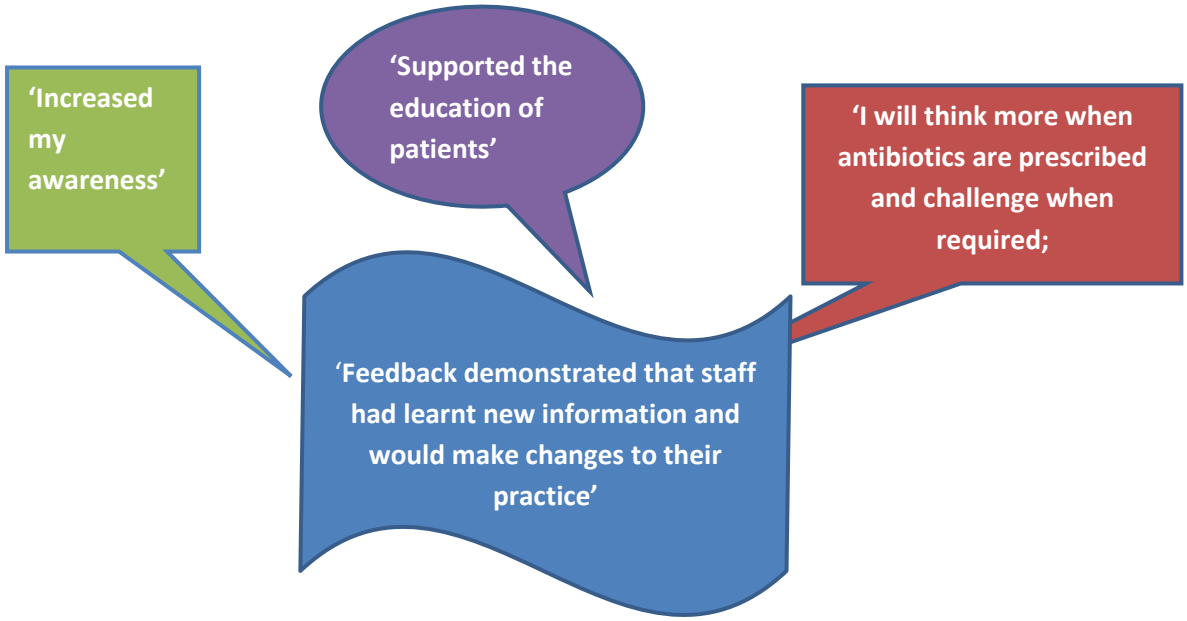
The Drugs and Therapeutic Group within the Trust is responsible for the monitoring and the provision of advice on the optimal and cost-effective prescribing of antimicrobial agents. Its aim is to facilitate the development, implementation and audit of policies, guidelines and protocols related to antimicrobial prescribing, with reference to local variations in antimicrobial susceptibility. All antimicrobial data collected is presented and reviewed at both the above mentioned meeting, the Healthcare Associated infection Group (HAIG) and the relevant Clinical Network meeting.

Electronic prescribing is in place in all clinical inpatient areas which greatly assists in the ability to improve the level of stewardship. Each antibiotic prescribed on the system is subject to a prompt review and validation process by the pharmacist allocated to the specific unit.

The reporting of antibiotic prescribing practice within the primary care setting continues to be monitored both locally and regionally on a quarterly basis and all findings are discussed via the Clinical Network, the individual prescriber when possible and reported to both the Drugs and Therapeutic Groups and (HAIG) Healthcare associated Infection Group.

In conjunction with pharmacy colleagues and the IPC link practitioners have held several promotional activities to celebrate World Antibiotic Awareness Week November 2021 to enhance staff knowledge and learning. A selection of inpatient and primary care settings were visited. A visual display was provided when feasible and small group educational micro sessions delivered. As part of the visit staff were encouraged to enrol as an 'antibiotic guardian'.

Feedback received noted that these visits were well received. Comments received included.



3.0 Goal 02 – Enhancing Prevention, Wellbeing and Recovery

'We are committed to keeping patients informed about all aspects of their care and ensure they are involved in key decisions'

Patients engaged in their health care decision making process tend to be healthier and have better outcomes. In support of this access to good quality health information is deemed to be an essential requirement.

A review of all the patient related infection control information available has been conducted throughout the year to ensure the information that is already in place remains accurate, current and in line with both the national guidance and trust branding requirements. This has included the opportunity for all, patients, staff and carers to contribute to the newly refreshed IPC Plan 2023-2028 which awaits final Trust Board approval. Further work will continue to enhance the progress already made.

A member of the IPCT remains an active participant within the Patient and Carer Experience (PACE) Forum and work continues to ensure IPC initiatives, policies, information resources are developed and shared with PACE members via the engagement leads to raise awareness and gain valuable input and feedback. An IPC Patient and Carer and Experience action plan is in place and progress will continue during 2023 in accordance with the agreed time scales.

4.0 Goal 03 – Fostering Integration, Partnership and Alliances

'We are committed to working in partnership to improve the care we provide by being open, transparent and inclusive'

Working collaboratively across organisational boundaries has been acknowledged as an essential component in the reduction of HCAI and as such the Infection Prevention and Control Team have availed themselves of every opportunity to meet virtually with colleagues both locally and nationally to share learning, and best practice.

Both the senior members of the team are members of the National Infection Prevention Society (IPS), which provides opportunities for networking at a regional and national level and access to appropriate educational study days and conferences. This included attendance at a regional C. difficile workshop during the year.

Meetings attended during this year have included:
- The Yorkshire Region Infection Prevention and Control Society Meeting
- North East and Yorkshire (NEY) IPC Lead Nurses Forum
- The National Infection Prevention and Control Mental Health Special Interest Group
- The Regional Hydration Group

Although all were virtually attended, they continued to be invaluable in the provision of mutual support and the sharing of information. A selection of face-to-face meetings have been planned for 2023-2024.

5.0 Goal 04 – Developing an effective and empowered workforce

'We are committed to ensuring that exemplary infection prevention and control principles are firmly embedded within every staff member's daily practice'

Infection control and the prevention of all infection remains a major priority within the Trust and ultimately is the responsibility of everyone who works within the Trust. Care should be exemplary and delivered by staff who understand and effectively discharge their roles and individual responsibilities for the prevention and treatment of HCAI.

Work undertaken to support all staff in the delivery of their responsibilities during 2022-23 has included:

5.1 A Review of Infection Prevention and Control Policies and Guidelines

In line with the Health and Social Care Act 2008 Code of Practice (2015) the Trust infection prevention and control policies, protocols and clinical pathways have all been reviewed and updated by the IPC team ensuring that practice and guidance is current, evidence based and in line with the national mandatory requirements.

It is expected that the Trust will fully adopt all elements of the national infection prevention and control manual (NIPCM) which has been produced to ensure a consistent UK wide approach to all infection prevention and control practice. Work has been commenced in 2022-2023 to ensure that the content is firmly embedded in all Infection Prevention and Control practice undertaken within the Trust.
Key Infection Control Policies updated during 2022-2023 have included:

Table 5. Infection Control Policies updated 2022-2023

Name Of Policy	Date approved	Changes made
Hand Hygiene Precautions Policy	21 February 2023	This policy stood down due to the requirement for staff to refer to the National Infection Prevention and Control Manual for initial guidance. Operation details specific to the Trust now captured within the newly produced Standard Infection Control Precautions (SICP) Standard Operating Procedure (SOP 23-006)
Standard Precautions Policy	21 February 2023	The policy stood down due to the requirement for staff to refer to the National Infection Prevention and Control Manual for guidance. Operation details specific to the Trust now captured within the newly produced Standard Infection Control Precautions (SIP) Standard Operating Procedure (SOP23-006)
Clostridioides Difficile Infection Policy (Prevention and Management) (N-010)	13 December 2022	Full review of policy content Minor amendments made throughout the document to align with the current Trust structure Amends include • Nice antibiotic guidance algorithms included as appendices 2 in alignment with the NICE Clostridioides difficile infection antimicrobial prescribing recommendations. • The Trusts Guidance at a Glance document (appendix also amended to reflect these changes) • Refence section updated.

The IPCT have developed and or provided input into the development of a variety of other Trust policies and Standard Operating Procedures (SOPs) that have and continue to support staff. These remain constantly under review to ensure they reflect the changes in any produced national guidance.

A number of 'Guidance at a Glance' documents have been developed as a quick reference guide for staff and these have been extremely well received.
Those approved have included;
• Ebola
• Headlice
• Meningococcal disease
• Gram Resistant Enterococcus
• Clostridioides Difficile
• Meticillin resistant Staphylococcus Aureus (MRSA)

5.2 The Delivery of the Infection Control Training Programme

The IPC educational programme is an integral part of the Trust Mandatory Training Programme for all staff and the commitment to education continued to be a priority throughout the year.

The IPC Nurses (IPCNs) participate in the Trust Corporate Induction programme for all staff newly appointed by the organisation. The session includes an introduction to the team and provides guidance on how to access all essential IPC information via the Trust Intranet.

During the period April 2022 to April 2023 the IPCT have continued to utilise the national evidence-based infection prevention and control national education programme for both clinical and non-clinical staff utilising the virtual platform and e-learning packages.

As shown in Table 5 below the Trust Infection prevention and control compliance target of 85% has been exceeded in every month during 2021-2022.

Table 5 Infection Prevention and Control Training Compliance 2021-2022

Compliance percentage	April 22	May 22	June 22	July 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Level 1	97.1	98.3	97.0	98.1	97.2	97.4	97.2	97.2	98.4	97.4	96.8	97.4
Level 2	94.6	94.8	95,0	95.4	94.9	94.9	95.3	95.8	95.8	95.3	95.1	96

A full review of the Trust IPC training programme will be required however in 2023 -2024 following the release of the NHS Health Education England; Infection prevention and control Education Framework (March 2023). This will be given priority in the proposed IPC work plan.

5.3 PPE Training

Training to ensure that PPE is correctly worn and disposed of has been one of the key measures adopted to assist in the prevention of the transmission of all infection and infectious diseases and is particularly pertinent during the current COVID-19 pandemic. In addition to the mandatory training programme the IPC team and link practitioners have completed a large number of additional training sessions to ensure staff are confident and competent in the use of PPE.

Compliance has been measured throughout the last year by the link practitioners, matrons and IPC nurses utilising the My Assurance Standard Precautions Tool and compliance has generally remained high overall.

Ward	Standard Precautions Observations 2022-2023			
	Q1	Q2	Q3	Q4
Avondale	100%	100%	100%	100%
Mill View Court	100%	100%	99%	99%
New Bridges	100%	100%	100%	100%
PICU	100%	100%	100%	100%
Westlands	100%	100%	100%	100%
Maister Lodge	100%	100%	100%	100%
Mill view Lodge	98%	97%	100%	100%
Maister Court	100%	99%	99%	100%
Derwent (Darley Seclusion suite)	100%	100%	100%	100%
Ouse	100%	*	100%	100%
Swale	100%	95%	100%	100%

Ullswater	99%	*	100%	96%
Pine View	100%	100%	100%	100%
Lilac	100%	99%	100%	100%
Willow	100%	99%	100%	100%
Granville	100%	100%	100%	100%
Whitby Memorial	99%	98%	100%	100%
Malton Fitzwilliam	100%	*	100%	100%
Orion	100%	*	*	100%
Nova	100%	*	Closed	Closed
STaRS	100%	100%	100%	100%

To maintain and sustain a high level of effective infection prevention and control practice a hand hygiene and personal protective equipment (PPE) competency assessment tool has been developed and will be rolled out during 2023. All clinical staff who require an enhanced level of clinical training (level 2) will be required to undertake this package. Compliance will be measured quarterly from quarter 2/3 in 2023-2024. Work has commenced to train the infection prevention and control link practitioners to assist in the roll out. It is anticipated that further practical competencies will be developed during the next financial year.

5.4 Face Fit Testing Educational Training Programme

In accordance with the Control of Substances Hazardous to Health Regulations 2002 (COSHH) the undertaking of fit test training has been in place within the Trust for anybody who potentially would be required to complete a procedure deemed to generate aerosols when caring for a patient who was suspected or confirmed as having a transmissible respiratory infection such as influenza.

The process of fit testing is a means of checking that the respiratory equipment utilised is compatible with a person's facial features and seals adequately to their face. If the seal is inadequate, contaminated air will take the path of least resistance and will travel through leaks in the face seal. Consequently, a poor seal to the face will reduce the level of protection afforded to the wearer.

To support additional support a fulltime Band 3 Trust Face Fit Tester and PPE Champion was recruited on an initial 12-month fixed term contract. However due to maternity leave and related issues the individual has not been available to undertake the duties of the role for a large portion of the intended period. We however actively pursued and was successful in securing the services of the NHS England nationally funded Face Fit Tester (FFT) Training Team to train additional accredited Face Fit Testers. At the time of writing we now have 55 Qualitative (Taste Test) Face Fit Testers across the divisions within the Trust to provide staff with the ability to access a fit tester when required.

A further 51 Staff have been assessed in the use of the Powered Air Purification Respirator Hoods designed for use individuals who require the added level of protection but are not able to wear an FFP3 mask.

As per the national FFP3 resilience programme recommendation the Trust diversified the number of mask brands used to improve resilience if a further pandemic occurred. All preferred brands are noted to have been made within the UK.

Work has continued during 2022-2023 to automate as much of the data management as possible but it still is posing a number of issues which we hope to resolve in the near future.

A full review of the Trust position on the use and management of RPE within the Trust is required however to ensure we remain in alignment with current national guidance and will be undertaken in the ensuing quarter of 2023.

5.5 The Continuing Professional Development of the IPC Team

To retain credibility and validity of the infection prevention role the IPCT team has continued to develop and maintain their professional development through a variety of sources.

One senior member of the Team was successful in her bid to secure a place on the Mary Seacole Leadership Programme designed to assist individuals to enhance a greater understanding of self and impact as a leader. This has now been completed and she has received notification of her successful achievement.

A further member of the team was successful in her bid to undertake the Infection Prevention and Control Development Pathways Foundation Course developed by the Northwest NHSE and delivered through Manchester University NHS Foundation Trust. This was successfully attained in quarter 4 (2023). It was anticipated that funding would be secured regionally for the advanced stage of the programme but notification was received that this was not possible. Funding opportunities to achieve this will continue to be explored. The team member however has put her newly developed skills to use in the workplace by being instrumental in the development in the development and the planned implementation of the Hand Hygiene and PPE (personal protective equipment) Competency Framework Tool.

Feedback received from the Elaine (IPC team member)
"I Have really enjoyed the course which has developed my knowledge and skills and certainly feel more confident in my practice being new to IPC".

The IPC team continues to actively encourage students to join the team as a spoke placement. Visits have been actively encouraged and have varied from one mental health student nurse, in her final placement of her training spending one day a week over 4 weeks and working on the IPC Hand Hygiene and PPE competencies to individuals joining us for a half day taster sessions. Feedback received has been positive

6.0 Goal 5 - Maximising an efficient and sustainable organisation

'We are committed to providing a health care environment that is clean safe and facilitates the prevention and control of infection'

6.1 Infection Prevention and Control Audit Programme

In line with the requirements of the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance (2015) the Trust has an extensive IPC audit programme in place which is both environmentally and clinically focused. It is targeted at improving infection prevention and control practices for all disciplines across the Trust. Any environmental concerns determined to be of immediate risk are escalated via the Care Group structure and the Clinical Environmental Risk Group.

The audit programme is completed either by the Infection Prevention and Control Team, the infection control link practitioners or the matrons. Any issues identified during the completion of the audit visits were dealt with on the day of the visit wherever possible. The audit results are included as part of the quarterly matron report and are scrutinised at the Healthcare Associated Infection Control Group meeting where each matron is invited to present their reports and improvement plans where required. Despite the demands of the pandemic it is a

great credit to the clinical inpatient areas that the audit programme has been maintained throughout this year in the majority of areas despite the challenges that we have in some of our aging estate. The results of the IPC environmental audits completed in the inpatient areas during 2021-2022 can be seen in Tables 6 and 7.

Table 6. Inpatient Environmental Audit results 2022-2023

Ward	IPC environmental audit results according to quarters 2022-2023				
	Q1	Q2	Q3	Q4	
Avondale	97%	100%	100%	100%	
Mill View Court	93%	86%	94%	90%	Q2 Dead flies seen in various locations. Soap dispensers dirty. Items stored on the floor. Stained curtains noted in one communal area. Lime scale noted in a small number of taps. Cleaning check list not consistently completed. All issues actions and improvement seen in Q3
Newbridges	94%	99%	94%	97%	
PICU	90%	*	87%	90%	Q3 Male bathroom needs refurbishment. No date yet known for completion at time of report. Water flushing documentation not up to date Limescale on some outlets Damage note to selection of furniture Clinic noted to be untidy Temporary sharps apertures not consistently used. Improvement noted q4
Westlands	91%	96%	97%	97%	
Maister Lodge	93%	99%	100%	99%	
Mill view Lodge	99%	99%	99%	91%	
Maister Court	91%	100%	100%	100%	
Ouse	91%	100%	100%	97%	
Swale	91%	86%	91%	93%	Q2 Nursing office – damage to door surfaces Damage rust and line scale to the office wash hand basin Sharps bun temporary closure not consistently used Cleaning check lists not consistently completed Clinic – full of clutter and lack of storage Difficulties noted to undertake the cleaning of one of the patients room
Ullswater	91%	94%	94%	96%	

Pine View	96%	97%	100%	100%	
Lilac	90%	91%	100%	100%**	
Willow	93%	94%	100%	100%**	
Granville	96%	96%	94%	97%	
Whitby Memorial	94%	96%	97%	97%	
Malton Fitzwilliam	90%	99%	100%	*	
Orion	97%	96%	98%	97%	
Nova	93%	99%	Closed	Closed	
STaRS	91%	96%	93%	97%	

Key to scores *Excellent* *Good* Improvement required unsatisfactory

6.2 Primary Care Audit programme

A significant amount of effort has also been put into improving each primary care setting to ensure it reaches an acceptable standard and level of cleanliness. This is made more difficult however in those buildings that are not owned by the Trust and the need for effective communication and negotiation skills with our landlords cannot be over emphasised. Where it has been possible the cleaning contracts have been brought 'in house' to ensure that the cleaning consistency is maintained at an acceptable standard. The latest scores can be seen below;

Table 7. Primary Care Environmental Audit results 2022-2023

	Environment	Practice Compliance
Northpoint Medical Practice	96%	93%
King Street Medical Centre (Cottingham Clinic)	98%	95%
Humber Primary Care - Providence Place	84% 2/11/22 82% 30/1122 80% 28/12/22	91% 8/11/22 95% 30/11/22 93% 28/12/22
Field House Surgery	84% 18/11/22 95% 18/1/23	93%
Market Weighton Practice	100%	93%
Princes Medical Centre	100%	100%
Humber Primary Care - Station Avenue	74% 3/11/22 87% 29/11/22 87% 03/01/23	79% 8/11/22 98% 29/11/22 93% 03/12/22

It is noted that as from the 1 April 2023 both Princess Medical Centre and North Point Surgery have transferred to a new provider and Field House surgery has closed.

IPC issues that remain currently unresolved
Humber Primary Care (Station Avenue)-

- Awaiting update re poor kitchen facilities, sink and taps to ensure conformance against NHS national specification requirements. This will be discussed as part of the HAIG agenda.

6.3 Sharps Management

Needlestick injuries (NSIs) are one of the most common injuries for healthcare workers according to the RCN (2011). NSIs through venepuncture and injection are the most common causes of inoculation exposure. Inoculation exposure injuries not only have potential health consequences for those affected, but also a psychological impact.

The regular monitoring of sharps practice is completed in all areas as part of the infection prevention and control audit programme.

An additional external sharps audit has also been completed by Daniels Healthcare (November 2022) to determine whether staff are managing and disposing of staff in accordance with national guidance.

Fifty one (51) Wards/Departments were visited during the audit and One hundred and forty eight (148) sharps containers were sighted on the day of inspection

Findings
The audit found;

- Zero (0) sharps containers with protruding sharps,
- One (1) was not correctly assembled posing a risk of spillage.
- Zero (0) were more than three quarters full.
- Three (3) sharps containers (Daniels) had the wrong lid on the wrong base.
- Eleven (11) Eleven (11) sharps containers were not signed or dated whilst in use.
- Fifteen (15) sharps containers had significant inappropriate non sharp contents.
- All sharps' containers (148) were reported to be sited in an appropriate location and small sharps containers and Daniels trays were available to take to the patient were applicable

Any urgent remedial actions were taken immediately during the inspection and this was followed by formal feedback to each area. A Practice Note was also circulated Trust wide to remind staff of their responsibilities when assembling and labelling the containers.
Practice continues to be monitored regularly to ensure full compliance.

6.4 Environmental Cleanliness

During 2022-2023 the coronavirus (COVID–19) outbreak has continued to remain a significant challenge to our cleaning services but the staff group have sustained a magnificent response to the increased demands for the cleaning requirements. Feedback provided from the inpatient unit staff highlighted an excellent level of response and a high quality of service being provided by colleagues in the Hotel Services

Cleanliness standards have continued to meet the set targets with one exception (a community ward) all areas achieved a 5* rating under the NSoHC21. The service is provided externally – a Service level agreement is in places with York Teaching Hospital Facilities Management LLP to provide the cleaning and catering services at Malton.

The monitoring report received by the Trust for the month of February 23 shows that the cleanliness score achieved, on 28.02.23, was 85.37% (the target being 95%). When converted this percentage score equates to a 1* star rating. This was the lowest possible score that can be allocated.

On the 16 March 23 it was also identified by the Infection Prevention and Control Team when undertaking an inspection the following documentation could not be located on Fitzwilliam:-

- Commitment to cleanliness charter
- Cleaning schedule
- Star rating poster

The main reason identified for the unacceptable standards were noted to be due to severe staffing pressures. At the time of writing this report significant progress has been made to resolve and the results have now improved to an acceptable/good standard.

In accordance with the National Standards of Healthcare Cleanliness 2021 (NSoHC) requirements a briefing report has been provided to the Trust identified 'Responsible Board Director' and regular updates are provided on the devised recovery plan. Updates are also shared at the HAIG meetings.

Plans for the commencement of the facilities led efficacy audits that were expected to commenced in quarter 4 January 2023-March 2023 remained on hold unfortunately owing to significant resource challenges. Agreement has been reached to increase the management resources across the Hotel Services Department. The position is due to be advertised in April 23 and the efficacy audits will recommence.

6.5 The Completion of the Patient Led Assessments of the Care Environment Programme (PLACE) 2022

PLACE assessments are an annual appraisal of the non-clinical aspects of NHS and independent/private healthcare settings, undertaken by teams made up of staff and members of the public (known as patient assessors). They provide a framework for assessing quality against common guidelines and standards in order to quantify the facility's cleanliness, food and hydration provision, the extent to which the provision of care with privacy and dignity is supported, and whether the premises are equipped to meet the needs of people with dementia or with a disability.

The 2022 programme was noted to be heavily impacted by the COVID-19 pandemic resulting in fewer assessments. It is therefore pleasing to note the Trust completed a full programme of inspections due to the continued support of the members of the public who attended. .

The National PLACE results were published on the 23rd March 23 and the scores can be seen below for the two Domains namely 'Cleanliness' and 'Condition, appearance & maintenance' domains. The results are currently being analysed and shared with the Matrons and Unit Managers to identify the necessary required improvements.

Table 8 The Trusts PLACE results 2022 in comparison with the national average scores .

Domain	Trust Average	National Average
Cleanliness	97.86%	98.01%
Condition, appearance & maintenance	94.25%	95.79%

6.6 Environmental Facilities Development/Refurbishment

The design, planning construction refurbishment and ongoing maintenance of the environment plays an important part in minimising the transmission of infection and the physical environment should assist not hinder good practice. It is therefore important that the IPCT is involved in all new builds and refurbishment projects to provide advice from the infancy of the projects.

During 2022-2023 the Infection Prevention and Control team and the Estates Department have continued to work closely to ensure that the new and existing patient facilities are constructed in a way that facilitates good infection control practice. Despite all endeavours and best efforts, it is acknowledged that the maintenance of the environment continues to pose an ongoing challenge. This continues to be compounded by the additional COVID-19 requirements that have been placed upon us.

A significant amount of IPCT input has been required and is still needed throughout the ensuing months to ensure that all areas within the Trust continue to provide a safe environment for both patients and staff. To prioritise the work required regular joint estates and IPC group meetings have been held which has provided focus on achieving compliance with all elements required within the Hygiene Code and the COVID-19 Board Assurance Framework Document. This has seen as vital to improve the environment for patients and staff.

During 2022-2023 IPC advice and input has been provided/ continues to be provided in the;

- The planning and installation of the staff well-being package within all clinical and inpatient units
- The planning stages of the proposed redesign programme at Granville Court.
- Major redevelopment scheme proposed within the Humber Centre / bathroom and clinic refurbishment projects.
- The planned Improvement of seclusion facilities across the full mental health and learning disability site.
- The planned ventilation improvement scheme across the mental health sites

The importance of maintaining the multi-disciplinary approach cannot be over emphasised and will continue to remain a key priority.

6.7 The Improvement of Ventilation within the Trust Estate

The requirement for good ventilation has been acknowledged as essential in any work- place environment and this becomes even more important during a period of pandemic. Employers are duty bound by law to ensure an adequate supply of fresh air enters the workplace to reduce the risk of spreading coronavirus.

In accordance with the updated Health Technical Memorandum (HTM 03-01) the Trust has an appointed Authorised Ventilation Engineer in place and a ventilation group has been established which has met quarterly since the inception.

An ongoing programme to improve the ventilation within our clinical settings has been developed. Work completed up to date includes the repair of all faulty / non-functioning extraction fans across all our clinical areas and the purchasing/ installation of hepa- filtered ‘air scrubbers’ which are designed to assist in the improvement of the air quality in an area of potential muti -occupancy such as the unit offices.

Tender packs have been completed for New Bridges and Westlands to install mechanical ventilation both in the highly populated areas and a number of the bedrooms to assist in the reduction of the transmission of any airborne infections. It is hoped that this work will commence towards the end of June/July 2023

6.8 Water Safety Management

The water utility provider supplying the Trust, Yorkshire Water, undertakes to provide a reliable supply of wholesome, safe water to the Trust. It is the function of the Water Safety Management Group (WSMG) to provide assurance that the water, once within the Trust's infrastructure, is safe and that risks from chemical and microbial hazards are minimised.

The Water Safety Management Group (WSMG) continues to work to raise awareness of water safety issues throughout the Trust and to take steps to improve arrangements for water safety and governance. Quarterly WSG meetings are in place supplemented with the addition of a subgroup of the Water Safety Group who meet fortnightly to monitor progress of any outstanding actions until a positive outcome has been achieved.

The presence of legionella in the water systems has continued to be actively managed and monitored throughout the year. Additional control measures such as flushing have been required in a variety of areas during the period of the pandemic due to the no /low occupancy whilst staff were working from home, and this continues where required.

An externally validated audit of the Trusts performance has been conducted by the Trust appointed Authorised Water Engineer in December 2022.The purpose of the audit was to assess and compare all element of the Trust performance against all operational and legislative compliance pertaining to water safety and overall Risk Management and Control. The audit completed in December 2022 demonstrated 'reasonable assurance' which demonstrates an ongoing improvement from the previous audit completed.

Ongoing water related issues as of 31st March 2023

Maister Lodge
Legionella detection was found historically at the site initially following the creation of the Maister Court Unit and has persisted in various locations. Extensive work is ongoing to resolve.

Mill View Court and Lodge
Legionella found at site following pre samples prior to development works on vanity unit replacements, staff welfare and the creation of the COVID pod (now stepped down). Whilst a number of improvements to the system have been completed legionella is still present in the hot water system and an extensive programme has been maintained until the position is resolved.

Humber Centre
Legionella found following improvement works to the ADL kitchen on the Oaks corridor and improvement works across the site.
Whilst the issue in the ADL kitchen sink only affects one outlet, all previous actions have failed to rid this area of Legionella. It has been agreed that a local chemical disinfection is required to this area only.

All mitigations remain in place within all areas identified above to maintain both staff and patient safety. This includes the enhancement of water flushing regimes, the use of legionella filters / the isolation of any outlets that cannot be protected by a filter. A legionella vulnerability risk assessment is completed prior to each patient's admission to these areas

and regularly throughout all patients stay within the clinical setting outlined above to ensure that they are cared for in an appropriate location on the respective unit or if required placed in a different clinical area.

7.0 Goal 06 – Promoting People, Communities and Social Values

'We will promote the importance of infection prevention and control community wide'

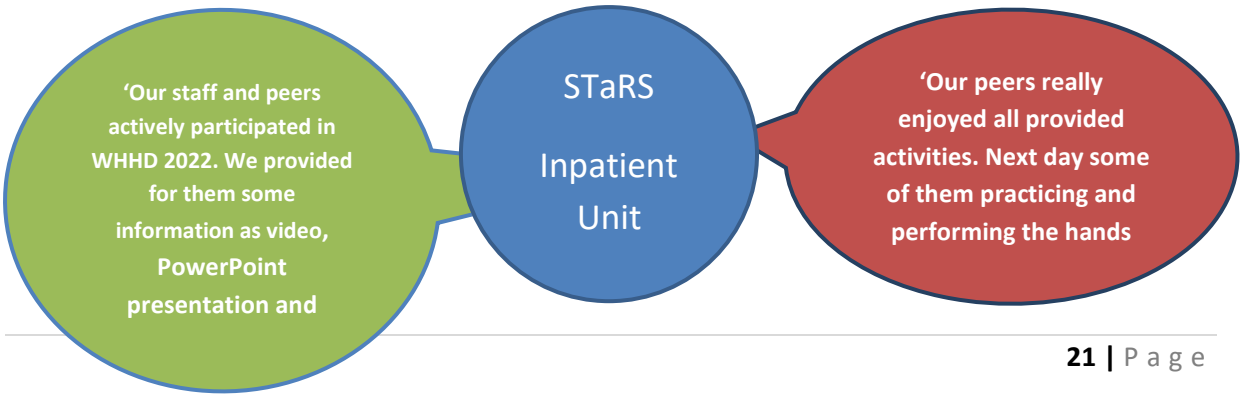
Although we have not yet been able to achieve the levels of IPC engagement and attendance at both national and local events seen in the pre-pandemic era we have continued to promote and support all the relevant key dates by a combination of virtual means and the provision of resources and information.

Teams across the Trust have participated in various activities with both staff and patients to celebrate and promote awareness which have included participating in numerous hand hygiene assessments using the UV light boxes, quizzes and displays of artwork

The first event which included IPCT representation was the Hull Pride event in July 2022 where the opportunity was taken to provide information and advice was provided on key infections

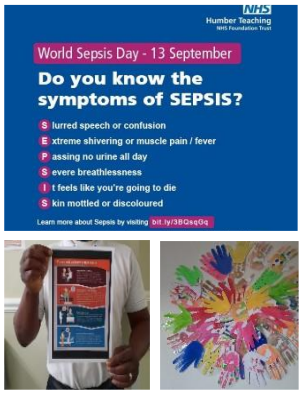
During International Infection Prevention week, the IPC team celebrated our amazing IPC Link Practitioners across the Trust with a collage showcasing the Trust's IPC Link Practitioner's awareness activities over the years to coincide with the Association for Professionals in Infection Control and Epidemiology's (APIC) 50th anniversary and inspiring the next generation of Infection Preventionists. During the week the IPC team introduced the newly refreshed IPC Link Practitioner Role Profile providing information about the role and requirements for all practitioners.

World Hand Hygiene Day- 5 May 2022



World Sepsis Awareness Day 13 September 2022

Pictures from Granville Court as a celebration of the day



It is hoped that we will be able to increase the number of opportunities during the oncoming year and the team are already planning a full timetable of activities.

8.0 Summary

Once again the COVID-19 pandemic has continued to take up a large amount of the IPCTs time during 2022-2023 with all staff working together flexibly to provide a safe environment for both patients and staff. Despite this we have commenced the full restoration of all our service activities, but we are aware that this comes with new hurdles and challenges.

It is essential that we remain determined to focus on improving clinical practices, antimicrobial prescribing and the environment of care, and by continually improving the knowledge of our staff so that they can achieve excellent standards of infection prevention practice

Our key priorities for 2022-2023 are to;

- Ensure all staff are appropriately trained and prepared for any other surges of COVID-19 but also any other communicable disease that may emerge and require an emergency response.
- Fully implement and embed the National IPC manual for England within the organisation.
- Develop a robust antimicrobial stewardship programme across all divisions within the Trust.
- Improve all patient engagement activities which includes the deliver of the IPC Agreed PACE action plan.
- Maintain the excellent level of collaboration that is in place with the estates and capital team to ensure that the design of all of our buildings and new builds to take into account the latest evidence around containment of respiratory viruses such a SARS CoV-2 (COVID-19) and influenza.
- To sustain and enhance our newly formed relationships with colleagues both locally, regionally, and nationally.

Appendix 1 Key forums for the Management and Monitoring of Infection Prevention and Control Activities

The Quality Committee

The purpose of the Quality Committee is to assure the Trust Board that appropriate processes are in place to give confidence that all quality, patient safety performance and associated risks are monitored effectively and that appropriate actions are taken to address any deviation from accepted standards and to manage identified risks.

The Quality and Patient Safety Group

The Quality and Patient Safety Group is accountable to the Quality Committee. It has been established to oversee and coordinate all aspects of quality improvement (patient experience/patient safety and clinical effectiveness), assurance and clinical governance activity and delivery. This includes all infection prevention and control activity within its portfolio.

Healthcare Associated Infection Group (HAIG)

The HAIG is a multi-disciplinary forum for providing expert advice and organisational perspective and oversight for all matters relating to infection prevention and control. The group provides a forum to receive, review and plan the implementation of national and local policy relating to infection control practice. This forum enables debate and the sharing of knowledge. Four formal meetings were held during April 2022-March 2023. An informal group meeting has also been held on a quarterly basis to ensure all actions and works streams agreed within the formal meeting are progressed at any time it is felt to be required during the ensuing year.

Agenda Item 14

Title & Date of Meeting:	Trust Board Public Meeting Wednesday 27th September 2023
Title of Report:	Infection Prevention and Control Plan 2023-2028
Author/s:	Executive Lead: Hilary Gledhill, Executive Director of Nursing, Allied Health and Social Care Professionals Author: Deborah Davies, Lead Nurse, Infection Prevention and Control
Recommendation:	

To approve		To discuss	
To note		To ratify	X
For assurance			

Purpose of Paper:	To seek ratification for the proposed Infection Prevention and Control Plan for 2023-2028 following approval by EMT and the Quality Committee.

Key Issues within the report:

Positive Assurances to Provide:

- The plan has been created with input from our patients, carers, volunteers and staff
- The plan remains in alignment with the key priorities outlined within the Trust Strategy 2022-2027
- We remain committed to working with local and regional IPC partners to achieve the objectives outlined within the body of the report

Key Actions Commissioned/Work Underway:

- Work has commenced to enhance the involvement of patients and carers to inform all aspects of the infection control agenda.
- Quality improvement programme commenced to embed the newly developed PPE and Hygiene Competency Assessment Tools
- Inpatient ventilation improvement project underway.

Key Risks/ Areas of Focus:

The key to the success of this IPC plan is the ability to adhere to the underlying principles of infection prevention practice whilst meeting the changing demands of the population we serve or any further emerging threats such as resistant organisms or a further pandemic.

The strategic objectives will be reviewed annually to ensure they remain relevant to our evolving patient needs and national directives.

Decisions Made:

none

Governance:

	Date		Date
Audit Committee		Remuneration & Nominations Committee	
Quality Committee	31.08.23	Workforce & Organisational Development Committee	
Finance & Investment Committee		Executive Management Team	12.06.23
Mental Health Legislation Committee		Operational Delivery Group	
Charitable Funds Committee		Collaborative Committee	
Other (please detail)		HealthCare Associated Infection Group (HAIG) 16.5.23, QPaS 3.5.23	

Monitoring and assurance framework summary:

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

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

NHS
Humber Teaching
NHS Foundation Trust

Infection Prevention and Control 5 Year Plan

2023-2028

Caring, Learning & Growing Together

Introduction

Humber Teaching NHS Foundation Trust recognises that a consistently high standard of infection prevention and control practice is seen as an essential requirement of assuring high quality patient safety and care within all our services. The public, patients and visitors quite rightly expect to have a safe stay when admitted or entering any of our care settings.

To support the Trust philosophy to not only provide the most effective, safe care possible but also to meet all requirements of the national agenda.
we are pleased to present to you our new infection prevention and control plan which outlines the key areas of activity which have been used to inform our priorities in relation to infection prevention and control over the next five years 2023-2028.

As with many other organisations, the pandemic has made us think about how we need to do things differently in the future. It is therefore essential that we continue to learn from both our experiences and that of others both locally and nationally to prepare for any possible future waves of the virus or pandemic, but also to build on our learning to bring about positive change and renewal improving the health and wellbeing for everyone, well beyond this crisis.

How we developed our plan

To develop our plan, staff patients, carers, and visitors were encouraged to provide feedback about the current infection prevention and control services at Humber Teaching NHS Foundation Trust whilst exploring how we can improve engagement and involvement with infection prevention and control and suggestions for development and priority over the next 5 years.

Feedback areas, with examples:

- infection prevention and control information resources currently available within the Trust including accessibility, content, user friendly and opportunity to provide improvement suggestions
  'the page was very informative and was easy to use.' 'I use it a lot, the page is user friendly I find, and I normally find what I need quite easily' 'I do not always find the intranet easy/logical to navigate but when found information is useful and easy to understand'

- current and future engagement and involvement with awareness raising events and IPC
  'Global Trust wide events Team engagement' 'Continuing in a link worker role' 'Continued audits, training opportunities, regular IPC meetings'

- infection prevention and control topics individuals would like to know more about
  'Preventing CAUTI. Sepsis awareness.' 'Antibiotic awareness' 'all aspects including Sepsis' 'All relevant topics'

- which infection prevention and control issues individuals would like to be prioritised over the next 5 years
  'Improvements on patient/service user buildings…' 'Increased sepsis, anti-microbial and anti-biotic awareness.' 'Hand hygiene'

Our Vision: Working together to prevent and control infections - everyone has a role'

Safe and effective infection prevention and control practice is delivered by all who require it by staff who feel empowered and supported to work in collaboration with our patients and their families to achieve the best outcomes.

An organisational wide approach where infection prevention and control responsibilities are embedded at all levels and across all staff groups in accordance with our statutory and professional responsibilities.

Senior leaders and the Trust Infection Prevention and Control team will be visible to both our patient and staff groups, promoting a positive culture where open conversations about infection prevention are encouraged, patients, carers and families are listened to. The management of healthcare associated infections are reported in a timely manner and ensuring that when mistakes are made, we learn from them.

Trust Values

This infection prevention and control plan is aligned to the Trust Values:

- **Caring** for people whilst ensuring that they are always at the heart of everything we do.
- **Learning** and using proven research as a basis for delivering safe, effective, and integrated care.
- **Growing** our reputation for being a provider of high-quality services and a great place to work.

This plan identifies 6 key priorities that we want to achieve over the next 5 years. The priorities are aligned to the Trust Goals:

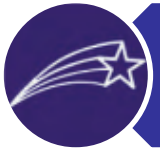
- **Innovating** for quality and patient safety
- **Enhancing** prevention, wellbeing and recovery
- **Fostering** integration, partnership and alliances
- **Promoting** people, community and social values
- **Developing** an effective and empowered work force
- **Optimising** an efficient and sustainable organisation

Our Key Priorities

1. We will embed a culture of continuous quality improvement in all infection control related activities undertaken on behalf of the Trust

2. We will enhance patient and carer involvement in all matters relating to infection prevention

3. We will work collaboratively with local and regional partners to drive forward further reductions in the number of healthcare associated infection



4. We will strive for exemplary infection prevention and control principles to be embedded in practice throughout all areas within the Trust

5. We will continue to support improving our healthcare environments to ensure they are clean, safe and facilitate the prevention and control of infection

6. We will avail ourselves of every opportunity to promote the importance of infection prevention and control community wide

Innovating quality and patient safety We will embed a culture of continuous quality improvement in all infection control related activities undertaken on behalf of the Trust	
How we will achieve this	How we will know we have achieved this
• Review and evaluate the current Infection Prevention and Control (IPC) governance structure to ensure it remains in alignment with current national guidance requirements	• Refreshed and approved IPC Arrangements Policy in place. • Evidence of IPC related matters discussed at the Board, Divisional Clinical Network and Governance meetings.
• Utilise the National Infection Prevention and Control (IPC) Board Assurance Framework (BAF) to monitor and evaluate Trust IPC compliance against the Health and Social Care Act 2008 code of practice on the prevention and control of infections and related guidance (updated 13 December 2022).in each inpatient and residential setting.	• Full compliance demonstrated against all the key criteria outlined within the Health and Social Care Act 2008. • The use of the National IPC Board Assurance Framework document is fully embedded as a self-assessment tool in each Trust inpatient/residential setting.
• Enhance the mechanisms in place for monitoring compliance to Infection Prevention and Control (IPC) standards and policies to improve IPC practices and outcomes.	• A Trust wide IPC audit programme approved and in place. • Annual review of the content of the IPC audit programme evidenced. • Compliance monitored and rated as 'outstanding' in all clinical areas.
• Maintain the production of IPC guidelines, Standard Operating Procedures (SOPs) to address clinical and operational needs.	• All new and existing Trust IPC policies developed and reviewed in accordance with the relevant national guidance, and available for our staff on the Trust Intranet.
• Complete timely and accurate reporting of mandatory surveillance of all alert organisms.	• All mandatory alert organisms are reported promptly and in accordance with national and contractually agreed requirements. • National and locally agreed infection prevention and control targets are met or exceeded.
• Review and strengthen the infection control enquiry and investigation processes across the Trust when dealing with an incident and an outbreak of communicable disease.	• Evidence is available that a multidisciplinary approach is adopted in the management and review of all infection control incidents and outbreaks. • All serious infection incidents are investigated utilising the Patient Safety Incident Response Framework. • We can evidence that any learning is used to promote change across our clinical pathways.
Outcomes **• No patient within our care will be harmed by an avoidable infection.** **• Inspection by the CQC will result in a rating of outstanding for patient safety and an overall rating of outstanding at the next inspection.**	

Enhancing prevention, patient wellbeing and recovery We will enhance patient and carer involvement in all matters relating to infection prevention	
How we will achieve this	**How we will know we have achieved this**
• Maximise every available opportunity to actively engage with all our patients and patient groups.	• Able to demonstrate that adjustments have been made to our care delivery when required because of patient or carers feedback. • All relevant policies, procedures, and guidelines will reflect feedback received and shared in line with the Trust processes and guidance.
• We will work collaboratively with the Patient and Carer Experience (PACE) Team and the Trust Communication Team to promote, receive, and share information about IPC work with patients, carers, volunteers, and the local communities.	Any new members of the IPC team will have completed the Patient and Carer Experience Training Programme. Evidence the IPC team Staff Champion attendance at the PACE Forum and events, linking in with external relevant work streams. Ongoing progress is made in respect of the Trust approved IPC PACE Development Plan. Co-produced patient information / leaflets that reflect patient needs and current evidence base are readily accessible to all patients. The Trusts co-production stamp is displayed on all co-produced work.
Outcome • **An agreed patient experience and engagement action plan is in place each year.** • **Shared decision making will be evidenced enabling patients and service users to influence and measure their own recovery and wellbeing following the acquisition of a transmissible infection.** • **All new/revised infection control information produced will be co-produced**	

Fostering integration, partnership and alliances We will work collaboratively with local and regional partners to drive forward further reductions in the number of healthcare associated infection	
How we will achieve this	**How we will know we have achieved this**
• The continued commitment of the IPC team to avail themselves of every opportunity to share and learn with colleagues across the local health economy.	• Shared learning with regional partners is demonstrated by the continued regular attendance at regular local and regional meetings. • Representation and contribution to regional working parties and groups can be evidenced. • Contribute to the consultation process for national and regional IPC guidelines and policy, ensuring learning outcomes shared.
• We will work with partners locally to develop and implement a Trust Antimicrobial Strategy.	• A Trust Antimicrobial Strategy will be developed and approved. • Evidence that the Board receives a formal report on antimicrobial stewardship activities annually which includes the Trust progress against the UK action plan for antimicrobial resistance (AMR). • The formalised Trust audit programme of adherence with antimicrobial prescribing demonstrates a high level of compliance and an effective response when areas for improvement are identified.
• Working in partnership with members of the North East and Yorkshire Regional Hydration Improvement Network we will support the delivery of a plan to improve hydration in the clinical inpatient settings as means of reducing infection.	• A Trust Hydration Quality Improvement programme will be developed and in place. • A reduction in the number of patients transferred to secondary care due to dehydration issues will be reported.
Outcome **Reductions in the number of healthcare associated infections will be seen both locally and regionally.**	

Developing an effective and empowered workforce We will strive for exemplary infection prevention and control principles to be embedded in practice throughout all areas within the Trust	
How we will achieve this	**How we will know we have achieved this**
• Review the current IPC Trust Mandatory Training Programme to ensure it fulfils all the recommendations highlighted within the recently produced NHS England Infection Prevention and Control Education Framework (2023).	• All Trust staff are trained in accordance with the 2023 National IPC Education Framework recommendations. • A full suite of leaning resources will be readily available for all staff which support the application of clinical best practice. • An 'excellent' Trust wide mandatory training compliance rate achieved for all staff groups.
• Fully embed the use of the newly designed Hand Hygiene and Personal Protective Equipment (PPE) Clinical Competency assessment tool.	• Evidence is available via the Electronic Staff Record 'ESR' that the Hand Hygiene and PPE Clinical Competency has been successfully attained by each member of staff who are required to deliver direct clinical care. • Hand hygiene practice and the appropriate use of PPE audit compliance results are consistently exceeding the Trust agreed threshold.
• Enhance the IPC Link Practitioner Network membership and skills across all clinical services, ensuring that they are equipped with the knowledge and experience of IPC related matters commensurate to their role.	• All clinical staff will have access to an infection control link practitioner and a record of these links will be held and updated by the IPC team. • Evidence of regular IPC Link Practitioner meetings available to access and attendance monitored. • Evidence provided of the IPC Link Practitioner cascading and sharing information available in each clinical area.
• We will support and enhance the professional expertise of all members of the IPC team by ensuing they are armed with the necessary training and skills to undertake the roles successfully.	• Each IPC team member has a recognised formal IPC qualification or are working towards. • A recognised leadership training programme has been successfully attended by senior members of the team. • Each member of the IPC team is familiar with and utilises the Trust Quality, Service Improvement and Redesign (QSIR) Practitioner Programme methodology in the undertaking of all quality improvement work.
• We will adopt the National IPC Competency Framework to support and enhance the professional expertise of all members of the IPC team.	• Each member of the IPC team can demonstrate the required level of competency as outlined within the National IPC Competency Framework.
• Provide a learning opportunity to all healthcare learners as a bespoke placement with the infection control team	• Evidence available for Student evaluations completed on the Practice Assessment Record and Evaluation Website.
Outcome **All our health and social care staff will demonstrate the effective application of evidence-based IPC practice as part of their daily working routine.** .	

Maximising an efficient and sustainable organisation We will continue to support the improvement of our healthcare environments to ensure they are clean, safe and facilitate the prevention and control of infection	
How we will achieve this	**How we will know we have achieved this**
• Work in collaboration with our Facilities colleagues to ensure that IPC is considered specific goals relevant to each construction project are achieved to ensure the provision of a safe and appropriate environment.	• Evidence is available that all capital schemes and preventative maintenance schemes have involved the IPC team from the initial stage of the project. • IPC sign off can be evidenced at all stages of the project. • Evidence is available that improvements to the ventilation system are considered and made in all new builds.
• Ensure that the built environment meets all infection control and national specifications (e.g HTM /HBN - Technical standards and guidance (health building notes/health technical memoranda documents)	• The fabric of the environment is suitable to meet the needs of the patients, staff and visitors whilst meeting all infection control and HTM/HBN requirements
• Work in collaboration to ensure that the National Standards of Healthcare Cleanliness (2021) are fully embedded in all areas.	• Cleanliness audits independently undertaken by Facilities Services, the Matrons and the IPC team demonstrate a high level of cleanliness in all areas within the Trust Estate. • Positive patient feedback can be evidenced
Outcome • **All our healthcare environments score highly in the national domain for 'Condition Appearance and Maintenance' against the annual Patient Led Assessment of the Care Environment and all other Trust patient satisfaction surveys completed.** • **All Trust owned buildings meet the required national technical specifications for a healthcare environment**	

Promoting people, communities and social values We will avail ourselves of every opportunity to promote the importance of infection prevention and control community wide	
How we will achieve this	**How we will know we have achieved this**
• The IPC team will support the Trust participation in local, national and global IPC promotional campaigns raising IPC safety awareness.	• All IPC activities and promotional events undertaken will be shared organisationally and with our collaborative partners.
• We will enhance the quality and availability of all Trust IPC promotional resources.	• The usage of a variety of key media styles, including the internet, intranet, and social media platforms has been adopted to promote effective IPC practice and IPC team involvement in all.
Outcome **A culture of patient and public involvement is embedded in all infection prevention and control activities carried out on behalf of the Trust**	

How our Plan will be led and monitored

The *Chief Executive* accepts, on behalf of the Trust Board, responsibility for all aspects of Infection Prevention and Control activity within the Trust. This responsibility is delegated to the Executive Director of Nursing, Allied Health and Social Care Professionals who has the role of Director of Infection Prevention and Control (DIPC) within her portfolio.

Support will be provided by the Deputy Director of Nursing, Allied Health and Social Care Professionals, the Infection Prevention and Control Team, the Modern Matrons and all other key members of the Healthcare Associated Infection Group (HAIG) who will plan and co-ordinate the delivery of the objectives outlined within this plan.

The plan will be formally monitored through EMT and the Quality Committee. An infection prevention and control report will be produced bi-annually which will provide an update of the progress made against the identified priorities within the plan. The Trust Board will receive the annual report, supplemented by exceptional reports on operational priorities or concerns as required. A Quarterly report will also be produced by the Modern Matrons highlighting areas of good practice and learning required.

Key Forums for the monitoring and review of all infection control activity

All infection prevention and control activity is overseen and monitored internally via:

- The Quality Committee
- The Executive Management Team
- The Quality and Patient Safety Group
- Healthcare Associated Infection Group (HAIG)
- Drugs and Therapeutic Group (Antimicrobial stewardship activity)
- Divisional Clinical Governance Meetings
- Clinical Risk Management Group

Humber Teaching NHS Foundation Trust

Agenda Item 15

Title & Date of Meeting:	Trust Board Public Meeting - Wednesday 27th September 2023
Title of Report:	Patient Safety Incident Response Plan and Patient Incident Response Policy
Author/s:	Hilary Gledhill, Director of Nursing, Allied Health & Social Care Professionals Patient Incident Response Plan- Kate Baxendale- Deputy Director of Nursing Patient Incident response Policy- Colette Conway- Assistant Director of Nursing
Recommendation:	To approve: ; To discuss: ; To note: ; To ratify: X ; For assurance:
Purpose of Paper:	The Board are asked to ratify the Patient Safety Incident response Policy and supporting plan in order that we can commence full implementation on October 1st 2023.

Key Issues within the report:

Positive Assurances to Provide:

- The Patient Safety Incident Response Plan outlines how the Trust will implement the Patient safety Incident response framework (PSIRF)
- The plan has been developed in line with national guidance and the template guidance from NHS England
- The Plan outlines the patient safety priorities that were developed following an analysis of three years patient safety incident data.
- The Patient Safety incident response policy has been developed in line with the national template and sets out how the Trust will respond to a patient safety incident in line with the robust arrangements already in place, the methodology people are trained to use, and the principles and arrangements

Key Actions Commissioned/Work Underway:

- The ICB has formally signed off the plan on the 11th September 2023
- Communication and awareness raising regarding PSIRF is underway and has been significantly stepped up as the Trust prepares for the go live date. Further events are planned as part of National Patient Safety Week commencing 18the September 2023 to raise awareness of the Plan
- Following approval an easy read version of the Plan will be produced.

outlined in the Patient Safety Incident Response Plan. • Both the plan and the policy were developed in co-production with staff, patients and carers and have been awarded the co-production stamp.	
Key Risks/Areas of Focus: • The Trust is required to have a plan and policy in place to enable PSIRF to be implemented. • The national deadline for this is Autumn 2023. All organisations are expected to have arrangements in place to facilitate moving away from the Serious Incident Framework (2015). If the Plan is not in place, it will delay the go live date.	**Decisions Made:** • To seek ratification from the Board.

Governance:

	Date		Date
Audit Committee		Remuneration & Nominations Committee	
Quality Committee		Workforce & Organisational Development Committee	
Finance & Investment Committee		Executive Management Team	11.09.23
Mental Health Legislation Committee		Operational Delivery Group	
Charitable Funds Committee		Collaborative Committee	
		Other (please detail) PSIRF Steering Group QPAS	 8/8/23 7/9/23

Monitoring and assurance framework summary:

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

Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			

Quality Impact	√			
Risk	√			To be advised of any future implications as and when required by the author
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

	Organisation log o

Patient Safety Incident Response Policy

Effective date: TBC

Estimated refresh date: TBC

	NAME	TITLE	SIGNATURE	DATE
Author	Colette Conway	Assistant Director of Nursing		
Reviewer				
Authoriser				

Contents

Glossary of Terms

Term/Acronym	Definition
AAR	After Action Review (AAR) is a method of evaluation that is used when the outcomes of an activity or event, have been particularly successful or unsuccessful.
Clinical risk management group (CRMG)	This is a weekly group comprised of a range of senior clinical, operational and corporate leaders across a range of departments and discipline. The group reviews all initial incident reviews and completed Swarm huddles; identifies potential PSII's and escalates to the Director of Nursing/Medical Director and commissions Swarm huddles and mortality reviews.
CQC	Care Quality Commission - independent regulator of health and social care in *England*
Definitions of Harm	Unanticipated, unforeseen accidents (eg, patient injuries, care complications, or death) which are a direct result of the care dispensed rather than the patient's underlying disease
Division	A grouping of multi-disciplinary staff working together to provide care within a certain area.
Duty of Candour	Being open and honest with patients and families when treatment or care goes wrong.
Governance Structures	System that provides a framework for managing organisations
HFACS	Human Factors Analysis and Classification System a user-friendly, cost-effective and evidence-based approach to incident investigation, based on the goal of understanding organisational systems.
HSE	Health and Safety Executive
HSIB	Health and Safety Investigation Branch
Human Error	A human error is an action or decision which was not intended that has negative consequences or fails to achieve the desired outcome
Inequalities data	Facts and statistics collected relating to health inequalities which are unfair and avoidable differences in health across the population, and between different groups within society.
Initial Incident Review (72 hr. report)	A staff debrief to ascertain rapid gathering of facts and areas of immediate safety actions and learning ensuring that urgent action is taken to address risks. A report is produced.
Integrated Care Board (ICB)	Statutory organisation that brings NHS and care organisations together locally to improve population health and establish shared strategic priorities within the NHS.
Just Culture Approach	The treating of staff involved in a patient safety incident in a consistent, constructive, and fair way.

MHRA	Medicines and Healthcare products Regulatory Agency
MDT	A Multidisciplinary (MDT) approach supports health and social care teams to learn from patient safety incidents that occurred in the significant past and/ or where it is more difficult to collect staff recollections of events either because of the passage of time or staff availability.
Near Miss	A near miss is defined as an unplanned event that did not result in injury, illness or harm but had the potential to do so. Only a fortunate break in the chain of events prevented an incident from occurring for example an injury or fatality. t is important that near misses are reported and appropriately investigated as the learning may prevent actual harm occurring to future patients, their families or staff.
Never Events	A nationally recognised category of incidents that could cause harm to people that should never happen and can be prevented.
NHSE	National Health Service England
Paradigm Shift	An important change that happens when the usual way of thinking about or doing something is replaced by a new and different way
Principles of Proportionality	The least intrusive response appropriate to the risk presented
PSII	A patient safety incident investigation (PSII) is undertaken when an incident or near-miss indicates significant patient safety risks and potential for new learning. Investigations explore decisions or actions as they relate to the situation. The method is based on the premise that actions or decisions are consequences, not causes, and is guided by the principle that people are well intentioned and strive to do the best they can. The goal is to understand why an action and/or decision was deemed appropriate by those involved at the time.
PSSI Buddy Role	This is a role taken on by senior staff in the nursing and quality directorate. The buddy is responsible for ensuring that: • Advice and support is given to investigators/teams with regards the process of their investigations/reviews and the content of their reports • Provide ongoing support to the investigators to ensure that the investigation is progressing well and that the draft report will be completed within the agreed timescales. • Receiving and escalating as appropriate any matters that require an immediate improvement action to be undertaken during the course of the investigation; to ensure the investigators remain on track with the investigation and are not distracted by ensuring immediate improvement actions are undertaken.
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations

SEIPS	System Engineering Imitative for Patient Safety - a framework for understanding outcomes within complex socio-technical systems.
SI	Serious Incident
SOP	Standard Operating Procedures
Stakeholder	People or groups who have an interest in what an organisation does, and who are affected by its decisions and actions.
Swarm Huddle	A meeting to explore an incident in a non-punitive way and deliver learning. It is a facilitated discussion on an incident or event to analyse what happened, how it happened and decide what needs to be done immediately to reduce risk. It enables understanding and expectations of all involved and allows for learning to be captured and shared more widely. It is a safe space, invitees only (those involved in incident, agreed by the Division/Patient Safety team).

1. Introduction

Humber Teaching NHS Foundation Trust is committed to providing high quality, safe services to its patients, service users and staff. The Trust recognises that, on occasions, patient safety incidents or near misses will occur and that it is important to identify causes and to ensure that lessons are learnt to prevent recurrence. Learning from incidents and embedding the learning in clinical practice is a fundamental quality priority for the Trust to ensure services are continually evolving and improving based on feedback from those who use and those who deliver our services.

From the outset of a patient safety incident or a near miss the Trust is committed to supporting and working with those involved to understand what has happened and why, and to understand the impact of this on the patient and/or their family. Responses to patient safety incidents under this policy follow a a systems-based approach which o looks at failures in the system rather than individual fault. The Trust will work with staff, the individual and/or their family/carers to identify learning and explore how practice can be changed to maximise safety.

This policy outlines the way in which patient safety incidents or near misses will be managed to ensure immediate actions are taken to ensure patient safety, support for staff and those affected by the incident is provided and learning is embedded across the organisation; with changes to practice and or systems and processes to prevent reoccurrence.

This policy replaces the Trusts Serious Incidents and Significant Events Policy and Procedure (N-031)

2. Purpose

This policy supports the requirements of the Patient Safety Incident Response Framework (PSIRF) and sets out Humber Teaching NHS Foundation Trust's approach to developing and maintaining effective systems and processes for responding to patient safety incidents and issues for the purpose of learning and improving patient safety.

The PSIRF advocates a co-ordinated and data-driven response to patient safety incidents. It embeds patient safety incident response within a wider system of improvement and prompts a significant cultural shift towards systematic patient safety management.

This policy supports development and maintenance of an effective patient safety incident response system that integrates the four key aims of the PSIRF:

- compassionate engagement and involvement of those affected by patient safety incidents
- application of a range of system-based approaches to learning from patient safety incidents
- considered and proportionate responses to patient safety incidents and safety issues
- supportive oversight focused on strengthening response system functioning and improvement.

3. Scope

This policy is specific to patient safety incident responses conducted solely for the purpose of learning and improvement across Humber Teaching NHS Foundation Trust.

This policy applies to all permanent (clinical and non-clinical staff), locum, agency, bank and voluntary staff and students working within the Trust.

Responses under this policy follow a systems-based approach. This recognises that patient safety is an emergent property of the healthcare system: that is, safety is provided by interactions between components and not from a single component. Responses do not take a 'person-focused' approach where the actions or inactions of people, or 'human error', are stated as the cause of an incident.

There is no remit to apportion blame or determine liability, preventability, or cause of death in a response conducted for the purpose of learning and improvement. Other processes, such as claims handling, human resources investigations into employment concerns, professional standards investigations, coronial inquests, and criminal investigations, exist for that purpose. The principle aims of each of these responses differ from those of a patient safety response and are outside the scope of this policy.

Information from a patient safety response process can be shared with those leading other types of responses, but other processes should not influence the remit of a patient safety incident response.

4. Our patient safety culture

Humber Teaching NHS Foundation Trust promotes a just culture approach (in line with the NHS Just Culture Guide) to any work planned or underway to improve safety culture. Research into organisational safety has repeatedly found that an open and transparent culture, where colleagues feel able to report incidents and raise concerns without fear of recrimination, is essential to improving safety.

Humber Teaching NHS Foundation Trust encourages and supports incident reporting where any member of staff feels something has happened, or may happen, which has led to, or may lead to, harm to patients (or staff).

Humber Teaching NHS Foundation Trust is committed to:

- Promoting a fair, open, inclusive, and just culture that abandons blame as a tool and promotes the belief that incidents cannot simply be linked to the actions of individual staff but also focuses on the system in which they were working in order to learn lessons.
- Improving communication and the development of a mature safety culture, encouraging a positive approach to the reporting and investigation of patient safety incidents.
- Openness in the handling of patient safety incidents and the application of Duty of Candour.
- Justifiable accountability and a zero tolerance for inappropriate blame, The NHS Improvement Just Culture guide should be used to determine a fair and consistent course of action towards staff.
- Senior leaders across Humber Teaching NHS Foundation Trust are required to proactively embrace this approach.

Humber Teaching NHS Foundation Trust encourages and supports incident reporting where any member of staff feels something may have happened, or may happen, which has led to, or may led to, harm to patients or staff.

Please refer to the Trusts' *Incident management policy* available on the Intranet for more information on how incidents are reported and managed in an open and transparent manner.

Humber Teaching NHS Foundation Trust are also committed to embedding a Patient Safety II inspired approach to learn from everyday work as described in *NHS England Safety culture: learning from best practice guidance (2022).*

Humber Teaching NHS Foundation Trust encourage staff to share and celebrate good practice via the GREATix process where individuals and teams can be nominated by their peers, managers, patients, or other services for work they have undertaken which demonstrates excellence in patient safety, empowerment and engagement with patients and their carers and families which has led to a positive difference for patients and their families/carers.

5. Patient safety partners

Humber Teaching NHS Foundation Trust has established roles for patient safety partners in line with the NHSE guidance Framework for involving patients in patient safety . Patient Safety Partners (PSP) will have an important role in supporting our PSIRF providing a patient perspective to developments and innovations to drive continuous improvement.

PSPs will use their lived experience as a patient, carer, family member or a member of the local community to support and advise on activities, policies and procedures that will improve patient safety and help us to deliver high quality care.

PSPs will offer support alongside our patients, families, and carers to influence and improve safety across our range of services. PSPs can be patients, carers, family members or other lay people (including NHS staff from another organisation) and offers great opportunities to share experiences and skills and provide a level of scrutiny. This exciting new role will evolve over time with the main purpose of the role to be the voice for our patients and community who utilise our services, ensuring patient safety is at the forefront of all that we do.

Our PSP's have been pivotal in the organisations preparation, development and roll out for PSIRF. They have been an integral part of our PSIRF working group and members of our subgroups.

Further information can be found in the *Patient Safety Partner Involvement Policy* available on the Trust Intranet.

6. Addressing health inequalities

As a provider of Mental Health, Learning Disabilities, Forensic, Community services, Primary Care and Addictions Humber Teaching NHS Foundation Trust has a key role to play in tackling

health inequalities in partnership with our local partner agencies and services. However, most of the fundamental factors driving inequalities in health are beyond the responsibility of the health care system, for example our education system; economic and community development in our most deprived neighbourhoods; employment levels; pay and conditions; and availability and quality of housing.

We will seek to utilise data and learning from investigations to identify actual and potential health inequalities and share with, and make recommendations, to our partner agencies and the Integrated care boards on how to tackle these.

Humber Teaching NHS Foundation Trust as a public authority is committed to delivering on its statutory obligations under the Equality Act, (2010) and will use data intelligently to assess for any disproportionate patient safety risk to patients from across the range of protected characteristics. We will work collaboratively with all our staff networks to ensure staff who share an affiliation with a protected characteristics voices on patient safety are heard. The networks include:

- Rainbow Alliance LGB+ network
- The Disability Network
- Race Equality Network

Humber Teaching NHS Foundation Trust will work collaboratively with the patient experience and inclusivity agenda and ensure investigations and learning do not overlook these important aspects.

All safety improvements will consider health inequalities and any disproportionate risk to patients with specific characteristics.

Our engagement with patients, families and carers during and following a patient safety investigation will also recognise diverse needs and ensure inclusivity for all.

7. Engaging and involving patients, families and staff following a patient safety incident

Our Key Principle is being Open and Transparent with all affected by the incident which includes patients, carers, families, and staff.

Humber Teaching NHS Foundation Trust recognises that learning and improvement following a patient safety incident can only be achieved if supportive systems and processes are in place. It supports the development of an effective patient safety incident response system that prioritises compassionate engagement and involvement of those affected by patient safety incidents (including patients, families, and staff). This involves working with those affected by patient safety incidents to understand and answer any questions they have in relation to the incident and signpost them to support as required.

The principles of openness and honesty as outlined in the NHS Being Open guidance and the NHS contractual Duty of Candour will be applied in discussions with those involved. This includes staff, patients, victims and perpetrators and their families and carers. Further information can be found in the Trust's *Duty of Candour Policy and Procedure: Communicating with Patients and/or their Relatives/Carers following a Patient Safety Incident (N-053)*

Involving Patients & Families

The needs of those affected is the primary concern in a learning response to a patient safety incident. Patients and their families/carers and victims' families will be given the opportunity to be involved and will be supported throughout.

Humber Teaching NHS Foundation Trust recognises the importance of and is committed to involving patients and families following patient safety incidents, engaging them in the investigation process and to fulfil the duty of candour requirements. It is recognised from experience and research that patients and families often provide a unique, or different perspective to the circumstances around patient safety incidents, and / or may have different questions or needs to that of the organisation. This policy therefore reinforces existing guidance relating to the duty of candour and 'being open' and recognises the need to involve patients and families as soon as possible in all stages of any investigation, or improvement planning, unless they express a desire not to be involved.

The patient safety response team will offer to meet with those affected by the incident which will include the patient, their family and/or carers as appropriate. Through the meeting they will be given the opportunity to raise areas for consideration by the response team and will agree how they wish to be involved and supported going forward. A member of the Quality and Patient safety team will be the identified individual, independent from the investigation team and will be offered as a point of contact for the patient/families and or carers' who are affected by the patient safety incident. This will be explained in the initial being open letter or duty of candour letter where known harm has occurred letter sent by the Trust.

More information can be found in our *Patient and Family Engagement Policy* on the Trust Intranet

Involving Staff, Colleagues and Partners

Similarly, involvement of staff and colleagues (including partner agencies) is of paramount importance when responding to a patient safety incident to ensure a holistic and inclusive approach from the outset. Again, this reinforces existing guidance such as our incident reporting and management policy, though it is recognised this approach must not be restricted to only those incidents that meet a threshold of harm or predefined categories. We will continue to promote, support and encourage our colleagues and partners to report any incident or near-misses, with a shift in focus to incidents, or groups of incidents, which provide the greatest opportunities for learning and improvement.

Staff that are involved in a patient safety incident that requires any level of investigation are sent a copy of the Trusts *Navigating Difficult events* booklet. Also, managers are asked to ensure this booklet is available to all staff in their teams and also it is available on the Trust Intranet.

8. Patient Safety Incident Response Planning

PSIRF supports organisations to respond to incidents and safety issues in a way that maximises learning and improvement, rather than basing responses on arbitrary and subjective definitions of harm. Beyond nationally set requirements, organisations can explore patient safety incidents relevant to their context and the populations they serve rather than only those that meet a certain defined threshold.

Humber Teaching NHS Foundation Trust welcomes this approach so we can focus our resources on incidents, or groups of incidents that provide the greatest opportunities for learning and improving safety. It is also recognised that our planning needs to account for other sources of feedback and intelligence such as complaints, risks, legal claims, mortality reviews and other forms of direct feedback from staff and patients.

PSIRF guidance specifies the following standards that our plans should reflect:

1. A thorough analysis of relevant organisational data
2. Collaborative stakeholder engagement
3. A clear rationale for the response to each identified patient safety incident type.

Our associated patient safety incident response plan (PSIRP) reflects these standards.

9. Immediate action to take following PSII being declared.

Agree who will make the initial contact with those involved, or their family/carer(s). Where an individual(s) has been harmed by the actions of a patient, particular thought should be given to who is best placed to contact the victim and/or their family. Those involved should have a single point of contact within the Trust.

The incident response team will offer to meet with those affected by the incident which will include the patient, their family and/or carers as appropriate. Through the meeting they will be given the opportunity to raise areas for consideration by the response team and will agree how they wish to be involved and supported going forward. A member of the Quality and Patient safety team will be the identified individual, independent from the incident response team and will be offered as a point of contact for the patient/families and or carers' who are

affected by the patient safety incident. This will be explained in the initial being open letter or duty of candour letter where known harm has occurred letter sent by the Trust.

Where there is police involvement contact must be made with the police and agreement made with them as to who will make the initial contact with the patient their family/carer(s) or in the case of a homicide the perpetrator's family. The legal team in the Trust will lead on any communications with the Police.

10. Confidentiality

Patient Safety investigation reports must be shared with key interested bodies including patients and their families. It is recommended that reports are drafted on the basis that they may become public, so issues concerning anonymity and consent for disclosure of personal information are important and should be considered at an early stage in the investigation process.

11. Resources and training to support patient safety incident response.

Humber Teaching NHS Foundation Trust is committed to ensuring that we fully embed PSIRF and meet the national training requirements.

An in-depth training needs analysis has been undertaken to ensure organisational compliance with the Patient Safety syllabus and the PSIRF standards. Essential training is :

- All Trust staff are required to complete Level 1 - Essentials for Patient Safety which is available through ESR.

- All Board members and Senior Leads must complete Patient Safety Level 1b delivered

- All staff involved in undertaking Patient Safety Incident Investigations are required to completed Systems approach to learning from patient safety incidents 2 days course

The Trust's PSIRP training needs analysis and this policy reflects these standards.

PSIRF recognises that resources and capacity to investigate and learn effectively from patient safety incidents is finite. It is therefore essential that as an organisation we evaluate our capacity and resources to deliver our plan. The PSIRP provides more specific details in relation to this including the number of comprehensive investigations that may be required for single or small groups of incidents that do not fall into one of the broader improvements workstreams/priorities.

Humber Teaching NHS Foundation Trust have governance arrangements in place to ensure patient safety learning responses are not led by Trust staff who were involved in the patient safety event itself.

12. Our patient safety incident response plan

Humber Teaching NHS Foundation Trust's Patient safety incident response plan (PSIRP) sets out how the Trusts intends to respond to patient safety incidents over a period of 12 to 18 months. The plan is not a permanent set of rules that cannot be changed. We will remain flexible and consider the specific circumstances in which each patient safety incident occurred and the needs of those affected, as well as the plan.

Humber Teaching NHS Foundation Trust's PSIRP is based on a thorough analysis of themes and trends from all incidents from 2019-2022 (including low harm, no harm and near misses), complaints and concerns, learning and recommendations from Serious Incidents (conducted under the previous framework), mortality reviews, legal claims and inquests, risks and risk registers and feedback from staff and patients. The priorities identified in the PSIRP will be regularly reviewed against quality governance reports and surveillance to ensure they are responsive to unforeseen or emerging risks.

Humber Teaching NHS Foundation Trust's PSIRP is available on the Trust's Intranet.

13. Reviewing our patient safety incident response policy and plan

Humber Teaching NHS Foundation Trust's patient safety incident response plan is a 'living document' that will be appropriately amended and updated as we use it to respond to patient safety incidents. We will review the plan every 12 to 18 months to ensure our focus remains up to date; with ongoing improvement work our patient safety incident profile is likely to

change. This will also provide an opportunity to re-engage with stakeholders to discuss and agree any changes made in the previous 12 to 18 months.

Updated plans will be published on our website, replacing the previous version.

A rigorous planning exercise will be undertaken every four years and more frequently if appropriate (as agreed with our integrated care board (ICB)) to ensure efforts continue to be balanced between learning and improvement. This more in-depth review will include reviewing our response capacity, mapping our services, a wide review of organisational data (for example, patient safety incident investigation (PSII) reports, improvement plans, complaints, claims, staff survey results, inequalities data, and reporting data) and wider stakeholder engagement.

14. Responding to patient safety incidents

Patient safety incident reporting arrangements

All permanent (clinical and non-clinical staff), locum, agency, bank and voluntary staff and students working within the Trust are responsible for recording and reporting potential or actual patient safety events on the trusts datix system in line with the Trusts *Incident Management policy*.

Initial incident reviews (IIR's) will be requested where there is concern about a level of harm identified via Datix which the corporate safety huddle identifies as needing further investigation or information gathering. This may then trigger a request for a further level of investigation.

The initial incident review can provide the opportunity for facilitated discussion, bringing together the people involved in the incident to review the incident. This may include members of the clinical team, admin staff, domestic/support staff, patients, +and families/carers. This process may allow those involved to take immediate actions to mitigate against identified risks and may also provide an opportunity to reflect and identify any learning for the team. This will preclude the need for further investigation and creates the opportunity for real time feedback and actions.

The Initial Incident Review should be undertaken and submitted to the patient safety team within 72 hours. They will then be reviewed at the weekly Clinical risk management group (CRMG) and any further action required identified.

More details can be found in the Trust's PSIRP on the Trusts Intranet.

15. Patient safety incident response decision-making

Once the initial review is completed (within 72 hours) the patient safety team will ensure that it is circulated to the appropriate senior leaders which will include the director of nursing and medical director for immediate review. All initial reviews will also be added to the agenda for CRMG for further oversight.

There are several events where we must undertake a Patient Safety Incident Investigation or report through national reporting systems as follows:

Incident Type	Incident Response Method
Incidents that meet the Never Events list	Patient safety Incident Investigation
Death of a patient with a learning disability	Refer for LeDeR Consider for additional internal investigation
Adult and Children Safeguarding incidents	Refer to the local authority safeguarding lead Consider for internal investigation. Healthcare providers must contribute to any safeguarding investigations as requested by the local authority safeguarding leads ie safeguarding reviews/Domestic Homicide Review/joint targeted inspections
Child deaths	Contribute to joint agency review and child death overview panel. Consider internal investigation.
RIDDOR reportable incidents	Report to HSE and root cause analysis to be undertaken.
Information Governance Breach	Report to the Information Commissioners Office
Homicide committed by a patient in receipt of services or recently discharged.	Report to the Police and the ICS Complete a PSII Co-operate in any external investigation.
Death in Custody	Report to the Police.

Incident Type	Incident Response Method
	Undertake internal investigation. Co-operate in any external investigations.
National screening incidents	Report to the ICS. Undertake an internal investigation. Co-operate in any external investigation.

There are also other circumstances, as detailed below, where we need to follow defined processes.

Homicides by Patients in Receipt of Mental Health Care

Where patients in receipt of mental health services, or those who have been in receipt of services within previous months, commit a homicide, the Trust will complete an initial incident review report within 72 hours of the event and declare as an PSII, following which an investigation will commence, for conclusion within no more than 6 months.

The Trust will work closely with the police and those affected during this process to ensure questions and concerns from those affected are responded to in the internal PSII investigation. Please refer to the Humber SOP - Working with the Police following a mental health homicide SOP. NHS England will consider and, if appropriate, commission an independent investigation. NHS England's Regional investigation teams oversee this process.

Safeguarding – Children

The local authority via the local safeguarding children partnership (LSCP) has a statutory duty to investigate certain types of safeguarding incidents/concerns.

Section 11 of the Children Act 2004 places a duty on a range of organisations and individuals (this includes NHS Trusts, commissioners and NHS England) to ensure that their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

As part of that duty they must have arrangements in place to identify, report, investigate and implement/manage any remedial action required, in situations where it is believed that an incident has occurred that could adversely affect the health or welfare of a child. In circumstances set out in *Working Together to Safeguard Children (2018),* the LSCP will

commission safeguarding practice reviews. Where the threshold for a safeguarding practice review is not met the LSCP may commission another review such as a learning the lessons review.

The safeguarding team will always review the reporting of a child death with the commissioners prior to reporting on the Strategic Executive Information System (StEIS) to determine which organisation will declare the incident as a patient safety incident investigation, if appropriate.

Safeguarding – Adult

Section 44 of the Care Act 2014 sets out the conditions in which the Local Safeguarding Adult Board (LSAB) will commission safeguarding adult reviews, the safeguarding team will be involved in this review if the person was known to the service. Where the threshold for a safeguarding adult review is not met the LSAB may commission another review such as a learning the lessons review.

The Local authority will also initiate safeguarding adult enquires or ask others to do so if they suspect that an adult is at risk of abuse or neglect, under Section 42 of the Care Act 2014.

Health Care Acquired Infections – MRSA Blood Stream Infections

Although a Post Infection Review (PIR) for all MRSA bloodstream infection (BSI) cases has formed part of the government strategy for achieving a “zero tolerance” to HCAI since 2013 the mandatory requirement to complete this has been modified in April 2018. https://improvement.nhs.uk/documents/2512/MRSA_post_infection_review_2018_changes.pdf.

The document states that formal reviews must now only be undertaken for organisations with the highest rates of infection. This change has been made to refocus trusts and CCGs on infection prevention and control and to focus teams’ attention on gram-negative infections and antibiotic resistance.

Although the Trust is not reported to be an organisation with a high rate of infection a targeted patient safety reviews will continue to be undertaken on all cases to identify best practice and areas for improvement/learning. The existing national Post Infection Review Toolkit will continue to be utilised as outlined in annex 1 page 14 of the guidance on the reporting and monitoring arrangements and post infection review process for MRSA

bloodstream infections April 2014 version 2
https://improvement.nhs.uk/documents/2513/MRSA_post-inf-guidance2.pdf.

Untoward incidents relating to infection prevention and control are reported and processed through the Trust Datix system.

A root cause analysis (RCA) will be undertaken for any other Trust apportioned HCAIs (currently MSSA and E. coli BSIs and *Clostridium difficile* infections). All the RCAs will be reviewed by the director of nursing with the consideration of reporting as an SI where significant areas for learning are identified or the infection has contributed to a patient's death.

All MRSA bacteraemia will be managed in accordance with the updated Department of Health and Social Care guidance on the reporting and monitoring arrangements and post infection review process for MRSA bloodstream infections. MRSA post infection review 2018.

16. Responding to cross-system incidents/issues

The Patient safety team will assist in the coordination of these events identified to other providers directly, via each organisations reporting processes. Where required summary reporting can be utilised to share insights with other providers about their patient safety profile.

Humber Teaching NHS Foundation Trust will work with partner providers and relevant Integrated care boards (ICBs) to establish and maintain robust procedures to facilitate flow of information and minimise delays to joint working on cross-system events. The patient safety team will act as a single access point for such working arrangements and hold supportive procedures to ensure this is effectively managed.

Humber Teaching NHS Foundation Trust will refer to ICBs to assist with the co-ordination where a cross-system event is felt to be complex to be managed by a single provider, we anticipate the ICB will provide support and advice with identifying a suitable reviewer, should this circumstance arise.

Timeframes for learning responses

Learning responses must balance the need for timeliness and capture of information as close to the event as possible, with thoroughness and a sufficient level of investigation to identify the key contributory factors and associated learning for improvement.

One of the most important factors in ensuring timeliness of a learning response is thorough, complete, and accurate incident reporting when the circumstances are fresh in the minds of the incident reporter and the wider team.

Humber Teaching NHS Foundation Trust is aware the highly prescriptive timeframes for learning responses may not be helpful so the following are included as a guideline only:

- Initial incident investigation – as soon as possible, within 72 hours of reporting.
- Further learning response (e.g., Swarm huddle) – within 20 working days of reporting
- Comprehensive Investigation- PSII – 60 - 120 working days depending on complexity.

A toolkit of learning response types is available from NHSE at:
https://www.england.nhs.uk/publication/patient-safety-learning-response-toolkit/

In exceptional circumstances where there is an external investigation into a patient safety incident, the Trusts PSII will not commence until permission from the external agency has been granted.

17. Safety action development and monitoring improvement.

Patient Safety Learning Responses should not describe recommendations, as this can lead to premature attempts to devise a solution.

A Quality Improvement approach is valuable in this aspect of learning and improvement following a patient safety investigation. It will therefore be necessary to ensure close links are developed and maintained with the Quality Improvement Team so their expertise and guidance can be utilised when developing the learning response and safety actions. This approach is recognised within the Trust and considerable work has taken place to educate colleagues in the principles of QI methodology. PSIRF therefore provides an opportunity to strengthen this and for the QI and Patient Safety functions to work more closely together.

Humber Teaching NHS Foundation Trusts has governance process in place, as details in our PSIRP, to monitor embedding of patient safety learning responses and that responses are completed in an agreed timescale.

18. Safety improvement plans

As referred to throughout the policy, Humber Teaching NHS Foundation Trust has developed a Patient Safety Incident Response Plan (PSIRP) that clarifies what our improvement priorities are. The PSIRP details how we will ensure patient safety incidents are investigated in a more holistic and inclusive way, to identify learning and safety actions which will reduce risk and improve safety and quality. All learning from PSII will be recorded on a safety action summary table in the PSII report

19. Oversight roles and responsibilities

Chief Executive and Trust Board

The Chief Executive and the Trust board hold ultimate accountability for ensuring the provision of high quality, safe and effective services within the Trust, ensuring robust systems and processes are in place when serious incidents, serious near misses and or significant events occur. The Chief Executive and Trust board are also accountable for ensuring compliance with the duty of candour and ensuring learning to prevent reoccurrence.

The Trust board will receive a monthly report Integrated Board Report (IBR) in relation to incidents and mortality.

Director of Nursing, Allied Health & Social Care Professionals (DON)

The Director of Nursing (DoN)has responsibility for the strategic implementation and monitoring of this policy and evaluation of organisational learning, holding the responsibility for decision making of declaring Patient Safety Incident Investigations (PSII).

The Director of Nursing and Medical Director and Chief Operating Officer sign off all Patient Safety Incident Investigation reports prior to final release to the patient and or family and submission to the coroner if required.

Medical Director (MD)

The Medical Director (MD)works with the DoN holding joint responsibility for the decision making in relation to the declaration and sign off of Patient Safety Incidents (PSII)

Chief Operating Officer (COO)

The Chief Operating Officer is responsible for ensuring all learning from patient safety incidents is shared via the divisional governance structures and that the learning is embedded across the teams/organisation.

The COO is also responsible for the commissioning of the communication and media handling strategy where required.

Divisional General Managers

The divisional operational lead has responsibility for the operational implementation of this policy across their respective division and will ensure:

- All incidents resulting in harm, an unexpected death, near miss, or never event are reported via Datix. The Datix system is the Trust system for the reporting of all incidents.
- All initial incident reviews requested by the patient safety team are completed and returned within 72 hours of the request being made.
- Agreeing who will make the initial contact with those involved, or their family/carers in complex situations to ensure compliance with the requirements for duty of candour. There are appropriate numbers of people from within the divisions trained in appropriate incident investigation methodology.
- They, or their nominated deputy attend swarm huddles.
- All swarm huddle reports are completed in the required timeframe following swarm huddle and submitted to the patient safety team.
- Confirming the people undertaking the lead for a PSII, are allocated considering the person with the most appropriate skills, alongside allocation on a rota basis from the list of those trained in a system-based approach to incident investigations.
- Staff within their sphere of responsibility are aware when an incident has been reported and a PSII or Swarm huddle has been commissioned.
- All staff follow the principles of openness and honesty as outlined within duty of candour Policy.
- Staff are supported following the occurrence of a patient safety incident and have been given or have access to the Navigating difficult events booklet.

Divisional Clinical Leads

The divisional clinical leads have the responsibility for the operational implementation of this policy across their respective division and will ensure:

- They or their nominated deputy attend swarm huddles.
- They or their nominated deputy meet with senior member of the Patient safety team (swarm facilitator) within 48 hrs. of the need for a swarm huddle being identified, to agree attendance.
- Ensure action plans from the swarm huddles and PSII's are developed jointly by staff within the division with budgetary responsibility and an understanding of the wider issues/competing priorities and the investigator of the patient safety incident.
- Reports for PSII's and swarm huddles are reviewed and agreed prior to submission to the Clinical Risk Management Group for final sign off
- Ensure reports and learning arising from patient safety investigations is disseminated through the divisions.
- Action plans are monitored on a monthly basis within the division's clinical governance structure to ensure that they are completed in the timescales agreed.
- They or their nominated deputy attend the closing the loop group to present evidence for closure of action plans and discuss ways to ensure embedding of actions such as clinical audit.
- Learning and or changes needed to practice as identified from any patient safety investigation are led from within the division, shared within CRMG and across the Trust.

Deputy Director of Nursing

- Responsible for the review of all incidents reported within Datix, via the daily (Monday-Friday) corporate safety huddle meeting.
- Responsible for the commissioning of initial incident reviews (72-hour reports)
- Responsible for escalating incidents potentially meeting the PSII or swarm huddle threshold to the director of nursing and/or the medical director.
- Facilitation of swarm huddle (including meeting with divisional clinical lead to confirm attendance)
- Responsible for ensuring all initial review reports are reviewed by CRMG for decisions regarding potential further review.

Assistant Director of Nursing

- Responsible for the review of all incidents reported within Datix, via the daily (Monday-Friday) corporate safety huddle meeting.
- Responsible for the commissioning of initial incident reviews (72-hour reports)
- Responsible for escalating incidents potentially meeting the PSII or swarm huddle threshold to the director of nursing and/or the medical director.
- Responsible for ensuring that all external legal processes are in place and for coordinating information/notification to external bodies, e.g., police, CQC, NHSI, local authority to meet the Trusts statutory duties.
- Facilitation of swarm huddle (including meeting with divisional clinical lead to confirm attendance)
- Responsible for capturing learning for all patient safety incidents.
- Responsible for theming of all incidents within the Trust to include patient safety incidents, complaints, freedom to speak up, review of deaths by medical examiners, safeguarding reviews and any other investigations.

Quality and Patient Safety team

- Responsible for ensuring all initial review reports are reviewed by CRMG for decisions regarding potential further review through SEA or mortality review.
- Responsible for ensuring that reports meet the required standards and are submitted within the agreed timescales or escalate with reasons for apse in timescales.
- Work collaboratively with the division on the completion of actions arising from patient safety incidents to ensure they are completed within the required timescales.
- Reviewing and signing off evidence proposing completion of actions via closing the loop group and identifying areas for further audits/checks to evidence change is embedded in practice.
- Provide advice, support, and training on the new patient safety processes.
- Facilitate the setting up and chairing of swarm huddles.
- Ensure all staff attending swarm huddle have been sent invite and appropriate documentation (as stated in Swarm huddle SOP).
- Circulate completed patient safety incident investigations, IIR,s , Swarm huddles to MD/ DON and the Clinical Director and the appropriate Divisional General Manager and Clinical leads and that the report is sent for inclusion on the next CRMG meeting.
- Coordinate and disseminate learning from patient safety incidents events to ensure learning from all investigations are shared with staff corporately and across the divisions.

- Theming of all incidents within the Trust to include patient safety incidents, complaints, freedom to speak up, review of deaths by medical examiners, safeguarding reviews and any other investigations.

Service Managers/Matrons/Team Leaders/Charge Nurses/Ward Managers

- All staff within their sphere of responsibility are aware of the contents of this policy and follow the guidance.
- Staff are fully supported in the reporting of all incidents including those that may be an PSII, near miss or never event.
- Staff involved in the incident should be given a copy of Navigating Difficult Events at Work Trust booklet.
- Staff complete a Datix as soon as possible following any patient safety event.
- Staff complete a datix when they are notified there has been an unexpected death within services.
- Staff complete initial incident reviews within 72 hours of being requested to do so by the patient safety team.
- Staff are open and honest with the person and or their family when a patient safety incident has occurred. Staff should acknowledge and offer a sincere expression of sorrow or regret for the harm that has occurred, explaining the facts, as they understand them at the time of sharing the incident.
- Staff are fully aware of the statutory duty of candour where potential harm has occurred, informing the person and or their family and providing feedback on the outcome of the investigation or review.
- Contact with the family to offer condolences where a patient has died unexpectedly whilst using services.
- The offer of the Trust document ‘Help is at Hand’ (which is available from the patient safety team) to family members when a relative has unexpectedly died.
- Staff within their sphere of responsibility are aware when an incident has been declared as an PSII or a swarm huddle commissioned from the initial incident report discussed at CRMG.
- Attend the PSII review panel when invited to do so, in order to contribute to the learning and actions arising from the investigation.
- Attend the swarm huddle when invited to do so in order to contribute to the learning and actions arising from the investigation.

- Ensure staff are released to attend any meetings to participate in investigation or learning for patient safety incidents.
- Receive feedback on the outcome of any patient safety investigation.
- Support for staff during and following a patient safety incident, near miss or never event. Where staff experience particular difficulties associated with a patient safety incident, that referrals are made to the occupational health department in a timely manner in order to support staff or in the case of junior doctors, referrals are made to the medical director.
- Managers revisit the health and wellbeing of individuals or all staff members when there has been more than one PSII or swarm huddle in any one area in any quarter or consecutive quarters.
- Staff are supported with writing statements for coroner's court.
- Staff are made aware that they may be called to provide evidence to the coroner's court.
- Ensuring recommendations and actions required following investigation are progressed within the agreed timescale and evidence of change being embedded in practice is available.
- Ensure the evidence to close actions is submitted to the closing the loop group, and attend the group as required to present evidence and discuss monitoring and embedding of actions.
- Ensure learning elicited from patient safety incidents is shared across sphere of responsibility.

Other Trust Staff

- All staff, both clinical and non-clinical, are responsible for raising and escalating concerns regarding any incident which may be reportable as a patient safety incident or near miss to the person in charge of a unit or team.
- All staff have a responsibility to engage fully where required in incident investigations/reviews.
- All staff are required to complete Level 1- patient safety training available on ESR.

20. Complaints and appeals.

Any complaints relating to this document, its implementation or any of the processes within it can initially be raised with the Patient safety team or the Trusts Patient safety specialists, who will aim to resolve any concerns as appropriate.

Formal complaints from patients or families can be logged through the Trusts complaints procedure.

Complaints can be made by letter, email or verbally.

Complaints and Feedback Manager
Humber NHS Foundation Trust
Willerby Hill
Beverley Road
Willerby
HU10 6ED
Tel: (01482) 303930 or email HNF-TR.complaints@nhs.ne

Appendix 1 Document Control Sheet – Patient Safety Incident Response Policy

This document control sheet, when presented to an approving committee must be completed in full to provide assurance to the approving committee.

Document Type	Policy		
Document Purpose	This policy supports the requirements of the Patient Safety Incident Response Framework (PSIRF) and sets out Humber Teaching NHS Foundation Trust's approach to developing and maintaining effective systems and processes for responding to patient safety incidents and issues for the purpose of learning and improving patient safety. The PSIRF advocates a co-ordinated and data-driven response to patient safety incidents. It embeds patient safety incident response within a wider system of improvement and prompts a significant cultural shift towards systematic patient safety management. This policy supports development and maintenance of an effective patient safety incident response system that integrates the four key aims of the PSIRF:		
Consultation/ Peer Review:	Date:	Group / Individual	
list in right hand columns consultation groups and dates -	Aug-23	PSIRF Working Group PSIRF Working Group	
		PSIRF Steering group	
		QPaS	
Approving Body:	EMT	Date of Approval:	
Ratified at:	Trust Board	Date of Ratification:	
Training Needs Analysis: *(please indicate training required and the timescale for providing assurance to the approving committee that this has been delivered)*		Financial Resource Impact	
Equality Impact Assessment undertaken?	Yes [ ]	No [ ]	N/A [ ] Rationale:
Publication and Dissemination	Intranet [ ]	Internet [ ]	Staff Email [ ]
Master version held by:	Author [ ]	HealthAssure [ ]	
Implementation:	*Describe implementation plans below - to be delivered by the Author:*		
	• • •		
Monitoring and Compliance:			

Document Change History:			
Version Number / Name of procedural document this supersedes	*Type of Change i.e. Review / Legislation*	*Date*	*Details of Change and approving group or Executive Lead (if done outside of the formal revision process)*
1.0	*New document*	*Sept-23*	*New Document required for the Patient Safety Incident Response Framework* *Approved at EMT –* *Ratified at Trust Board -*

Appendix 2 - Equality Impact Assessment (EIA) Toolkit

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name:
2. EIA Reviewer (name, job title, base and contact details)
3. Is it a **Policy**, Strategy, Procedure, Process, Tender, Service or Other?

Main Aims of the Document, Process or Service To set out the requirements that must be met for approval, ratification and dissemination of all Humber Teaching FT policies.
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

Equality Target Group Age Disability Sex Marriage/Civil Partnership Pregnancy/Maternity Race Religion/Belief Sexual Orientation Gender re-assignment	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed? **Equality Impact Score** Low = Little or No evidence or concern (Green) Medium = some evidence or concern(Amber) High = significant evidence or concern (Red)	How have you arrived at the equality impact score? 1. who have you consulted with 2. what have they said 3. what information or data have you used 4. where are the gaps in your analysis 5. how will your document/process or

Equality Target Group	**Definitions**	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people, Young people, Children, Early years	Low	No age group is adversely affected by this policy
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory, Physical, Learning, Mental Health (and including cancer, HIV, multiple sclerosis)	Low	No group with a disability is adversely affected by this policy
Sex	Men/Male, Women/Female	Low	Review of the policy has taken place to ensure no group is adversely affected by the policy.
Married/Civil Partnership		Low	Review of the policy has taken place to ensure no group is adversely affected by the policy
Pregnancy/ Maternity		Low	Review of the policy has taken place to ensure no group is adversely affected by the policy
Race	Colour, Nationality, Ethnic/national origins	Low	Review of the policy has taken place to ensure no group is adversely affected by the policy
Religion or Belief	All Religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	Review of the policy has taken place to ensure no group is adversely affected by the policy
Sexual Orientation	Lesbian, Gay Men, Bisexual	Low	Review of the policy has taken place to ensure no

			group is adversely affected by the policy
Gender re-assignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	Review of the policy has taken place to ensure no group is adversely affected by the policy

Summary

Please describe the main points/actions arising from your assessment that supports your decision above			
The policy will be adopted system-wide within the Trust and is applicable to all members of staff. The procedures detailed within the policy will be applied unilaterally across the organisation.			
EIA Reviewer	Colette Conway		
Date completed;	14/09/2023	Signature	Colette Conway

Humber Teaching NHS Foundation Trust

Patient Safety Incident Response Plan 2023-2025

PRODUCED IN COLLABORATION WITH LIVED EXPERIENCE

Our Pledge

At Humber Teaching NHS Foundation Trust, we are fully committed to ensuring the development, implementation, and success of the Patient Safety Incident Response Framework (PSIRF).

As a Trust we have welcomed the changes from the Serious Incident Framework (SIF 2015) to the PSIRF. This gives us the opportunity to focus our efforts on learning and continuous improvement. The organisation has spent the last 12 months ensuring that we are prepared both with our systems and processes as well as our culture to ensure that we can fully immerse ourselves in the new framework.

As a Trust, we now make a pledge to fully support the implementation of the PSIRF Plan for Humber Teaching NHS Foundation Trust

Table of Contents

1. Contents

Forward by Executive Director of Nursing, Allied Health Professionals and Social Work Professionals

This is an exciting time for the NHS as it embraces the Patient Safety Strategy published in 2019 and the ambition that was articulated to transform the way in which the NHS learns from patient safety incidents to support continuous improvement, patient safety and quality care being delivered at the heart of organisations.

A significant area of work to implement the national patient safety strategy is for organisations to implement the Patient Safety Incident Response Framework (PSIRF) which focuses on learning from patient safety incidents thereby maximising safe care for all who receive services from the NHS.

The COVID 19 pandemic impacted upon the pace at which NHS England and local organisations were able to implement this framework, but nonetheless despite the pandemic Humber Teaching NHS Foundation Trust has over the last three years been laying the foundations to ensure that we can fully implement the framework from Autumn 2023.

PSIRF is not a tweak or adaptation of the serious incident framework it is a whole scale transformation underpinned by system change regarding how we think and respond when a patient safety incident happens to reduce the risk of recurrence.

PSIRF is underpinned by empowerment and collaboration, working with patients, their families and carers, people who work in the organisation, Integrated Care Board and regulators to improve how we understand, learn and improve patient safety.

Over the past three years Humber Teaching NHS Foundation Trust has focused on training staff in the methodology that underpins PSIRF and ensuring there is a culture of reporting and learning from incidents, compassion in care and psychological safety which runs through the organisation. We have been clear in articulating our standards and expected behaviours which underpin a positive patient safety culture and are important to the people who use the services and our staff.

Safety is achieved when patients, their carers and families and staff feel able to identify issues, speak up about them and through partnership and agreement organise a plan and action for improvement. There have been many concerns shared nationally regarding closed cultures in NHS and provider organisations and ensuring that we have the right routes for people to speak up, challenge, question and explore has been essential.

This plan outlines our commitment to implementing the Patient Safety Incident Response Framework. At its heart is our focus on patient care being our top priority. It is a journey and one within which we will continue to grow and learn to

continuously improve patient safety, ensure that patients have positive experiences of our care and staff feel confident about the care they deliver and will recommend us to their friends and family as a good place to work and to receive care.

1. An introduction to the Patient Safety Incident Response Plan

The NHS Patient Safety Strategy was published in 2019 and describes the Patient Safety Incident Response Framework (PSIRF), a replacement for the NHS Serious Incident Framework (2015). This document is the Patient Safety Incident Response Plan (PSIRP). It describes what we are doing in Humber Teaching NHS Foundation Trust to prepare for "go live" with PSIRF, in September 2023. Our plan outlines our patient safety incident profile and details the methods the Trust will use to respond in a way that maximises learning and improvement.

PSIRF is best considered as a **learning** and **improvement** framework with the emphasis placed on the system and culture that supports continuous improvement in patient safety, through how we respond to patient safety incidents.

The NHS Patient Safety Strategy challenges us to think differently about learning and what it means for a healthcare organisation. Carrying out investigations for the right reasons can and does identify learning. Removal of the serious incident process does not mean "do nothing", it means respond in the right way depending on the type of events and associated factors.

The PSIRF supports the development and maintenance of an effective patient safety incident response system that integrates four key aims:

- Compassionate engagement and involvement of those affected by patient safety incidents
- Application of a range of system-based approaches to learning from patient safety incidents
- Considered and proportionate responses to patient safety incidents
- Supportive oversight focused on strengthening and improving systems people work in.

The challenge is to embed an approach to investigating that forms part of the wider response to patient safety events whilst allowing time to learn thematically from patient safety incidents. Humber Teaching NHS Foundation Trust are on a continuous improvement journey in terms of learning from patient safety incidents and PSIRF will only help to enhance this.

This plan will help us measurably improve the efficacy of our local patient safety incident investigations by:

- Refocusing Patient Safety investigations towards a systems approach which looks at the systems within which a patient safety incident occurs to identify effective systems and areas for improvement
- Focusing on addressing causal factors and using improvement science to prevent or reduce repeat patient safety risks and incidents

- Utilising a range of methodologies as described in the PSIRF framework to maximise learning and improvement.

PSIRF recognises the need to ensure we have support structures for staff and patients involved in patient safety events. A key part of this is the fostering of a psychologically just and safe culture modelled by our leaders, our trust-wide strategy, and our reporting systems. This plan is underpinned by a psychologically safe and just culture, articulated through our behaviour framework 'Being Humber', role modelled by leaders and expected to be demonstrated by all our colleagues.

This plan provides the headlines and description of how PSIRF will be implemented in Humber Teaching NHS Foundation Trust and will be reviewed on a biennial basis.

2. Scope and Vision

There are many ways to respond to an event. This document covers responses conducted solely for the purpose of systems-based learning and improvement. There is no remit within this plan or PSIRF to apportion blame or determine liability, preventability, or cause of death in a response conducted for the purpose of learning and improvement.

Out of Scope

It is therefore outside the scope of PSIRF to review the following matters.

- Professional conduct / competence – these concerns are referred to human resource teams
- Establishing liability / if avoidable – all potential claims are referred to the legal service team
- Cause of death – It is the role of the coroner to determine cause of death
- Criminal - all criminal investigations are conducted by the police

In Scope

This plan explains the scope for a systems-based approach to learning from patient safety events.

We will identify events to review through nationally and locally defined patient safety priorities. An analysis of which is explained later within this document.

The strategic aims of PSIRF are aligned with our own Humber Teaching Foundation Trust strategic aims. The implementation of PSIRF will see both the strategic ambitions and our Trust vision embodied in our work.

Vision

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

The Aims of the Trust Patient Safety Incident Response Plan

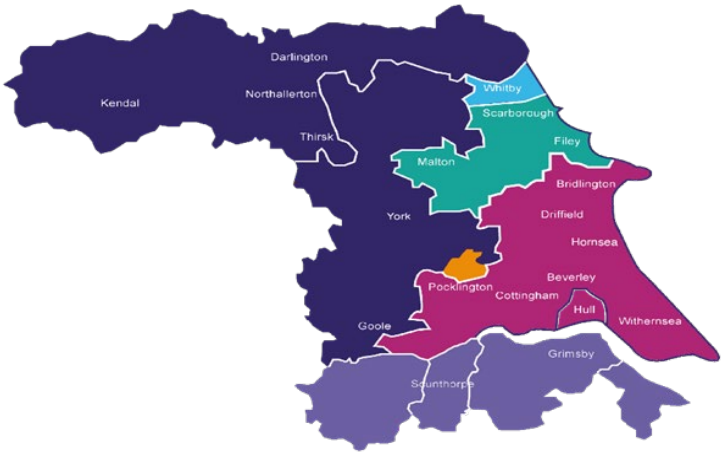
- Improve the safety of the care we provide to our patients, and improve our patients,' their families' and carers' experience of it.
- Develop a climate that supports a just culture and an effective learning response to patient safety incidents
- Further develop systems of care to continually improve quality and efficiency.
- Improve the experience for patients, their families, and carers wherever a patient safety incident is identified.
- Improve the working environment for staff in relation to their experience of patient safety incidents, investigations and learning.
- Demonstrable improvement in organisational learning measured by a reduction in recurrence of incident types
- Share insights, learning and patient safety information across organisations/services to improve safety and quality of care.

Values that underpin our approach to implementing the Patient Safety Incident Response Plan

Caring	for people while ensuring they are always at the heart of everything we do
Learning	and using proven research as a basis for delivering safe, effective, integrated care.
Growing	our reputation for being a provider of high-quality services and a great place to place to work

3. Overview of Our Services

Our services cover a wide-range geographic area comprising Hull, the East Riding of Yorkshire, North Yorkshire and North and North East Lincolnshire.



Our services are grouped into 4 divisions:

- Community and Primary Care
- Children's and Learning Disabilities
- Forensic Services
- Mental Health

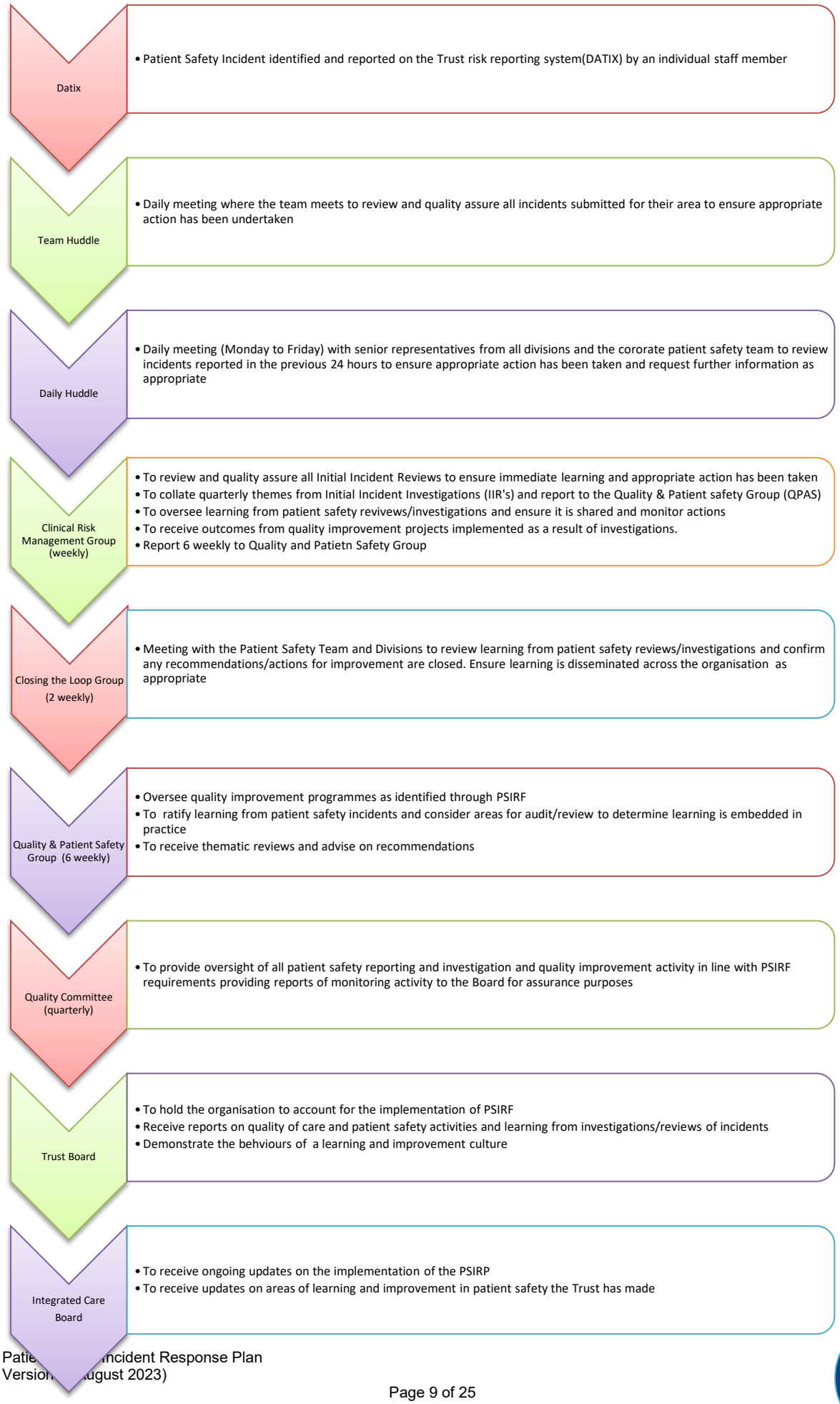
Our care is delivered in a variety of settings including in patients own homes, GP practices and health centres, outpatient clinics, hospitals, local authority premises and our inpatient units. In addition to health and care services, we also provide medical teaching to undergraduates of the Hull York Medical School.

Humber Teaching NHS Foundation Trust employs approximately 3,600 staff across more than 80 sites at locations across our geographical area. We also have 125 dedicated volunteers who are passionate about working in our services and are available to help patients, staff, and visitors.

We have 25 governors made up of public governors, service user and carer governors, nominated governors and staff governors. More than half of the Council of Governors is elected by local people. Nominated governors include representatives of local partnership organisations and Trust staff.

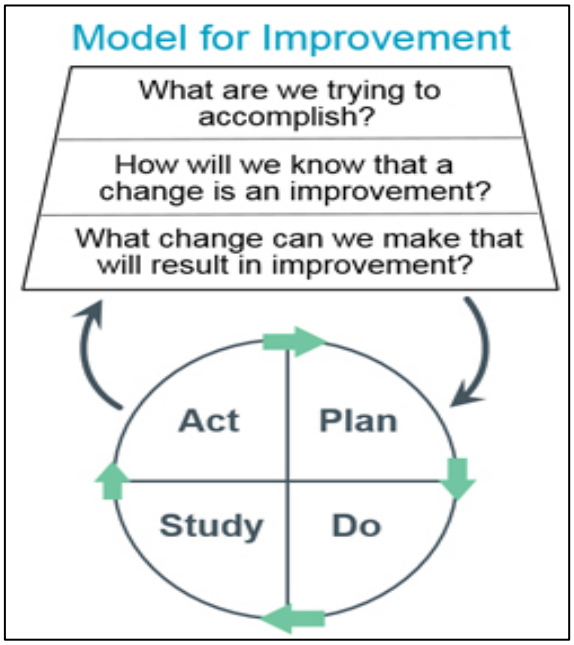
4. Patient Safety incident Reporting and Governance arrangements

Collaboration is at the heart of PSIRF. The Trust has an internal structure in place to oversee the reporting, investigation and learning from patient safety incidents along with opportunities to collaborate with system partners, patients, and their families The diagram below describes the process and arrangements we have in place for the reporting, management and learning from patient safety incidents.


Datix
• Patient Safety Incident identified and reported on the Trust risk reporting system(DATIX) by an individual staff member
Team Huddle
• Daily meeting where the team meets to review and quality assure all incidents submitted for their area to ensure appropriate action has been undertaken
Daily Huddle
• Daily meeting (Monday to Friday) with senior representatives from all divisions and the corporate patient safety team to review incidents reported in the previous 24 hours to ensure appropriate action has been taken and request further information as appropriate
Clinical Risk Management Group (weekly)
• To review and quality assure all Initial Incident Reviews to ensure immediate learning and appropriate action has been taken
• To collate quarterly themes from Initial Incident Investigations (IIR's) and report to the Quality & Patient safety Group (QPAS)
• To oversee learning from patient safety revivews/investigations and ensure it is shared and monitor actions
• To receive outcomes from quality improvement projects implemented as a result of investigations.
• Report 6 weekly to Quality and Patietn Safety Group
Closing the Loop Group (2 weekly)
• Meeting with the Patient Safety Team and Divisions to review learning from patient safety reviews/investigations and confirm any recommendations/actions for improvement are closed. Ensure learning is disseminated across the organisation as appropriate
Quality & Patient Safety Group (6 weekly)
• Oversee quality improvement programmes as identified through PSIRF
• To ratify learning from patient safety incidents and consider areas for audit/review to determine learning is embedded in practice
• To receive thematic reviews and advise on recommendations
Quality Committee (quarterly)
• To provide oversight of all patient safety reporting and investigation and quality improvement activity in line with PSIRF requirements providing reports of monitoring activity to the Board for assurance purposes
Trust Board
• To hold the organisation to account for the implementation of PSIRF
• Receive reports on quality of care and patient safety activities and learning from investigations/reviews of incidents
• Demonstrate the behviours of a learning and improvement culture
Integrated Care Board
• To receive ongoing updates on the implementation of the PSIRP
• To receive updates on areas of learning and improvement in patient safety the Trust has made

5. Our Approach to Quality Improvement and Learning

Effective learning is underpinned by Quality Improvement. In the Trust, we use the Plan, Do, Study Act (PDSA) model:



At Humber Teaching NHS Foundation Trust, we already have strong foundations in relation to Quality Improvement (QI) methodology. We are confident that QI is embedded across all divisions and directorates. In 2022/23 there were 149 QI activities completed demonstrating our commitment to QI as a methodology for continuous learning. Trust staff are encouraged to complete the QI training which covers 4 levels from raising awareness through to leading a QI project.

The Trust offers a four-tier training and support offer that is based on the incremental small step change methodology provided by the Model for Improvement and supporting improvement tools.

Quality improvement methodology has been utilised in our approach to improving patient safety for several years whereby we have undertaken annual thematic reviews of patient safety incidents and developed and implemented QI plans to drive improvement. Work in respect of the improvements made is reported to QPAS for monitoring and oversight purposes and the Quality Committee for assurance purposes. An annual report is produced which outlines our progress and highlights areas we want to consider next.

The Trust has robust mechanisms in place to ensure learning from incidents is captured, shared, and used to improve the care being delivered. One of these mechanisms in place is the Clinical Risk Management Group (CRMG), which reviews incidents and learning, developing practice learning briefs and informing

training and development activity. It also considers thematic learning from incidents and what action needs to be taken to reduce similar issues reoccurring.

Central to this approach to learning is ensuring that we also learn from good practice and share this across the organisation and wider with our colleagues across the Integrated Care System. At Humber Teaching NHS Foundation Trust, we have a process for raising, sharing, and celebrating good practice called Greatix. Individuals and teams can be nominated by their peers, managers, patients, or other services for work they have undertaken which demonstrates excellence in patient safety, empowerment and engagement with patients and their carers and families which has led to a positive difference for patients and their families/carers.

There are also specialist forums which consider specific types of incidents such as pressure ulcers, reducing restrictive interventions, patient falls and medication issues. Incidents are reviewed with learning being identified and actions taken to improve safety and quality of care and learning shared. These groups report to QPAS and the Quality Committee on a regular basis advising on what action has been taken to improve safety.

6. Our Patient Safety Incident Profile

A key part of developing the new approach is to understand the amount and type of patient safety activity the Trust has undertaken over the last few years and using this to inform how we will learn from patient safety incidents under the PSIRF framework. This approach enables us to plan appropriately and ensure that we have the people, systems, and processes to support how we will maximise learning.

In Humber Teaching NHS Foundation Trust, we have used a thematic analysis approach to determine our patient safety incident profile and which areas of patient safety we will focus on to identify our patient safety priorities going forward.

Our Thematic Analysis

Over the last three years 29,456 incidents have been reported, with the number being reported increasing year on year. The increase is due to several factors including the commencement of new services and increased awareness of staff to report incidents. Most incidents result in no harm or low harm (97%).

The thematic review looked at patient safety activity between March 2020 and March 2023.

Sources of insights for this analysis have included a review of

1. Serious Incidents requiring investigations
2. Incidents reviewed using a Significant Event analysis approach
3. Total number of patient safety incidents reported
4. Number of complaints received regarding care and treatment.

Our Patient Safety Profile for 2021-2023

The thematic review of patient safety incidents over the last three years has concluded the largest category of incidents reported overall are:

- Self-harm (14%)
- Violence and aggression (7%)
- Death of a patient (6%) *
- Patient Care Problem (6%)
- Pressure Ulcer (4%)
- Medication error (3.9%)

*Further analysis of patient deaths identifies that most deaths are expected/deaths from natural causes 90.1%. The Trust has a wide range of services it provides to older people and people at the end of their life. Unexpected deaths via unnatural causes are 9.9%.

Extensive quality improvement work is already in place regarding the other categories of incidents listed above.

Further analysis of patient care problems identifies the following:

- Delay in Patient Care / Treatment – 10.8%
- Refused Treatment – 7.4%
- Appointment/Referral/ Treatment Issue – 7.2%
- Seclusion/Observation Issues in mental health services – 6.1%
- Care Required / Arranged Not Provided – 5.6%

Analysis of complaints data has concluded the main reasons for a patient/family/carer complaint is in relation to:

- Patient care (16%)
- Communication (16%)
- Appointments (6%)
- Policies/procedures/admin (6%)
- Values and behaviours (5%)

The Trust 'Being Humber` Behavioural Standards sets out the values and behaviours we should all expect from one another in a simple framework for us all to use were refreshed and re launched in 2023. These are included in all staff appraisals.

7. Our Patient Safety Quality Improvement Priorities 2023-25

Our analysis of patient safety incidents has identified the following seven patient safety quality improvement priorities that learning will be structured against using the suite of investigation and learning tools available under PSIRF.

Table 1: Our Patient Safety Priorities 2023-25

Priority Area	Priority	Links to
Self-Harm Head Injury	Ensure care and management of patients sustaining a head injury from self-harm is in line with NICE Head Injury Guidance to ensure appropriate management and escalation.	National Institute of Clinical Excellence guidance NG225 and NICE Quality Statement QS34 NICE Head injury guidance NG232
Patient care	Venous Thromboembolism assessment to be undertaken within 14 hours of admission to our inpatient units	NHS Standard Contract All Inpatient Service Users undergoing risk assessment for VTE. Threshold 95% NICE guidance NG89 and NICE Quality Standard 201 Regulation 12: Safe care and treatment
Patient care	Seclusion reviews to be undertaken in line with the Mental Health Act Code of Practice	Care Quality Commission brief guide seclusion rooms CQC closed cultures Mental Health Act Code of Practice
Patient care	Families and carers to be involved in discharge planning	CQC Quality statement Effective: Assessing needs Regulation 9: Patient centred care
Medication	Medication to be administered to the correct patient	Medicines Optimisation Policy.pdf (humber.nhs.uk) Inpatient Identification Policy and Procedure N-055.pdf (humber.nhs.uk) CQC Quality statement Safe: Medicines optimisation
Delay in Patient Care / Treatment	Ensure we have systems and processes in place to action onward referrals for patients in our care	CQC Quality Statement Safe: Safe systems, pathways and transitions Effective: How staff, teams and services work together
Violence and Aggression	Refresh and implement the Trust approach to safe wards in our mental health and Learning Disability services	Safewards (Bowers 2016)

8. Implementing PSIRF Investigation Methodologies

The PSIRF replaces the Serious Incident Framework (SIF) (2015) and makes no distinction between ‘patient safety incidents’ and ‘serious incidents’. As such it removes the ‘Serious Incident’ classification and the threshold for it. Instead, the PSIRF promotes a proportionate approach to responding to patient safety incidents by ensuring resources allocated to learning are balanced with those needed to deliver improvement.

The PSIRF is not a different way of describing what came before – it fundamentally shifts how the NHS responds to patient safety incidents for learning and improvement. The PSIRF is not an investigation framework that prescribes what to investigate. Instead, it:

- Advocates a co-ordinated and data-driven approach to patient safety incident responses that prioritises compassionate engagement with those affected by patient safety incidents

- Embeds patient safety incident responses within a wider system of improvement and prompts a significant cultural shift towards systematic patient safety management.

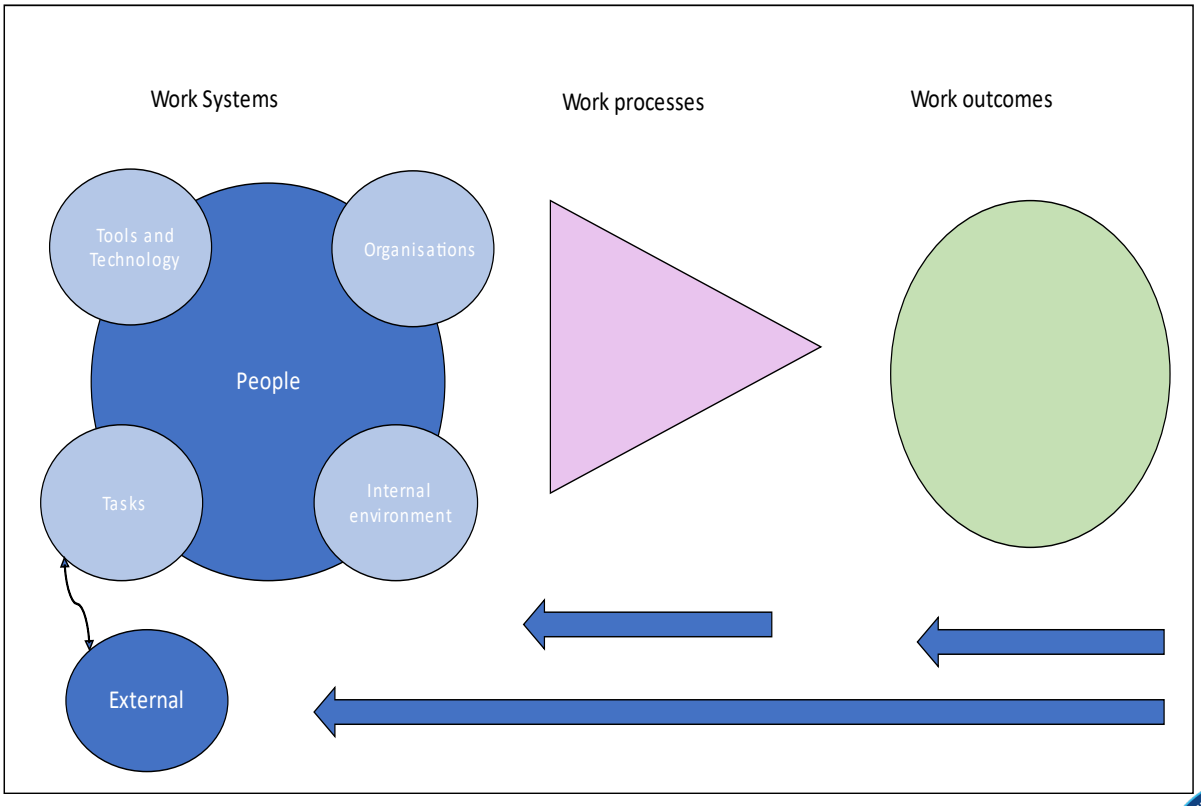
The PSIRF approach is flexible and adapts as organisations learn and improve, so that organisations explore patient safety incidents relevant to their context and the populations they serve.

A significant difference in respect of PSIRF is the use of system-based learning which looks at all the components of the system people work in and within which people receive care. This approach ensures that when a patient safety incident occurs, we focus on the system as a whole rather than small components such as a person, or piece of equipment in isolation.

The methods we will use in PSIRF differ fundamentally because:

- They recognise that outcomes in complex systems result from the interaction of multiple factors – learning should not focus on uncovering a root cause, but instead should explore multiple contributory factors.
- They do not distinguish between care and service delivery problems. Instead, they explore contributory factors, including 'individual acts' in the context of the whole system.
- They use tools to explore multiple interacting contributory factors rather than forcing a single analytical pathway.

A framework based on the well-established SEIPS (Systems Engineering Initiative for Patient Safety 3) replaces the contributory factors classification framework. This is made up of six factors or elements that when considered together cover all elements of a 'system' as shown below.



We have 230 staff already trained in using system review methodology in preparation for us to be able to start to fully implement PSIRF in September 2023. We have a programme of further training and awareness raising being rolled out over the next 18 months, to ensure all staff receive the training and awareness they need to help them approach patient safety in the way advocated by this plan.

The Tools we will use to support learning

Deciding what and how to investigate is the most significant change and PSIRF offers significant flexibility in what and how we choose to investigate. The overarching objective is to learn from every event and try to minimise it happening again.
How we respond to patient safety incidents is based on three overarching categories:

1. Learning to Inform Improvement

There are lots of tools and methods we can use in these circumstances. This is when we are not clear on the contributing factors that have impacted on this event occurring, plus it is not an area that we already have a significant quality improvement programme occurring. This means there is a strong potential for learning, and this should be a key focus for our resources.

Learning response exercises where significant learning is anticipated will:

- Not be led by colleagues who have been involved in the event – although they can take part
- Be led by colleagues suitably trained and with a level of seniority to influence the organisation
- Not be undertaken by colleagues in isolation
- Ensure colleagues affected by the event(s) are given time and are supported to participate in the learning response
- Have a learning response expert as part of the process
- Have access to Subject Matter Experts to provide expertise as required (clinical, non-clinical, specialists such a Human Factors)
- Be resourced to support engagement and involvement of those affected

2. Continuous learning from Patient Safety

When an event type is well understood, for example if we have had previous events of this type, which have been thoroughly investigated, we have clear contributory factors and we are implementing an improvement programme, then our resources are best placed in implementing the improvement plan rather than repeat investigations where the recommendations, outcomes and actions will be the same.

Where we are satisfied that the efficacy of safety actions is being monitored, it is acceptable not to undertake an individual learning response to an event other than recording that it occurred and ensuring that those affected are engaged. A learning response may not be required or may not be the best way to address concerns and questions raised by those affected

If an affected patient, family, or staff member requests a learning response we will consider how best to respond to provide them with the information they need based on what we already know and the improvement currently taking place.

If events involve moderate harm or above, we must still fulfil our Duty of Candour and/or being open requirements.

3. Assessment to determine if a learning response is required

If we cannot easily determine if an event fits in with our plan, i.e. whether we need a learning response, it may be necessary to do an assessment to determine if there were any problems in care that require further exploration and potentially actions. We will use methods such as completion of an initial incident report for this purpose.

As we begin our journey towards PSIRF, we will continue to use the existing structures in place to support the process of transition.

The four tables below identify the range of methodologies that we will use to undertake and support learning, in what circumstances they can be used and how they are agreed/ recommended and overseen. We have undertaken a training needs analysis to inform our training programme in the use of the different methodologies to ensure our staff are equipped with the required knowledge and skills.

Table 1: National Learning Responses

Learning Review method	Objective	Indications for use	Decision making Forum/ Person
Patient Safety Incident investigation (PSII)	Where an in-depth review of a single patient safety incident or cluster of incidents is required to understand what happened and how.	Initial Incident Review/Swarm Huddle indicates: Complex incidents (Multiple teams involved/teams external to the trust) Multiple system failures requiring a coherent report and critical analysis external to the team involved Nationally mandated investigations i.e. Never Events	Director of Nursing Medical Director.
Multidisciplinary team (MDT) review	An MDT review supports health and social care teams to learn from patient safety incidents that occurred in the significant past and/or where it is more difficult to collect staff recollections of events either because of the passage of time or staff availability. The aim is, through open discussion (and other approaches such as observations and walk throughs undertaken in advance of the review	Complex incidents involving patient or group of patients	Clinical Lead Responsible Consultant

Learning Review method	Objective	Indications for use	Decision making Forum/ Person
	meeting(s)), to agree the key contributory factors and system gaps that impact on safe patient care.		
Swarm Huddle	Investigation using SEIPS framework and a swarm approach. The Swarm Huddle is designed to be initiated after an event and involves an MDT discussion. Staff "swarm" to the site to gather information about what happened and why it happened as soon after the incident as possible and decide what needs to be done to reduce the risk of the same thing happening in the future	Any incidents where • following receipt of the Initial Incident Review more information is required. • Incidents where following receipt of the DATIX an urgent meeting with those affected is required i.e. cannot wait for a 72hr briefing due to significant immediate/ ongoing patient safety concern	Daily Huddle and approval via Deputy Director Nursing/ Assistant Director of Nursing, Patient Safety and Compliance Oversight by CRMG
After-action review	A structured debrief facilitated by an AAR facilitator. AARs are based around four overarching questions: 1. What is expected to happen? 2. What happened? 3. Why was there a difference between what was expected and what happened? 4. What are the lessons that can be learnt?	Can be used to generate insights from the different MDT perspectives to look at positive outcomes as well as incidents.	Daily Huddle Ward Managers Modern Matrons Clinical Leads

Table 2: Tools for capturing everyday work on Trust Intranet

Tool	Description
Observation guide	Observations help us move closer to an understanding of how work is actually performed, rather than what is documented in training, procedures or equipment operating manuals (work as prescribed), how we imagine work is conducted (work as imagined) or how people tell us work is performed (work as disclosed).
Walkthrough guide	Walkthrough analysis is a structured approach to collecting and analysing information about a task or process or a future development (eg designing a new protocol). The tool is used to help understand how work is performed and aims to close the gap between work as imagined and work as done to better support human performance.
Link analysis guide	Link analysis creates a visualisation of the frequency of interactions observed in a specific location or environment. It can be used to highlight frequently used paths within an environment that are critical for safety. This can inform the design of the environment to locate items or areas based on what tasks are carried out most frequently.
Interview guide	The interview planning guide contains questions that help plan an interview with staff involved in a patient safety incident or with patients, families or carers

Table 3: Tools for mapping and synthesising information

Tool	Description
Timeline mapping	A working document to help create a narrative understanding of a patient safety incident. This can be added to as further information is collected. It is useful for understanding any gaps in information and defining early thoughts on lines of enquiry.
Work system scan	A checklist and documentation tool to ensure the full breadth of the work system is considered. The tool is used to indicate any aspects of the system design that hinder or support people in the work system to do their job (ie barriers and facilitators).

Table 4: Tools to respond to broad patient safety issues

Learning Review method	**Objective**	**Indications for use**	**Decision making Forum/ Person**
Safety Huddle	*Proactive*: A short multidisciplinary briefing, held at a predictable time and place focused on the patients most at risk *Reactive*: triggered by an event to assess what can be learnt or done differently. Focused on process-oriented reflection to find actionable solution	Any patient safety issue or emerging issue which requires review and revised plan/ approach by the staff group	Shift leads Ward Managers Modern Matrons Clinical Leads
Corporate Safety Huddle	A multidisciplinary briefing with senior professionals held at a predictable time and place focused on reviewing incidents reported via DATIX to agree next steps/identify any emerging themes and trends.	To review all incidents reported via DATIX in the preceding 24 hours.	Daily Corporate Safety Huddle members.
Initial Incident Review (72 hr report)	A staff debrief to ascertain rapid gathering of facts and areas of immediate safety actions and learning ensuring that urgent action is taken to address risks. Report produced.	All incidents where information is required to understand what happened and any area of learning.	Daily Safety Huddle with approval from Divisional Clinical Lead/ General Manager/ Deputy Director of Nursing and/or Assistant Director of Nursing, Patient Safety and Compliance Oversight through CRMG and appropriate specialist groups ie Pressure Ulcer Review and Learning group(PURL), Reducing Restrictive Interventions Group RRI.
Case record/note	To determine whether there were any problems with the	Thematic review of incidents and other	CRMG/ QPAS

Learning Review method	Objective	Indications for use	Decision making Forum/ Person
review e.g. structured judgement review/ Mortality review	care provided and areas of good care provided to a patient by a particular service. (To identify the prevalence of issues; or when patients/families/carers or staff raise concerns about care.)	information indicates potential care delivery concerns. Mortality reviews- no immediate care delivery problems but a review of the records is required to identify if care was delivered in line with expected standards.	
Service level audit	To determine whether the activities, resources and behaviours that lead to incidents are being managed efficiently and effectively, as expected/intended	Service delivery issues affecting patient care i.e., staffing issues impacting on patient care	Modern Matrons/ Clinical Leads
Post incident audit	To systematically review the effectiveness of a recommendation following a patient safety investigation.	Following completion of agreed actions following a review of a patient safety incident to test effectiveness of the learning.	Closing the Loop Group/ Divisional Clinical leads/ QPAS
Clinical audit	A quality improvement cycle involving measurement of the effectiveness of healthcare against agreed standards with the aim of acting to bring practice into line with standards to improve the quality of care and health outcomes.	Program of audit to review key areas of clinical and practice compliance/ standards identified as sub-standard following a patient incident Audits commissioned as a result of a learning review and need to follow up and evidence changes in practice	Closing the Loop Group/ Divisional Clinical leads/ Audit and Effectiveness Group/ QPAS
Thematic review	A thematic review may be useful for understanding common links, themes or issues within a cluster of investigations, incidents or patient safety data. Themed reviews seek to understand key barriers or facilitators to safety. The 'top tips' document provides guidance on how to approach a thematic review.	Incident data analysis indicates an emergency theme	Quality and Patient Safety Group/ EMT
Horizon Scanning	The Horizon Scanning Tool supports health and social care teams to take a forward look at potential or current safety themes and issues. It can be used to proactively identify safety risks.	Operational data indicates potential theme of issue	Operational Delivery Group/ Audit and Effectiveness Group/ QPAS/ EMT

There are also a number of events where we must undertake a Patient Safety Incident Investigation or report through national reporting systems as follows:

Incident Type	Incident Response Method
Incidents that meet the Never Events list	Patient safety Incident Investigation
Death of a patient with a learning disability	Refer for Learning Disability Mortality Review (LeDeR) Consider for additional internal investigation
Adult and Children Safeguarding incidents	Refer to the local authority safeguarding lead Consider for internal investigation. Healthcare providers must contribute to any safeguarding investigations as requested by the local authority safeguarding leads ie safeguarding reviews/Domestic Homicide Review/joint targeted inspections
Child deaths	Contribute to joint agency review and child death overview panel. Consider internal investigation.
RIDDOR reportable incidents	Report to Health and Safety Executive and root cause analysis to be undertaken.
Information Governance Breach	Report to the Information Commissioners Office
Homicide committed by a patient in receipt of services or recently discharged.	Report to the Police and the Integrated Care Board, Care Quality Commission and NHSE, where indicated Complete a PSII Co-operate in any external investigation.
Death in Custody	Report to the Police. Undertake internal investigation. Co-operate in any external investigations.
National screening incidents	Report to the Integrated Care Board and Public Health England Undertake an internal investigation. Co-operate in any external investigation.

9. Duty of Candour

The duty of candour is a general duty to be open and transparent with people receiving care from you.

The importance of being open and honest with patients and their families / carers is critical to a culture of safety. Most people want to be assured that health professionals learn from incidents and systems and processes improve as a result. Where we have not got something right which has contributed to harm, we will apologise.

Saying sorry is not about admitting fault. A crucial part of the duty of candour is the apology.

Saying sorry is:

- Always the right thing to do
- Not an admission of liability

- Acknowledges that something could have gone better
- The first step to learning from what happened and preventing it recurring.

> We will tell the person (or, where appropriate, their advocate, carer or family) when something has gone wrong Apologise to the person (or where appropriate their advocate, carer or family), offer an appropriate remedy or support to put matters right if possible.

The Duty of Candour policy and procedure for the Trust is available on the intranet.

10. Involvement and Support for Patients, their Families, and Carers

The importance of the involvement of the patient and families in any event/ investigation into their treatment and care is critical. The patient and family voice are vital for learning from events and for putting actions in place to prevent them recurring in the future.

Engagement and involvement with patient and families should be flexible and adapt to individual and changing needs. These needs could be practical, physical, or emotional.

Timing is key. Some people can feel they are being engaged and involved too slowly or too quickly, or at insensitive times. Care should be taken when contacting families considering the timing and structure of engagement and involvement, and any key dates to avoid (e.g., birthdays, funeral dates, anniversaries), particularly where someone has lost a loved one.

Everyone involved in a learning response should be treated respectfully. There should be a duty of care to everyone involved in the patient safety event and subsequent response, and opportunities provided for open communication and support throughout the process. Overlooking the relational elements of a learning response can lead to a breakdown of trust between those involved (including patients, families, and healthcare staff) and the organisation.

Guidance and clarity should be provided as patients and families can find the processes that follow a patient safety event confusing and stressful. Those outside the health service, and even some within it, may not know what a patient safety event is, why the event they were involved in is being investigated or what the learning response entails. Patients, families and carers can feel powerless and ill equipped for the processes following a patient safety event. Therefore, all communications need to clearly describe the process and its purpose, and not assume any prior understanding.

We must ensure that those affected are 'heard.' Everyone affected by a patient safety event should have the opportunity to be listened to and share their experience. They will all have their individual perspective on what happened and each one is valid in building a comprehensive picture to support learning. Importantly, the opportunity to be listened to is also part of restoring trust and repairing relationships between organisations and those affected.

The policy on involving patient's their carers and families can be found on Humber Teaching NHS Trust's website.

11. Involvement and Support for Staff

It is essential that with any patient safety incident investigation the staff involved are genuinely supported throughout the entirety of the process. It is well documented that staff who are involved in such incidents are potentially a 'second victim' and clear procedures to ensure and escalate the appropriate support is pivotal to maximising a positive patient safety culture.

In keeping with the ethos of 'just culture' staff should be informed as soon as possible that an incident they have been involved in is to be investigated. Significantly a clear explanation of the 'how's and whys' of the incident is to be investigated needs to be explained in a transparent way to ensure the staff are confident that any investigation is fair and appropriate.

The initial acknowledgement to staff is important and can 'set the tone' of the perceived investigation to follow in the eyes of the staff. Rather than being too prescriptive the initial contact should be based on 'best for staff' utilising local management knowledge of said individuals. A verbal and 'face to face' discussion with the staff should always be followed up with an 'individualised' written response.

Key components that should be explained to staff at the onset and indeed reinforced in written follow up:

- Just culture which describes the fair treatment of staff supporting a culture of fairness, openness and learning making staff feel confident to speak up when things do not go as expected.
- Emphasis is on identifying organisational learning
- Staff to be provided with a copy of the process under which the investigation will be completed
- Emphasis that their input / questions and contribution is pivotal to any investigation
- Shared understanding of the potential associated stress. Staff should be provided with written evidence of support options available.
- Clear time frames explained. Avoid the possible concern that periods of 'no news is bad news'
- Emphasis that there is no hidden agenda, transparency is key. Access to Freedom To Speak Up given
- Regular 'touch base' periods built into the investigation.

- Draft reports to be shared with staff to encourage feedback and promote the ethos of transparency.
- Final report to be shared and debrief arranged as required.

The Trust booklet 'Navigating Difficult Events at Work`, should be given to all staff involved in a patient safety incident investigation by their line manager/ team leader and time allocated to answer any queries or concerns they may have about the process.

Everyone will experience the same event in different ways. No one truth should be prioritised over others. Lead investigators should ensure that patients, families, and healthcare staff are all viewed as credible sources of information in response to any patient safety event.

The policy on involving staff and the support available to them can be found on Humber Teaching NHS Trust's website.

12. Patient Safety Partners

The involvement of patients in their care and in the development of safer services is a priority for the NHS.

Patient Safety Partners (PSPs) are patients, carers, family members or other lay people (including NHS staff from another organisation working in a lay capacity) who are recruited to work in partnership with staff to influence and continuously improve an organisations patient safety culture through being actively involved in the design of safer healthcare at all levels in the organisation.

This includes roles in safety governance – e.g., membership of Trust relevant committees to support compliance monitoring and how safety issues should be addressed and providing appropriate challenge to ensure learning and change – and in the development and implementation of relevant strategy and policy.

The Trust is pleased to have recruited Patient Safety Partners to collaborate with us on improving patient safety. Work is underway to ensure we have a robust and individualised process in place for each regarding their induction, training and support offered and that they engage in the key areas of work around patient safety that they are enthusiastic about.

More information on the role of Patient safety partners can be found on Humber Teaching NHS Trust's website.

13. Oversight

Oversight under PSIRF focuses on engagement and empowerment rather than more traditional command and control. Our work with our commissioners and regulators should be one of oversight which enables the Trust to demonstrate improvement rather than compliance.

With our ICB colleagues we are committed to upholding the following standards:

1. Roles and responsibilities in relation to patient safety event responses are clearly described and understood by staff. We commit to doing this through our PSIRF Policy, PSIRF Plan and our Training Needs Analysis as well as the culture we foster across the organisation.

2. Oversight processes are underpinned by a commitment to the following:
    - Improvement is the focus. Oversight should focus on enabling and monitoring improvement in the safety of care, not simply monitoring investigation quality.
    - A recognition that blame restricts insight: oversight should ensure learning focuses on identifying the system factors that contribute to patient safety events, not finding individuals or teams to blame.
    - Learning from patient safety events is a proactive step towards improvement: Responding to a patient safety event for learning is an active strategy towards continuous improvement, not a reflection of an organisation having done something wrong.
    - Collaboration is key. A meaningful approach to oversight cannot be developed and maintained by individuals or organisations working in isolation – it must be done collaboratively.
    - Psychological safety allows learning to occur: Oversight requires a climate of openness to encourage consideration of different perspectives, discussion around weaknesses and a willingness to suggest solutions.
    - Curiosity is powerful: Leaders have a unique opportunity to do more than measure and monitor. They can and should use their position of power to influence improvement through professional curiosity. A valuable characteristic for oversight is asking questions to understand rather than to judge.

14. Conclusion

The Trust has been on a journey over the last 3 years to prepare for the implementation of PSIRF. This framework denotes a cultural shift towards patient safety, it is not simply a replacement of one system of learning for another. This framework supports understanding that leads improvement, based on insight and drawing together intelligence from multiple sources of patient safety information. Central to this is the experience of patients, their carers and families.

The Trust has a governance process which ensures it has the reporting mechanisms, oversight, scrutiny, and forums in place to be able to understand and improve patient care and experience based on learning, quality improvement and good practice and has a track record of undertaking thematic analysis of patient safety incidents to inform our quality improvement work. PSIRF will allow more capacity to learn and improve the quality of care we offer as the focus on investigation shifts to a more proportionate response focussing on maximising learning and improvement.

Each year we will continue to review our priorities based on our thematic analysis and learning evidence over the preceding year to ensure we stay focused on the right things. We will continue to share and celebrate good practice and invest in staff training and development, support and recognition to be a leading provider of multi-speciality integrated health care.

Humber Teaching NHS Foundation Trust

Agenda Item 16

Title & Date of Meeting:	Trust Board Public Meeting– 27 September 2023
Title of Report:	Finance Report Month 5 (August 2023)
Author/s:	Name: Peter Beckwith Title: Director of Finance
Recommendation:	<table><tr><td>To approve</td><td></td><td>To discuss</td><td></td></tr><tr><td>To note</td><td>✓</td><td>To ratify</td><td></td></tr><tr><td>For assurance</td><td></td><td></td><td></td></tr></table> The Trust Board are asked to note the Finance report for August 2023 and comment accordingly.
Purpose of Paper:	This report is being presented to the Board to provide the financial position for the Trust as at the 31 August 2023 (Month 5). The report provides assurance regarding financial performance, key financial targets, and objectives

Key Issues within the report:

Positive Assurances to Provide: • The cash balance at the end of Month 5 was £22.971m, work to increase the cash position is continuing. • The Better Payment Practice Code figures show achievement of 95.8%.	**Key Actions Commissioned/Work Underway:** • The Trust is in dialogue with the Commissioners to resolve the funding/contractual position regarding third party property costs. • A Primary Care Recovery Forecast has been developed with oversight at Executive Management Team, focussing on 2023/24 run rate. • An Agency Recovery Plan has been developed aimed at reducing the level of agency costs with oversight at Executive Management Team.
Key Risks/Areas of Focus: • The Month 5 position was a deficit of £0.250m owing to increased third party charges for property costs. • Year-to-Date Agency expenditure totalled £3.275m. This is £0.498m	**Decisions Made:** • The Trust Board are asked to note the Finance report for August 2023.

below the same period for the previous year but above the profiled plan.	

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

Monitoring and assurance framework summary:

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

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

FINANCE REPORT – August 2023

1. Introduction

This report is being circulated to the Board to present the financial position for the Trust as at the 31 August 2023 (Month 5). The report provides assurance regarding financial performance, key financial targets, and objectives.

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

2. Position as at 31 August 2023

The Trust is required to achieve a break-even position for the year.

Table 1 shows for the period ended to 31 August 2023 that the Trust recorded a deficit position of £0.250m, details of which are summarised in table 1 on the following page.

The reason for this adverse variance to plan relates to an increase in Third Party Property Charges at Whitby and Malton Hospitals. These have previously been funded from the North Yorkshire Commissioners; however the Trust has been notified by Commissioners that this will not take place in 2023/24.

The Trust are in dialogue Commissioners regarding this issue, highlighting that a contract was agreed which specified the support for property costs when they increased above budget.

There is one item which doesn't count against the Trust's financial control targets, which is the Donated asset Depreciation of £0.015m year to date, this takes the ledger position to a deficit of £0.265m.

The Trust had released £0.640m of Balance Sheet flexibility in Month 3 to enable the break-even position. No further release of Balance Sheet Flexibility was undertaken at Month 5 bearing in mind that the pressure relates to a funding/contractual issue.

Table 1: 2023/24
Income and Expenditure

	23/24 Net Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Income							
Trust Income	**166,181**	**13,852**	**13,742**	**(109)**	**69,218**	**69,808**	**590**
Clinical Income	**15,971**	**1,505**	**1,328**	**(177)**	**6,680**	**6,830**	**150**
Total Income	**182,152**	**15,357**	**15,070**	**(287)**	**75,898**	**76,638**	**740**
Expenditure							
Clinical Services							
Children's & Learning Disability	39,551	3,445	3,356	89	16,564	16,508	56
Community & Primary Care	29,748	2,473	2,479	(6)	12,354	12,426	(71)
Mental Health	57,184	4,755	4,882	(127)	23,943	24,399	(455)
Forensic Services	13,668	1,140	1,077	63	5,686	5,484	202
	140,151	**11,812**	**11,794**	**19**	**58,548**	**58,816**	**(268)**
Corporate Services	**34,410**	**2,987**	**2,740**	**248**	**14,947**	**14,058**	**889**
Total Expenditure	**174,561**	**14,800**	**14,533**	**266**	**73,495**	**72,874**	**621**
EBITDA	**7,592**	**557**	**537**	**(21)**	**2,403**	**3,764**	**1,361**
Depreciation	5,880	490	470	20	2,450	2,415	35
Interest	(600)	(50)	(77)	27	(250)	(374)	124
IFRS 16	1,970	164	199	(35)	821	999	(178)
PDC Dividends Payable	2,341	195	195	-	976	976	-
Operating Total	**(2,000)**	**(242)**	**(251)**	**(9)**	**(1,593)**	**(250)**	**1,343**
BRS	(2,000)	(243)	-	(243)	(1,594)	-	(1,594)
Profit on Assets Held for Sale	-	-	-	-	-	-	-
Operating Total	**0**	**0**	**(251)**	**(251)**	**0**	**(250)**	**(250)**
Excluded from Control Total							
Impairment	-	-	-	-	-	-	-
Local Government Pension Scheme	300	-	-	-	-	-	-
Grant Income	-	-	-	-	-	-	-
Donated Depreciation	82	7	3	4	34	15	19
	(382)	**(6)**	**(254)**	**(247)**	**(34)**	**(265)**	**(232)**
Excluded							
Commissioning	-	9	0	9	(0)	0	(0)
Ledger Position	**(382)**	**(16)**	**(254)**	**(238)**	**(34)**	**(265)**	**(232)**
EBITDA %	**4.2%**	**3.6%**	**3.6%**		**3.2%**	**4.9%**	
Surplus %	**-1.1%**	**-1.6%**	**-1.7%**		**-2.1%**	**-0.3%**	

2.1 Income

Income overall is showing an overachievement against budget of £0.740m. Trust income is £0.590m above budget and includes additional income for Children's and LD of £0.333m that has been secured in addition to the Block funding, £0.125m for Discharge Funding and additional income of £0.108m that the ICS have agreed in relation to LA Funded contracts.

Additional Clinical Income has been received which relates to Children's and LD and Primary Care

2.2 Divisional Expenditure

The overall operational divisional gross expenditure is showing an overspend of £0.268m.

2.2.1 Children's and Learning Disability

Children's and LD is reporting a £0.056m overspend. Pressures within CAMHS and CAMHS Inpatient units are apparent and are being offset by a number of minor underspends elsewhere in the Division.

2.2.2 Community and Primary Care

Community and Primary Care is reporting an overspend of £0.071m. This is made up of a £0.077m overspend on Primary Care offset by an underspend on Community.

Primary Care have produced a recovery trajectory which has oversight at Executive Management Team. The main aim of this plan is to reduce the reliance on locum doctors with a focus on 2023/24 run rate.

2.2.3 Mental Health

The division is showing an overspend of £0.455m. There are pressures within the Unplanned service division which relates to the acuity of patients within PICU and Older Adult Units which require increased safer staffing numbers. In addition to this there are constraints within the system that are leading to delayed discharge of patients, this leads to the Trust incurring additional expenditure on placing patients in Out of Area Beds. This has improved over the month but there is still risk as we approach winter.

2.2.4 Forensic

Forensic Division is showing an underspend of £0.202m and is a result of a number of minor savings.

2.2.5 Corporate Services

Corporate Services (including Finance Technical Items) is showing an underspend of £0.889m, the main factor being items held centrally to offset pressures.

2.2.6 Forecast

The Month 5 position is overspending by £0.250m which isn't in line with the ICB system target for the Trust of a break-even position. The Trust have communicated this to the ICB along with a forecast outturn of £0.600m overspend which would be the full year effect of the funding pressure.

3. Cash

As at the end of Month 5 the Trust held the following cash balances:

Table 2: Cash Balance

Cash Balances	£000s
Cash with GBS	22,794
Nat West Commercial Account	144
Petty cash	33
Total	**22,971**

The cash balance of £22.971m represents 36 days of operating costs.

The Trust has recently issued a number of invoices for costs in relation to the Yorkshire and Humber Care Record and has been proactive in chasing debtors, all of which will we expect to see an increase in the cash position for Month 6.

A full cashflow forecast is scheduled for the Finance and Investment Committee meeting in October.

4. Agency

Actual agency expenditure year to date at Month 5 is £3.275m, which is £0.498m below the same period in the previous year.

Table 4: Agency Spend by Staff Group

Staff Type	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Total
	£000	£000	£000	£000	£000	£000
Consultant	283	338	480	332	403	1,836
Nursing	50	249	179	181	201	859
AHPs/Clinical Support	124	123	99	42	87	475
Administration & Clerical	27	13	26	20	18	105
Grand Total	**483**	**723**	**784**	**575**	**710**	**3,275**

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

Off framework Agency Expenditure was £0.365m year to date at the end of Month 5.

A plan to recover agency spend has been approved by EMT and is being overseen by the Director of Finance as SRO.

5. Better Payment Practice Code BPPC

The BPPC figures are shown at Table 5. The current position is 95.1% for non-NHS and 97.9% for NHS, work continues to maintain this performance.

Table 5: Better Payment Practice Code

Better Payment Practice Code	YTD Number	YTD £
NON NHS		
Total bills paid	15,510	48,153
Total bills paid within target	14,681	45,815
Percentage of bills paid within ta	**94.7%**	**95.1%**
NHS		
Total bills paid	586	14,509
Total bills paid within target	529	14,200
Percentage of bills paid within ta	**90.3%**	**97.9%**
TOTAL		
Total bills paid	16,096	62,662
Total bills paid within target	15,210	60,015
Percentage of bills paid within ta	**94.5%**	**95.8%**

6. Recommendations

The Board are asked to note the Finance report for August 2023 and comment accordingly.

NHS
Humber Teaching
NHS Foundation Trust

Agenda Item 17

Title & Date of Meeting:	Trust Board Public Meeting– 27th September 2023
Title of Report:	Trust Performance Report – August 2023
Author/s:	Name: Peter Beckwith/Richard Voakes Title: Director of Finance/Business Intelligence Lead
Recommendation:	

To approve		To discuss	
To note	☑	To ratify	
For assurance			

Purpose of Paper:	This purpose of this report is to inform the Trust Board of the current levels of performance as at the end of August 2023. The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format.

Key Issues within the report:

Positive Assurances to Provide:

- **Mandatory Training** – compliance overall remains high, with performance at 94.7% in August%.
- **EIP** - 93.3% compliance was achieved in August against a 60% target

Key Actions Commissioned/Work Underway:

- Full breakdown of waiting times action plans is attached at appendix B.
- New indicators as agreed by Board are now incorporated into the performance report.

Key Risks/Areas of Focus:

- **Safer Staffing Dashboard** - sickness and occupied bed days, detailed narrative is included on the dashboard.
- **Care Programme Approach – reviews within 12 months -** Following a continuous downward trend from April to July for this indicator. August has shown an improved position (94.9%) against a target of 95%. Divisions have been asked to work closely with the Performance and Access Manager to provide assurance in the following areas:
  - validity of data
  - plans to address non-compliance
  - embedded monitoring processes within the Divisions

  Work continues with General Managers and Service leads to address these issues to ensure an accurate performance position is reported and CPA reviews are proactively managed and improvement is sustained.

Decisions Made:

- None (report is to note)

Governance:				
		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	22.05.23
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Monitoring and assurance framework summary:

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

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

Financial Year
2023-24

NHS
Humber Teaching
NHS Foundation Trust

TRUST PERFORMANCE REPORT

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

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

Chief Executive: Michele Moran

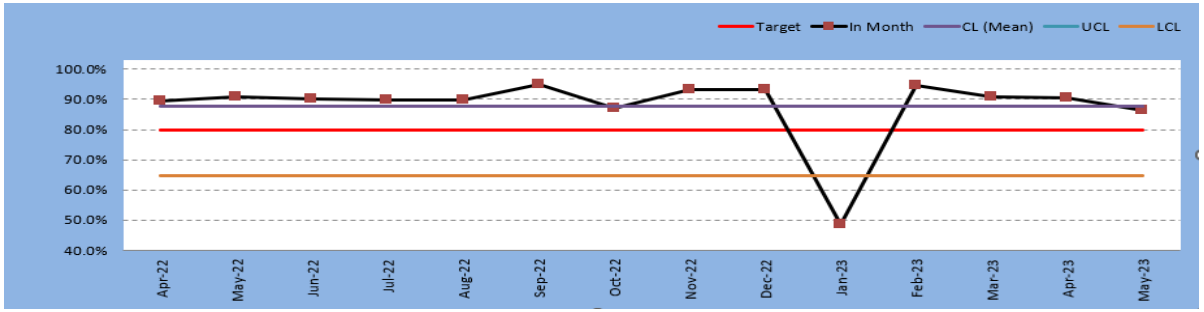
Prepared by: Business Intelligence Team

Reporting Month:
Aug-23

Humber Teaching NHS Foundation Trust
Trust Performance Report

For the period ending:	August 2023

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 use of Statistical Process Control Charts (SPC).
What are SPCs?	SPCs contain upper and lower control limits which are in the most part based on 2 standard deviation points above and below the average. SPC averages are best plotted over a minimum of 12 data points. The majority of charts, if not all, within the TPR are based over 24 data points and include targets where these have been set. The 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. SPCs should be used to help to set baselines and evaluate how we are currently operating within these thresholds. They can 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 Upper Control Limit (UCL) and the Lower Control Limit (LCL). These lines fall either side of the mean/average. They 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. Attention would be specifically drawn to peaks and troughs outside of the control limits and initiate further investigation as to what the causes of these may be. SPCs are not always useful with low numbers, short periods of time or where data would normally be expected to be more erratic or seasonal unless this is plotted over a substantial amount of time. An example of an SPC chart with an exception is below:
Example SPC Chart	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.



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		

Humber Teaching NHS Foundation Trust
Trust Performance Report

For the period ending:	August 2023

Dashboard	Safer Staffing	A dashboard to provide overview on a number of clinical indicators for the Trust's inpatient units across all services
Dashboard	Mortality	Learning from Mortality Reviews
Goal 1	Mandatory Training	A percentage compliance for all mandatory and statutory courses
Goal 1	Vacancies	Proportion of posts vacant when compared to the budgeted establishment. This information is taken from the Trust financial ledger.
Goal 1	Number of Incidents per 10,000 Contacts	Number of Incidents per 10,000 Contacts (based on contacts and occupied bed days)
Goal 1	Clinical Supervision	Percentage of staff with appropriate clinical supervision taken place within the last 4-6 weeks
Goal 1	FFT - Patient Recommendation	Results where patients would recommend the Trust 's services to their family and friends
Goal 2	FFT - Patient Involvement	Results where patients felt they were involved in their care
Goal 2	72 hour follow ups	Percentage of patients who had a follow up within 72 hours (3 days) of discharge from hospital
Goal 2	CPA - Reviews	Percentage of patients who are on CPA and have had a review in the last 12 months
Goal 2	Memory Diagnosis	Number of patients waiting 18 weeks or more since referral to the service
Goal 2	RTT - Completed Pathways	Based on patients who have commenced treatment during the reporting period and seen within 18 weeks of their referral
Goal 2	RTT - Incomplete Pathways	Based on patients who are waiting for assessment and/or treatment and are waiting less than 18 weeks since referral.
Goal 2	RTT - 52 Week Waits	Number of patients who have yet to be seen for treatment and have been waiting more than 52 weeks. (Excludes ASD & ADHD Services for both Adult and Paediatrics)
Goal 2	RTT - 52 Week Waits - Adult Neuro (ASD/ADHD)	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service and ADHD for Adult and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - CYP Neuro (ASD/ADHD)	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service and ADHD 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	NHSER Talking Therapies - 6 and 18 week waits	Percentage of patients who were seen within 6 weeks and 18 weeks of referral
Goal 2	NHSER Talking Therapies - Moving to Recovery	Recovery Rates for patients who were at caseness at start of therapeutic intervention

Goal 2	CMHT Access (New)	Number of people who receive two or more contacts from NHS or NHS commissioned community mental health services for adults and older adults with severe mental illness. Rolling 12 months.
Goal 2	CYP MH Access (New)	Number of CYP aged under 18 accessing support by NHS funded community services and school or college based Mental Health Support Teams (receiving at least one contact). Rolling 12 months.
Goal 2	Perinatal Access (New)	Number of women with at least one attended contact (F2F or video) with a specialist community perinatal mental health service in the last 12 months.
Goal 3	Out of Area Placements	Number of days that Trust patients were placed in out of area wards including split across Adult, Older Adult and PICU
Goal 4	Delayed Transfers of Care	Results for the percentage of Mental Health delayed transfers of care
Goal 4	Staff Sickness	Percentage of staff sickness across the Trust (not including bank staff). Including and Excluding Covid Sickness
Goal 4	Staff Turnover	Percentage of leavers against staff in post (excluding employee transfers wef April 2021

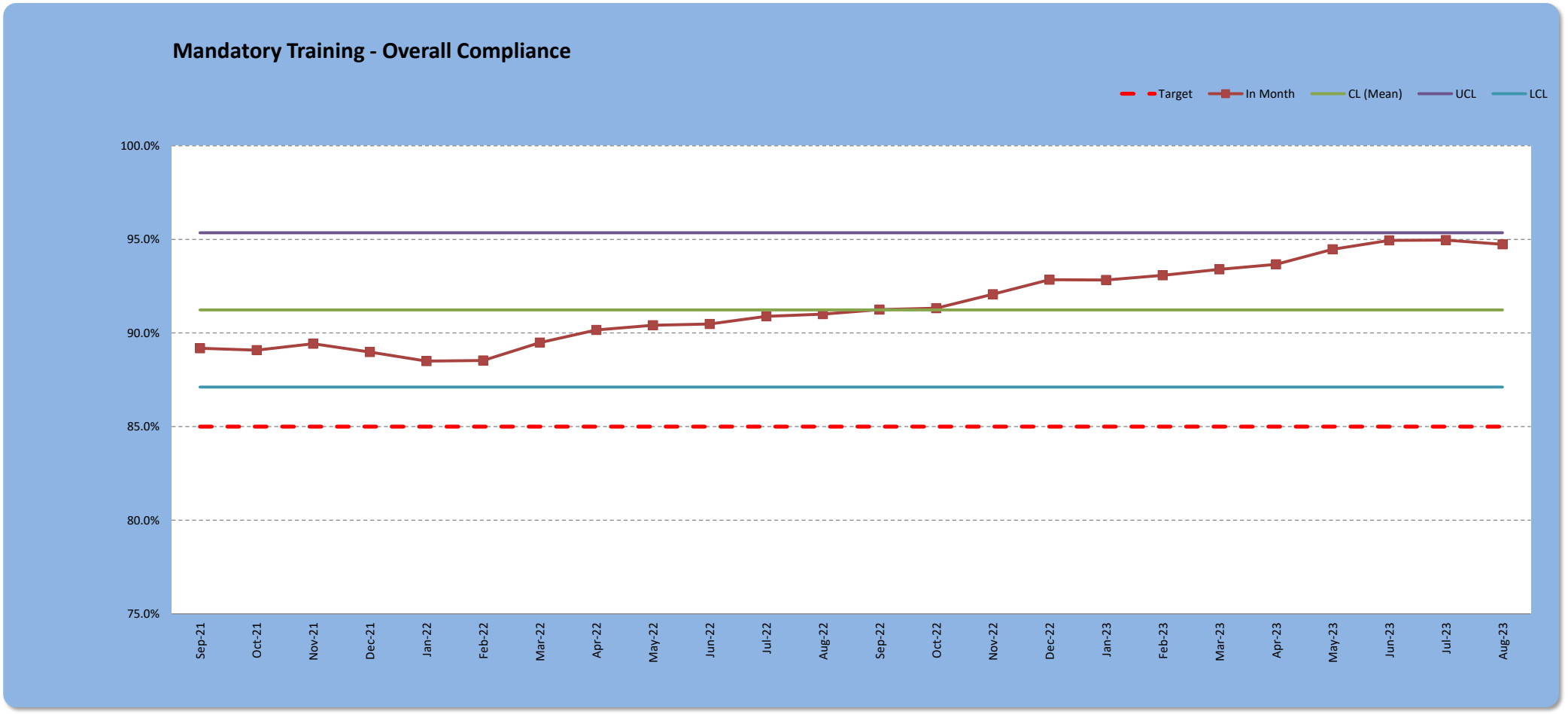
PI RETURN FORM 2023-24

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **August 2023**

Target:	Amber:	Current month stands at:
85%	80%	94.7%

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



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

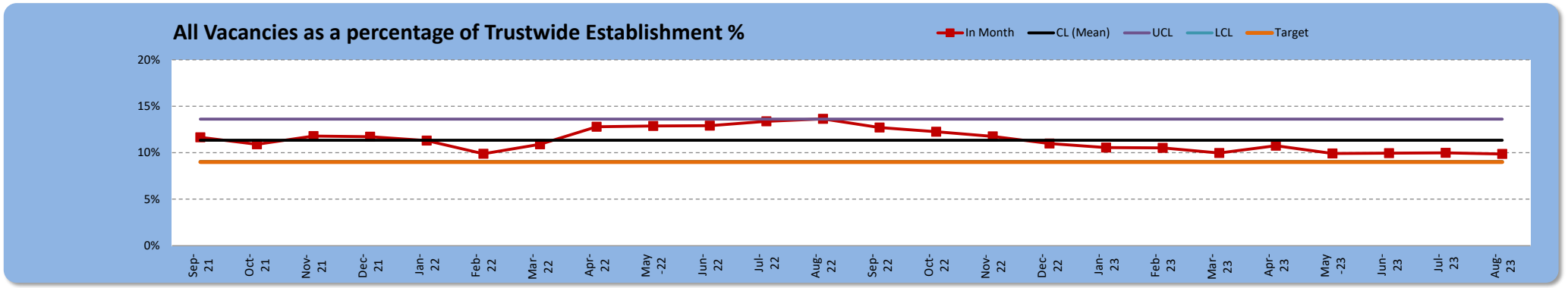
PI RETURN FORM 2023-24

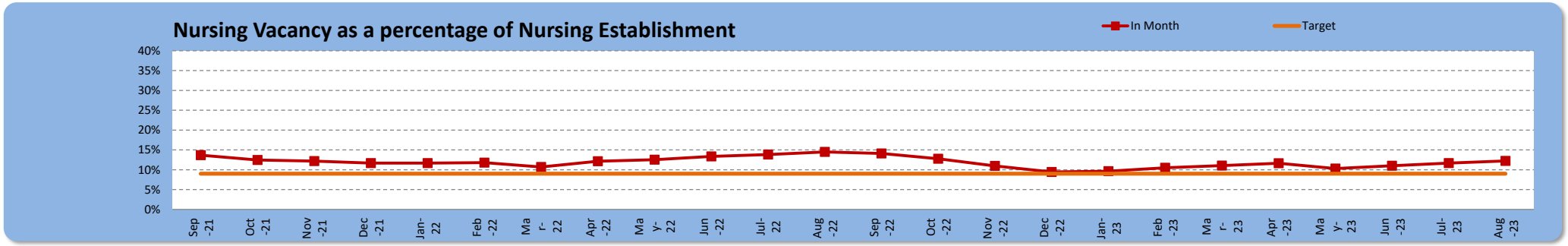
Goal 1 : Innovating Quality and Patient Safety

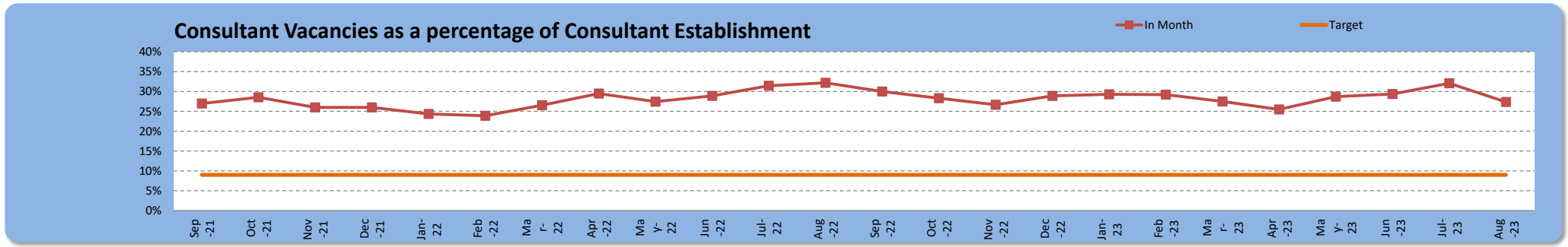
Target:	Amber:	Current month stands at:
N/A	N/A	9.9%

For the period ending: **August 2023**

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







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

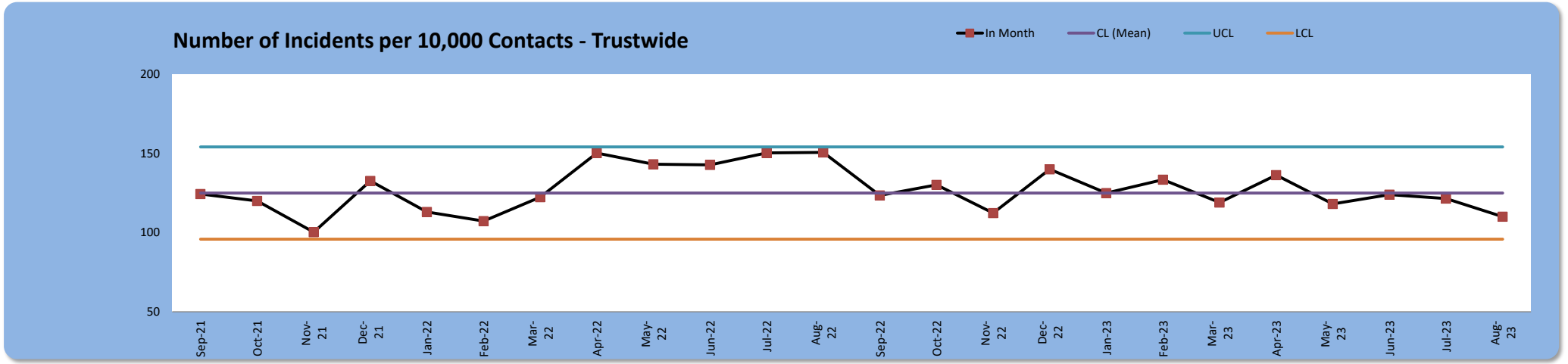
PI RETURN FORM 2023-24

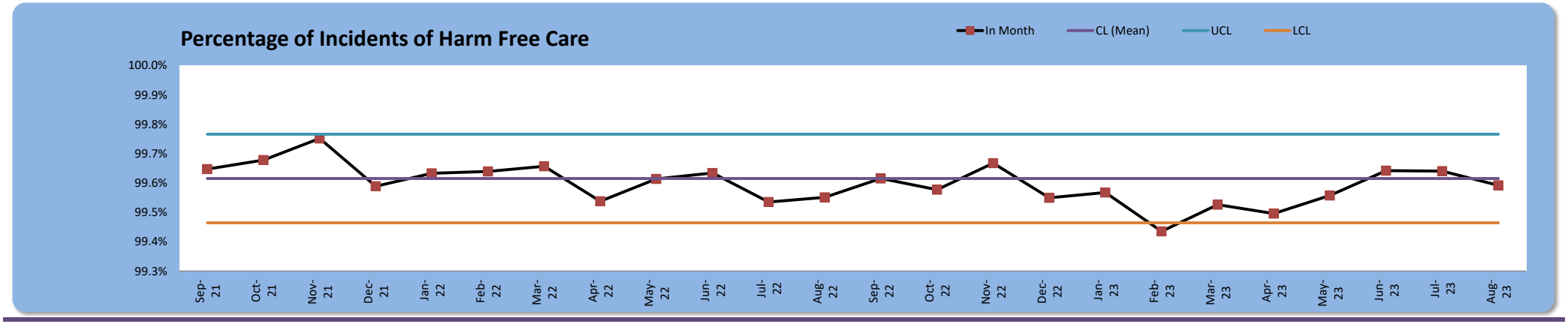
Goal 1 : Innovating Quality and Patient Safety

For the period ending: **August 2023**

Target:	Amber:	Trustwide current month stands at:
0	0	110

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





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

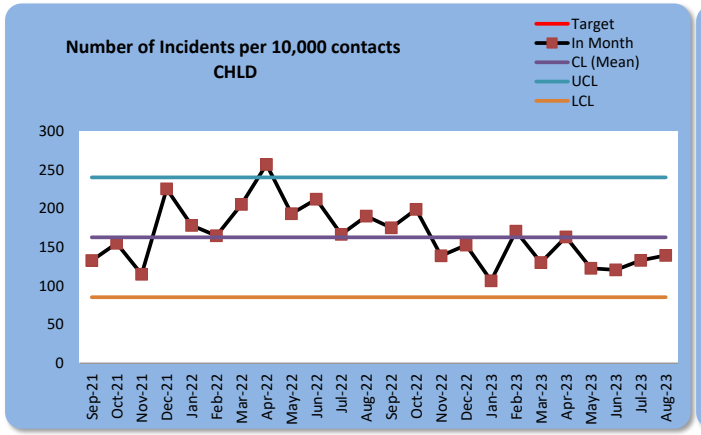
PI RETURN FORM 2023-24

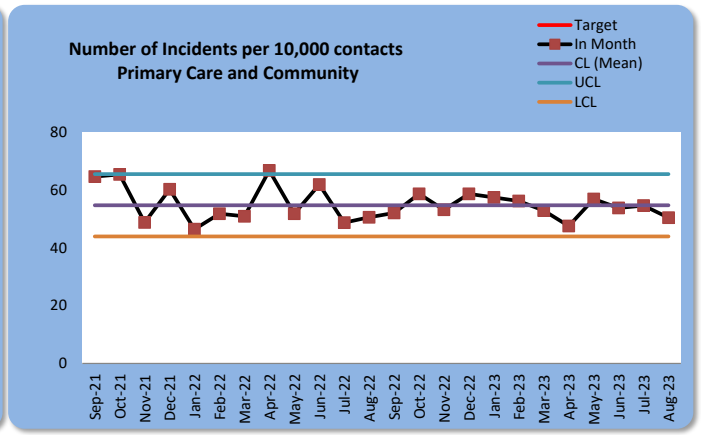
Goal 1 : Innovating Quality and Patient Safety

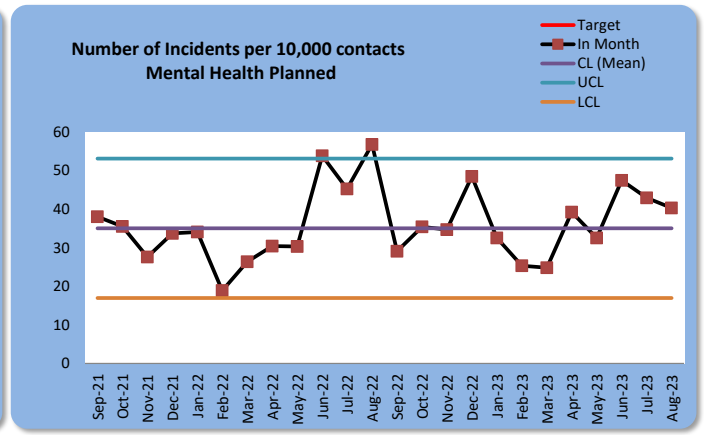
For the period ending: **August 2023**

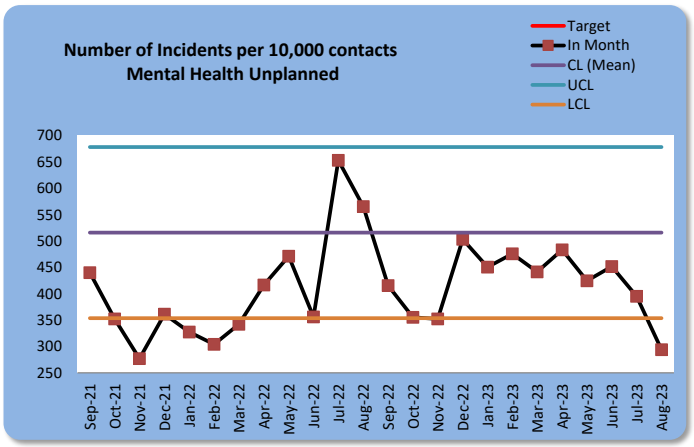
Target:	Amber:	Trustwide current month stands at:
0	0	110

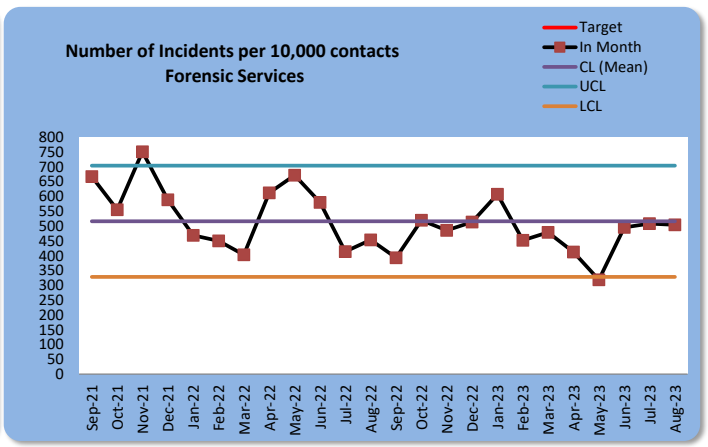
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Incidents	Number of Incidents per 10,000 Contacts (based on contacts and occupied bed days)	Hilary Gledhill	IA_TW











Current Month per Division

Children and Learning Disability	139
Primary Care and Community	50
Mental Health Planned	40
Mental Health Unplanned	294
Forensic Services	504

Incident Analysis

	Jul-23	Aug-23
Never Events	0	0
% of Harm Free Care	99.6%	99.6%
% of Incidents reported in Severe Harm or Death	0.7%	1.0%

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

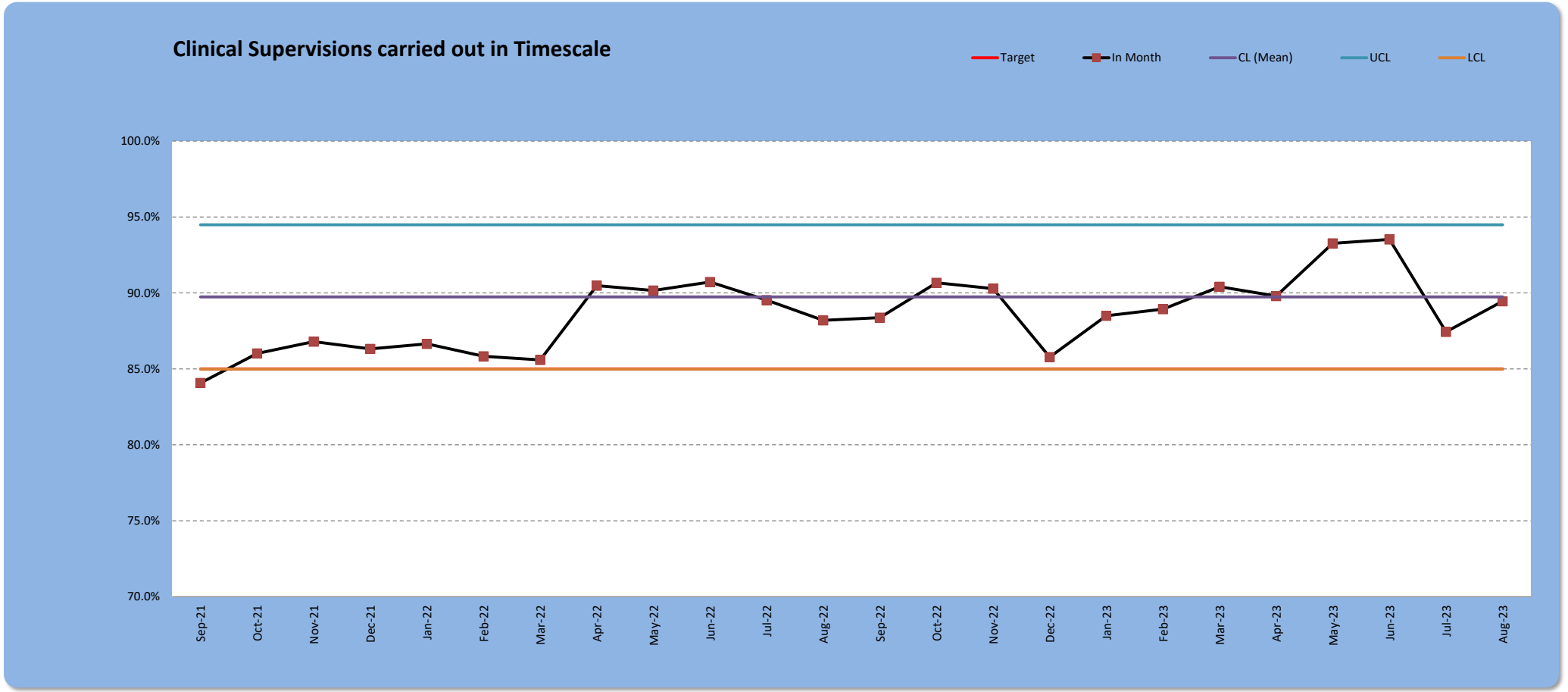
PI RETURN FORM 2023-24

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **August 2023**

Target:	Amber:	Current month stands at:
85%	80%	89.4%

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



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

HUMBER TEACHING NHS FOUNDATION TRUST
SAFER STAFFING INPATIENT DASHBOARD

Staffing and Quality Indicators

Contract Period: 2023-24

Reporting Month: Jul-23

Humber Teaching NHS Foundation Trust

Shown one month in arrears

Units						Bank/Agency Hours				Average Safer Staffing Fill Rates				High Level Indicators													
										Day		Night		QUALITY INDICATORS (Year to Date)												Indicator Totals	
Speciality	Ward	Speciality	WTE	OBDs (including leave)	CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Registered	Un Registered	Registered	Un Registered	Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ partly upheld)	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	Sickness Levels (clinical)	WTE Vacancies (RNs only)	Jun-23	Jul-23
Adult MH	Avondale	Adult MH Assessment	28.8	74%	11.5	22.7%	↓	7.3%	↓	99%	102%	98%	104%	0	13	2	0	77.8%	92.8%	91.7%	92.3%	2.5%	3.0	0	0
Adult MH	New Bridges	Adult MH Treatment (M)	41.6	97%	7.7	11.3%	↓	4.1%	↓	76%	84%	99%	104%	1	34	2	0	84.4%	97.8%	100.0%	100.0%	3.8%	-1.4	2	1
Adult MH	Westlands	Adult MH Treatment (F)	35.7	94%	8.8	20.8%	↓	15.6%	↓	86%	81%	99%	106%	0	31	0	2	83.3%	92.1%	92.9%	57.1%	11.3%	2.0	3	3
Adult MH	Mill View Court	Adult MH Treatment	27.4	89%	8.3	13.3%	↓	5.5%	↑	88%	93%	97%	119%	2	17	1	0	46.7%	96.4%	100.0%	93.8%	5.3%	2.0	1	2
Adult MH	STARS	Adult MH Rehabilitation	36.2	97%	27.9	40.3%	↓	1.8%	↑	64%	190%	100%	100%	1	1	0	0	88.2%	94.5%	92.3%	86.4%	13.7%	1.5	2	3
Adult MH	PICU	Adult MH Acute Intensive	28.5	68%	23.8	32.8%	↑	17.6%	↓	93%	129%	95%	151%	0	66	1	0	85.7%	92.0%	83.3%	100.0%	4.9%	5.4	1	0
OP MH	Maister Lodge	Older People Dementia Treatment	34.4	64%	18.9	21.3%	↓	2.4%	↓	86%	100%	100%	116%	0	15	1	0	100.0%	95.8%	90.9%	70.8%	5.9%	0.0	1	1
OP MH	Mill View Lodge	Older People Treatment	22.6	102%	14.0	25.8%	↑	12.8%	↓	61%	105%	100%	156%	1	2	0	0	61.5%	94.9%	91.7%	91.7%	4.8%	5.0	2	3
	Maister Court	Older People Treatment	17.5	101%	18.9	19.8%	↑	12.0%	↓	106%	110%	100%	128%	0	4	0	0	87.5%	97.0%	100.0%	100.0%	1.4%	0.8	1	1
	Pine View	Forensic Low Secure	29.9	93%	7.5	23.3%	↓	0.0%	→	84%	87%	57%	102%	0	2	0	9	100.0%	98.0%	100.0%	88.9%	6.4%	2.4	1	3
	Derwent	Forensic Medium Secure	22.7	95%	11.1	32.0%	↑	0.0%	→	71%	73%	84%	102%	0	2	1	0	81.0%	94.1%	71.4%	68.8%	6.9%	2.0	4	4
	Ouse	Forensic Medium Secure	23.6	66%	12.5	29.8%	↓	0.0%	→	76%	115%	98%	183%	1	4	0	2	No data	97.4%	100.0%	88.9%	8.4%	1.8	1	2
	Swale	Personality Disorder Medium Secure	24.6	75%	11.0	27.2%	↓	0.0%	→	62%	98%	92%	88%	4	4	2	6	83.3%	94.2%	80.0%	94.1%	5.8%	0.5	2	2
	Ullswater	Learning Disability Medium Secure	25.8	70%	13.2	26.0%	↑	0.0%	→	61%	126%	100%	103%	7	4	0	3	96.0%	94.4%	85.7%	90.0%	13.3%	3.0	2	2
Child & LD	Townend Court	Learning Disability	37.9	86%	30.3	39.4%	↑	0.2%	↑	76%	101%	132%	96%	1	41	1	0	70.3%	95.8%	83.3%	91.3%	18.3%	3.4	1	2
Child & LD	Inspire	CAMHS	8.0	62%	24.5	13.9%	↓	3.6%	↑	99%	96%	96%	120%	0	16	2	0	90.2%	96.0%	100.0%	75.0%	18.5%	-1.0	1	1
Child & LD	Granville Court	Learning Disability Nursing Care	46.7	90%	16.8	28.8%	↑	19.6%	↓	107%	96%	107%	107%	2	2	0	0	90.9%	92.5%	100.0%	81.3%	8.1%	0.0	1	1
CH	Whitby Hospital	Physical Health Community Hospital	47.6	83%	9.3	1.9%	↓	0.0%	→	103%	77%	108%	94%	0	1	0	0	90.5%	94.3%	87.0%	88.5%	12.3%	-3.0	1	1
CH	Malton Hospital	Physical Health Community Hospital	32.1	91%	7.2	8.1%	↑	0.5%	↓	90%	91%	121%	85%	0	0	0	0	100.0%	91.8%	87.5%	88.2%	2.7%	-2.6	1	0

HUMBER TEACHING NHS FOUNDATION TRUST
SAFER STAFFING INPATIENT DASHBOARD

	Staffing and Quality Indicators
Contract Period:	2023-24
Reporting Month:	Jul-23

Humber Teaching NHS Foundation Trust

Exception Reporting and Operational Commentary

Safer Staffing Dashboard Narrative : Jul

The number of teams flagging red for sickness has increased with 13 teams above the target of 4.5%.

18 units achieved their CHPPD with only Newbridges slightly under their target at 7.7 which continues to be impacted by high OBDs. No other quality indicators for Newbridges are flagging red.

RN fill rates are below the lower threshold for Stars, MVL, Derwent, Swale, Ullswater on days and Pine view on nights. Shortfalls continue to be back filled with HCAs and support from ward managers and matrons. There are a number of newly qualified Registered Nurses due to commence in September which will positively impact RN fill rates.

Clinical supervision remains in a strong position with the majority of units above 85% however there was 1 nil return for clinical supervision in July (Ouse), four wards are around the lower target threshold and there are three red flags. These have been escalated to the matrons and are reviewed as part of the accountability reviews.

Mandatory training including ILS and BLS reflects a good level of compliance with the majority of teams achieving over 85%. There is one red flag for BLS at Westlands however this has improved during August and training date booked in for remaining staff.

The CHPPD RAG ratings are following discussions with and agreed by EMT in November 2022. Breakdowns are as follows:

Red RAG falls below the lowest rating, Green RAG is greater than the highest rating. Amber RAG falls between

Red RAG	Green RAG	Units applied (Note: Some thresholds were changed for June data (Townend, Ullswater and Malton)
<=4.3	>=5.3	STaRS
<=5.3	>=6.3	Pine view, Ouse
<=5.9	>=6.9	Malton
<=7	>=8	New Bridges, Westlands, Mill View Court, Swale, Whitby
<=8	>=9	Avondale
<=9.3	>=10.3	Maister Lodge, Maister Court, Derwent, Inspire, Granville
<=10.5	>=11.5	Mill View Lodge
<=11.0	>=12.0	Ullswater
<=15.6	>=16.6	PICU
<=27.0	>=28.0	Towend Court

Registered Nurse Vacancy Rates (Rolling 12 months)

Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
15.00%	14.70%	14.30%	14.50%	11.10%	10.08%	11.10%	11.50%	13.40%	13.60%	14.10%	14.21%

Slips/Trips and Falls (Rolling 3 months)

	May-23	Jun-23	Jul-23
Maister Lodge	8	10	1
Millview Lodge	2	1	1
Malton IPU	2	2	1
Whitby IPU	0	2	4

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

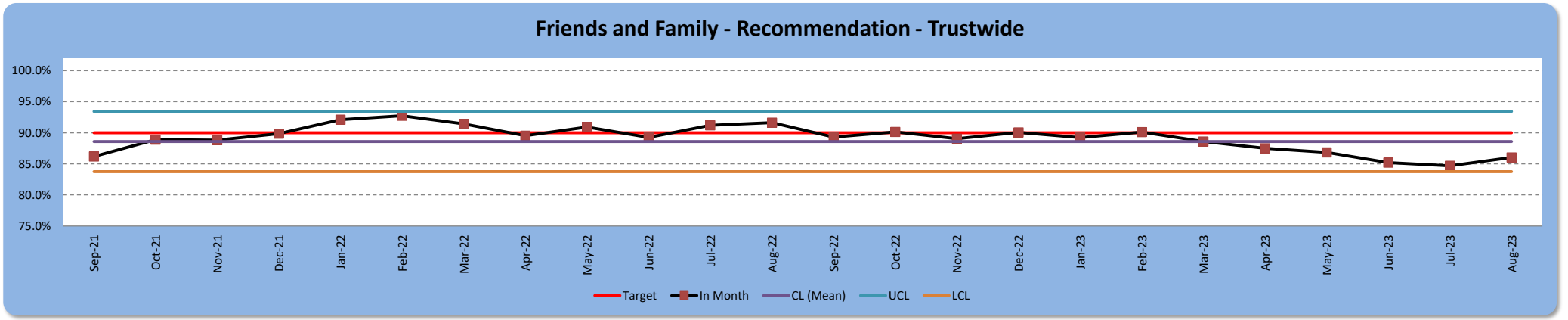
PI RETURN FORM 2023-24

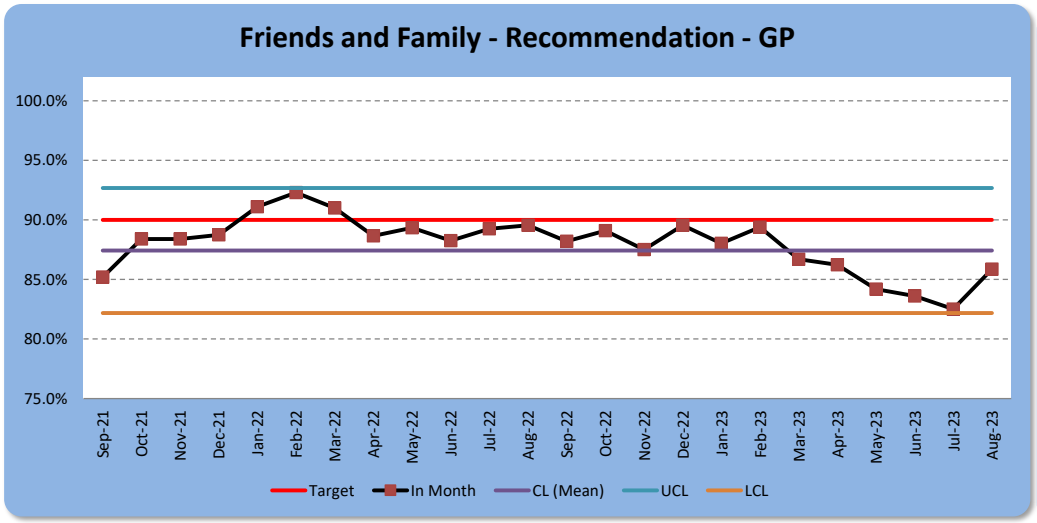
Goal 1 : Innovating Quality and Patient Safety

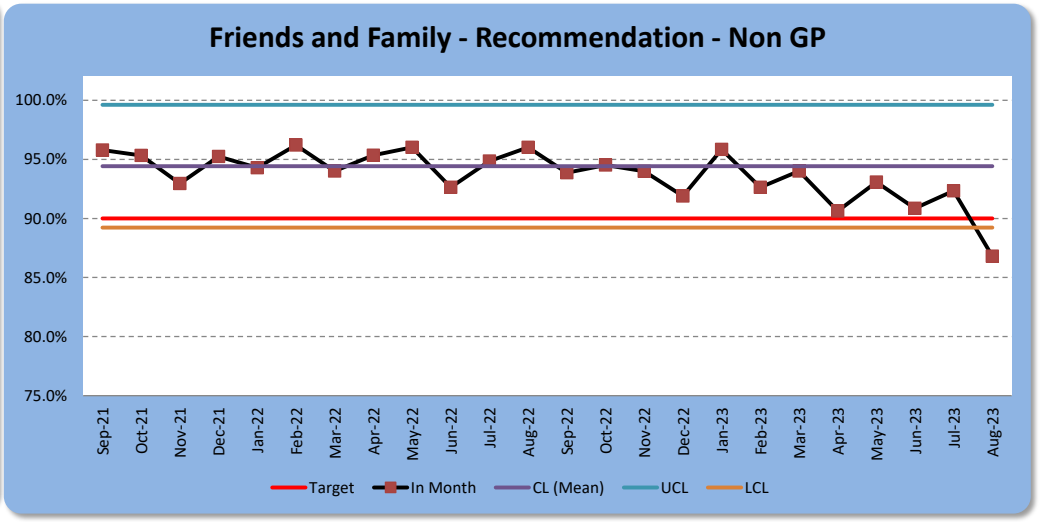
Target:	Amber:	Current month stands at:
90%	80%	86.0%

For the period ending: **August 2023**

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







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

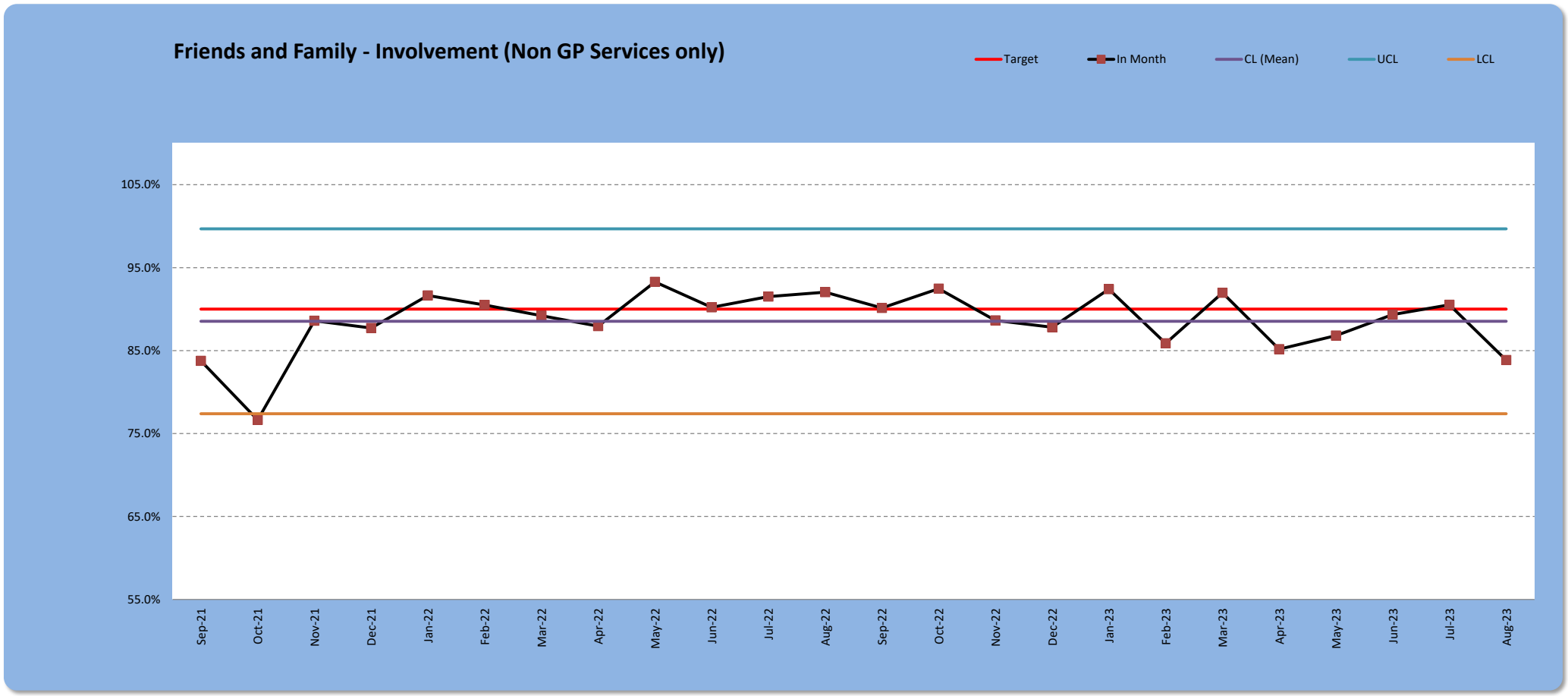
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **August 2023**

Target:	Amber:	Current month stands at:
90%	80%	83.9%

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



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

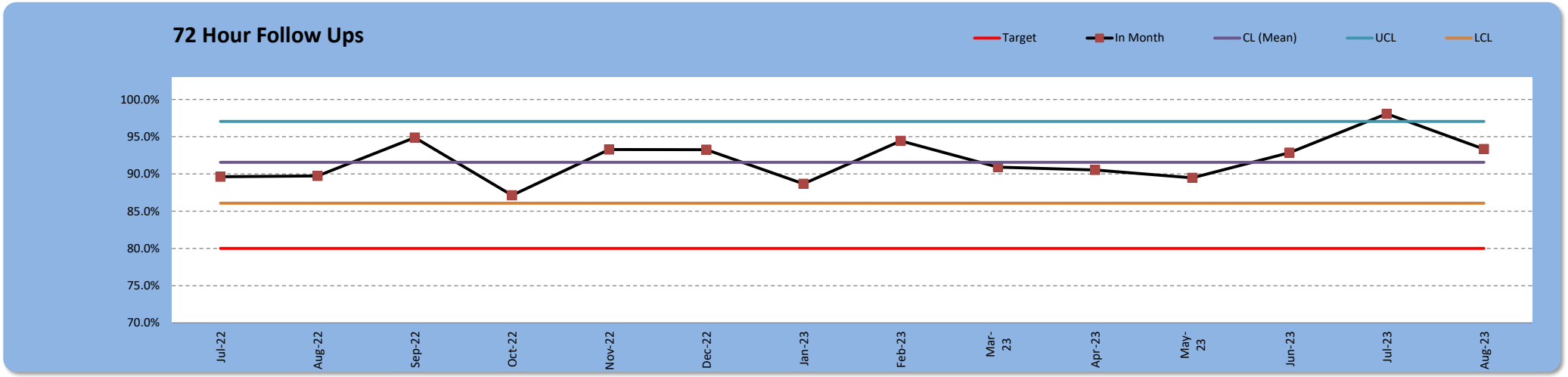
PI RETURN FORM 2023-24

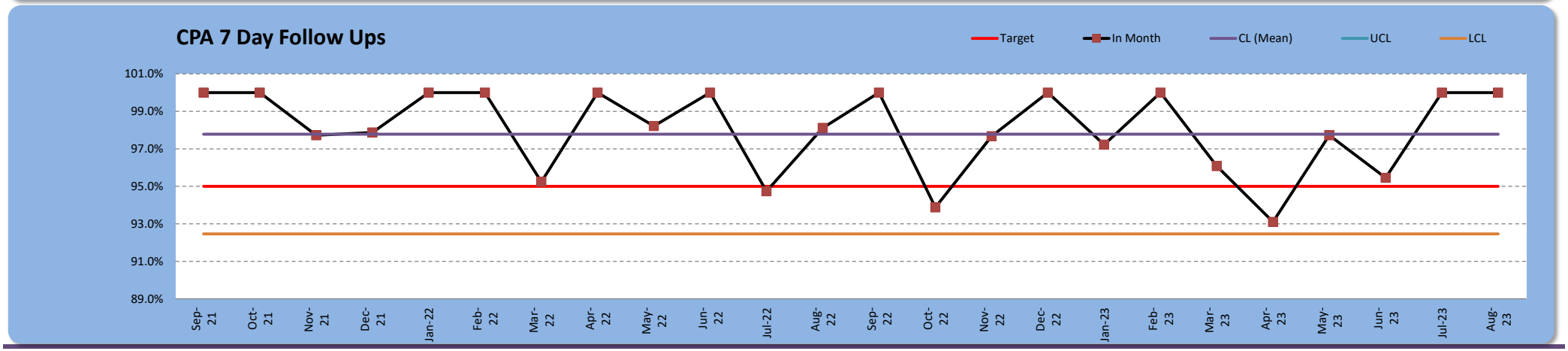
Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **August 2023**

Target:	Amber:	Current month for 72 hour stands at:
80%	60%	93.3%

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





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

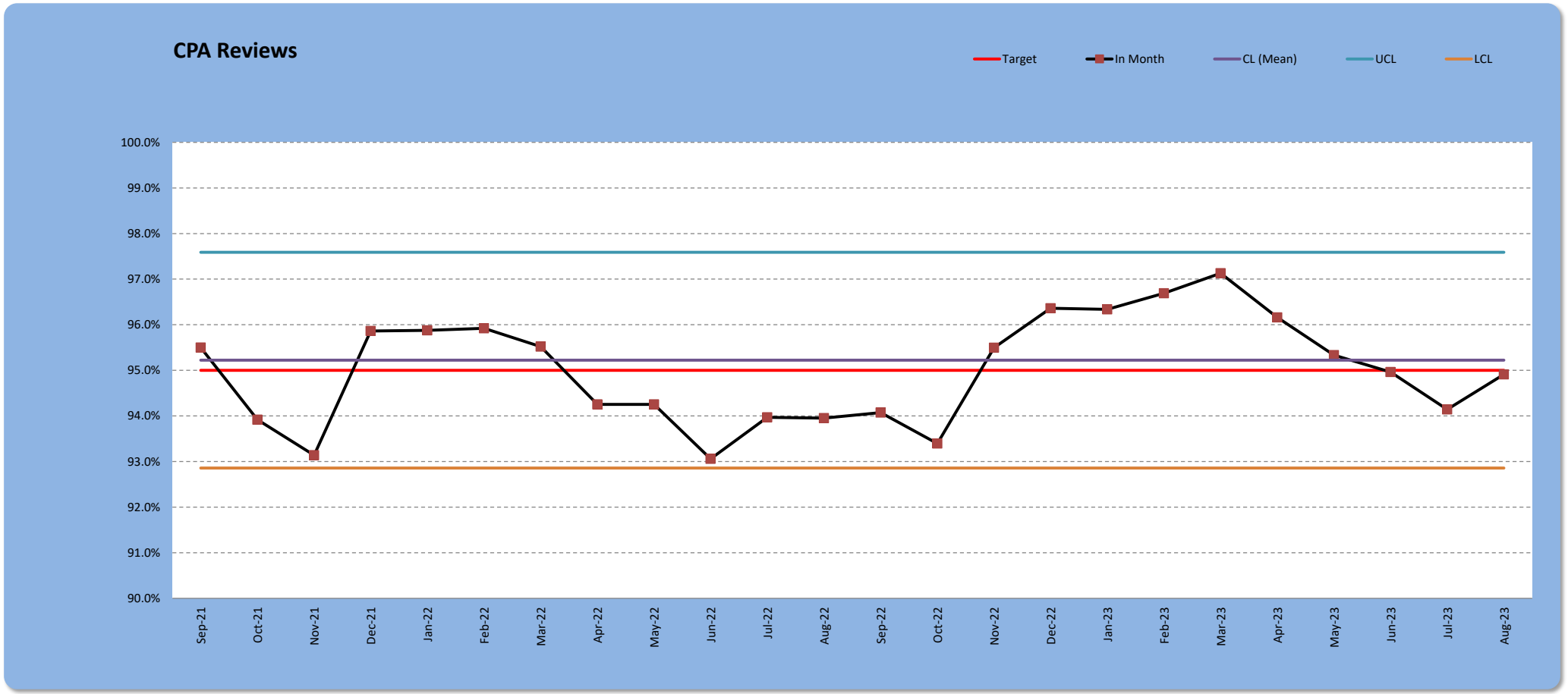
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **August 2023**

Target:	Amber:	Current month stands at:
95%	85%	94.9%

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



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

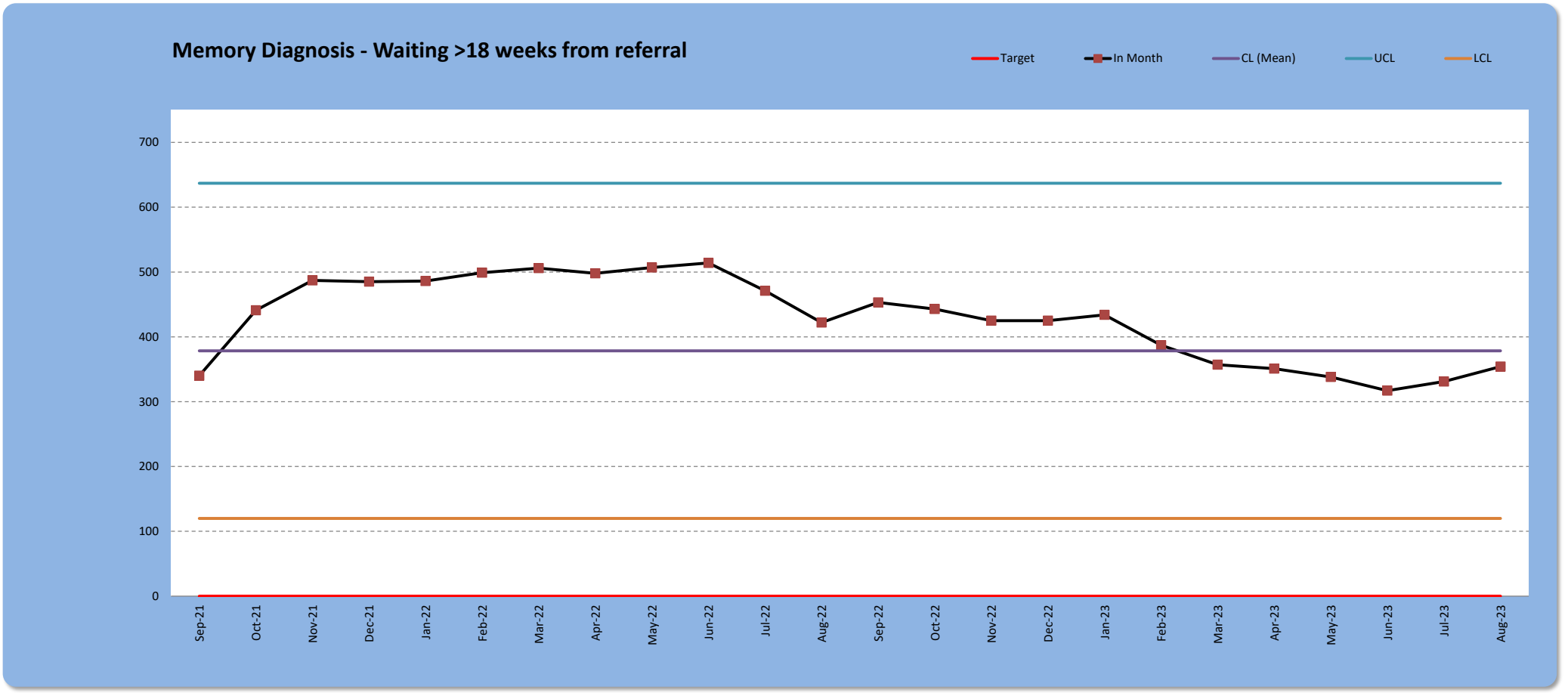
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **August 2023**

Target:	Amber:	Current month stands at:
n/a	n/a	354

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



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

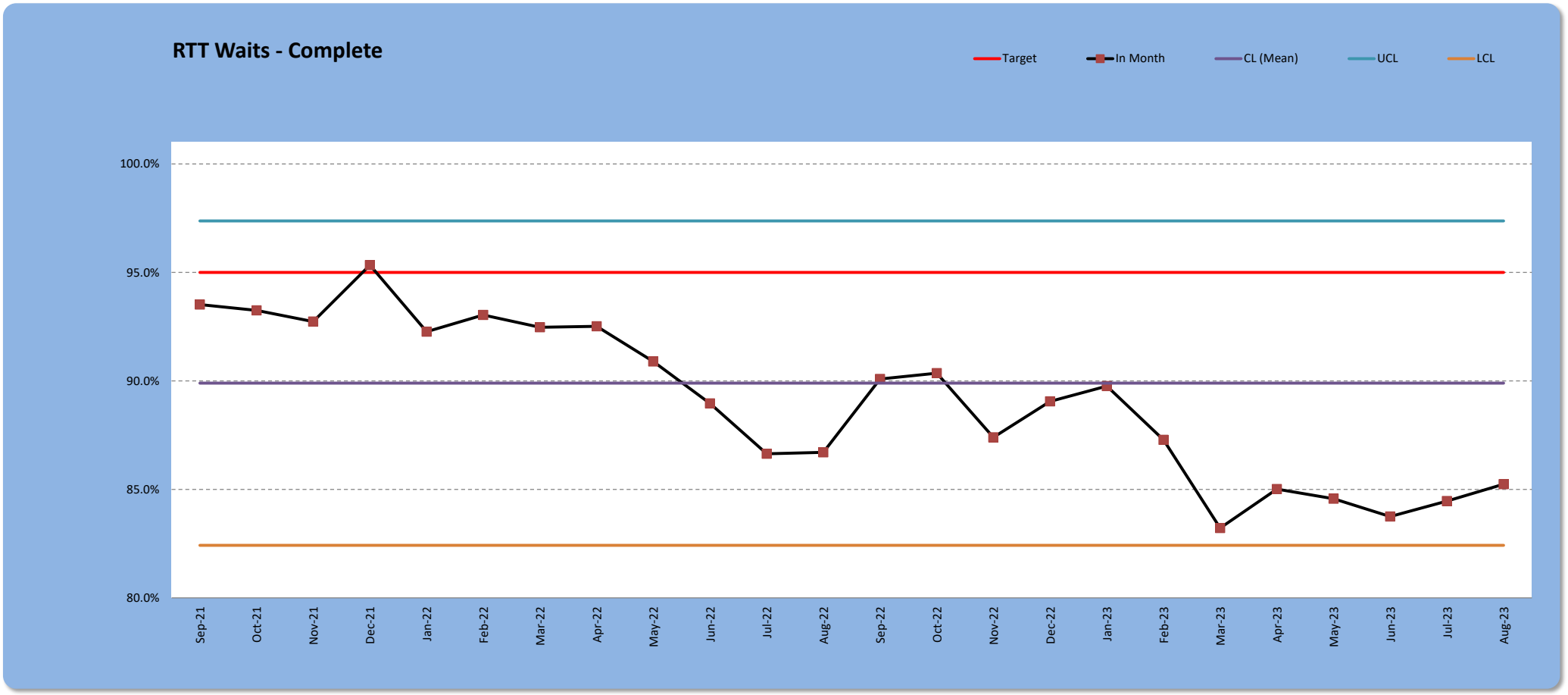
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **August 2023**

Target:	Amber:	Current month stands at:
95%	85%	85.2%

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



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

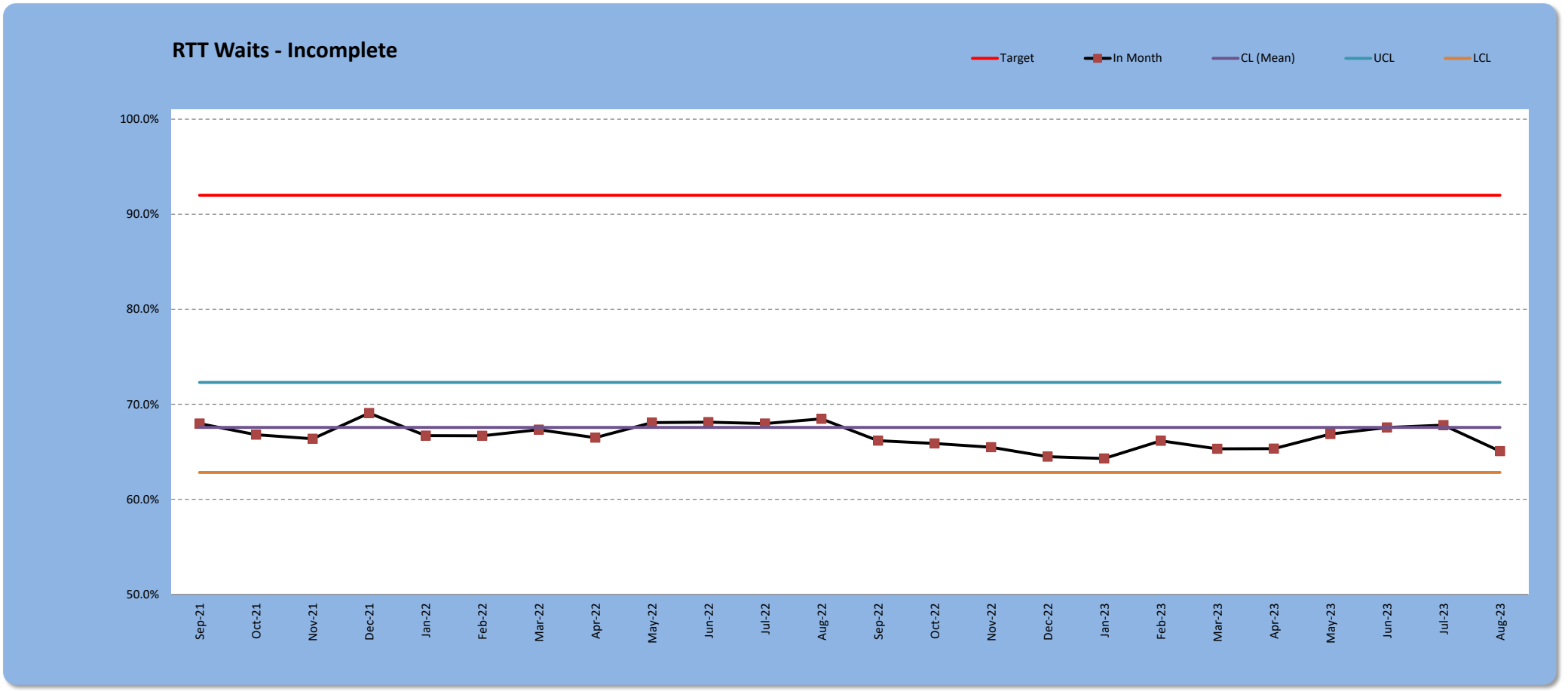
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **August 2023**

Target:	Amber:	Current month stands at:
92%	85%	65.1%

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



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

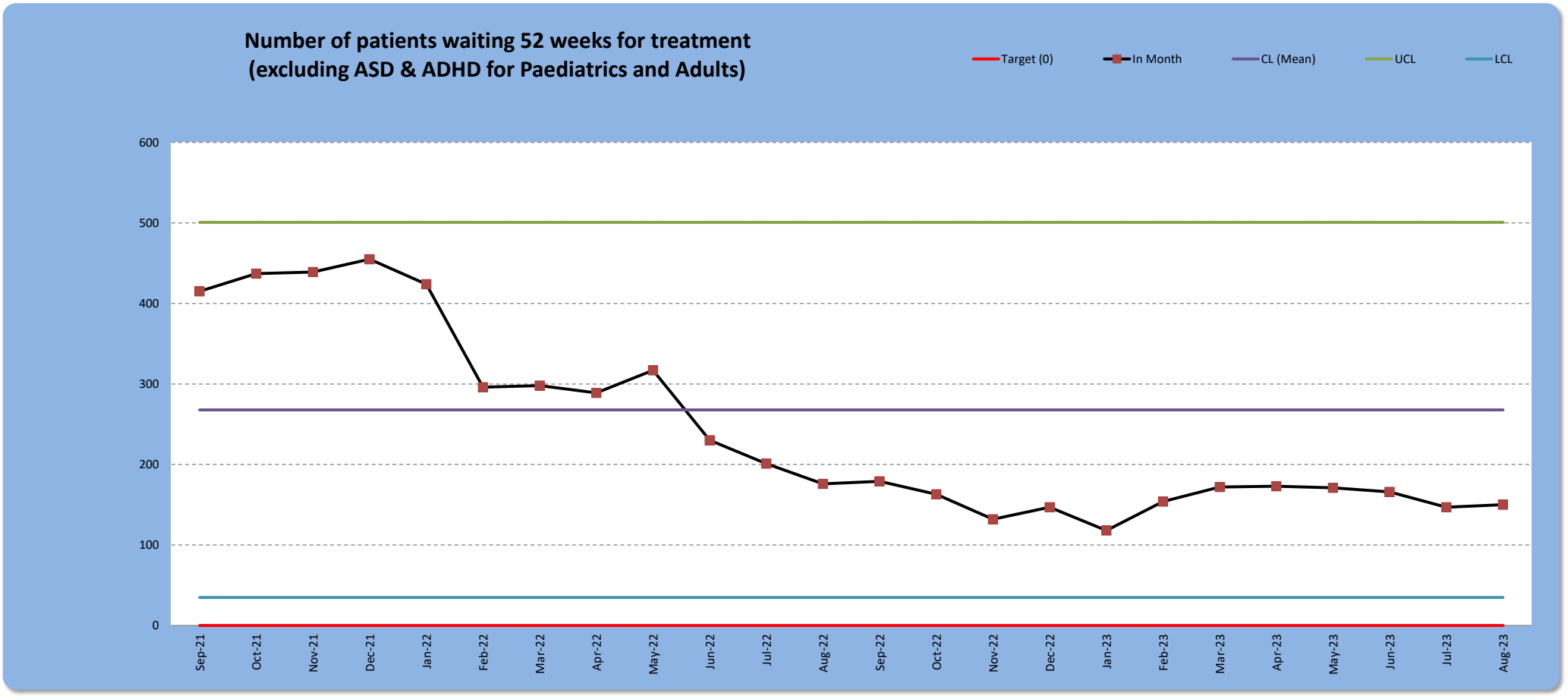
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

Target:	Amber:	Current month stands at:
0	0	150

For the period ending: **August 2023**

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. ***(Excludes ASD & ADHD Services for both Adult and Paediatrics)***	Executive Lead Lynn Parkinson	OP 22x



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

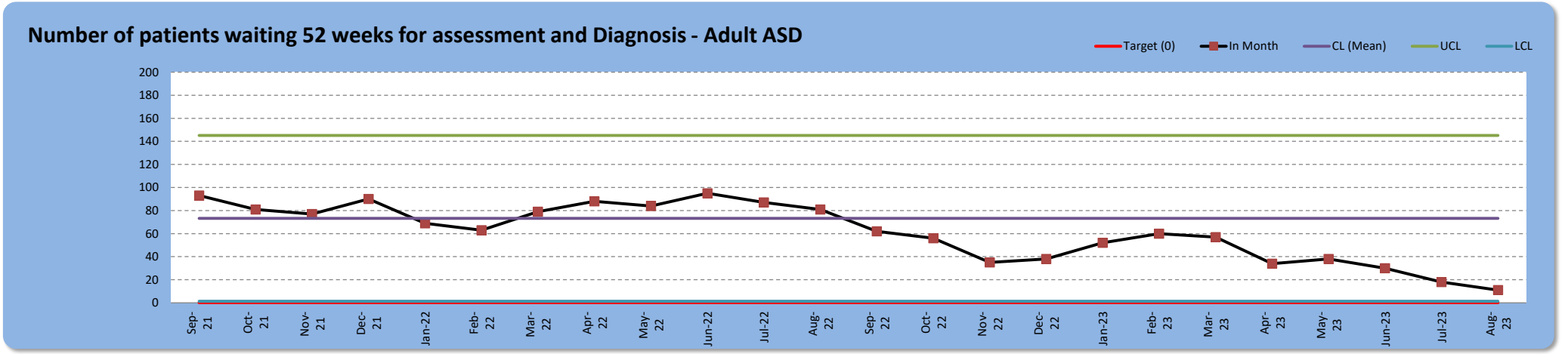
PI RETURN FORM 2023-24

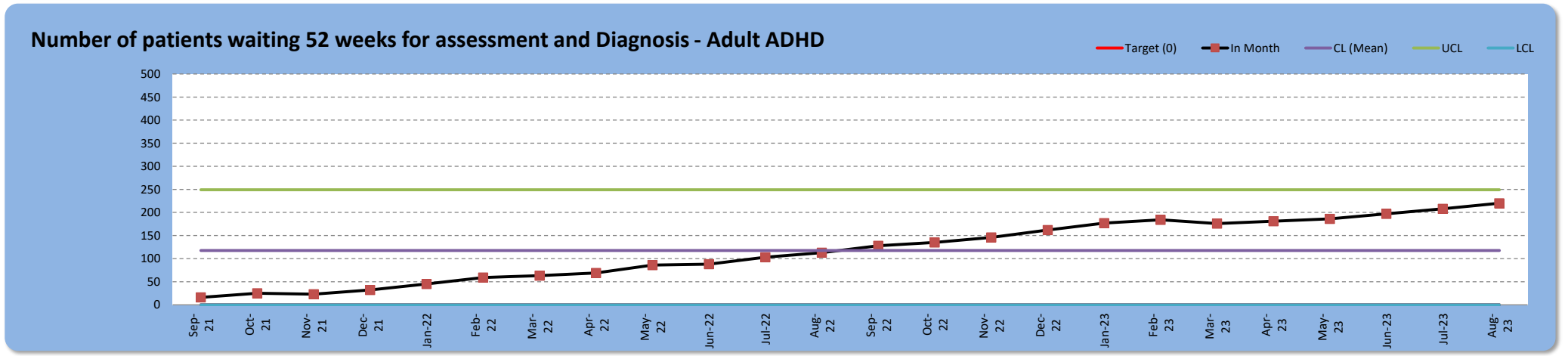
Goal 2 : Enhancing Prevention, Wellbeing and Recovery

Target:	Amber:	Current month stands at:
0	0	231

For the period ending: **August 2023**

Indicator Title	Description/Rationale		KPI Type
52 Week Waits - Adult (18+) ASD/ADHD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service and ADHD for Adults (18+) and have been waiting more than 52 weeks	Executive Lead Lynn Parkinson	OP 22u





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

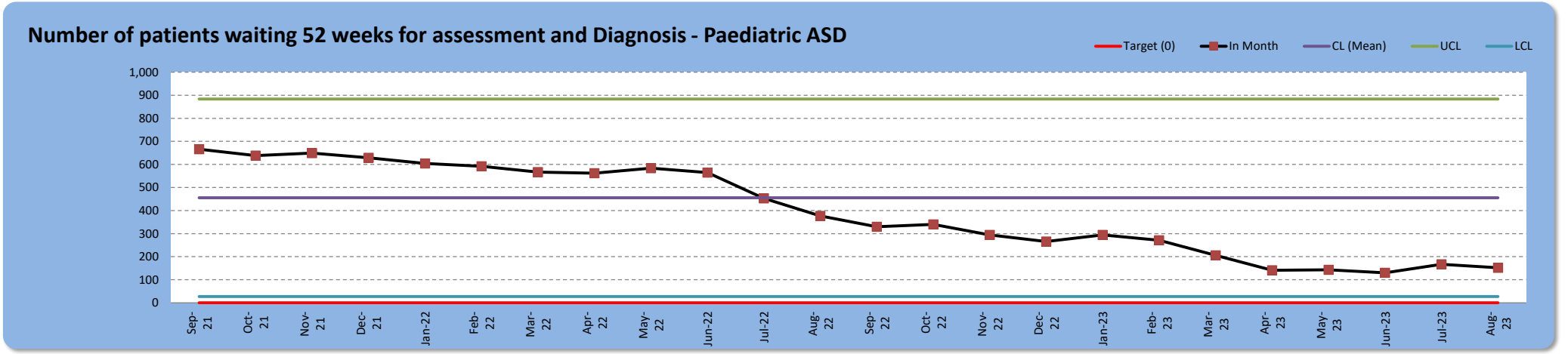
PI RETURN FORM 2023-24

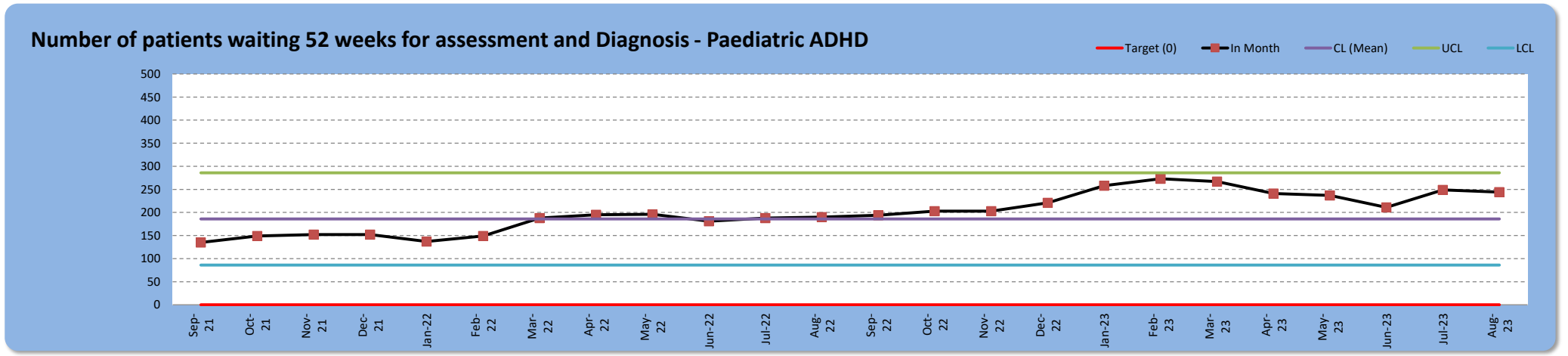
Goal 2 : Enhancing Prevention, Wellbeing and Recovery

Target:	Amber:	Current month stands at:
0	0	396

For the period ending: **August 2023**

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





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

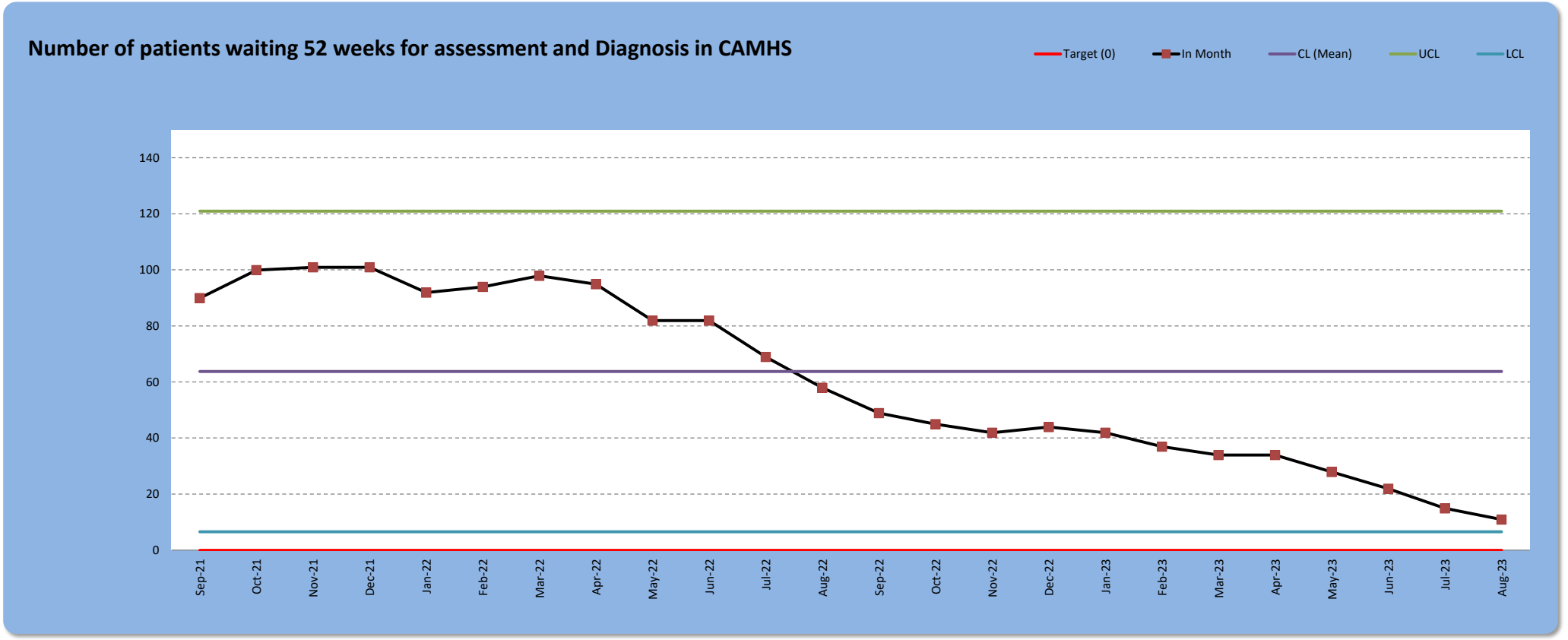
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

Target:	Amber:	Current month stands at:
0	0	11

For the period ending: **August 2023**

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/ADHD)	Executive Lead Lynn Parkinson	OP 22j



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

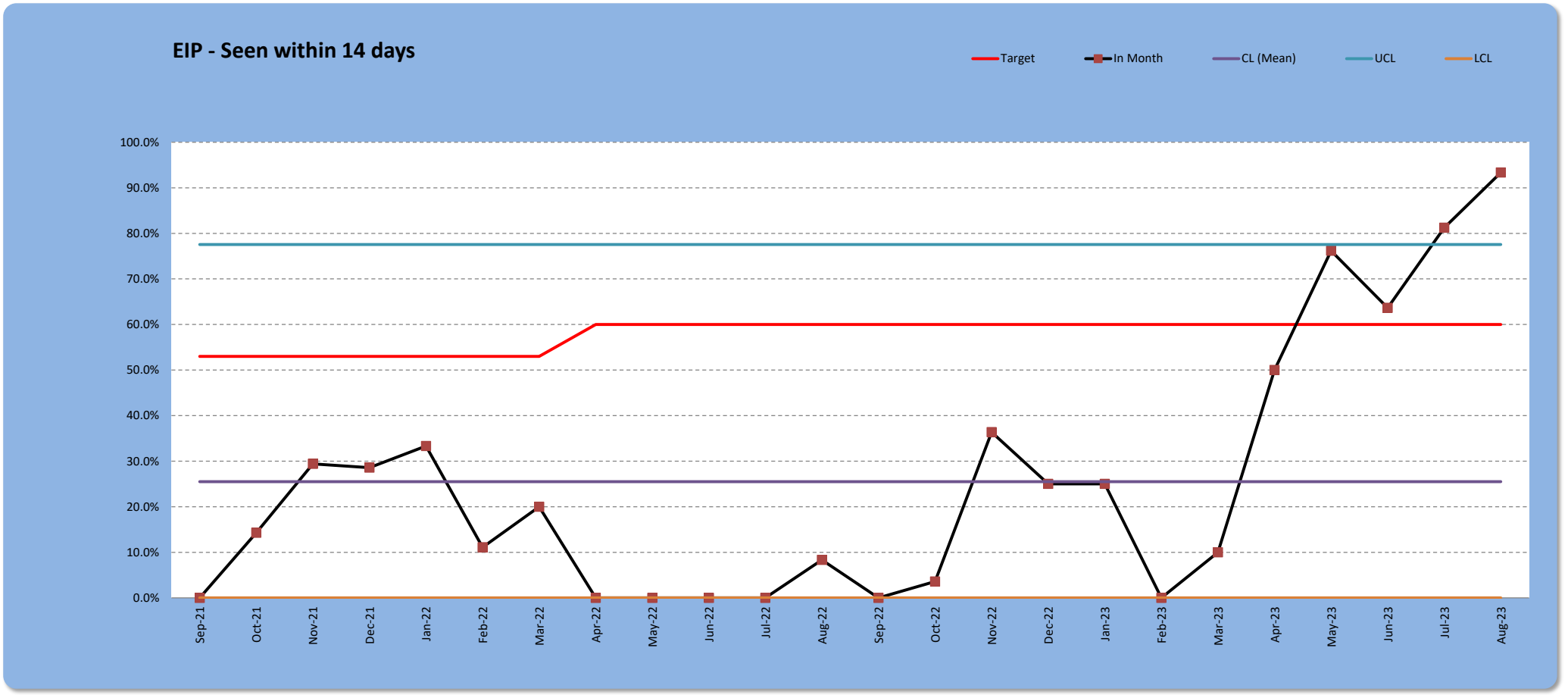
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **August 2023**

Target:	Amber:	Current month stands at:
60%	55%	93.3%

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



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

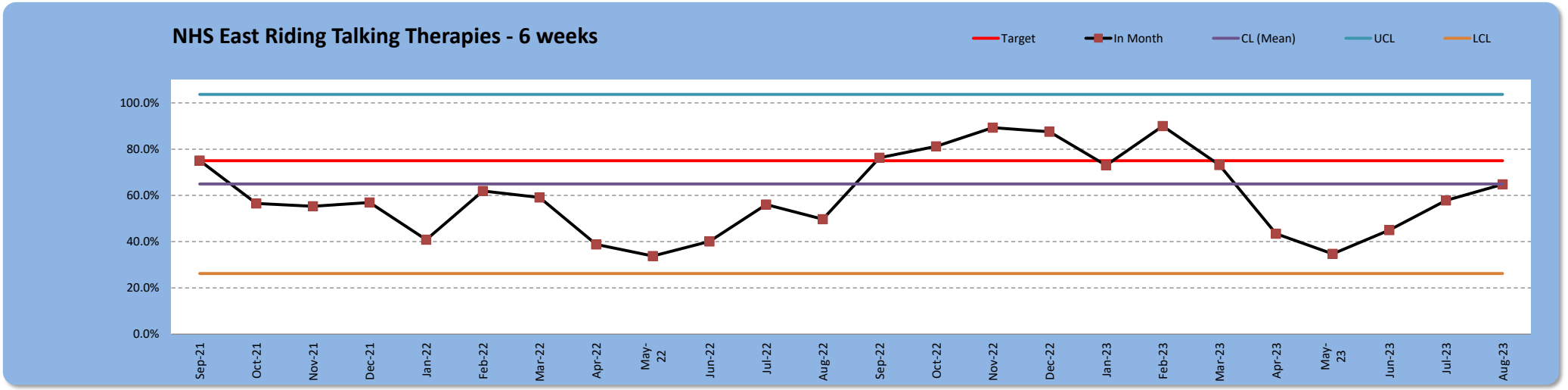
PI RETURN FORM 2023-24

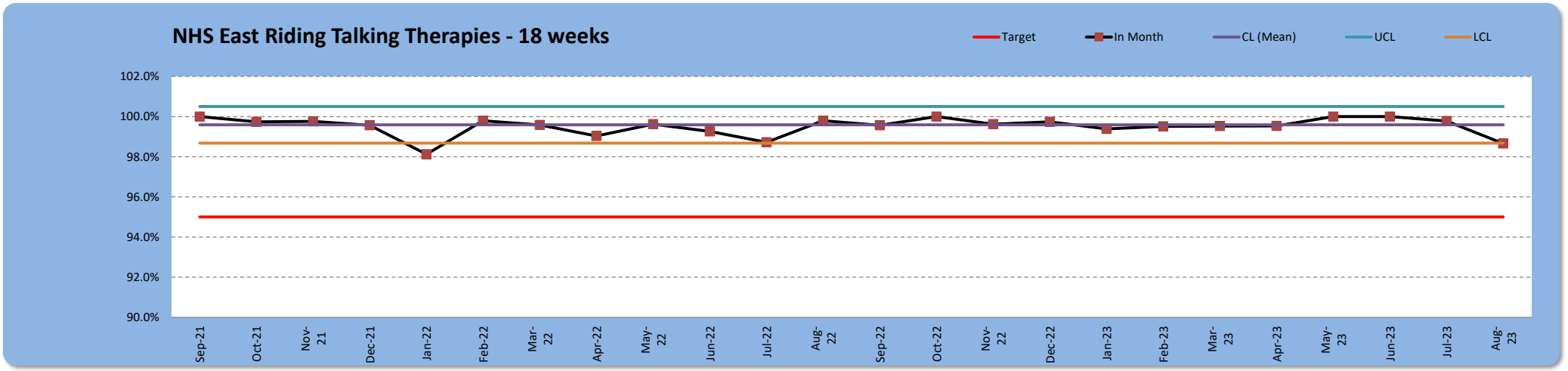
Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **August 2023**

Target:	Amber:	Current month 6 weeks stands at:	Target:	Amber:	Current month 18 weeks stands at:
75%	70%	64.8%	95%	85%	98.7%

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





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

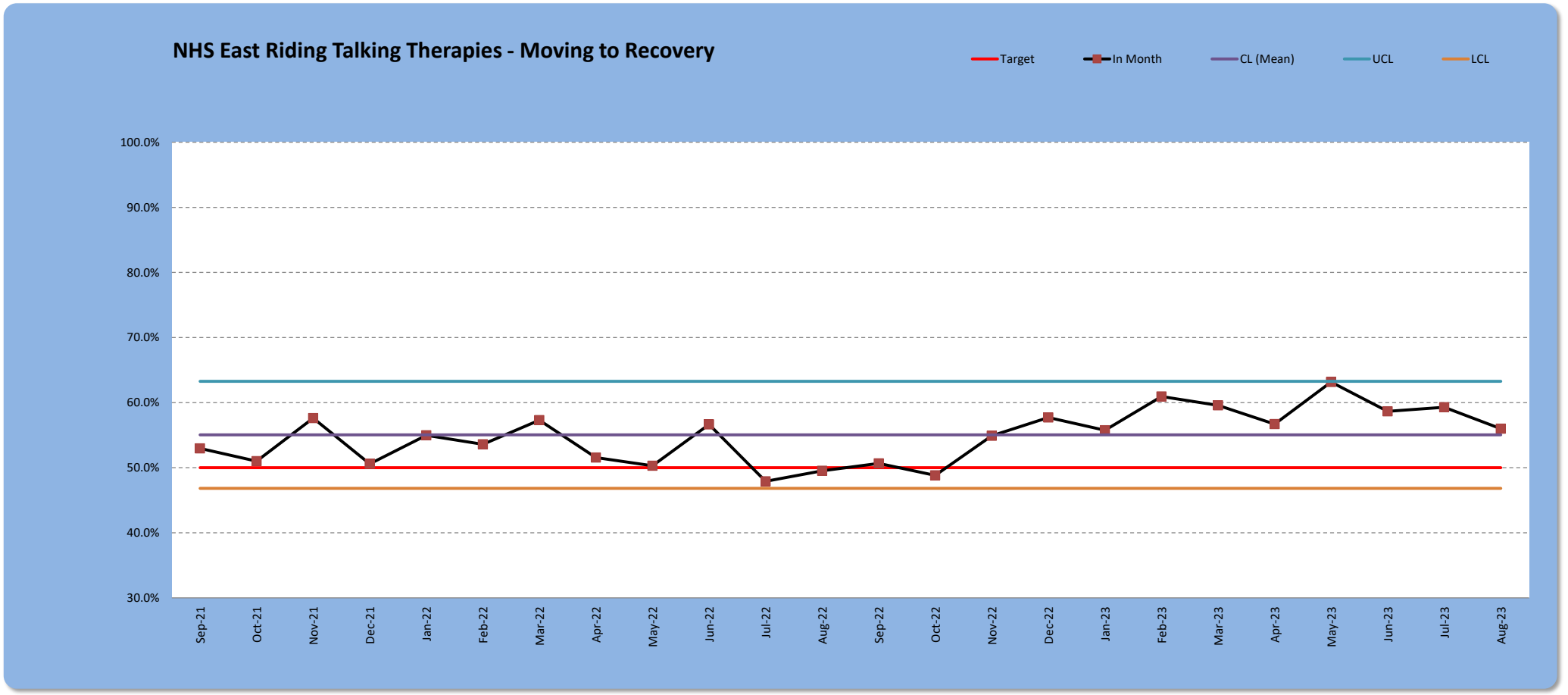
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **August 2023**

Target:	Amber:	Current month stands at:
50%	45%	56.0%

Indicator Title	Description/Rationale		KPI Type
NHS East Riding Talking Therapies	This indicator measures the Recovery Rates for patients who were at caseness at start of therapeutic intervention (East Riding)	Executive Lead Lynn Parkinson	OP 11



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

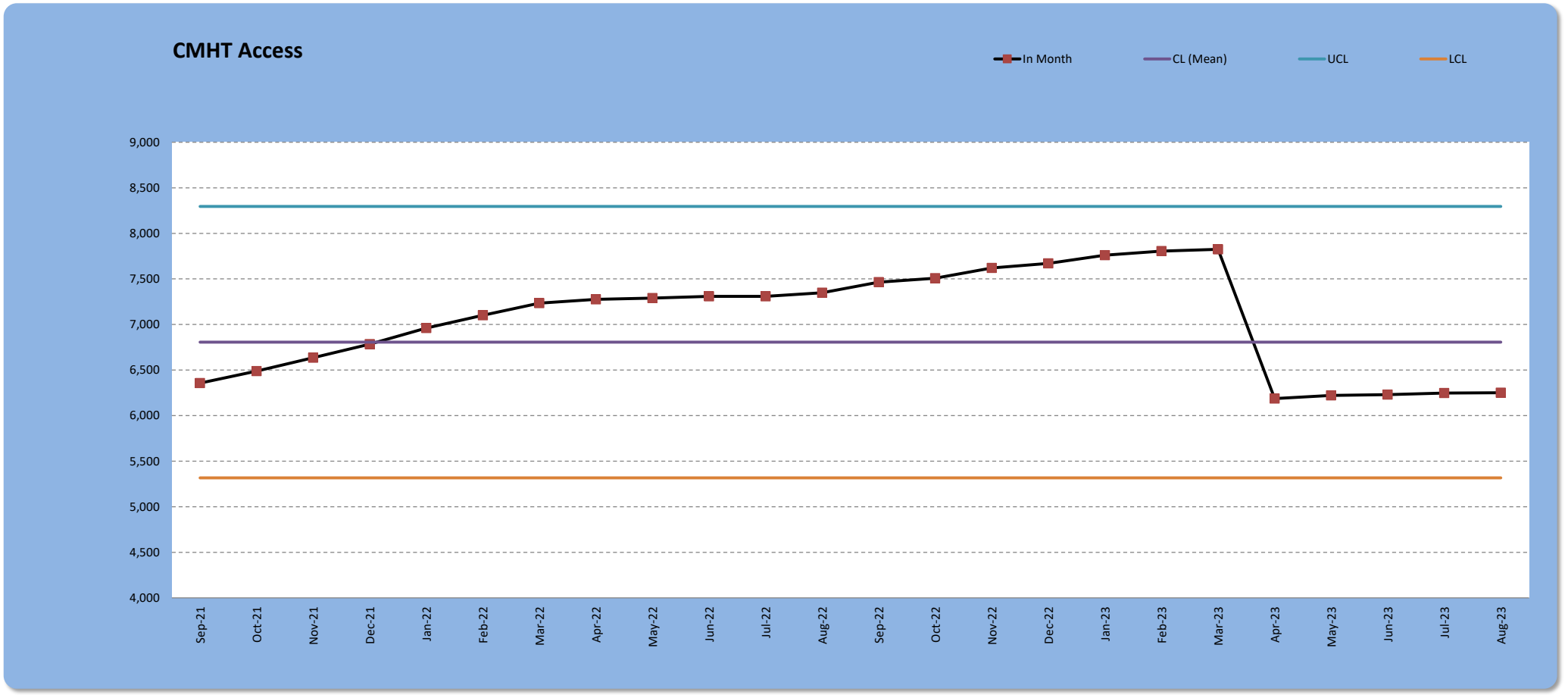
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **August 2023**

Target:	Amber:	Current month stands at:
TBC	TBC	6251

Indicator Title	Description/Rationale		KPI Type
CMHT Access	Number of people who receive two or more contacts from NHS or NHS commissioned community mental health services for adults and older adults with severe mental illness. Rolling 12 months.	Executive Lead Lynn Parkinson	MHS108



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

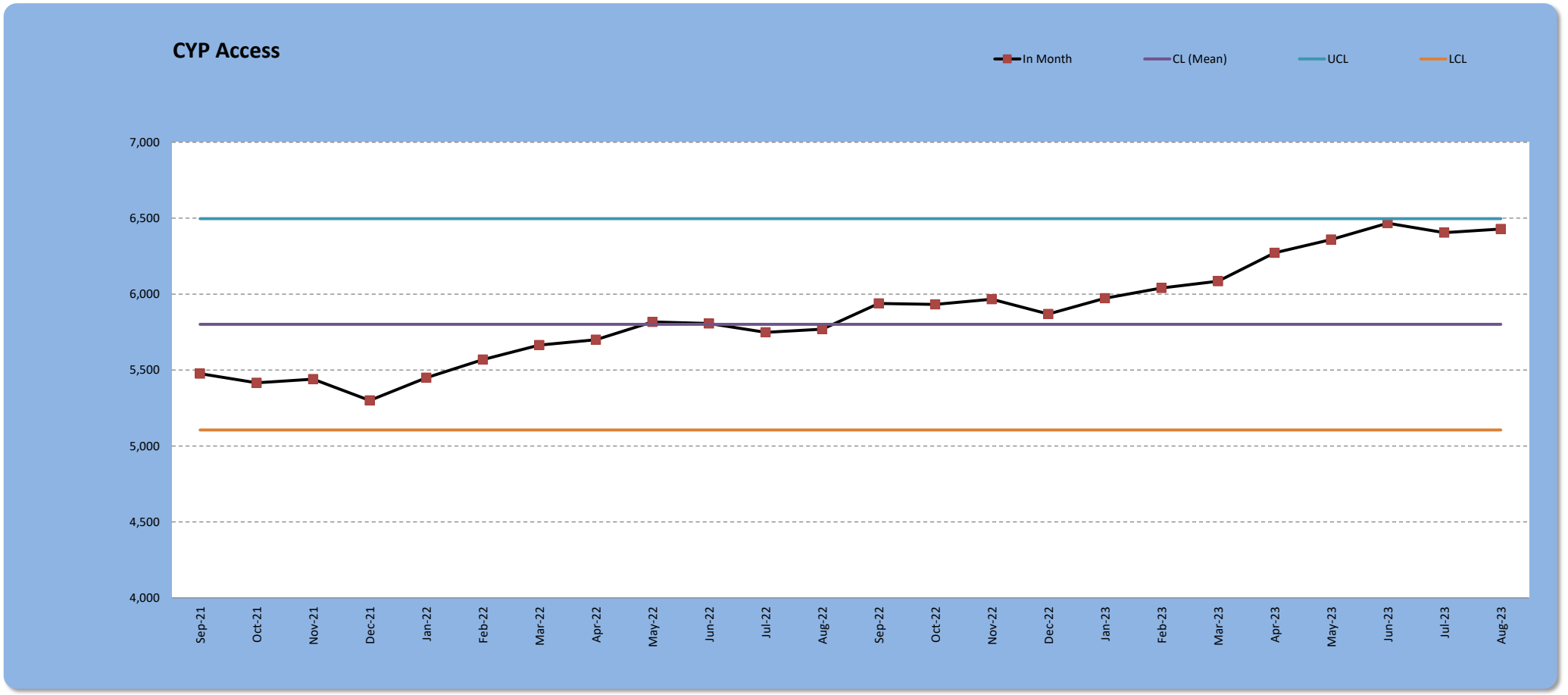
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

Target:	Amber:	Current month stands at:
TBC	TBC	6429

For the period ending: **August 2023**

Indicator Title	Description/Rationale		KPI Type
CYP MH Access	Number of CYP aged under 18 accessing support by NHS funded community services and school or college based Mental Health Support Teams (receiving at least one contact). Rolling 12 months.	Executive Lead Lynn Parkinson	MHS95



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

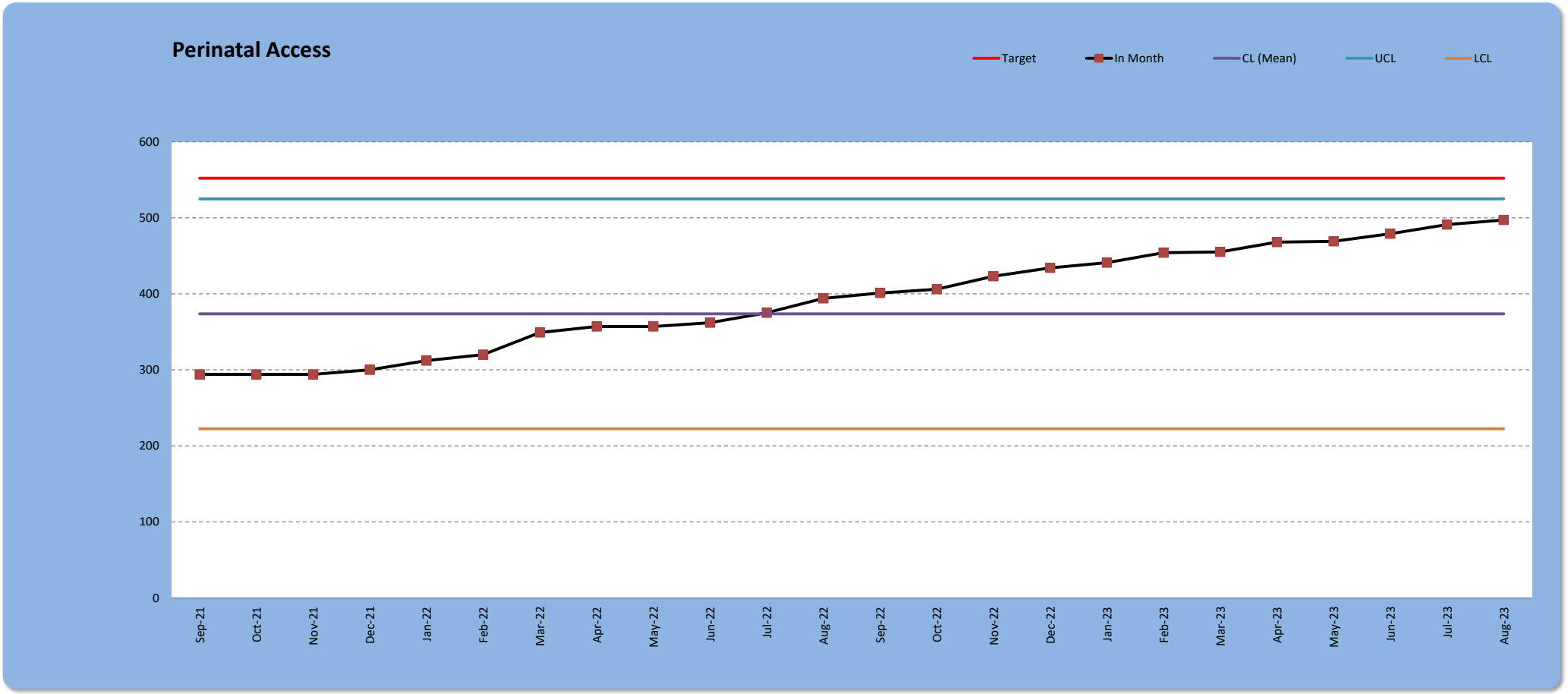
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

Target:	Amber:	Current month stands at:
TBC	TBC	497

For the period ending: **August 2023**

Indicator Title	Description/Rationale		KPI Type
Perinatal Access - rolling 12 months	Number of women with at least one attended contact (F2F or video) with a specialist community perinatal mental health service in the last 12 months *(Hull and East Riding only)*	Executive Lead Lynn Parkinson	MHS91



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

PI RETURN FORM 2023-24

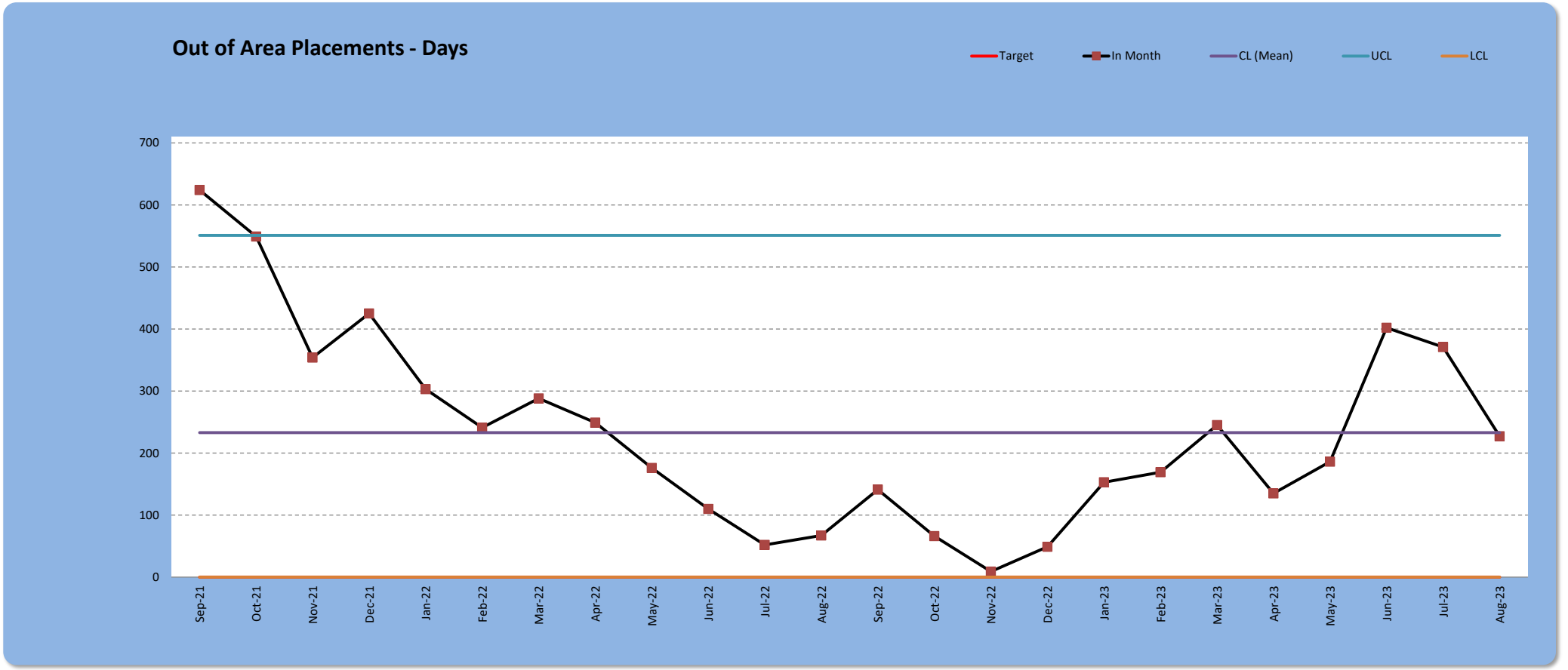
Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **August 2023**

Target:	Amber:	Patients OoA within month:
0	0	13

Split:	# days	# patients
Adult	47	4
OP	99	5
PICU	81	4

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



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

PI RETURN FORM 2023-24

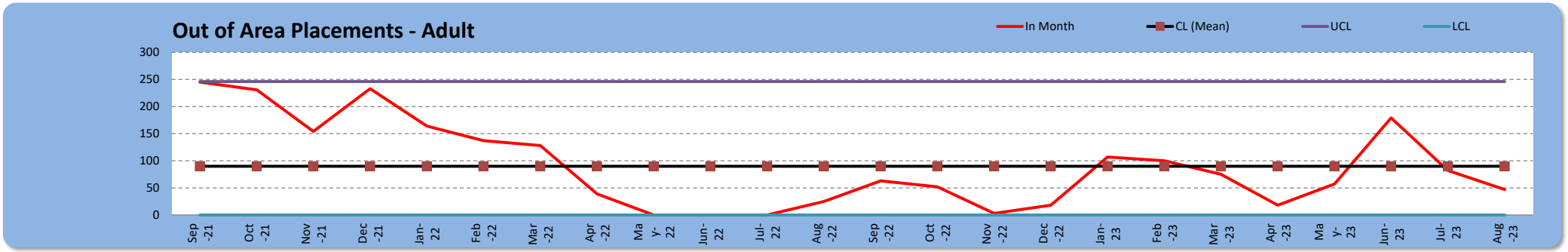
Goal 3 : Fostering Integration, Partnership and Alliances

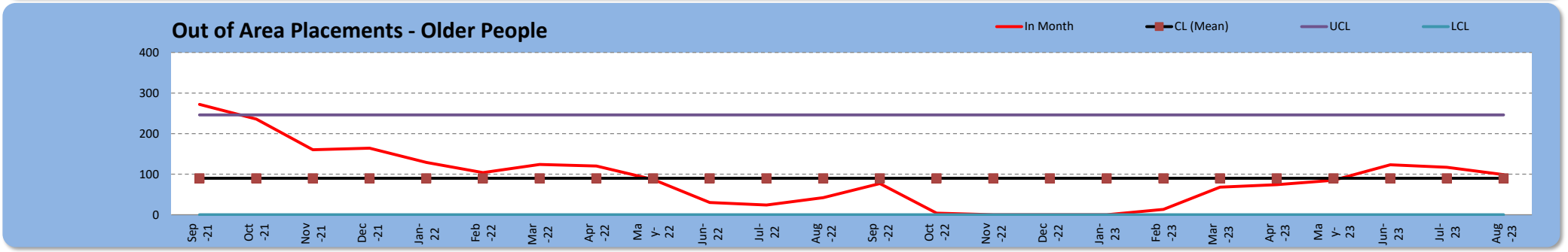
For the period ending: **August 2023**

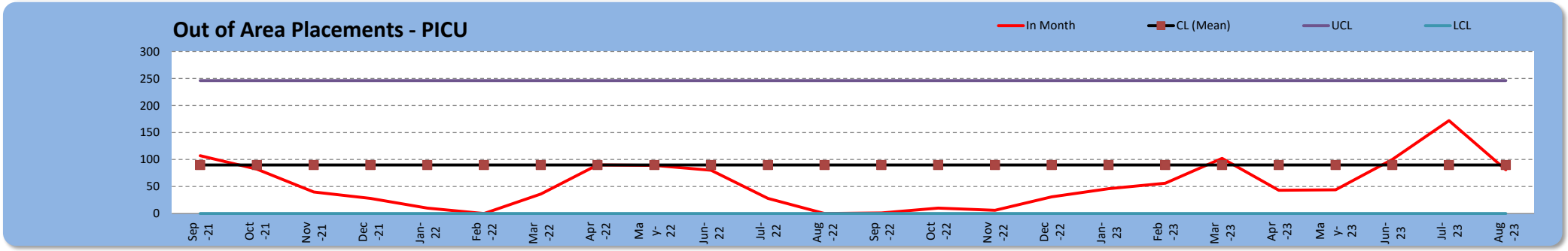
Split for Current month:

Aug-23	
47	Adult
99	OP
81	PICU
227	Total

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







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

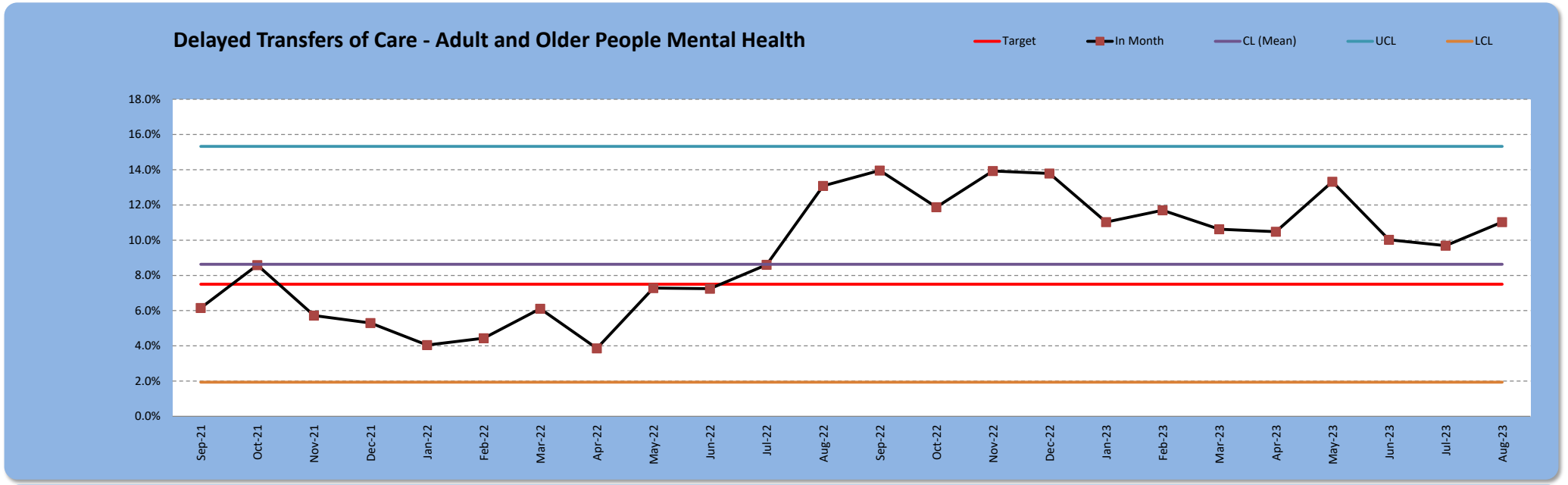
PI RETURN FORM 2023-24

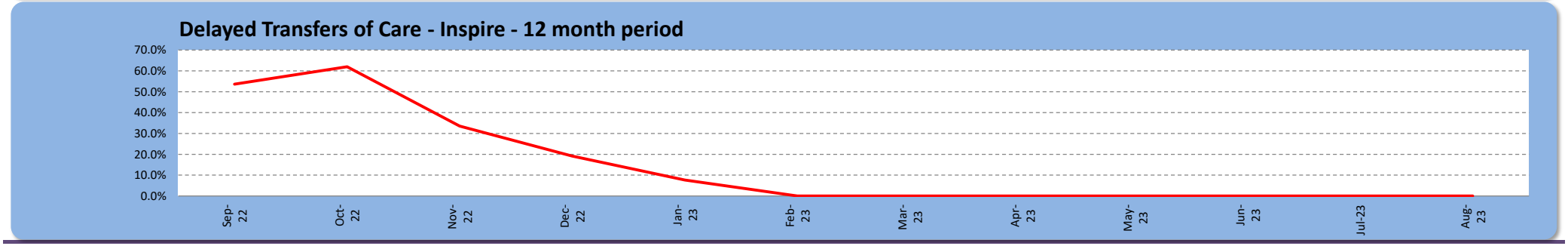
Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **August 2023**

Target:	Amber:	Current month stands at:
7.5%	7.0%	11.0%

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





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

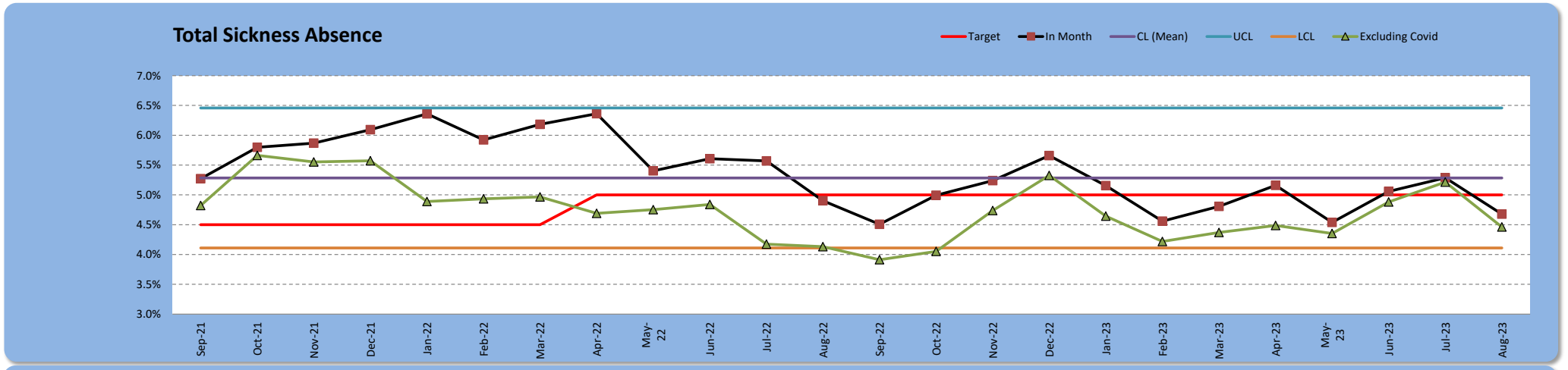
PI RETURN FORM 2023-24

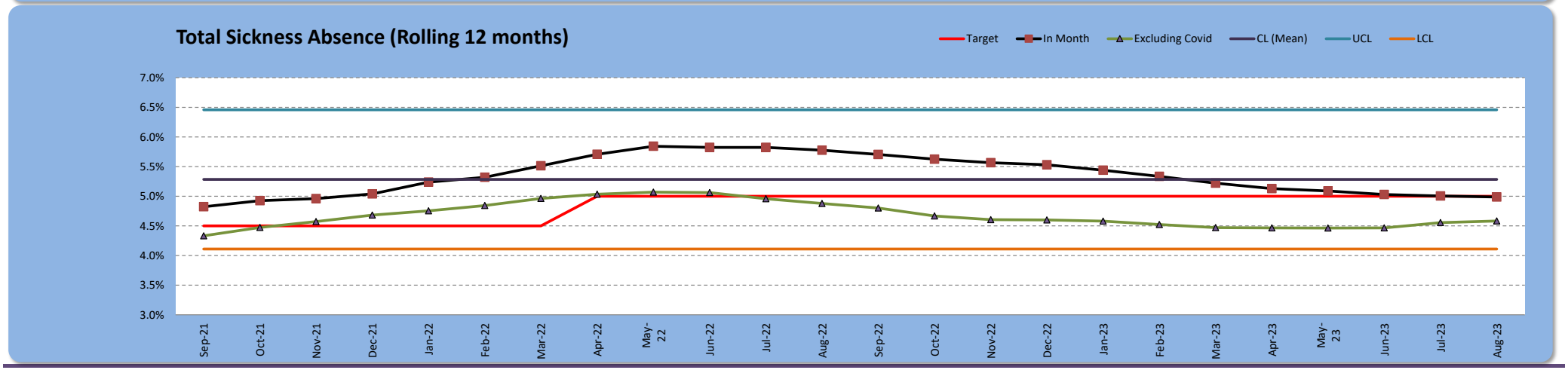
Goal 4 : Developing an Effective and Empowered Workforce

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

For the period ending: **August 2023**

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





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

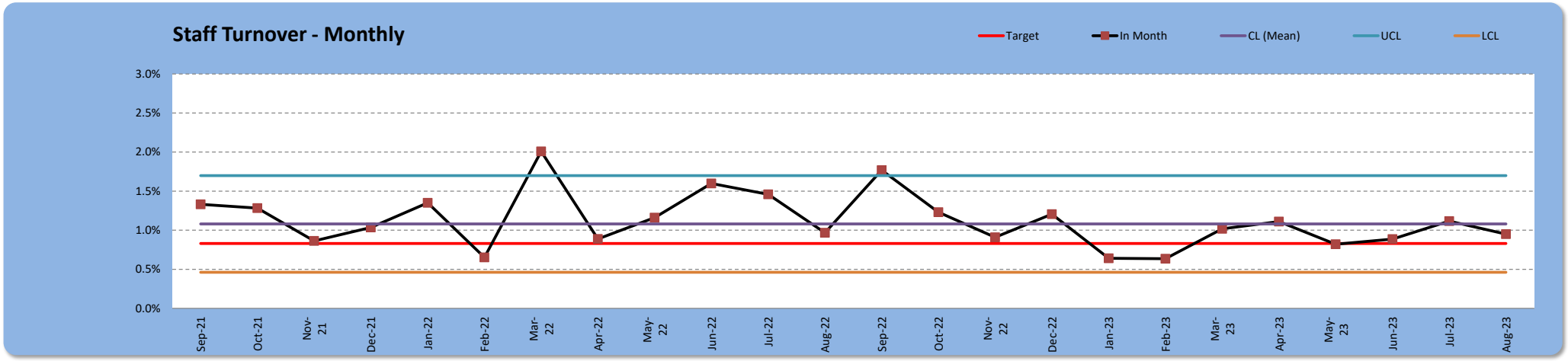
PI RETURN FORM 2023-24

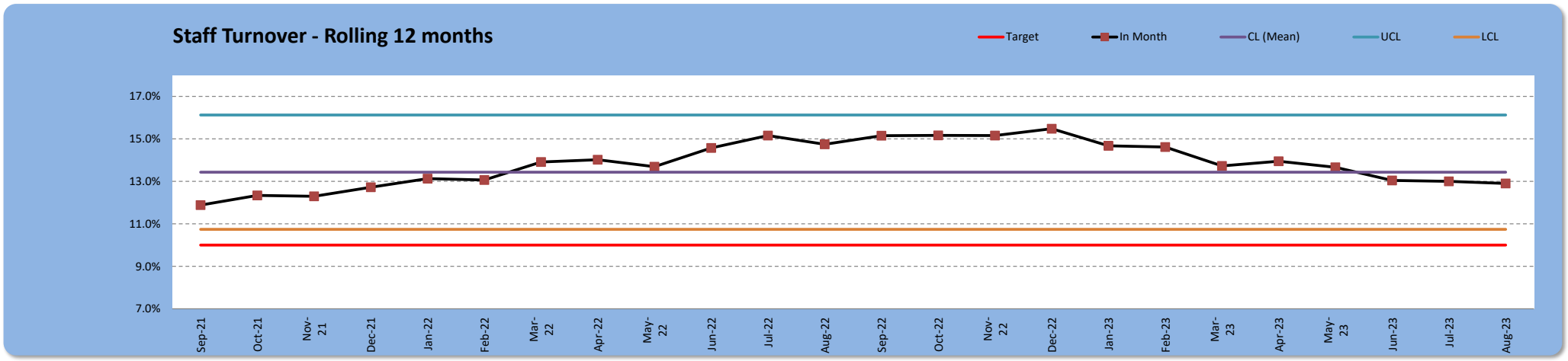
Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **August 2023**

Target:	Amber:	Current month stands at:	Target:	Amber:	Rolling figure stands at:
0.8%	0.7%	1.0%	10%	9%	13%

Indicator Title	Description/Rationale		KPI Type
Staff Turnover	The number of full time equivalent staff leaving the Trust expressed as a percentage of the overall full time equivalent workforce employed. Leavers include resignations, dismissals, transfers (up to Mar21), retirements and staff coming to the end of temporary contracts. It doesn't include junior doctors on rotation. Employee Transfers Out are excluded	Executive Lead Steve McGowan	WL 3 TOM Exc TUPE





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

NHS
Humber Teaching
NHS Foundation Trust

Executive Team:

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

Caring, Learning
& Growing Together

Issue Date: 13/09/2023

TPR Waiting Times Narrative – August 2023

Indicator/Service	Narrative
CPA 12m Reviews	**<u>CPA Reviews</u>** Following a continuous downward trend from April to July for this indicator. August has shown an improved position (94.9%) against a target of 95%. Divisions have been asked to work closely with the Performance and Access Manager to provide assurance in the following areas: - validity of data - plans to address non-compliance - embedded monitoring processes within the Divisions Early findings from this work have highlighted data quality issues as follows: 1. Recording of events/timely recording of events 2. CPA flags remaining active when clinical decision has been made to discharge. Work continues with General Managers and Service leads to address these issues to ensure an accurate performance position is reported and CPA reviews are proactively managed and improvement is sustained.
Memory Diagnosis - >18wks	Memory Assessment Service (MAS) continue to make good progress in recovering the >52ww position (3 over 52wks as at 18/9/23, diagnostic delays and patient cancellation reasons). The over 18ww position however has been steadily increasing since June which is to be expected due to a significant rise in referrals in March. Capacity and Demand analysis results highlighted recurrent and non-recurrent needs; MAS has been listed as a priority for 24/25 planning intentions.
RTT Waits – Complete	August achieved 85.2% against a 95% target which is an improvement from July (84.5%). A continued focus on recovery of long waits is contributing to this position as patients are commencing treatment having already waited beyond 18wks.

RTT Waits - Incomplete	The incomplete position deteriorated in August (65.1% from 67.6% in July). By comparing July and August's waiting list position there has been a reduction in overall waits by 552 and an increase in patients waiting over 18wks by 182. There are a number of factors that can influence this position: - Demand - Clock stop activity volumes - Clock stop activity length of wait - Combinations of the above Detailed recovery plans are in place for each service breaching the over 52 week wait position and these continue to be monitored closely by the Performance and Productivity Group reporting to the Operational Delivery Group (ODG).
Adult ASD >52wks	At the end of August 11 patients had been waiting longer than 52weeks to commence assessment, an improvement by 7 from July. The recovery plan that was developed prior to the service moving from pay per case to block contract was reliant on continued use of Independent Provider capacity. This has now ceased due to the change in funding arrangement. The service will however achieve recovery of the 52ww position by the end of September (currently only 3 patients over 52wks) though this. Options for sustainable provision have been included in a Neurodiversity Option Appraisal proposal and have been discussed with the commissioner to be consider in the planning intentions provision for 2024/25.
Adult ADHD	The position continues to deteriorate due to increased demand and challenges with commissioned capacity.. There are now 220 patients that have waited longer than 52wks for assessment/treatment. The recovery plan associated with Adult ADHD was paused in May due to the change in funding arrangements (pay per case to block contract). Meetings are taking place with ICB commissioners to discuss and agree options to address the growing waiting list and gap in funding; Adult ADHD has been listed as high priority in the Medium-Term Financial Planning for 24/25. Review of the block arrangement has highlighted that the service is significantly underfunded against current demand (shortfall of 55 assessments p/m). Whilst the ICB already held a contract with Psychiatry UK to deliver assessments and treatments on a cost per case basis for East Riding; Psychiatry UK have recently announced that due to demand pressures, they are unable to continue to accept referrals or support with clearance of Humber's growing waiting list for Hull based referrals. The service are now focusing all available capacity on commencing treatment for those patients diagnosed and requiring medication. Adult ADHD provision is on the risk register with a risk score of 16 which has met the threshold for escalation to EMT.

Paediatric ASD >52wks	At the end of August 152 patients had waited beyond 52weeks to commence assessment, which was an improvement by 15 from July. The recovery trajectory has now been refreshed to take into consideration the new Independent Sector contract which has been finalised. The service are expecting to continue recovery of the assessment waiting list however, the trajectory indicates that by the end of March 2023, there will be a gap of 190 caused by the ongoing increase in demand. This is included with in the commissioning intentions work.
Paediatric ADHD >52wks	The position at the end of August was 244 patients waiting over 52wks for assessment/intervention. The **assessment** recovery trajectory has now been refreshed to take into consideration the new Independent Sector contract which has been finalised. The service are expecting to continue recovery of the assessment waiting list. The trajectory indicates that by the end of March 2023, there will be a gap of 68, which will deteriorate in the absence of further funding into 24/25.
Core CAMHS >52wks	The over 52ww position has further improved in August (11 from 15 in July). The service is exploring new ways of working whilst continuing to recover the routine waiting list in their most challenged areas: - Creative Therapies - Cognitive Behavioural Therapies (CBT) The service is currently working with the national CLEAR programme which involves reviewing current delivery models and workforce structures to identify opportunities to streamline and support with efficiencies and productivity. Waiting list validation remains an integral part of this improvement process. Non-recurrent funding awarded by the ICB is being used to support with clearance of the >52wws. **Families First Pilot** The service has developed a new pathway which is due to be piloted in September by 2 members of staff involving 6 families over a 4week period. This will be an early family intervention and it is anticipated that further need to access individual therapies will be reduced. The approach will offer parents and carers strategies and information to support young people. There will be a review of this approach following the pilot in order to fully understand and evidence the benefits prior to rolling out further. The proposal has been discussed and agreed via the Clinical Network.
EIP	93.3% compliance was achieved in August against a 60% target.

	Referral levels remain under constant review and work continues with the national team to understand potential investment requirements for this service. The service is forecasting an increase in referrals and conversations are taking place with commissioners regarding sustainability of achieving the access requirements.
East Riding Talking Therapies (previously IAPT)	**18ww Standard** – 98.7% compliant against this standard in August. **6ww Standard** – 64.9% were seen within 6 weeks in August which was an improvement from July (57.8%), ongoing recovery expected within the next 2 months. The service is implementing a range of improvement initiatives including: - Short notice waiting list – to enable rebooking into last minute cancellation slots - Contracted providers to increase capacity to support recovery (within funding) - DNA & cancellation audit - Changes to patient communication Capacity and Demand analysis work has been completed, the results of which are due to be shared at the Performance and Productivity meeting.
OAP	13 patients were placed out of area in August, equating to 233 bed days, a reduction from July across all areas. The continued work to improve the DTOC position will improve the out of area placements overall and in addition the service continues to review patient flow pathways to ensure the efficient flow of patients is maximised to reduce the reliance on out of area beds. The service repatriate patients locally as beds become available. A transformation project is underway to review patient flow and delays in transfer to assess where further improvements to the acute care pathway can be made.
DTOC	The number of patients whose transfers are delayed remain high in Adult and Older Peoples Mental Health. The routine escalation meetings with the local authority and Place partners continue and plans for the long-term delayed patients who require complex care packages are beginning are progressing and some long term patients have been successfully discharged. 90% of the delays relate directly to housing needs and social care requirements. 227 OOA days from 371 in July: 47 – Adult 90 – OP 90 - PICU

Humber Teaching
NHS Foundation Trust

Agenda Item 18

Title & Date of Meeting:	Trust Board Public Meeting – 27 September 2023
Title of Report:	Risk Register Update
Author/s:	Executive Lead: Hilary Gledhill, Director of Nursing, Allied Health & Social Care Professionals. Oliver Sims Corporate Risk and Incident Manager
Recommendation:	

To approve		To discuss	
To note	X	To ratify	
For assurance			

Purpose of Paper:	The report provides the Board with an update on the Trust-wide risk register (15+ risks) including the detail of any additional or closed risks since last reported to Trust Board in July 2023.

Key Issues within the report:

Positive Assurances to Provide:

OPS11 – Failure to address waiting times and meet early intervention targets which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.

Recovery plans remain in place to reduce waiting times and achieve 18-week compliance (or below where that is applicable). Data demonstrates that progress is now being made in reducing over 52-week wating times, particularly in the children's autism service which previously had the highest number of patients waiting over 52 weeks.

WF38 – High number of Consultant vacancies may impact on the Trust's ability to deliver safe services and impact upon our desire to have an effective and engaged workforce.

Ongoing retention work within the Trust across hard to recruit roles and Trust staff retention plan in place. Recruitment plan in place for consultant vacancies which is monitored by the Executive Management Team and the

Key Actions Commissioned/Work Underway:

- Please see the risk register for actions being undertaken for each of the risks.

Workforce and OD Committee. Workforce planning process overarching plan in place for 2023/24 financial year and additional investment in recruitment, marketing, and communications in place. **MH88 – Insufficient AMHP resource to deliver responsive service which means we fail to meet statutory duties under the mental health act, this is a reputational risk as we may not adhere to legal requirements and there may be further risk of harm as response to urgent need is delayed.** Development opportunities are being introduced to increase AMHP posts for the trust rota including recruiting non-social workers, creating trainee roles, reviewing commitment of current AMHPs within the Hub, support staff on the assisted year of practice, develop an Action Plan to support recruitment and retention overall. Local incentives are being monitored to determine market competition. **MH90 – Issues with recruitment and retention of qualified Band 6 Social Workers in Hull Mental Health Locality teams is leading to increased risk with statutory compliance and capacity and demand issues with allocation and caseload size, impacting on the timeliness of provision of delegated duties across Hull which may affect patient safety and quality of service delivery.** There is a national shortage of socials workers and recruitment is challenging. HTFT are working with the national social work team to lead on initiatives to bring more social workers into the NHS. Benchmarking is taking place to identify opportunities for how we compare as a provider and social work employer. **LDC82 – Increased demand for ADHD medication due to recovery work on the ADHD waiting list resulting in inadequate medical staffing capacity to manage all ADHD service demand.** There is ongoing work within the service to the address the increasing levels of demand in terms of ADHD medication review. Increased use of skill-mix is being explored within waiting list review activity and more oversight of demand through weekly huddles and monitoring	

arrangements is in place. Further discussion is required at system-level to determine longer-term arrangements to manage to sustained increase in demand.

Key Risks/Areas of Focus:

- No matters of concerns to highlight or key risks further to those included in the Trust wide risk register to escalate.

Decisions Made:

- There are currently **5** risks held on the Trust-wide Risk Register. The current risks held on the Trust-wide risk register are summarised below:

Risk Description	Current Rating	Movement from prev. quarter
OPS11 – Failure to address waiting times and meet early intervention targets which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.	16	⇔
MH88 – Insufficient AMHP resource to deliver responsive service which means we fail to meet statutory duties under the mental health act, this is a reputational risk as we may not adhere to legal requirements and there may be further risk of harm as response to urgent need is delayed.	16	⇔
MH90 – Issues with recruitment and retention of qualified Band 6 Social Workers in Hull Mental Health Locality teams is leading to increased risk with statutory compliance and capacity and demand issues with allocation and caseload size, impacting on the timeliness of provision of delegated duties across Hull which may affect patient safety and quality of service delivery.	16	⇔
WF38 – High number of Consultant vacancies may impact on the Trust's ability to deliver safe services and impact upon our desire to have an effective and engaged workforce.	16	⇔
LDC82 – Increased demand for ADHD medication due to recovery work on the ADHD waiting list resulting in inadequate medical staffing capacity to manage all ADHD service demand.	16	Risk included on Trust-wide risk register for Q2 2023/34

Governance:

	Date		Date
Audit Committee	08/2023	Remuneration & Nominations Committee	
Quality Committee		Workforce & Organisational Development Committee	09/2023
Finance & Investment Committee		Executive Management Team	09/2023
Mental Health Legislation Committee		Operational Delivery Group	08/2023
Charitable Funds Committee		Collaborative Committee	
		Other (please detail)	

Monitoring and assurance framework summary:

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

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

Risk Register Update

1. Trust-wide Risk Register

There are currently **5** risks reflected on the Trust-wide risk register which records all risks currently scored at a rating of 15 or above and is reflected in ***Table 1*** below:

Table 1 - Trust-wide Risk Register (current risk rating 15+)

Risk ID	Description of Risk	Initial Risk Score	Current Risk Score	Target Risk Score
OPS11	Failure to address waiting times and meet early intervention targets which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.	**20**	**16**	**8**
MH88	Insufficient AMHP resource to deliver responsive service which means we fail to meet statutory duties under the mental health act, this is a reputational risk as we may not adhere to legal requirements and there may be further risk of harm as response to urgent need is delayed.	**20**	**16**	**4**
MH90	Issues with recruitment and retention of qualified Band 6 Social Workers in Hull Mental Health Locality teams is leading to increased risk with statutory compliance and capacity and demand issues with allocation and caseload size, impacting on the timeliness of provision of delegated duties across Hull which may affect patient safety and quality of service delivery.	**20**	**16**	**4**
WF38	High number of Consultant vacancies may impact on the Trust's ability to deliver safe services and impact upon our desire to have an effective and engaged workforce.	**20**	**16**	**8**
LDC82	Increased demand for ADHD medication due to recovery work on the ADHD waiting list resulting in inadequate medical staffing capacity to manage all ADHD service demand.	**20**	**16**	**8**

2. Closed/ De-escalated Trust-wide Risks

There are **2** risks previously held on the Trust-wide risk register which has been closed / de-escalated since last reported to Trust Board in July 2023.

Table 2 - Trust-wide Risk Register Closed / De-escalated Risks

Risk ID	Description of Risk	Risk Status / Update
WF37	High GP vacancies may impact on the Trust's ability to deliver safe services.	Risk reviewed by WFOD committee and Executive Management Team. Risk entry for WF10 closed and replaced with risk WF37 re-scored to represent current mitigations in place and current level of risk being faced by the Trust specifically to primary care services. The current risk score has been reduced to rating of 12 (Possible x Severe) lowering risk below threshold for inclusion on trust wide risk register and will be monitored via the Workforce and OD directorate risk register and the Operational Delivery Group.
OPS15	As a result of system pressures there has been an increase in the number of delayed transfers of care in Trust inpatient services resulting in impact to patient flow which may lead to reduced patient experience and quality of service provision.	Risk reviewed by Chief Operating Officer / Deputy Chief Operating Officer and Executive Management Team and re-scored to represent current mitigations in place and current level of risk being faced by the Trust. Current score amended to rating of 12 (Possible x Severe) lowering risk below threshold for inclusion on trust wide risk register and will be monitored via the Operations directorate risk register and the Operational Delivery Group.

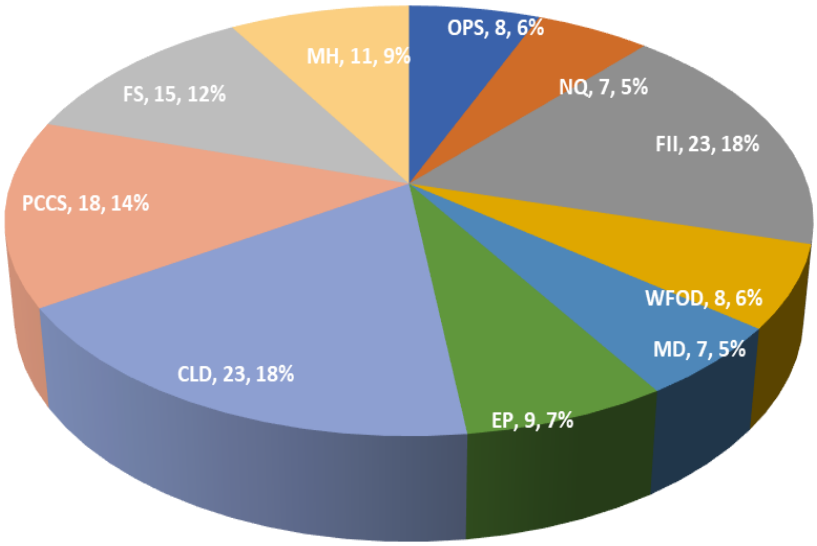
3. Wider Risk Register

There are currently **129** risks held across the Trust's risk registers. The current position represents an overall decrease of **3** risks from the **132** reported to Trust Board in July 2023. The table below shows the current number of risks at each risk rating:

Table 3 - Total Risks by Current Risk level

Current Risk Level	Number of Risks – July 2023	Number of Risks – September 2023
20	0	0
16	5	5
15	1	0
12	27	29
10	5	5
9	29	31
8	24	22
6	35	33
5	0	0
4	6	4
3	0	0
2	0	0
Total Risks	**132**	**129**

Chart 1 – Total Risks by Division/ Directorate



Key:

OPS – Operations Directorate
NQ – Nursing & Quality
FII – Finance, Infrastructure & Informatics Directorate
WFOD – Workforce & OD Directorate
MD – Medical Directorate
EP - Emergency Preparedness, Resilience & Response
PCCS – Primary Care and Community Services
CLD – Children's and Learning Disabilities
FS – Forensic Services
MH – Mental Health Services

4. **Conclusion**

The board are asked to consider the risks and the actions in place to mitigate them.

Trust-wide Risk Register 15+

Row	Risk ID	Description of Risk	Date Opened	Impact/ Consequence Type	Likelihood (Initial)	Impact (Initial)	Initial Risk Score	Initial Risk Rating	Key Controls	Sources of Assurance	Gaps in Controls	Gaps in Assurance	Likelihood (Current)	Impact (Current)	Current Risk Score	Current risk	What additional actions need to be completed?	Date Reviewed	Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk
1	OPS11	Failure to address waiting times and meet early intervention targets which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.	04/05/2021	Objectives	Almost Certain	Severe	20	Significant	1. Work underway with Divisions to address three areas of challenges currently (Children's ADHD / ASD, Memory Assessment Service) 2. Local Targets and KPIs. 3. Close contact being maintained with individual service users affected by ongoing issues. 4. Waiting Times Procedure in place 5. Waiting times review is key element of Divisional performance and accountability reviews. 6. Review completed of all services with high levels of waiting times and service-level recovery plans developed. 7. Capacity and Demand review includes a focus on productivity and development of plans detailing Recovery requirements	1. Reports to demonstrate waiting list performance to Trust Board, Quality Committee and Operational Delivery Group. 2. Quality impact on key identified areas monitored via Quality Committee. 3. Weekly divisional meetings with Performance & Access Mgr around waiting list performance. 4. Introduction of Monthly Performance & Productivity Group chaired by COO. 5. Capacity and Demand planning has either taken place or is scheduled to take place in all long waiting areas and improvement trajectories developed or proposals developed for improvement. 6.Children's ASD number of patient waiting >52 weeks decreased from 589 in Q4 21/22 to 281 in Q4 22/23 and Q2 23/24 168 Patients. 7. Childrens ADHD number of patient waiting assessment >52 weeks is 361 in Q4 22/23 to Q2 23/24 247 patients	1. Opportunities to revise pathways to increase productivity or reduce demand into services. 2. Confirmation on levels of funding available to support demand.	1. Adult ADHD number of patient waiting >52 weeks - June 2023 237 patients reduced 214 Sept 2023 2. Chronic Fatigue number of patient waiting >52 weeks - June 2023 7 patients and remains the same in Sept 2023 3. Paediatric SALT number of patient waiting >52 weeks - June 2023 20 patients reduced to 12 in Sept 2023 4. Community Physiotherapy number of patient waiting >18 - June 2023 354 patients remains at 355 in Sept 2023 5. Paediatric ADHD Treatment number of patient waiting >52ww - June 2023 220 patients increased to 247 in Sept 2023 6. Paediatric ASD number of patient waiting >52ww - June 2023 143 increased to 168 Sept 2023 7. Paediatric Dietetics number of patient waiting >52ww - June 2023 43 increased to 56 Sept 2023 8. MAS number of patients waiting >52ww - June 2023 9 decreased to 7 Sept 2023	Likely	Severe	16	Significant	1.Neuro diversity services work at ICB level to determine how processes can be standardised / streamline to reduce system pressures - 31/12/2023 2.Adult ADHD Options paper to be developed to consider options as it is not a fully commissioned service for the Trust and to determine level of service delivery going forward - 30/09/2023 3.Clinical-led work to determine gaps within services and determine pathway improvement works - 31/12/2023	11/09/2023	Claire Jenkinson	Lynn Parkinson	ODG / EMT	Trust Board	Unlikely	Severe	8	High
2	MH88	Insufficient AMHP resource to deliver responsive service which means we fail to meet statutory duties under the mental health act, this is a reputational risk as we may not adhere to legal requirements and there may be further risk of harm as response to urgent need is delayed.	26/07/2022	Objectives	Almost Certain	Severe	20	Significant	1. Targeted escalation meetings with place 2. Affected shifts out in advance to bank and overtime to other staff to back fill if short notice. 3. Agreed R&R payments and associated agreement for AMHPs ensuring set shifts are committed to 4. Introduction of full time AMHPs and HUB model 5. Review of current sessional commitment	1. Introduction of team lead to support reviews of referrals and provide Support to the decisions made by AMHPs. 2. Datix reviews 3. Daily waiting list reviews. 4. Twice daily MDTreview 5. AMHP professional meeting with LA reviewing ongoing activity (workforce pressure report) 6. Escalations to divisional leads 7. Complaint reviews 8. Monitor/benchmark against local employers and T&Cs	1.Insufficient funding/lack of commitment to release 'spoke' AMHPs 2.'Spoke' AMHPs are recruited to meet a specific service/division need not to respond to statutory demand 3.Fluctuating Activity 4.Fluctuating sickness	1.Team leader utilised to cover service 2.Fluctuating performance	Likely	Severe	16	Significant	1. Ongoing recruitment to vacant AMHP posts. - 31/03/2024 2. Working with business planning to set out options for ODG/EMT to consider for additional funding. 30/08/2023 3. Development of Trainee AMHP role and introduction of development opportunities - 31/03/2024 4. Recruitment of non-social worker AMHP posts. - 31/03/2024	11/09/2023	Adriian Elsworth	Lynn Parkinson	ODG / EMT	Trust Board	Rare	Severe	4	Moderate
3	MH90	Issues with recruitment and retention of qualified Band 6 Social Workers in Hull Mental Health Locality teams is leading to increased risk with statutory compliance and capacity and demand issues with allocation and caseload size, impacting on the timeliness of provision of delegated duties across Hull which may affect patient safety and quality of service delivery.	25/10/2022	Objectives	Almost Certain	Severe	20	Significant	1. Regular meetings with Head of Profession and General Manager to review skill mix and options. 2. SW leadership enhanced to support with a daily review of activity 3. Regular review of the supervision structure to promote professional development, support etc which assists retention of the workforce	1.Team Leader and SW Lead review all referrals and prioritise any requests for SW interventions daily including CoP, Tribunals, Care Act Needs Assessments with work requests coordinated on a spreadsheet for allocation in priority order. 2. Daily review of compliance in regards to statutory duties and any patient safety issues	1. Limited availability of qualified and experienced applicants. 2. Requests out no agencies but no applications received so far - requests go out every other day.	1. After several rounds of advertisements and interviews, significant number of posts remain unfilled.	Likely	Severe	16	Significant	1. Recruitment to vacant posts within services - 31/03/2024 2. Requests out to agency until substantive posts are filled 31/03/2024 3. HTFT are working with the national social work team to lead on initiatives to bring more social workers into the NHS - 31/03/2024 4. Benchmarking to identify opportunities for how we compare as a provider and social work employer. - 31/03/2024	11/09/2023	Sarah Bradshaw	Lynn Parkinson	ODG / EMT	Trust Board	Rare	Severe	4	Moderate
4	WF38	High number of Consultant vacancies may impact on the Trust's ability to deliver safe services and impact upon our desire to have an effective and engaged workforce.	24/04/2023	Objectives	Likely	Almost Certain	20	Significant	1. Recruitment plan for Consultants in place (progress against which reported to EMT and Workforce and OD Committee). 2. 'Humbelievable' recruitment branding set up. 3. GMC sponsored International recruitment programme in place for Speciality Doctors (who may train to become Consultants). 4. Workforce planning process and overarching plan delivered for 23/24 5. Trust Workforce planning process in place for the past 4 years. 6. Additional investment in recruitment, marketing and communications targeted at Consultant recruitment 7. Talent Acquisition specialist role in place untl March 2024 working on consultant posts with some success to date 8. Rolling adverts out for consultant posts. 9. Medical Workforce Plan	1. Workforce and OD Committee (insight reports). 2. Divisional Business Meetings. 3. EMT 4. Trust Board 5. ODG 6. DATIX reports	1. Medical Workforce Strategy needed 2. Not all vacancies currently advertised.	1. 35.22% Consultant vacancy rate July 2023. 2. 16.35 vacancies.	Likely	Severe	16	Significant	1. Advertisment of all current vacancies (31/12/2023)	11/09/2023	Kwame Fofie	Kwame Fofie	Directorate Business Meeting / Executive Management Team	Trust Board	Unlikely	Severe	8	High

Trust-wide Risk Register 15+

Row	Risk ID	Description of Risk	Date Opened	Impact/ Consequence Type	Likelihood (Initial)	Impact (Initial)	Initial Risk Score	Initial Risk Rating	Key Controls	Sources of Assurance	Gaps in Controls	Gaps in Assurance	Likelihood (Current)	Impact (Current)	Current Risk Score	Current risk	What additional actions need to be completed?	Date Reviewed	Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk
5	LDC82	Increased demand for ADHD medication due to recovery work on the ADHD waiting list resulting in inadequate medical staffing capacity to manage all ADHD service demand.	11/07/2023	Objectives	Almost Certain	Severe	20	Significant	1.Current ADHD Consultant is reviewing the cases on the intervention waiting list and prioritising cases based on clinical need/risk. 2.ADHD Advanced Nurse offering review to children with ADHD who are low risk and settled on current treatment regime. 3.Non-medical prescriber contributing to the management of low-risk cases. 4.Pharmacist increased clinics to x4 per week to support increased demand. 5.Substantive consultant liaising with intervention team to determine best way to utilise/pool skills to meet need. 6.Cases are reviewed weekly to ensure oversight and can be expediated if required. 7.ADHD interventions Nurse, Admin lead and Operational Manager hold weekly huddles to review emails and manage medication reviews / repeat prescriptions requests. 8.Waiting list monitoring is in place to check the increasing demands and escalate this to Trust ODG and commissioners. 9.Text message to parents of children on waiting list to signpost to duty where further support will be offered as required.	1.ADHD treatment capacity and demand work is complete and has been highlighted at ODG. 2.Weekly waiting list reports reviewed by service and shared with commissioners. 3.Number of cases to be monitored through established meetings.	1.Services do not have the financial resources to maintain this high-level demand for ADHD medication. 2.Private ADHD diagnosis cases are sign posted to Humber for medication. 3.Right to choose cases	None identified.	Likely	Severe	16	Significant	1. Meeting to be arranged with ICB to discuss a long-term plan which meets new demands (31/12/2023)	11/09/2023	General Managers	Lynn Parkinson	Directorate Business Meeting / Executive Management Team	Trust Board	Unlikely	Severe	8	High

Agenda Item 19

Title & Date of Meeting:	Trust Board Public Meeting– 27 September 2023
Title of Report:	Board Assurance Framework Q2 2023/24
Author/s:	Executive Lead: Michele Moran, Chief Executive Oliver Sims Corporate Risk and Incident Manager
Recommendation:	

To approve		To discuss	
To note	√	To ratify	
For assurance			

Purpose of Paper:	The report provides the Trust Board with the Q2 2023/24 version of the Board Assurance Framework (BAF) allowing for the monitoring of progress against the Trust's six strategic goals.

Key Issues within the report:

Positive Assurances to Provide:

- The Q2 version of the Board Assurance Framework presented in the revised 2023/24 template approved by EMT in June 2023.

Key Actions Commissioned/Work Underway:

- Work has been completed to refresh the Trust Board Assurance Framework template for use in 2023/24 reporting in line with the refreshed trust strategy and feedback from the board development session.

Key Risks/Areas of Focus:

- No matter of concerns to highlight or key risks further to those included in the Board Assurance Framework to escalate.

Decisions Made:

Current assurance ratings for each section of the Board Assurance Framework:

Strategic Goal – Innovating for Quality and Patient Safety

- Overall rating 8 - High for Quarter 2 2023/24

Strategic Goal – Enhancing prevention, wellbeing, and recovery.

- Overall rating 12 - High for Quarter 2 2023/24

Strategic Goal – Fostering integration, partnerships, and alliances.

- Overall rating 8 - High for Quarter 2 2023/24

Strategic Goal – Promoting people, communities, and social values.

- Overall rating 6 - Moderate for Quarter 2

	2023/24 **Strategic Goal – Developing an effective and empowered workforce.** - Overall rating 8 - High for Quarter 2 2023/24 **Strategic Goal – Optimising an efficient and sustainable organisation.** - Overall rating 8 - High for Quarter 2 2023/24

Governance:

	Date		Date
Audit Committee	08/2023	Remuneration & Nominations Committee	
Quality Committee		Workforce & Organisational Development Committee	09/2023
Finance & Investment Committee		Executive Management Team	09/2023
Mental Health Legislation Committee		Operational Delivery Group	
Charitable Funds Committee		Collaborative Committee	
		Other (please detail)	

Monitoring and assurance framework summary:

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

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

Humber Teaching
NHS Foundation Trust

Board Assurance Framework

Quarter 2 2023/2024

Humber Teaching NHS Foundation Trust Strategic Goals / Objectives

Innovating for quality and patient safety	Enhancing prevention, wellbeing, and recovery	Fostering integration, partnerships, and alliances	Promoting people, communities, and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
Attain a CQC rating of outstanding for safety to inform our ultimate aim of achieving a rating of outstanding in recognition of our success in delivering high-quality, safe, responsive and accessible care. Use patient experience and other forms of best available evidence to inform practice developments and service delivery models for the services we provide and commission. Work collaboratively with our stakeholders to co-produce models of service delivery and deliver transformation programmes that meet the needs of the communities we serve and address health inequalities, both in our provider role and in our role as lead commissioner. Continually strive to improve access to our services and minimise the impact of waiting times for our patients, their carers and families. Shape the future of our health services and treatments by building on our existing research capacity, taking part in high-quality local and national research, embedding research as a core component of our frontline clinical services and translating research into action.	Focus on putting recovery at the heart of our care. This means supporting people using our services to build meaningful and satisfying lives, based on their own strengths and personal aims. We will offer holistic services to optimise health and wellbeing including our Recovery College, Health Trainers, Social Prescribing and Peer Support Workers. Empower adults, young people, children and their families to take control by becoming experts in their own self-care, making decisions and advocating for their needs. Work in partnership with our staff, patients, service users, carers and families to co-produce integrated services which take a collaborative, holistic and person-centred approach to care. Embed a trauma informed approach to supporting the people who use our services. In doing this, we will acknowledge people's experiences of physical and emotional harm and deliver our services in a way that enables them to feel safe and addresses their physical, psychological and emotional needs.	Use our system-wide understanding of our local population's health needs and our knowledge of the impact and effectiveness of interventions to plan services. Work closely with all six Place-based partnerships across Humber and North Yorkshire to facilitate collaboration and empower local systems. Place-based partnerships have responsibility for improving the health and wellbeing outcomes for the population, preventing ill health and addressing health inequalities at a local level. Collaborate with system partners to maximise the efficient and effective use of resources across health and care services. Work alongside our partners in health, social care, the voluntary, community and social enterprise sector, Healthwatch, local government and other fields to develop integrated services as part of the Humber and North Yorkshire Health and Care Partnership. Take a collaborative approach to facilitating the provision of modern innovative services, building on our role as Lead Provider for perinatal mental health and aspects of specialised mental health commissioning. Empower Humber staff to work with partners across organisational boundaries, embracing a 'one workforce' approach to enable patients to access the right support, in the right place, at the right time.	Take action to address health inequalities and the underlying causes of inequalities, both in our role as a provider of integrated health services and our role as a developing anchor institution, supporting the long-term aim of increasing life expectancy for our most deprived areas and for population groups experiencing poorer than average health access, experience, and outcomes. Celebrate the increasing cultural diversity of Humber, offering opportunities for our staff, patients, families and the communities we support to safely express their views and shape and influence our services. Work collaboratively with our partners in the voluntary sector to build on our shared strengths - our deep knowledge of service users' needs and our ability to respond to changing circumstances. Strengthen Humber's relationships with statutory partners including housing, education and Jobcentre Plus to deepen our understanding of our communities. Work alongside economic development and health and care system partners to ensure that our investments in facilities and services benefit local communities. Offer simplified routes into good employment for local people. Provide opportunities to people with lived experience of mental and physical ill health, autism and learning disabilities and people from communities experiencing deprivation.	Grow a community of leaders and managers across Humber with the capability, confidence, and values to create a highly engaged, high performing and continually improving culture. Ensure all colleagues are highly motivated to achieve outstanding results by creating a great employer experience, so that they feel valued and rewarded for doing an outstanding job; individually and collectively. Attract, recruit, and retain the best people by being an anchor employer within the locality; with roles filled by staff that feel happy and proud to work for Humber. Prioritise the health and wellbeing of our staff by understanding that staff bring their whole self to work, so we place mental and physical wellbeing at the heart of the individual's experience of working at Humber. Enable new ways of working and delivering health care, anticipating future demands and planning accordingly. Engage with schools, colleges, and universities to create a highly skilled and engaged workforce who want to grow and develop to deliver high-quality care. Develop a culture of learning, high engagement, continuous improvement, and high performance that builds on our values and enables us to realise the potential of our people. Maximise a diverse and inclusive workforce representative of the communities we serve.	Embrace new, safe and secure technologies to enhance patient care, improve productivity and support our workforce across the health and social care system. We will design technologies around the person's needs and will make sure that people are not excluded from accessing services due to digital poverty or poor rural connectivity. Work with our partners to optimise the efficiency and sustainability of the Humber and North Yorkshire Health and Care Partnership in our role as lead provider. Continue to develop our estate to provide safe, environmentally sustainable, and clinically effective environments that support operational delivery. Work with our partners and communities to minimise our effect on the environment to meet the NHS climate change target. Empower all staff to contribute to the efficiency and sustainability of the organisation by making informed decisions about the efficient use of resources.

RISK APPETITE

Strategic Goal	Executive Lead	Risk Appetite (Agreed by Trust Board April 2022)	Threshold Risk Score
Innovating for quality and patient safety	Director of Nursing	SEEK	15
Enhancing prevention, wellbeing, and recovery	Chief Operating Officer	SEEK	15
Fostering integration, partnerships, and alliances	Chief Executive	MATURE	15+
Promoting people, communities, and social values	Chief Executive	SEEK	15
Developing an effective and empowered workforce	Director of Workforce and OD	SEEK	15
Optimising an efficient and sustainable organisation	Director of Finance	MATURE	15+

RISK APPETITE DEFINITIONS	
Minimal (Low risk)	Preference for ultra-safe business delivery options that have a low degree of inherent risk and only have a potential for limited reward.
Cautious (Moderate risk)	Preference for safe delivery options that have a low degree of residual risk and may only have limited potential for reward.
Open (High risk)	Willing to consider all potential delivery options and choose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc.).
Seek (Significant risk)	Eager to be innovative and to choose options offering potentially higher business rewards, despite greater inherent risk.
Mature (Significant risk)	Consistent in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.

BOARD ASSURANCE FRAMEWORK SUMMARY

Strategic Goal	Risk	Executive Lead	Assuring Committee	Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)	Movement (From last Quarter)
				I	L	Rating I X L	I	L	Rating I X L			
Innovating for quality and patient safety	Quality and patient safety underpins all that we do. Failure to innovate for quality improvement and patient safety could result in service delivery not meeting required quality standards resulting in substandard care which could impact on patient safety and outcomes, trust reputation and CQC rating.	Director of Nursing	Quality Committee	**4**	**3**	**12 HIGH**	**4**	**2**	**8 HIGH**	**SEEK**	**IN**	⟷
Enhancing prevention, wellbeing, and recovery	Failing to enhance prevention, wellbeing and recovery could result in patients not accessing support and services that will address their health and care needs leading to poorer health outcomes and adversely widening health inequalities for our populations.	Chief Operating Officer	Quality Committee	**4**	**4**	**16 SIGNIFICANT**	**4**	**3**	**12 HIGH**	**SEEK**	**IN**	⟷
Fostering integration, partnerships, and alliances	Failure to foster integration, partnerships and alliance could result in the Trust not being able to influence the delivery of health and social care regionally, which could impact on the development of system-wide solutions that enhance ability to deliver excellent services.	Chief Executive	Audit Committee	**4**	**3**	**12 HIGH**	**4**	**2**	**8 HIGH**	**MATURE**	**IN**	⟷
Promoting people, communities, and social values	Failure to promote people, communities and social values may result in Trust services not having a measurable social impact which could affect the health of our population and cause increased demand for services.	Chief Executive	Quality Committee	**3**	**3**	**9 HIGH**	**3**	**2**	**6 MODERATE**	**SEEK**	**IN**	⟷
Developing an effective and empowered workforce	Failure to recruit and retain high-quality workforce could result in service delivery not meeting national and local quality standards resulting I substandard care being delivered which could impact on patient safety and outcomes	Director of Workforce and OD	Workforce and OD Committee	**4**	**3**	**12 HIGH**	**4**	**2**	**8 HIGH**	**SEEK**	**IN**	⟷
Optimising an efficient and sustainable organisation	Failure to optimise efficiencies in finances, technology and estates will inhibit the longer-term efficiency and sustainability of the Trust which will reduce any opportunities to invest in services where appropriate and put at risk the ability to meet financial targets set by our regulators.	Director of Finance	Finance and Investment Committee	**4**	**3**	**12 HIGH**	**4**	**2**	**8 HIGH**	**MATURE**	**IN**	↓

Innovating for quality and patient safety

Lead Director:	Lead Committee:
Dir. Nursing	Quality Committee

Quality and patient safety underpins all that we do. Failure to innovate for quality improvement and patient safety could result in service delivery not meeting national and local quality standards resulting in substandard care being delivered which could impact on patient safety and outcomes.

Risk Score: 8

Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)
I	L	Rating I X L	I	L	Rating I X L		
4	3	12 - HIGH	4	2	8 - HIGH	15	IN APPETITE

Risk Analysis	Q4 (2022/23)	Q4 (2022/23)	Q4 (2022/23)	Q1 (2023/24)
Current Risk Rating	8 HIGH	8 HIGH		
Risk Appetite Threshold	15	15		

Positive Assurance

- The Trust's current CQC rating is 'Good' (2019 assessment)
- Trust is rated green for 24 out of 29 aspects of statutory and mandatory training and amber for the remaining 5
- 0 incidents relating to medicine safety that have caused harm (moderate and above
- 0 incidents relating to safer staffing that have caused harm (moderate and above)
- 0 incidents relating to waiting list that have caused harm (moderate and above)
- 252 recorded Quality Improvement (QI) activities of which 134 were complete, 4 at idea stage/awaiting charters and 77 underway.
- QI training increased with 270 places delivered. In addition, 17 short overview sessions have been provided to a total of 172 attendees.
- 134 (62%) QI activities underway or complete have indicated that they have included Patients and Carers in the planning and delivery of the work.
- 54 (25%) QI activities have indicated that they have collaborated with organisations outside the Trust.
- NHS National Staff Survey 2022, 60.9% of staff said they strongly agreed/agreed to the statement 'I am able to make improvements happen in my area of work' (compared to the benchmark of 60.4%).
- The Trust is currently delivering against its Clinical Audit Plan

Trust waiting times data:	Aug 2023 (Baseline)	Trust Target
RTT - Early Interventions	93.3%	60%
RTT - IAPT 18 weeks	98.7%	95%

Negative Assurance / Gaps in Assurance

- Trust CQC rating for 'Safe.' Remains requires improvement (2019 assessment)
- Annual Medicine Administration compliance rate 30.8% (July 2023) improved from 17.74% in May, but with target of 85% Trust compliance.

Trust waiting times data:	Aug 2023 (Baseline)	Trust Target
RTT - Completed Pathways	85.2%	95%
RTT - Incomplete Pathways	65.1%	92%
RTT - 52 Week Waits	614	-
RTT - 52 Week Waits - Adult ASD	11	-
RTT - 52 Week Waits - Paediatric ASD	152	-
RTT - 52 Week Waits - CAMHS	11	-
RTT – 52 Week Waits – CYP ADHD	244	
RTT - Early Interventions	93.3%	60%
RTT - IAPT 6 Weeks	64.7%	75%
RTT - IAPT 18 weeks	98.7%	95%

Mitigating Actions to Address Gaps	Target Date	Action Lead	Quarterly Update on Actions
The Trust's Patient Safety Annual Report is due to be published in Autumn 2023	December 2023	Hilary Gledhill	Draft report generated and for review by EMT September 2023 following review at QPAS. The report will provide evidence of learning from patient safety incidents and will be incorporated into the next report.
Mitigating actions to manage waiting lists in place with regular reports to Board.	March 2024	Lynn Parkinson	Routine reports for waiting time performance to continue to be provided to Board. Paediatric ASD/ADHD Assessment waiting times are improving. Capacity and Demand work ongoing to identify areas for further support.

Enhancing prevention, wellbeing, and recovery

Lead Director: Chief Operating Officer

Lead Committee: Quality Committee

Failing to enhance prevention, wellbeing and recovery could result in patients not accessing support and services that will address their health and care needs leading to poorer health outcomes and adversely widening health inequalities for our populations.

Risk Score: 12

Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)
I	L	Rating I X L	I	L	Rating I X L		
4	4	16 - SIGNIFICANT	4	3	12 - HIGH	15	IN APPETITE

Risk Analysis	Q1 (2023/24)	Q2 (2023/24)	Q3 (2023/24)	Q4 (2023/24)
Current Risk Rating	12 HIGH	12 HIGH		
Risk Appetite Threshold	15	15		

Positive Assurance

- For the reporting period of October 2022 – March 2023, the Recovery College has seen:
  403 new sign ups
  147 course completions
- The current budget (2022/23) for the Recovery & Wellbeing College is £163,459. The Children's & LD Division have also invested £33,374 into the Children's Recovery College, with the addition of £7,080 from Digital.
- For the reporting period of September 2022 – February 2023, the IAPT Employment Advisers have started 277 people on employment support and the service has delivered a total of 1046 employment support sessions.
- For the reporting period of April 2022 – March 2023, the Wellbeing Recovery Employment Service (WRES) service have reported that 32 people referred to them have moved into employment.
- The results of the overall surveys completed where patients would recommend the Trust's services to their family and friends is currently at 90.1% (February 2023).
- At the end of Quarter 3 22/23, 134 (62%) of QI activities underway or complete have indicated that they have included Patients and Carers in planning and delivery of the work.
- The Trust currently has 17 panel volunteers (March 2023). Data on panel volunteer representation at interviews is not currently collected, but this is being discussed with HR.
- The Trust currently has 2 Patient Safety Partners (September 2023). The Involving Patients and Families Subgroup of the PSIRF has recently been set up; this is a new project which will help the Trust to look at ways it can recruit more Patient Safety Partners.

Negative Assurance / Gaps in Assurance

- The Recovery College full review of courses and prospectus.
- Mental Health Division to apply the principles to the Trauma Service.

Mitigating Actions to Address Gaps	Target Date	Action Lead	Quarterly Update on Actions
The Recovery College is currently going through a full review of courses and prospectus, with a transition back to more face-to-face sessions.	December 2023	Lynn Parkinson	Future reporting will capture both face-to-face and online attendance, and feedback will be captured more accurately. A new focus group is also being set up to help develop and co-produce future courses/sessions.
Development of Trauma in Care Strategy Task and Finish group.	December 2023	Lynn Parkinson	Trauma in Care Strategy Task and Finish group has been set up. The group is in its early stages and is currently in the process of producing an action plan for key pieces of work.
Development of trauma service principles within Mental Health Division	March 2024	Lynn Parkinson	Work is ongoing in the Mental Health Division to apply the principles to the Trauma Service.

Fostering integration, partnerships, and alliances

Lead Director: Chief Executive

Lead Committee: Audit Committee

Failure to foster integration, partnerships and alliance could result in the Trust not being able to influence the delivery of health and social care regionally, which could impact on the development of system-wide solutions that enhance ability to deliver excellent services.

Risk Score: 8

Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)
I	L	Rating I X L	I	L	Rating I X L		
4	3	12 - HIGH	4	2	8 - HIGH	15+	IN APPETITE

Risk Analysis	Q1 (2023/24)	Q2 (2023/24)	Q3 (2023/24)	Q4 (2023/24)
Current Risk Rating	8 HIGH	8 HIGH		
Risk Appetite Threshold	15	15		

Positive Assurance

- The Partnerships and Strategy Team carried out a mapping exercise in November 2022 looking at representation at Humber and North Yorkshire (HNY) Health and Care Partnership Boards and decisions making groups.
- The Partnerships and Strategy Team are working with the Contracting Team to establish a way of reporting on the value of the Trusts partnership-based contracts.
- The Trust's current Lead Provider funding from NHS England is £61 million.
- For February 2023, the Trust reported 9 patients Out of Area (over a total of 162 days). The percentage of Delayed Transfers of Care was at 11.7% for Adult and Older Peoples Mental Health and 0% for Inspire. This data will be used as the baseline position; in subsequent reports movement will be tracked against this baseline.
- The Trust has delivered a refreshed strategy that aligns to the Humber and North Yorkshire Health and Care Partnership Strategy: Reimagining Health and Care – An Integrated Strategy.
- At the end of Quarter 3 22/23, of the 252 recorded QI activities, 54 (25%) of them indicated that they have collaborated with organisations outside the Trust, and nearly 70% of QI charters indicated that they would benefit Partner Organisations. To share good practice and expertise, the Trust's QI Manager regularly attends meetings with QI leads across the Yorkshire and Humber region, as well as inviting external colleagues to the Trust's QI weeks and other activities.
- The Trust has contributed to the development of the HNY Health and Care Partnerships People and Workforce Strategy through representation of the Director of Workforce and OD at the ICBs Executive Committee for People. In addition, we have contributed to the HNY 180 days of action on workforce programme.

Negative Assurance / Gaps in Assurance

Annual internal and external stakeholder surveys for 2023

The Interweave Management Board is establishing data collection processes covering LHCR data sharing; this information will be available for the next report.

Mitigating Actions to Address Gaps	Target Date	Action Lead	Quarterly Update on Actions
Repeat mapping exercise looking at representation at Humber and North Yorkshire (HNY) Health and Care Partnership Boards and decisions making groups	June 2023	Michele Moran	Assessment previously undertaken November 2022 his was reviewed and discussed by EMT and will be repeated in 6 months' time.
Internal and external stakeholder surveys to look at the Trust's involvement in joint strategies and actions to address health inequalities at Place and ICS level.	October 2023	Michele Moran	Annual internal and external stakeholder surveys will run for October 2023 to look at the Trust's involvement in joint strategies and actions to address health inequalities at Place and ICS level, and at our ability to adapt service delivery models to address local needs.

Promoting people, communities, and social values

Lead Director:	Lead Committee:
Chief Executive	Quality Committee

Failure to promote people, communities and social values may result in Trust services not having a measurable social impact which could affect the health of our population and cause increased demand for services.

Risk Score: 6

Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)
I	L	Rating I X L	I	L	Rating I X L		
3	3	9 - HIGH	3	2	6 - MODERATE	15	IN APPETITE

Risk Analysis	Q1 (2023/24)	Q2 (2023/24)	Q3 (2023/24)	Q4 (2023/24)
Current Risk Rating	6 MODERATE	6 MODERATE		
Risk Appetite Threshold	15	15		

Positive Assurance

- We are working collaboratively with Place partners to develop place-based approaches to addressing inequalities; the Trust's Chief Executive is the Executive Sponsor for the East Riding Health and Care Committee Programme on Inclusion Health Groups.
- The Trust has committed to accelerating our adoption of the Patient and Carer Race Equality Framework in 2023/24. A meeting with the Framework's developers was held in March 2023 to deepen our understanding of the requirement.
- 17 VCSE organisations are part of the Humber Co-production Network (March 2023).
- We have significant contracts with VCSE organisations including Hull and East Yorkshire Mind, Navigo Health and Social Care, Care Plus Group, Matthew's Hub, Carer's Plus Yorkshire, Alcohol and Drug Service, and Relate; with a total spend of approximately £5.6million (April 2022 – March 2023).

Negative Assurance / Gaps in Assurance

- The Trust has started scoping our approach to health inequalities, gathering information on current activities and service models which address health inequalities as well as interrogating the data we hold on health inequalities with a focus on Core20Plus5. The Trust has set an aspiration to become a Marmot Trust and a Health Inequalities Workplan is being developed.
- An annual internal stakeholder survey will be run for October 2023 to give us detail on how the Trust is working with voluntary and community sector partners to design/deliver services.
- An annual internal stakeholder survey will be run for October 2023 to capture detail of how the Trust is involving statutory partners in strategic decision making and service design.
- Further work will be carried out in the future to explore how we can assess the point of view of our communities in terms of collaborative working.
- The Trust is at presently unable to report on the demographic profile of its Governors as their details are not inputted onto ESR.

Mitigating Actions to Address Gaps	Target Date	Action Lead	Quarterly Update on Actions
Internal stakeholder survey to give us detail on how the Trust is working with voluntary and community sector partners to design/deliver services.	October 2023	Michele Moran	Annual internal and external stakeholder surveys will run for October 2023 to look at the Trust's involvement in joint strategies and actions to address health inequalities at Place and ICS level, and at our ability to adapt service delivery models to address local needs.
Internal stakeholder survey to look at the how the Trust is involving statutory partners in strategic decision making and service design.	October 2023	Michele Moran	Annual internal and external stakeholder surveys will run for October 2023 to look at the Trust's involvement in joint strategies and actions to address health inequalities at Place and ICS level, and at our ability to adapt service delivery models to address local needs.

Developing an effective and empowered workforce

Lead Director:	Lead Committee:
Dir. of Workforce and OD	WFOD Committee

Failure to recruit and retain high-quality workforce could result in service delivery not meeting national and local quality standards resulting in substandard care being delivered which could impact on patient safety and outcomes

Risk Score: 8

Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)
I	L	Rating I X L	I	L	Rating I X L		
4	3	12 - HIGH	4	2	8 - HIGH	15	IN APPETITE

Risk Analysis	Q1 (2023/24)	Q2 (2023/24)	Q3 (2023/24)	Q4 (2023/24)
Current Risk Rating	8 HIGH	8 HIGH		
Risk Appetite Threshold	15	15		

Positive Assurance

- 9.98% vacancy rate (July 2023)
- Headcount of 3017.8 (July 2023)
- A rolling 12 monthly turnover rate figure of 13.80% reduced for three consecutive months (July 2023)
- In the latest NHS National Staff Survey 2022, the Trust scored above the benchmark average in 6 of the People Promise themes and equal to the benchmark average in the one remaining People Promise theme:
  We are compassionate and inclusive – 7.6 out of 10 (0.1 above average)
  We are recognised and rewarded – 6.4 out of 10 (0.1 above average)
  We each have a voice that counts – 7.1 out of 10 (0.1 above average)
  We are safe and healthy – 6.4 out of 10 (0.2 above average)
  We are always learning – 6 out of 10 (0.3 above average)
  We work flexibly – 6.9 out of 10 (0.2 above average)
  We are a team – 7.1 out of 10 (equal to the average)
- The Workforce Scorecard (July 2023) reported a rolling sickness rate figure of 5.25%, making the Trust rate lower than the North and East Yorkshire region.
- In the latest NHS National Staff Survey 2022, the Trust saw an improvement in the number of staff who agree/strongly agree that they "would recommend their organisation as a place to work" which has risen from 49% in 2019 to 63% in 2022, making the Trust same as the benchmark average and the third most improved in the country over that time-period. In 2017, the Trust was 15.2% worse than the benchmark average score.
- Medical Workforce Plan approved.
- Updated Trust workforce plan
- Ongoing monitoring of hard to recruit roles in the recruitment task and finish group.

Gaps in Assurance / Negative Assurance

- Registered Nursing vacancy rate July 2023 – 11.67%.
- Consultant vacancy rate July 2023 – 35.22%.
- General Practitioners vacancy rate July 2023 – 15.87%
- Representation of BAME staff in Band 7 or above roles is low and is an area of focus for the Trust.
- Representation of disabled staff in Band 8c-VSM roles is low and is an area of focus for the Trust.

Mitigating Actions to Address Gaps	Target Date	Action Lead	Quarterly Update on Actions
Ongoing communications around leadership development programme uptake and encouragements of BAME colleagues and those with disabilities and long-term conditions at all levels.	March 2024	Steve McGowan	A number of leadership development programmes have been developed at the Trust which seek to encourage participation of BAME colleagues and those with disabilities and long-term conditions at all levels.
Ongoing sponsorship of BAME colleagues and those with disabilities and long-term conditions at all levels for involvement with Trust Humber High Potential Development scheme.	March 2024	Steve McGowan	Ring fenced places on the Humber High Potential Development scheme for sponsorship by the staff networks, and access to the Trust Leadership (Band 4-7) and Strategic Leadership (Band 8a+) programmes with a Trust KPI for all those in leadership positions to access this.

Optimising an efficient and sustainable organisation

Lead Director:	Lead Committee:
Dir. Finance	FI Committee

Failure to optimise efficiencies in finances, technology and estates will inhibit the longer-term efficiency and sustainability of the Trust which will reduce any opportunities to invest in services where appropriate and put at risk the ability to meet financial targets set by our regulators.

Risk Score: 8

Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)
I	L	Rating I X L	I	L	Rating I X L		
4	3	12 - HIGH	4	3	12 - HIGH	15+	IN APPETITE

Risk Analysis	Q1 (2022/23)	Q2 (2022/23)	Q3 (2022/23)	Q4 (2022/23)
Current Risk Rating	12 HIGH	8 HIGH		
Risk Appetite Threshold	15+	15+		

Positive Assurance

- The Financial plan is progressing with the Trust pulling together the Commissioning Intentions for the Medium-Term Plan which will cover 3 years with 24/25 being year 1. The BRS is on target for 2023/24 and schemes are being formulated for 24/25.
- Overall the Trust has a high level of sustainability with a good cash position.
- The cash position at Month 5 stands at £22.971m. This position should improve as a number of invoices have recently been finalised which relate to the year to date and have incurred expenditure.
- Lead Provider: Month 2 position breakeven, according to plan and annual forecast
- Support to ICB continues with a breakeven plan and work on efficiencies**.** Only provider within ICB with a balanced plan for 23/24
- Our current PLACE scores as of Q1 are as follows:
  - Cleanliness – 97.86% (National average – 98.01%)
  - Food and Hydration – 92.57% (National average – 90.23%)
  - Privacy, Dignity and Wellbeing – 90.20% (National average – 86.08%)
  - Condition, Appearance and Maintenance – 94.25% (National average – 95.79%)
  - Dementia – 88.42% (National average – 80.60%)
  - Disability – 83.47% (National average – 82.49%)
- The Estates Strategy was signed off at Trust Board on 29th March 2023. Plans on how this will be monitored and reported against are to be finalised.
- Trust Data Quality Maturity Index (DQMI) score at 99% above national average (95%).

Negative Assurance / Gaps in Assurance

- Information on the usage of PLICS/costing data by staff across the Trust.
- Trust is moving tenant for Power BI imminently and once the Trust transfers licences to the NHS tenant, access to this data may not be possible.
- The Learning Centre are working with professional leads to scope and assess the training needs of the Trust in relation to finance training for non-finance managers.
- Details of staff understanding of Trust finance measures and controls.
- The Trust's National Cost Collection Index (NCCI) is 137 (based on 2021/22 data). The national average is 100.
- The Trust's organisational use of resources score is not currently available.
- As of April 2023, the Trust's estate footprint is 21.42m^2 per WTE staff (this baseline figure is based on the old Trust HQ building still being incorporated into the footprint and the new Trust HQ not being).
- The Estates Returns Information Collection (ERIC) submission is due in September 2023.
- The cost to eradicate high risk backlog maintenance is £716,850; and the cost to eradicate significant risk backlog maintenance is £6,349,655.
- Delivery of targets sets out in refreshed Digital Plan for completion through 2023/24.
- Delivery of targets set out in Trust Green Plan which sets out ambitions to achieve net zero by 2035 – 10 years ahead of government target of 2045.
- The Trust reported a deficit position of £0.250m at Month 5 due to pressures relating to the premises costs at Whitby hospital and Malton Hospital. This has been caused by third party providers increasing their costs which would have been met by the Humber and NY commissioners. The Commissioners are stating that they are unable to fund this increase. CFO is in discussions with eth Humber and NY ICS in terms of changing the Trust outturn forecast to £0.600m regarding this.

Mitigating Actions to Address Gaps	Target Date	Action Lead	Quarterly Update on Actions
An annual internal stakeholder survey will be run to collate details on staff understanding of Trust finance measures	October 2023	Pete Beckwith	The survey will collate details on staff understanding of Trust finance measures and controls and on how many staff read the Humber Financial Times.
The Learning Centre are working with professional leads to scope and assess the training needs of the Trust in relation to finance training for non-finance managers.	March 2024	Pete Beckwith	
Trust to continue to include on this measure in future reports to show trends over time. However, it is noted that the comparative data is flawed.	March 2024	Pete Beckwith	While we appear to be an outlier due to high costs, there are significant known discrepancies in the collated data which cause the cost of some Trusts to appear very low and skewing the overall National Cost Collection Index.

RISK SCORING MATRIX

			IMPACT				
			Negligible	Minor	Moderate	Severe	Catastrophic
			1	2	3	4	5
LIKELIHOOD	Almost Certain	5	5 x 1 = 5 **Moderate**	5 x 2 = 10 **High**	5 x 3 = 15 **Significant**	5 x 4 = 20 **Significant**	5 x 5 = 25 **Significant**
	Likely	4	4 x 1 = 4 **Moderate**	4 x 2 = 8 **High**	4 x 3 = 12 **High**	4 x 4 = 16 **Significant**	4 x 5 = 20 **Significant**
	Possible	3	3 x 1 = 3 **Low**	3 x 2 = 6 **Moderate**	3 x 3 = 9 **High**	3 x 4 = 12 **High**	3 x 5 = 15 **Significant**
	Unlikely	2	2 x 1 = 2 **Low**	2 x 2 = 4 **Moderate**	2 x 3 = 6 **Moderate**	2 x 4 = 8 **High**	2 x 5 = 10 **High**
	Rare	1	1 x 1 = 1 **Low**	1 x 2 = 2 **Low**	1 x 3 = 3 **Low**	1 x 4 = 4 **Moderate**	1 x 5 = 5 **Moderate**

RISK TERMINOLOGY DEFINITIONS

Initial Risk Rating	The initial risk rating represents the inherent or gross risk. It is the assessment of the risk prior to the consideration of any controls or mitigations in place.
Current Risk Rating	The current risk rating presents the residual risk level. It is the assessment of the risk after identification of controls, assurances and inherent gaps, reflecting how the risk is reduced in either likelihood of occurrence or impact should it occur.
Target Risk Rating	The assessment of the anticipated score following successful implementation of identified actions to create further controls. Target risk ratings must also be considered with regards to risk appetite and the level of risk the organisation is willing to accept.
Control	Risk controls represent any action that has been taken to mitigate the level risk. Controls can reduce the likelihood of a risk being realised or the impact of risk should it occur.
Assurance	Sources of evidence used to demonstrate the effectiveness of identified controls. Assurances sources also allow for monitoring of risk controls to ensure that they are appropriate.

Humber Teaching NHS Foundation Trust

Agenda Item 20

<table>
<tr><td>Title & Date of Meeting:</td><td>Trust Board Public Meeting 27 September 2023</td></tr>
<tr><td>Title of Report:</td><td>Compliance with the New Provider Licence</td></tr>
<tr><td>Author/s:</td><td>Pete Beckwith
Director of Finance

Stella Jackson
Head of Corporate Affairs</td></tr>
<tr><td>Recommendation:</td><td>
<table>
<tr><td>To approve</td><td></td><td>To discuss</td><td>x</td></tr>
<tr><td>To note</td><td></td><td>To ratify</td><td></td></tr>
<tr><td>For assurance</td><td></td><td></td><td></td></tr>
</table>
</td></tr>
<tr><td>Purpose of Paper:</td><td>This purpose of this paper is to provide the Trust Board with a summary of the annual declarations, evidence of how the Trust meets these declarations and to advise how the views of Governors will be taken into consideration.</td></tr>
<tr><td colspan="2">Key Issues within the report:

This report provides evidence of how the Trust continues to meet the terms of its Licence, elements of the NHS Act and its Constitution.</td></tr>
<tr><td>Positive Assurances to Provide:

• High level of assurance provided in June 2022 by Audit Yorkshire regarding the annual declarations process.
• The evidence of how the Trust meets the Licence conditions has been updated to incorporate the changes brought about by the new Licence and this is attached at Appendix A</td><td>Key Actions Commissioned/Work Underway:

• Evidence against the revised provider licence has been reviewed by the Executive Management Team.</td></tr>
<tr><td>Key Risks/Areas of Focus:

• None</td><td>Decisions Made:

The Trust Board is asked to:

○ Consider whether the information in Appendix A provides evidence that the Trust is meeting its licence conditions and in particular the new conditions WS1, WS2 and WS3.
○ Note that the report will be shared with Governors who will be invited to</td></tr>
</table>

	comment regarding the evidence provided.

Governance:				
		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	26/6/2023
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Monitoring and assurance framework summary:

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

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

Trust Board (September 2022)
Annual Declarations

1 Introduction and Purpose

This purpose of this paper is to provide the Trust Board with a summary of the annual declarations, evidence of how the Trust meets these declarations and to advise how the views of Governors will be taken into consideration.

2 Background

Up until the financial year 2023/24, NHS Providers were required to complete annual self-certifications (declarations) under the terms of the NHS provider licence. This requirement was removed from the Provider Licence which came into force on 1 April 2023.

The new licence does not require licence holders to publish a declaration of compliance but they are expected to self-assess their compliance against the conditions.

NHS England will not be monitoring compliance with the Licence and Integrated Care Boards will decide if and how they want to monitor compliance.

However, NHS England will use the licencing framework to take action against an NHS provider should a breach occur.

3 Declarations

In previous years the Trust has made the following declarations:

Declaration	Details
G6 (3)	Providers must certify that their Board has taken all necessary precautions to comply with the licence, NHS Act and NHS Constitution.
FT4 (8)	Providers must certify compliance with required governance standards and objectives
CoS7 (3)	Providers providing Commissioner Requested Services (CRS) have to certify that they have a reasonable expectation that required resources will be available to deliver designated services.

Evidence to support the above declarations is attached at Appendix A and B.

4 Next Steps

Whilst it is not mandated, it is considered good practice for the board to continue to receive and review evidence that it is compliant with its licence conditions.

Following review of this report a paper will also be presented to the Council of Governors to ensure their views are taken into consideration.

A final paper will be brought to the board in 2024 as part of the annual report and accounts processes.

5 Recommendation

The Trust Board is asked to:

- Consider whether the information in Appendix A provides evidence that the Trust is meeting its licence conditions and in particular the new conditions WS1, WS2 and WS3.
- Note that the report will be shared with Governors who will be invited to comment regarding the evidence provided.

Appendix A
Licence Conditions:

Condition	Explanation	Comments
Trust Working in Systems (WS)		
WS1. Cooperation	Requirement for NHS providers to carry out their legal duties to co-operate with NHS bodies and with local authorities, having regard to any guidance produced regarding cooperation.	• The Trust CEO is a member of the ICB Board • The Trust has active participation across the ICB in various groups
WS2. The Triple Aim	Obliged, when making decisions, to comply with the Triple Aim duty and any guidance published by NHS England regarding this.	• The Trust consider all aspects of the Triple aim when making decisions (Improving Patient Experience, Improving Value for Money, Improving Population Health). • The Trust will comply with any guidance issued by NHS England
WS3. Digital Transformation	Requirement to comply with required levels of digital maturity as set out in guidance published by NHS England	• The Trust has submitted the core and context Digital Maturity Assessment in May 2023. The response has been created within the current digital governance oversight. • The Trust digital governance has been updated to reflect what good looks like framework. • The Trust are identified as having a level 2 Electronic Patient Record and are currently procuring a second-generation Electronic Patient Record as part of the Front Line Digitisation Programme.
General licence conditions (G)		
G1. Provision of information	Obligation to provide NHS England with any information it requires for its licensing functions.	• The Trust complies with any NHS England requests for information and complies with the reporting requirements as set out in the Single Oversight Framework. • The Trust has robust data collection and validation processes. • Accurate, complete and timely information is produced and submitted to third parties to meet specific requirements. • The Trust makes monthly submissions to NHS England

Condition	Explanation	Comments
G2. Publication of information	Obligation to publish such information as NHS England may require regarding the health care services it provides for the purposes of the NHS.	• The Trust Board of Directors continues to meet in public with digital access available to view meetings. • Agendas, minutes and papers are published on the Trust's website. • Public Board meetings include updates on operational performance, quality and finance. • The Trust's website contains a variety of information and referral point information should the public require further information. • The Trust Publishes Quality Accounts and Annual Report. • The Trust responds to Freedom of Information requests • The Board Assurance Framework and Trust Wide Risk Register are reported to the Board quarterly. • The Council of Governors receives regular communication about the work of the Trust. • The Trust complies with its obligations under Duty of Candour.
G3. Fit and proper persons as Governors and Directors	Prevents licensees from allowing unfit persons to become or continue as governors or directors.	• Governors and Members of the Board of Directors are required to make an annual declaration to ensure that they continue to meet the Fit and Proper Persons Test.
G4. NHS England guidance	Requires licensees to have regard to NHS England guidance.	• The Trust responds to guidance issued by NHS England. • Submissions and information provided to NHS England are approved through relevant and appropriate authorisation processes. • The Trust has regard to NHS England guidance with reports to Board and Council of Governors providing assurance.
G5. Systems for compliance with licence conditions and related obligations	Requires providers to take reasonable precautions against risk of failure to comply with the licence.	• The Trust's Internal Auditors (Audit Yorkshire) considered the Board Assurance Framework and Risk Management as part of the 2020/21 audit work programme; the outcome provided 'High' assurance. • Previously governance arrangements (Board & Committee Effectiveness) were reviewed as part of the 2018/19 internal audit programme, providing 'good' assurance. Governance arrangements in relation to Board & Committee Effectiveness remain in place and follow the process which was audited in 2018/19. • Previously governance arrangements (Board & Committee Effectiveness) were reviewed as part of the 2018/19 internal audit programme, providing 'good' assurance. • The Board Assurance Framework and Trust Wide Risk Register are reported to the Board quarterly as well as relevant parts to the sub-committees of the Board and Executive Management Team.

Condition	Explanation	Comments
		• Annual Governance Statement • The 2021/22 Annual Head of Internal Audit Opinion provided 'Significant' Assurance
G6. Registration with the Care Quality Commission (CQC)	Requires providers to be registered with the CQC and to notify NHS England if their registration is cancelled.	• The Trust is registered with the Care Quality Commission (CQC). • The Trust's last full CQC inspection was in 2019 and assessed the Trust as 'Good' • The Quality Committee has reviewed all evidence to support submissions made to the CQC • The Trust Board and Quality Committee has oversight of any CQC Action Plans
G7. Patient eligibility and selection criteria	Requires licence holders to set transparent eligibility and selection criteria for patients and apply these in a transparent manner.	• Details of Services the Trust provides are published on the Trust's website • Patients referred to the Trust are not selected on any eligibility grounds. • Eligibility is defined through commissioner contracts and patient choice • Treatment decisions are made on clinical grounds and treatment options (risks and benefit) are discussed with the patient through the consent to treatment process.
G8. Application of section 6 (Continuity of Services)	Sets out the conditions under which a service will be designated as a CRS	• CRS are defined in the Trusts contracts with Clinical Commissioning Groups
Costing conditions (P)		
C1. Obtaining, recording and maintaining sufficient information about expended costs	Obligation of licensees to record information, particularly about costs consistent with the guidance in NHS England's Approved Costing Guidance.	• The Trust has well established systems for coding, collection, retention and analysis of activity and cost information. • The 2020/21 Internal Audit Programme undertook an audit of the National Cost Collection provided 'High' assurance
C2. Provision of information	Obligation to submit the above to NHS England.	• The Trust responds to guidance and requests from NHS England.
C3. Assurance regarding the accuracy of pricing and costing information.	Obliges Providers to have processes in place to ensure itself of the accuracy and completeness of costing and other relevant information collected and submitted to NHS England.	• The Trust Board have signed off the process in relation to National Cost Collection (July 2023).

Condition	Explanation	Comments
Pricing Condition (P)		
P1. Compliance with the NHS payment scheme	Obligation to comply with the rules, and apply the methods, concerning charging for the provision of health care services for the purposes of the NHS contained in the NHS Payment Scheme published by NHS England	• All Trust contracts are agreed annually and are in line with the NHS payment scheme where applicable.

Integrated care condition (IC)		
IC1. Provision of integrated care	Requires Licensee to act in the interests of people who use healthcare services by ensuring service provision is integrated with the provision of such services by others and enables co-operation with other providers.	• The Trust actively works with its partners, through formal and informal mechanisms to foster and enable integrated care, including lead provider arrangements where appropriate. • A number of services provided are done so through partnership working with other local stakeholders. • The Trust has become the lead provider in the Humber Coast and Vale Geography for the following specialised Mental Health Services o Adult Secure inpatient care (Low/Medium Secure) o Children's and Adolescent Mental Health Inpatient Services o Adult Eating Disorders Inpatient Services
IC2. Personalised Care and Patient Choice	Obligation to: Support the implementation and delivery of personalised care by complying with legislation and having due regard to guidance. Offer service users information, choice and control to manage their own health and wellbeing to meet their own needs, working in partnership with other services as required. Ensure service users are informed, as applicable, when they have a choice of provider and that the information assists them in making well informed choices. Not offering gifts, benefits or pecuniary or other advantages to clinicians, other health professionals, commissioners or their staff as inducements to refer patients or commission services	• The Trust has in place a service directory setting out the services available. • Commissioners monitor the Trust's compliance with the legal right of choice as part of contract monitoring in line with NHS Standard Contract requirements.

Continuity of service (CoS)		
CoS1. Continuing provision of Commissioner Requested Services (CRS)	Prevents licensees from ceasing to provide CRS or from changing the way in which they provide CRS without the agreement of relevant commissioners.	• The Current Contracts with commissioners require agreement with commissioners on the ways CRS services are provided.
CoS2. Restriction on the disposal of assets	Licensees must keep an up-to-date register of relevant assets used in commissioner requested services (CRS) and to seek NHS England's consent before disposing of these assets **if** NHS England has concerns about the licensee continuing as a going concern.	• The Trust maintains a full capital asset register. • Any disposals are reported/approved by the Trust Board
CoS3. Standards of corporate governance, financial management and quality governance	Licensees are required to adopt and apply systems and standards of corporate governance, quality governance and financial management, which would be regarded as appropriate for a provider of NHS services, enable the Trust to continue as a going concern and provide reasonable safeguards against the licensee being unable to deliver services due to quality stress.	• The Trust has Standing Orders, Standing Financial Instructions and a Scheme of Delegation in place, refreshed May 2023. • The Board of Directors/Executive Management Team receive regular performance reports aligned to the Trust Strategic Goals. • The Trust has a Board Assurance Framework and Risk Register which is reviewed quarterly • The Trust's Internal Auditors review risk management processes as part of the strategic audit plan. • The Trust has a current CQC rating of 'Good' for Well Led
CoS4. Undertaking from the ultimate controller	Requires licensees to put a legally enforceable agreement in place to stop the ultimate controller from taking action that would cause the licensee to breach its licensing conditions.	• The Trust does not operate and is not governed by an Ultimate Controller arrangement, so this License Condition does not apply.
CoS5. Risk pool levy	Obliges licensees to contribute to the funding of the 'risk pool' (insurance mechanism to pay for vital services if a provider fails).	• The Trust currently contributes to the NHS Litigation Authority (NHS Protect) risk pool for clinical negligence and public liability schemes.
CoS6. Co-operation in the event of financial or quality stress	Applies when a licensee receives notice from NHS England regarding the ability of the licensee to continue to provide commissioner requested services due to a quality stress or carry on as a going concern.	• The Trust has not received any such notices from regulators • The Trust would full comply with this condition if required.

CoS7. Availability of resources*	Requires licenses to act in a way that secures resources to operate commissioner requested services (CRS).	• The Trust has maintained a bank balance of circa £25m+ • The Trust has an approved budget. • The Trust continues to complete its accounts on a going concern basis and there are no indications this will change **** This is a declaration on behalf of the Trust as part of the annual submissions***
Foundation Trust conditions (FT)		
NHS1. Information to update the register of NHS foundation trusts	Obliges foundation trusts to provide information to NHS England.	• The Trust has provided NHS England with a copy of its NHS Foundation Trust Constitution • The Trust has provided NHS England with a copy of its Board approved Annual Report and Accounts.
NHS2.NHS Foundation Trust governance arrangements	Obliges the Licensee to apply principles, systems and standards of good corporate governance.	• The Trust reports, via its Annual Report, on its compliance against the NHS Foundation Trust Code of Governance. • Succession planning on the Board was considered in 2022 • The Board has an Annual workplan which ensures decisions are made in a timely way • Evidence regarding the Trust's compliance with its Licence conditions is considered on an annual basis. **** Evidence against this submission is detailed in*** **appendix B.**

Appendix B –
Condition FT4 (8): the provider has complied with required governance arrangements

	Statement	Sources of Evidence and Assurance
1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	Scheme of Delegation, Reservation of Powers and Standing Financial Instructions have been updated and refreshed – May 2023 Board. Constitution has been reviewed and updated
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Trust Wide Risk Register Board Assurance Framework Board Performance Reports Finance Report
3	The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	Committee Structures well established Committee Effectiveness reviews are reported to Trust Board Annually Clear Accountability through EMT and Executive Directors Portfolios. Level 3 performance reports and 'ward to board' reporting. Well Led Review has taken place and all recommendations have been implemented.
4	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business	*External Audit Opinion on VFM (ISA260)* *Going Concern review* *Annual Governance Statement* All Statutory requirements met Delivered Financial Targets in 2022/23*)* Previous use of Resource Score of 2 *(currently not recorded)* Trust plan agreed to its financial targets for 2023/24 Monthly Performance report to Trust Board Quality Report to Quality Committee Monthly returns to NHS Improvement Risk Register and Board Assurance Framework Annual Report on non-clinical safety presented to Trust Board *Annual Report and Accounts* *Annual Quality Report*

	Statement	Sources of Evidence and Assurance
	plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.	
5	The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; (c) The collection of accurate, comprehensive, timely and up to date information on quality of care; (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.	Board Skill Mix CQC well led rating of Good Board Development Programme Standing Items to Board • Performance Report • Finance • Chief Executive Update including ○ Nursing Update ○ Operations Update ○ Medical Update ○ HR Update Refreshed Trust Strategic Objectives Patient and Staff Stories reported to Board Programme of Exec Visits (Virtual and Physical) Friends and Family Test CQC Action Plan/Improvement Plan Midday Mail/Midweek Global EMT New Headlines Board Talk Meet with Michele
6	The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.	Trust Board undertake Fit and Proper Persons Test Board Secretary maintains declarations of interest register Staffing Figures reported to the board regularly. Trust Workforce Strategy Workforce included in Service Plans The Trust has an established Workforce Committee

Humber Teaching NHS Foundation Trust

Agenda Item 21

Title & Date of Meeting:	Trust Board Public Meeting – 27 September 2023
Title of Report:	'A framework of quality assurance for responsible officers and revalidation' Annex D – annual board report and statement of compliance
Author/s:	Dr Dasari Michael, Responsible Officer Dr Srikanth Sajja, Appraisal Lead Gillian Wicks, Head of Medical Education & Medical Directorate Business Jane Lloyd, Appraisal & Revalidation Officer
Recommendation:	

To approve	√	To discuss	√
To note		To ratify	
For assurance			

Purpose of Paper:	This report summaries activity relating to appraisal and revalidation processes for 2022/23. The Board is requested to receive this report for information. • Note that the report will be shared with the Tier 2 Responsible Officer, NHS England. • Note the Statement of Compliance confirms that the Trust, as a Designated Body, is in compliance with the regulations. This will be signed by the HTFT Chief Executive as required by NHS England.

Key Issues within the report:

Positive Assurances to Provide:	**Key Actions Commissioned/Work Underway:**
• The Medical Revalidation Team will continue to deliver regular Revalidation/Appraisal meetings, Appraisal Forums and continue to organise training courses to include new appraiser training and appraiser refresher training. • The Medical Revalidation Team will continue to seek to recruit additional appraisers to ensure the Appraisal and Revalidation procedure remains impartial, effective, and compliant. • The peer review process will be	• Work will continue to ensure the establishment and roll out of a robust peer review process. • Liaising with L2P to ensure the appraisal system is updated to reflect changes to 'Good Medical Practice' as required. This includes updating the names of the four domains.

implemented fully in 2023/24. • The Responsible Officer and Revalidation Team will ensure that intended changes to the GMC's 'Good Medical Practice' document are communicated to all appraisers and appraisees in a timely manner. The team will continue to attend RO and appraiser networks to ensure information relating to these changes is up to date and relevant.	
Key Risks/Areas of Focus: • There are no matters of concern or key risks to escalate.	**Decisions Made:** • No significant new actions, simply retention of existing actions which mainly relate to maintenance, standards of good practice and compliance with policy and quality assurance process.

Governance:

	Date		Date
Audit Committee		Remuneration & Nominations Committee	
Quality Committee		Workforce & Organisational Development Committee	
Finance & Investment Committee		Executive Management Team	29.8.23
Mental Health Legislation Committee		Operational Delivery Group	
Charitable Funds Committee		Collaborative Committee	
		Other (please detail)	

Monitoring and assurance framework summary:

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

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

Classification: Official

Publication reference: PR1844

A framework of quality assurance for responsible officers and revalidation

Annex D – annual board report and statement of compliance

Version 1.1 Feb 2023

Contents

Introduction:

The Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation was first published in April 2014 and comprised of the main FQA document and seven annexes A – G.

In 2019 a review of the Annual Organisational Audit (AOA), Board Report template and the Statement of Compliance concluded with a slimmed down version of the AOA (Annex C) and a revised Board Report template (Annex D), which was combined with the Statement of Compliance (previously listed as Annex E) for efficiency and simplicity.

The AOA exercise has been stood down since 2020 but has been adapted so that organisations have still been able to report on their appraisal rates.

Whilst a designated body with significant groups of doctors (e.g. consultants, SAS and locum doctors) will find it useful to maintain internal audit data of the appraisal rates in each group, the high-level overall rate requested in the table provided is enough information to demonstrate compliance.

The purpose of this Board Report template is to guide organisations by setting out the key requirements for compliance with regulations and key national guidance, and provides a format to review these requirements, so that the designated body can demonstrate not only basic compliance but continued improvement over time. Completion of the template will therefore:

a) help the designated body in its pursuit of quality improvement,
b) provide the necessary assurance to the higher-level responsible officer,
c) act as evidence for CQC inspections.

Designated Body Annual Board Report

Section 1 – General:

The board and executive management team of Humber Teaching NHS Foundation Trust can confirm that:

1. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Action from last year: The Revalidation Team continues to attend updates/refresher training as part of the RO Network 2022/23. Comments: In full compliance with the regulations, Dr Dasari Michael is the designated Responsible Officer (from 1st July 2022), he has completed all necessary training for this role and is also a member of the Regional Responsible Officers network. Dr Michael himself is compliant in relation to appraisal and revalidation. Action for next year: No new action for 2023/24 – Retained action to continue to attend any updates/refresher training as part of the RO Network.

2. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes – the designated body provides sufficient funds, capacity and other resources for the RO to carry out the responsibilities of the role. Action from last year: Continue to utilise all resources effectively to ensure the RO can carry out the responsibilities of the role fully. Comments: The Appraisal Lead was appointed in April 2018; the post holder receives 1PA remuneration for the role. The Appraisal Lead and Responsible Officer are supported by a part time Revalidation Officer and by the Head of Medical Education & Medical Directorate Business. The Trust currently has 8 trained appraisers (and is in the process of further recruitment to medical appraiser roles); this ensures that all doctors receive an annual appraisal (where appropriate). The L2P system is fully implemented in the Trust; this system supports doctors to collect all required and supporting information for appraisal and ensures sufficient time to participate in annual appraisal effectively. Actions for next year: Retained action - Continue to utilise all resources effectively to ensure the RO can carry out the responsibilities of his role fully. Explore mechanisms to aid the recruit of additional appraisers and retain existing appraisers.

Plan to recruit a Deputy Appraisal Lead (1PA remuneration).

3. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

Action from last year: Continue to update and maintain information systems as necessary.

Comments: The L2P system is fully implemented across the Trust and this system is used effectively to manage appraisals and record appraisal compliance (including engagement/completion of 360 Multisource appraisals), individual doctor's details in relation to their continuing professional development (CPD), preparation for, and completion of, appraisal and any issues or concerns raised during the appraisal process. The system also hosts a medical educator's module available to all doctors and medical educators in the Trust. This system, and information contained within the system, is maintained by the Revalidation Officer. The record of licensed medical professionals held within the L2P system is regularly cross-checked/validated with the record of licensed medical practitioners held on GMC Connect.

Action for next year: Retained action - Continue to update and maintain information systems as necessary.

4. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Action from last year: Undertake full, formal review of the Trust Medical Revalidation & Appraisal Policy.

Comments: Full, formal, review of the Trust Medical Revalidation & Appraisal Policy was undertaken and completed in March 2023. The Trust Medical Revalidation and Appraisal Policy is designed to incorporate the principles outlined in the NHS England Revalidation Policy, National Guidance, and guidance from the GMC. This policy also complies with equality and diversity legislation.

Action for next year: Amend policy if required, in line with any changes to Trust and national guidance. Formal Policy review required by March 2026.

5. A peer review has been undertaken (where possible) of this organisation's appraisal and revalidation processes.

Actions from last year – To progress dialogue with potential partner organisation to allow a joint process to be agreed and established for external peer review. Comments: Discussions have been held with a neighbouring NHS Trust regarding developing a partnership approach to peer review. However, due to Covid impacting on capacity, the process development and roll out has been delayed. Discussions are also being held around an internal peer review process. The implementation of a robust peer review process is a key objective for 2023/24. Action for next year: To progress dialogue with potential partner organisation to allow a joint process to be agreed and established for external peer review and/or agreed internal process for peer review. This is a key objective for 2023/24.

6. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

Action from last year: The Trust will continue to request that all long-term locums provide confirmation that they have had a necessary appraisal and continue sharing their appraisals with the Trust. Information sharing process relating to the Agency Locum doctor's appraisal between both Responsible Officers will be reviewed. Comments: All doctors employed by the Trust on either a substantive or fixed term basis are expected to comply with the local Medical and National Revalidation Policy. Short term doctors are treated in the same way as permanent medical staff in relation to expectations about appraisal and revalidation. Agency Locum doctors (not employed by the Trust but working in the Trust) are supported to meet their CPD requirements and attend the weekly Postgraduate Teaching Programme and peer group meetings, however, their responsible officer requirement sits with their agency Responsible Officer. It is requested that Locum Doctors share with the Revalidation Team their most recent appraisal in PDF Format. All agency locums are required to comply with the NHSE Information Flows guidance. Routine information, in the form of the doctors most recent appraisal, should be supplied by the doctor to the Trust. Also, anything of note will be expected to flow from doctors RO to the Trust RO and vice versa. This is routine information as required by the Trust to enhance patient safety, ensure good governance, and maintain good practice.

Action for next year: The Trust will continue to request that all long-term locums will confirm that they have had a necessary appraisal and continue sharing their appraisals with the Trust.

Section 2a – Effective Appraisal

1.All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.[1]

Action from last year: To maintain existing standards to comply with Medical Revalidation and Appraisal Policy. The external peer review process will be used to provide quality assurance.

Comments: MAG 2022 model was implemented in 2023, following the Appraisal 2020 version used during the Covid-19 pandemic, a flexible approach to appraisals was adopted during that period.

In compliance with the local 'Medical Revalidation and Appraisal' Policy all doctors, prior to their appraisal are provided with pertinent information from the Risk Management Department relating to Serious Incidents (SI's)/significant events/clinical incidents and complaints in which they have been named. A reflection regarding wellbeing during the pandemic is included in their appraisals. The focus is mainly on discussion in the appraisal meeting even if there is minimum supporting information submitted by the appraisee. This information is included within the appraisal and reviewed by the appraiser.

Action for next year: To maintain existing standards to comply with Medical Revalidation and Appraisal Policy. The external peer review process will be used to provide quality assurance.

2. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

Action from last year: N/A

Comments: Not Applicable – see response to Question 1 above.

Action for next year: N/A

[1] For organisations that have adopted the Appraisal 2020 model (recently updated aby the Academy of Medical Royal Colleges as the Medical Appraisal Guide 2022), there is a reduced requirement for preparation by the doctor and a greater emphasis on verbal reflection and discussion in appraisal meetings. Organisations might therefore choose to reflect on the impact of this change. Those organisations that have not yet moved to the revised model may want to describe their plans in this respect.

3. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Action from last year: Next formal policy review is due by January 2023; however, it is accepted that the policy may require earlier review in line with any local or national changes in policy and/or guidance. The Trust Medical Revalidation and Appraisal Policy is designed to incorporate the principles outlined in the NHS England Revalidation Policy, national guidance, and guidance from the GMC. The policy is reviewed and updated at specified intervals, or intermittently as required. All medical policies are ratified through the Local Negotiating Committee (LNC) and signed off by the Executive Management Team (EMT). Action for next year: Next formal policy review is due by March 2026; however, it is accepted that the policy may require earlier review in line with any local or national changes in policy and/or guidance.

4. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year: Continue to ensure appraisals are completed in a timely manner and maintain/increase the number of qualified Appraisers. Comments: Medical Appraisers are recruited and selected by the Trust in accordance with national guidance. The Trust currently has 8 trained appointed appraisers to meet need, and this ensures that all doctors receive an annual appraisal (where appropriate) in a timely manner. There are plans to recruit to the appraiser pool over the next 12 months to further strengthen our position. Appraiser allocation takes place on an annual basis; this is led by the Appraisal Lead and ensures adequate notice for Appraisees. Work is also ongoing around remuneration for appraisers to aid recruitment and retention in this group. Action for next year: Continue to ensure appraisals are completed in a timely manner and maintain/increase the number of qualified Appraisers.

5. Medical appraisers participate in ongoing performance review and training/ development activities, to include attendance at appraisal

network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers[2] or equivalent).

Action from last year: Action from last year: RO, Appraisal Lead, Head of Medical Education & Medical Directorate Business, and Revalidation Officer regularly attend regional network meetings and continue to expand on existing good practice. Comments: RO, Appraisal Lead, Head of Medical Education & Medical Directorate Business, and Revalidation Officer regularly attend regional network meetings and disseminate relevant information through local Appraiser meetings to facilitate personal development of the appraisers and maintain the standards of the appraisal process. All Medical appraisers have completed a suitable training programme before undertaking any appraisals. All Appraisers have access to medical leadership and support, and the Trust operates a regular Appraiser meeting which allows peer review and learning to take place. There is a system in place to obtain feedback for Appraisers on the appraisal process; the Appraisal Lead facilitates this process and gives the feedback to the appraisers. Action for next year: Retained action - Continue to maintain and expand on existing good practice. An Appraisal Forum will be arranged in 2023/24. Appraiser refresher training and new appraiser training will also be facilitated.

6. The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Action from last year: Continue to maintain and build on local appraisal quality assurance processes and ensure the dissemination of learning. Comments: Actions completed include Appraisal Summary Review Audit, Appraisee Feedback Questionnaire Audit, Appraiser Review Meeting between Appraisal Lead and Appraisers, Patient Satisfaction Survey and second Appraisal Forum (CPD event) completed by the Appraisal Lead in 2020/2021. Plans for a further Appraisal Forum to be held around October 2023. Action for next year: Retained action - Continue to maintain and build on local appraisal quality assurance processes and ensure the dissemination of learning.

[2] http://www.england.nhs.uk/revalidation/ro/app-syst/

Section 2b – Appraisal Data

1. The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions can be recorded in the table below.

Name of organisation: Humber Teaching NHS Foundation Trust	
Total number of doctors with a prescribed connection as at 31 March 2023	48
Total number of appraisals undertaken between 1 April 2022 and 31 March 2023	48
Total number of appraisals not undertaken between 1 April 2022 and 31 March 2023	0
Total number of agreed exceptions	0

Section 3 – Recommendations to the GMC

1. Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

Action from last year: Continue to maintain standards of good practice and remain compliant.

Comments: The RO makes timely recommendations to the GMC as required in line with protocol. The RO ensures that the Trust Board are informed/advised of any late or missed recommendations with an explanation and reasons for any deferral submissions.

Action for next year: Retained action - Continue to maintain standards of good practice and remain compliant.

2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

Action from last year: Continue to maintain standards of good practice.

Comments: All recommendations made to the GMC are confirmed in a timely manner with the doctor along with the reason/s for the recommendation. Discussion is held with individual doctor/s before the submission of a recommendation as required.

Action for next year: Retained action - Continue to maintain standards of good practice.

Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

Action from last year: No actions for 2022/23 as no changes were anticipated.

Comments: For appraisal doctors are routinely provided with information regarding complaints, SI's, etc. in which they have been named and a reflection is included in the appraisal. The Responsible Officer has quarterly booked meetings with the employer liaison adviser (ELA) from the GMC which discusses ongoing developments and challenges.

Action for next year: No changes anticipated for 2023/24.

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Action from last year: An external peer review will be conducted in the next 12 months to provide assurance with regard to the quality of Trust appraisal processes and documentation.

Comments: The performance of all doctors is monitored as part of the annual job planning process. Systems are in place to monitor the fitness to practice of doctors working in the Trust. Relevant information is also shared with other organisations in which a doctor works, where necessary. The Trust also has a system in place to link complaints, SI's, incidents etc. to individual doctors and appraisees are provided with this information for appraisal. Appraisal reviews and re-audits have been completed by the Appraisal Lead in the Trust. This will be expanded moving forward to include peer review.

Action for next year: Retained action - Implement peer review process.

3. There is a process established for responding to concerns about any licensed medical practitioner's[1] fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Action from last year: Next formal review of the Medical Revalidation and Appraisal Policy is due January 2023 and the Trust Disciplinary policy 2025. It is accepted that the policy may require earlier review in line with any local or national changes in policy and/or guidance. Conduct policy update and review as required. Comments: The local Medical Disciplinary Policy is in line with, and based on, Maintaining High Professional Standards in the Modern NHS (MHPS). This policy outlines the process by which to respond to concerns relating to fitness to practice and includes process arrangements for investigation and intervention for capability, conduct, health and fitness to practice concerns. The policy has been ratified through the Local Negotiating Committee (LNC) and by Executive Management Team (EMT). Links with the PPA are well established, and regular meetings take place between the Medical Director and the GMC Employer Liaison Adviser (ELA). Trust policy ensures there is a formal procedure in place which allows colleagues to raise concerns. Following audit and scrutiny the local policy was reviewed and updated. The final document was ratified though the Local Negotiating Committee (LNC) and Executive Management Team (EMT). Action for next year: Retained action – Next formal review of the Medical Revalidation and Appraisal Policy is due March 2026. It is accepted that the policy may require earlier review in line with any local or national changes in policy and/or guidance.

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors.[3]

Action from last year: Continue to maintain existing standards or practice Comments: In relation to concerns relating to a doctor/s the Medical Director provides an annual report to the Trust Board detailing number of

[3] This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

concerns, types of concern and outcome from previous year. Information relating to numbers, type, and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors is the responsibility of the HR Department who has s designated lead for E&D.

Action for next year: Retained action – Continue to maintain existing standards of practice.

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.[4]

Action from last year: Action from last year: Continue to maintain good practice, the Directorate will continue to work with the Primary Care group to ensure similar standards are maintained across the organisation for either locums or trust salaried GP's (these have a different RO network as they are on the Performers list which is a distinct entity for General Practitioners).

Comments: All Consultant and SAS doctor appointments are subject to pre-employment checks in line with the NHS Employment Check Standards. As part of these checks the Trust insists on a sharing of the doctor's appraisal history and portfolio from the previous RO and the completion of transfer of appraisal information form (MPIT form). All conditional employment offer letters request that the prospective employee provides contact details of their RO. In the case of Agency doctors, feedback is provided to their RO in the form of an exit form once their placement with the Trust ends.

Action for next year: Retained action - Continue to maintain good practice, the Directorate will continue to work with the Primary Care group to ensure similar standards are maintained across the organisation for either locums or trust salaried GP's (these have a different RO network as they are on the Performers list which is a distinct entity for General Practitioners)

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

[4] The Medical Profession (Responsible Officers) Regulations 2011, regulation 11: http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents

Action from last year: No action from 2022/23

Comments: The Medical Revalidation and Appraisal Policy and the Disciplinary policy and other Trust policies are subject to Equality Impact Assessment (EIA). Policies contain the right of appeal where relevant. Advice on cases relating practice concerns is discussed with the PPA and with the GMC ELA as required and in line with policy.

Action for next year: No action for 2023/24.

Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Action from last year: Action from last year: Maintain compliance and standards of good practice.

Comments: All Trust doctor appointments, substantive or temporary, are made in line with the NHS Employment Check Standards, this includes checks relating to qualifications and experience, reference checks (including information relating to local investigations and management of concerns), identity and right to work checks, etc. GMC registration is also verified and GMC information relating to fitness to practice, conditions/restrictions/ revalidation and doctor history is checked. A Disclosure and Barring Service (DBS) check is conducted for new starters.

Action for next year: Retained action – Maintain compliance and standards of good practice.

Section 6 – Summary of comments, and overall conclusion

Please use the Comments Box to detail the following:

General review of actions since last Board report.

- General review of last year's actions – There were no major actions arising in 2022/23 except actions around the maintenance of standards and good practice, and compliance with policy and quality assurance process.

- The Trust Appraisal Lead has provided first appraisal training for the new appraisees and a review of all Patient Feedback data which has been completed by doctors over

the past 5 years. This data is very positive, has been shared with the Medical Network and has also been shared with the Head of Patient and Carer Experience. We are planning to increase the time for the doctors to collect the 360 Patient Feedback to ensure adequate number of patients are giving their feedback.

- Work will continue in terms of engaging with our neighbouring NHS Trust in order to establish and roll out a process of external peer review. We will also review and consider implementing an internal process of peer review.

- The Medical Revalidation Team will continue to deliver regular Revalidation/Appraisal meetings, Appraisal Forums and continue to organise training courses to include new appraiser training and appraiser refresher training.

- There were no exceptions during the period of this report (2022/23).

Actions still outstanding:

- The peer review process to be implemented.

Current Issues:

- There are no current issues.

New Actions:

- No significant new actions, simply retention of existing actions which mainly relate to standards of good practice.

Overall conclusion:

The Trust continues to strive to create and maintain a supportive environment and promote a culture of continuous improvement and learning. There are clear lines of accountability within the organisation which actively support doctor's personal and professional development.

The main focus for 2023/24 is the establishment and implementation of a robust, peer review process.

The launch of the GMC GMP and therefore the need to make all doctors aware of how this might impact them.

Section 7 – Statement of Compliance:

The Board and Executive Management Team – of Humber Teaching NHS Foundation Trust has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

The Board is requested to receive this report for information.

- Note that the report will be shared with the Tier 2 Responsible Officer at NHS England.
- Note the Statement of Compliance confirms that the Trust, as a Designated Body, is in compliance with the Regulations.

This will be signed by the HTFT Chief Executive as required by NHS England.

Official name of designated body: **Humber Teaching NHS Foundation Trust.**

Signed on behalf of the designated body:

Name: Michele Moran Signed: _ _ _ _ _ _ _ _ _ _

Role: Chief Executive

Date: _ _ _ _ _ _ _ _ _ _

NHS England
Skipton House
80 London Road
London
SE1 6LH

This publication can be made available in a number of other formats on request.

Publication reference: PR1844

NHS
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Agenda Item 22

Title & Date of Meeting:	Trust Board Public Meeting 27th September 2023
Title of Report:	Operational Pressures Escalation Levels (OPEL) Framework 2023/24 and the System Coordination Centre Specification.
Author/s:	Lisa James, Emergency Planning Manager
Recommendation:	

To approve		To discuss	
To note	✓	To ratify	
For assurance			

Purpose of Paper:	To outline the role of the System Coordination Centre and updated OPEL Framework 2023/24

Key Issues within the report:

Positive Assurances to Provide:

- That the Trust will continue to support the system and ensure joint working with Emergency Preparedness, Resilience and Response (EPRR processes).

Key Actions Commissioned/Work Underway:

- The South Yorkshire ICB Mental Health OPEL Framework is being considered for roll out across all Mental Health providers.

Key Risks/Areas of Focus:

- None at this time.

Decisions Made:

- Awaiting decision by the ICB on the development of a Mental Health OPEL Framework

Governance:

	Date		Date
Audit Committee		Remuneration & Nominations Committee	
Quality Committee		Workforce & Organisational Development Committee	
Finance & Investment Committee		Executive Management Team	
Mental Health Legislation Committee		Operational Delivery Group	
Charitable Funds Committee		Collaborative Committee	
		Other (please detail) Board	27.9.23

Monitoring and assurance framework summary:

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

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

Winter Planning - incorporating the new Operational Pressures Escalation Levels (OPEL) Framework 2023/24 and the System Coordination Centre Specification.

1. Introduction

Building on the System Control Centres that NHS England released in October 2022 as part of the 2022/23 winter plan these have now been identified as System Co-ordination Centres (SCCs) in recognition of an evolved purpose, capability and core functions.

The 'System' refers to the Integrated Care System (ICS) whereby the SCC provides an operational platform within the ICS for the whole health economy including local authority, primary care, and voluntary, community and social enterprise partners.

The recent publication of the SCC policy makes clear the purpose, key deliverables and minimum operating requirements referred to as the 'Required Operational Standards' (ROS), that all SCC's should meet.

2. Purpose

The SCC exists to be a central co-ordination service to providers of care across the ICB footprint, with the aim to support patient access to the safest and best quality of care possible.

The SCC will be recognised as the ICB's 'real-time' forum for operational oversight and the identified executive level member will be accountable for the SCC at ICB Board Level. They will ensure that there is coordination across the system using shared frameworks such as the OPEL Framework 2023/4 and ensure joint working between Emergency Preparedness, Resilience and Response and SCC operations.

As part of their role, SCC's will be responsible for the co-ordination of an integrated system response using the Operating Pressure Escalation Level (OPEL) Framework alongside constituent ICS providers and ICB policies. The OPEL Framework contains specified and incremental core actions for the SCC at each stage of OPEL.

3. Expected outcomes from SCC operations.

Improved visibility of operational pressures - Senior operational and clinical leaders will have an aligned view of the operational pressures and risks across system providers which should support collective action to improve patient safety.

Real-time co-ordination of capacity and action
A system view of capacity across all providers and the wider health care system should lead to a collaborative effort to improve performance to patients' benefit. In line with local policies and the OPEL Framework 2023/24, data sharing, as a core role of the SCC, should identify predictable and emergent activity to support forward planning and data will be visible to all key decision-making and co-ordinating personnel.

Improved clinical outcomes
The SCC's unique position to oversee a suite of operational metrics in real time enables it to provide a timely response at a system level, assisting local providers to deliver the right care at the right time.

How will the SCC support the Trust?
The ICB will ensure the SCC has a clearly defined role in the following for Mental Health and community providers:

- Local provider surge protocol to maintain flow through all parts of the health system.
- Protocols covering access to Mental Health inpatient services (all age) that specifies actions to mitigate exceptional patient waits, heightened clinical risk and poor patient experience.
- Access to in and out-of-hours contacts across all stages of the Mental Health pathway.
- Access to Mental Health Learning Disability & Autism Sit-rep, Urgent and Emergency Care (UEC) Mental Health performance.

The SCC is responsible for supporting interventions across the ICS on key systemic issues that influence patient flow. This would include a concurrent focus on UEC and the system's wider capacity including, but not limited to, NHS111, Primary Care, Intermediate Care, Social Care, Urgent Community Response and Mental Health Services.

4. Operational Pressures Escalation Levels Framework 2023/24

This was introduced by NHS England in 2016 to bring consistency to local and system escalation. It provided guidance to encourage wider cooperation and make regional and national oversight more effective. The framework has been reviewed over the years and the new framework replaces all previous versions.

The principles of the OPEL Framework 2023/24 should be read in conjunction with the NHSE EPRR Framework however, the two are not interchangeable. Both these frameworks can be implemented in parallel as an incident can be declared under the EPRR framework at any OPEL level.

The OPEL framework focusses on operational pressures within the acute hospitals and how this pressure is proportionately reflected and reported through to NHSE at a national level. There are, however, some actions for Mental Health within the OPEL action cards, these are:

OPEL 1: **O1S-05**: Monitor acute and ambulance provider interface with mental health to ensure patients receive access to assessment and treatment 24/7. Liaise with mental-health bed managers to assess in-patient bed position and aim to facilitate admission as early as possible.

OPEL 2: O1S-04: Ensure CRISIS / CAMHS team are meeting performance standards for mental health care in the ED. Formulate joint plan to ensure patients that are ready to transfer from ED are pre-allocated to a bed within 1 hour. The patient's journey should be tracked by the SCC in collaboration with the mental health provider and agreed escalation thresholds maintained for each patient.

South Yorkshire ICB have developed an OPEL framework for Mental Health which is being reviewed to determine if this is fit for roll out across all ICB's for all Mental Health Providers.

Therefore, Trust will continue to use the OPELS and triggers set within the organisation and ensure as a system partner it provides in-reach support, maximises patient flow of patients to reduce pressure on ED and review streaming of patient to support this.

5. Conclusion

The board is asked to note the update on the System Co-ordination Centre (SCC) and the associated work on the OPEL Framework 2023/24. These arrangements have been incorporated into our EPRR approaches and the current winter planning.

Humber Teaching NHS Foundation Trust

Agenda Item 23

Title & Date of Meeting:	Trust Board Public Meeting– 27th September 2023
Title of Report:	2022 PLACE Update
Author/s:	Peter Beckwith, Director of Finance Jayne Morgan, Patient Environment Manager
Recommendation:	

To approve		To discuss	
To note	√	To ratify	
For assurance			

Purpose of Paper:	The purpose of this report is to provide the Trust Board with the results from the 2022 Patient Led Assessment of the Care Environment (PLACE) Assessment and a summary of the actions being taken.

Key Issues within the report:

Positive Assurances to Provide:

- All assessments were completed.
- The process was fully supported by the Trusts volunteers who took an active part in the assessments.
- Patients had the opportunity to be involved in the assessments.

Key Actions Commissioned/Work Underway:

- £200k of resource set aside in 2023/24 capital plan to address PLACE priorities.
- Ongoing discussions through contract management arrangements with York Facilities LLP.

Key Risks/Areas of Focus

- Provision of cleanliness & maintenance services on Fitzwilliam Ward at Malton District Hospital

Decisions Made:

- The Trust Board are asked to note the report and actions been taken.

Governance:

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

Monitoring and assurance framework summary:

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

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

1 Introduction and Purpose

The purpose of this report is to provide the Trust Board with the detailed results from the 2022 Patient Led Assessment of the Care Environment (PLACE) Assessment and a summary of the actions being taken.

2 Background

PLACE assessments are the annual appraisal of the non-clinical aspects of NHS (and independent/private) healthcare settings, undertaken by teams which are made up of staff and members of the public (*known as patient assessors*) and in our Trusts case registered volunteers. The team must include a minimum of 2 patient assessors, making up at least 50 per cent of the group.

PLACE assessments provide a framework for assessing quality against common guidelines and standards. The environment is assessed using a number of structured questions dependent on the services provided.

Questions are assessed (scored) against one or more domains which cover

- Cleanliness
- Food
- Privacy, Dignity and Wellbeing
- Condition, Appearance and Maintenance
- Dementia
- Disability

A total score (as a percentage) is produced for each domain at site and organisational level, as well as national and regional results.

The PLACE collection was subject to review between 2018 – 2019, which significantly revised the question set and guidance documentation. Annual review continues before each programme to ensure this collection remains relevant and delivers its aims.

After a pause of 2 years due to the pandemic, PLACE relaunched in 2022

The 2022 results created an updated baseline, so scores are not comparable with any previous results.

3 Process

PLACE assessments are led and coordinated by Hotel Services with all findings reported to the Trusts Health and Safety Group, Estates and Capital Programme Group, Operational Delivery Group and Executive Management Team.

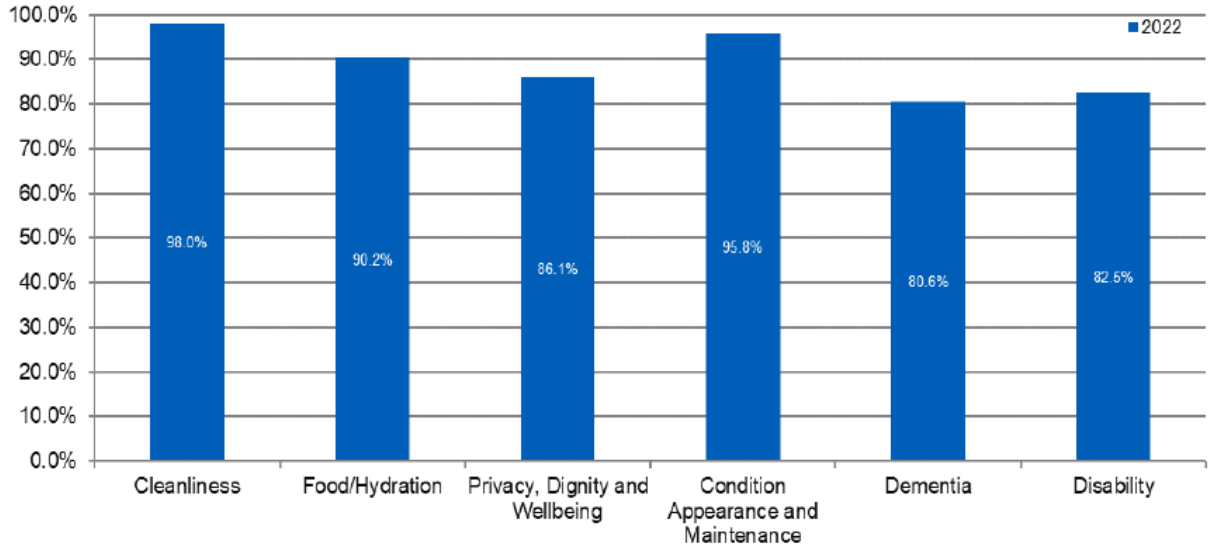
Sites are given advanced notice of PLACE assessments, once assessments have been completed the results are entered onto the NHS Digital Portal.

4 National Results

At a national level 1,046 assessments were undertaken in 2022 compared to 1,198 in 2019

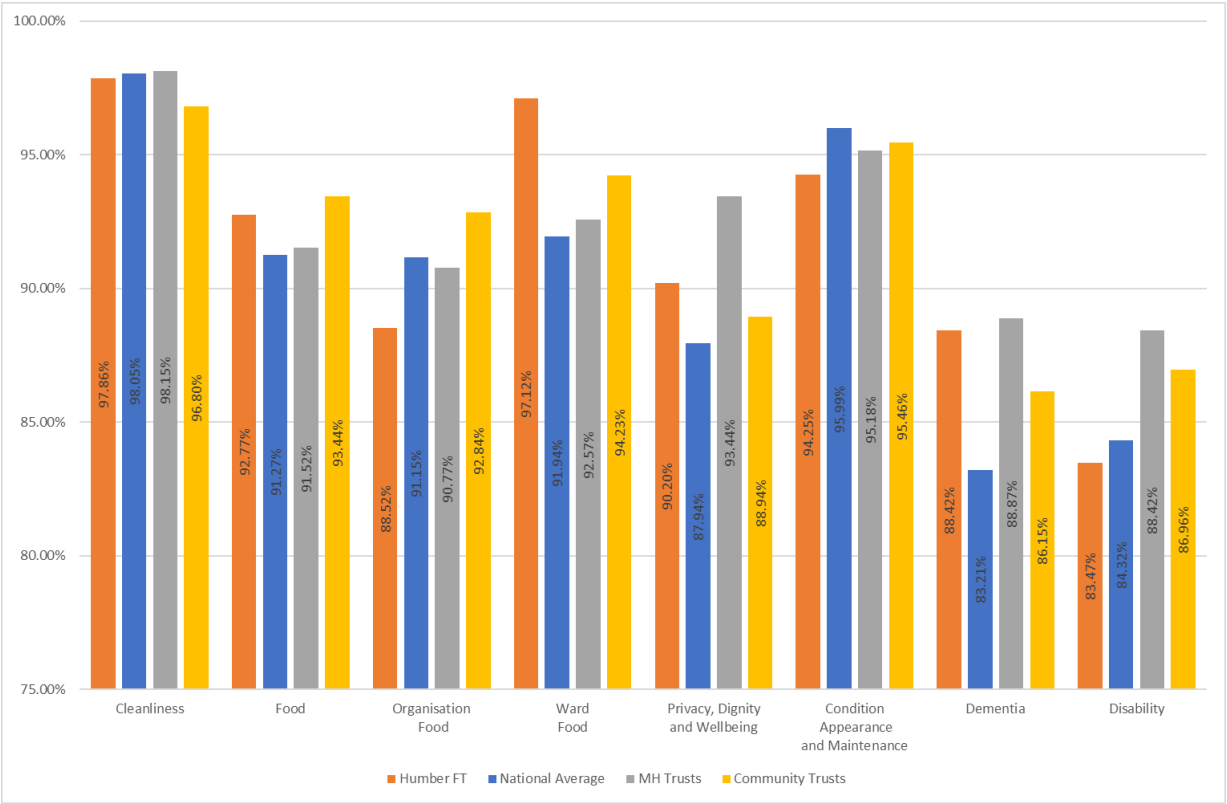
110 assessments were excluded due to missing assessment components or insufficient number of assessors, national findings are therefore based on 936 assessments (which translates into 222 organisational scores).

The findings from the national results are summarised in the graph below, no priory year comparisons have been provided:



5 Organisational Scores

Organisational scores for the Trust are summarised in the graph and tables below, this also provides a comparison with the National Average and sector averages for Mental Health and Community Trusts,



Domain	Trust Score	National Score	MH Trust Score	Community Trust Score	Rag Rating
Cleanliness	97.86%	98.05%	98.15%	96.80%	
Food	92.77%	91.27%	91.52%	93.44%	
Organisation Food	88.52%	91.15%	90.77%	92.84%	
Ward Food	97.12%	91.94%	92.57%	94.23%	
Privacy, Dignity and	90.20%	87.94%	93.44%	88.94%	
Condition Appearance and Maintenance	94.25%	95.99%	95.18%	95.46%	
Dementia	88.42%	83.21%	88.87%	86.15%	
Disability	83.47%	84.32%	88.42%	86.96%	

Scores for each unit are summarised at appendix A, in the whole the Trust units have performed well, key areas to note are:

5.1 Cleanliness

The Trust fell just below the national average score for cleanliness (97.86% v 98.05%), the lowest scoring unit was Malton at 92%. This had been raised with York Facilities LLP through the contract management arrangements in place, action has been taken and improvement has been noted at the site.

5.2 Food

Due to the size, physical space and environment of our units the Trust are unlikely to achieve full compliance with organisation food scores in areas of menu choice or immediate needs of special dietary requirements.

Ward Food (which reflects the quality of food served) is higher than the national average.

The ward food score at Whitby was below the national average (85.71% v 91.94%) with the assessment team highlighting concern with the texture taste and temperature of three food items. The concerns have been raised with NHS PS via the contract management arrangements and the food service process has been reviewed.

5.3 Privacy , Dignity and Wellbeing

Whilst the Trust outperformed the national average for Privacy, Dignity and Wellbeing – the sores for Malton were significantly lower at 67.9%.

The physical environment on Fitzwilliam Ward presents a number of challenges and has had an impact on the score for this domain. There is a general lack of space to provide private quiet areas, a prayer room, dedicated visiting space and social/communal areas including a day room and dining room where patients can take their meals away from their bedspace.

5.4 Condition, Appearance and Maintenance

The Trust is slightly below the national average for this domain with Malton being the biggest outlier achieving 86.36% versus the national average of 95.99%. This has been raised with York Facilities LLP through the contract management arrangements in place

The key areas for addressing on Fitzwilliam ward are internal decoration, availability of suitable storage and repair/replacement of flooring & fixtures and fitting.

6 Next Steps

Following completion of assessments and review of exception reports actions plans have been developed.

£200k has been ringfenced in the 2023/24 Capital Programme.

Each site will also be issued with a PLACE “thermometer” for display which details the scores for each domain.

The action log will be presented to and monitored by the Health & Safety Committee.

7 Recommendation

The Trust Board are asked to note the report and actions been taken.

Appendix A
PLACE Scores 2022

	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Trust Score (2022)	**97.86%**	**92.77%**	**88.52%**	**97.12%**	**90.20%**	**94.25%**	**88.42%**	**83.47%**
National Average (2022)	**98.05%**	**91.27%**	**91.15%**	**91.94%**	**87.94%**	**95.99%**	**83.21%**	**84.32%**
CAMHS:								
INSPIRE – WALKER STREET CHILDRENS CENTRE	99.3%	91.5%	87.5%	97.1%	93.3%	97.3%		80.4%
Mental Health								
MAISTER LODGE	100.0%	94.0%	89.6%	100.0%	93.5%	98.5%	88.4%	87.5%
NEWBRIDGES	97.9%	90.5%	85.4%	97.2%	83.3%	88.6%	N/A	81.3%
WESTLANDS	98.6%	92.2%	87.5%	98.6%	87.1%	100.0%	N/A	84.8%
MILL VIEW	96.8%	93.3%	88.0%	96.4%	95.6%	97.8%	87.5%	88.7%
MIRANDA HOUSE	*97.9%*	*95.0%*	*87.5%*	*100.0%*	*90.4%*	*90.8%*	*N/A*	*83.3%*
Secure:								
HUMBER CENTRE FORENSIC UNIT	98.4%	91.7%	88.7%	95.7%	96.7%	93.0%	N/A	81.1%
PINE VIEW	98.6%	94.0%	89.6%	100.0%	92.5%	97.8%	N/A	90.0%
LD:								
GRANVILLE COURT NURSING HOME, HORNSEA	96.6%	N/A	N/A	N/A	95.5%	91.0%	N/A	66.7%
TOWNEND COURT	98.9%	95.8%	89.6%	100.0%	87.0%	96.3%	91.7%	92.2%
Community:								
WHITBY COMMUNITY HOSPITAL	99.8%	88.8%	91.5%	**85.7%**	91.5%	98.3%	87.5%	86.5%
MALTON HOSPITAL	92.4%	N/A	N/A	N/A	67.9%	86.4%	N/A	78.1%

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Agenda Item 24

Title & Date of Meeting:	Trust Board Public Meeting– Wednesday 27th September 2023
Title of Report:	Staff Survey 2022 Progress Report
Author/s:	Karen Phillips – Deputy Director of Workforce & OD
Deputy Director of Workforce & OD	

To approve		To discuss	
To note	✓	To ratify	
For assurance	✓		

Purpose of Paper:	To provide the Board with a summary of the 2022 staff survey scores and Trust progress and action as a result.

Key Issues within the report:

Positive Assurances to Provide:

- The organisation implemented a number of initiatives in response to the 2022 survey as detailed in the report. These initiatives focused on improving experience through health and wellbeing, reward and recognition and widening participation and inclusivity.
- The 2022 survey showed the Trust to be 3rd most improved in the country for 'I would recommend my employer as a place to work.'
- In the 2022 survey the Trust was equal to or above the average benchmark group in all of the People Promise theme areas and above the National average score in all the People Promise theme areas.
- Planning for delivery of the 2023 survey is on track.

Key Actions Commissioned/Work Underway:

- Localised work continues in response to actions resulting from 2022 survey.

Key Risks/Areas of Focus:

- The Trust response rate to the survey has remained in the region of 44% since 2020, with an incentive trial in place and comprehensive comms plan to encourage wider uptake for 2023.

Decisions Made:

- EMT have agreed an incentive for the 2023 survey and protected time for all staff to encourage completion.

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	25/09/23
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Monitoring and assurance framework summary:

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

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

NATIONAL STAFF SURVEY 2022 – Progress Update

1.0 Background and Context

The National Staff Survey has been in place since 2003 – it is owned by NHS England and all NHS organisations are mandated to take part. Part of these obligations include the need for Trusts to employ an independent survey contractor (of which there are 2 providers to select from).

The purpose of the survey, as outlined by NHS England is to:

> *'Collect our NHS People's views about working in their organisation. Used to improve local working conditions and improve patient care.'*

In 2021, the survey was aligned to the NHS People Promises. Following this, in 2022 there was an addition of a separate and distinct Bank Worker Survey. Questions are reviewed each year by NHS England and the provider notifies the Trust of any additions and changes to be aware of ahead of the following staff survey window.

The survey is administered annually, always in the Autumn and is significant in size, totalling roughly 120 questions (although there is slight variance if questions have been added / removed as part of the ongoing review). In addition to the annual survey, the People Pulse Survey is administered during the other 3 quarters of the year and can act as a temperature check outside of the annual National Staff Survey window.

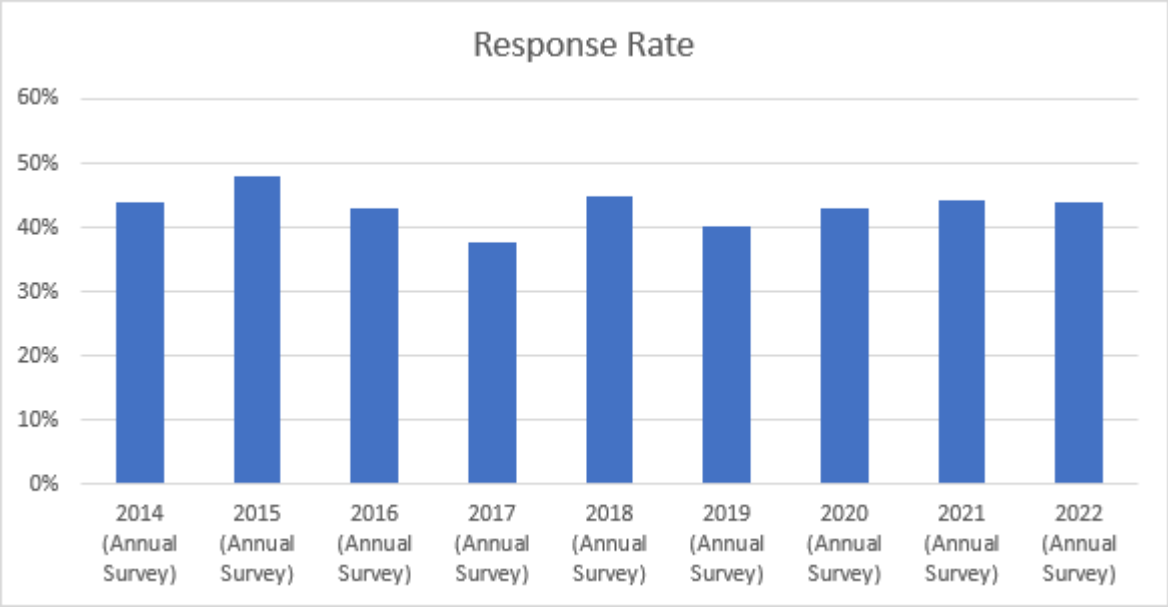
2.0 Staff Survey 2022 Re-cap and Progress

The Trust achieved a response rate of **43.9%** overall which represented **1,391** responses from a sample of **3,234** substantive staff. The median response rate for all **51** organisations in the Benchmark group- Mental Health & Learning Disabilities Trusts and Mental Health, Learning Disability & Community Trusts- was **50%.**

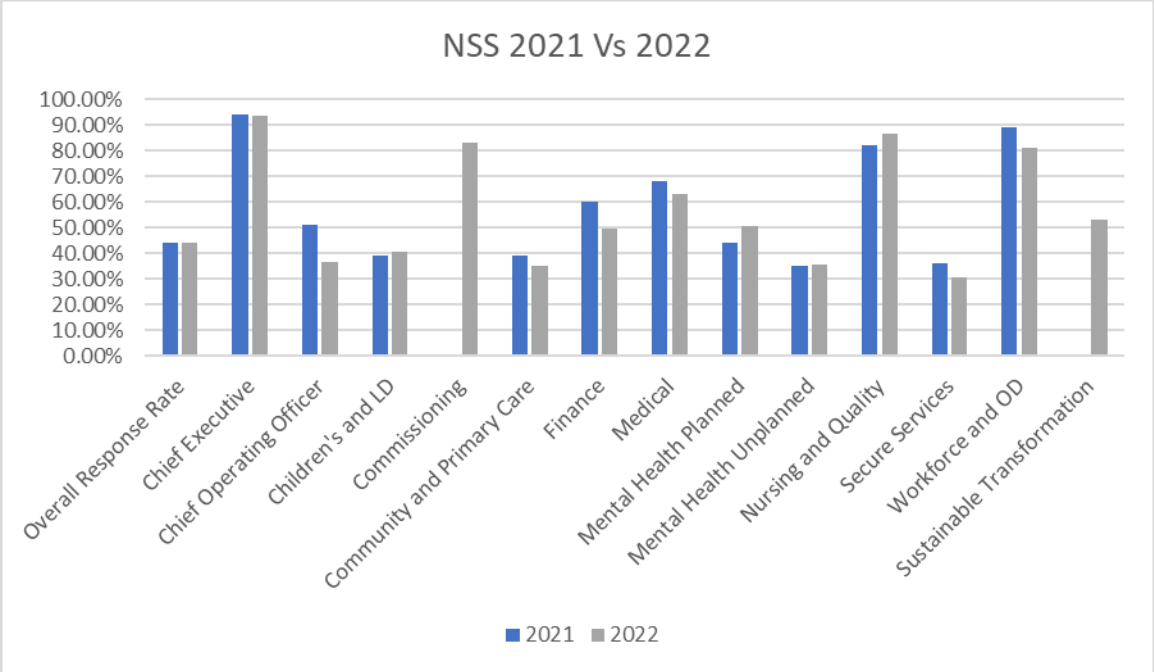
The above represents a **0.2%** decrease in response rate in comparison to the 2021 survey (**1,304** responses submitted: **44.1%)**.

Staff survey response rates between 2014 and 2022 are detailed below.

	Response rate
2014	44%
2015	48%
2016	43%
2017	38%
2018	45%
2019	40%
2020	43%
2021	44%
2022	44%



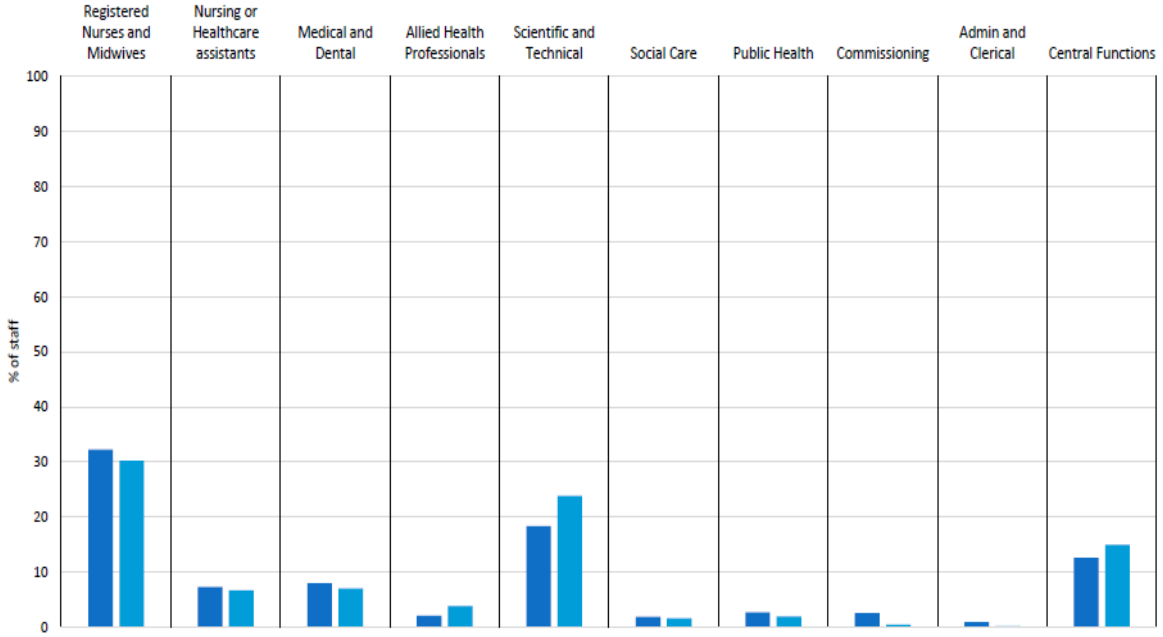
The breakdown of responses by area is provided below (2021 vs 2022).



A breakdown of responses by Occupational Group, can be found below.

Background details – Occupational group

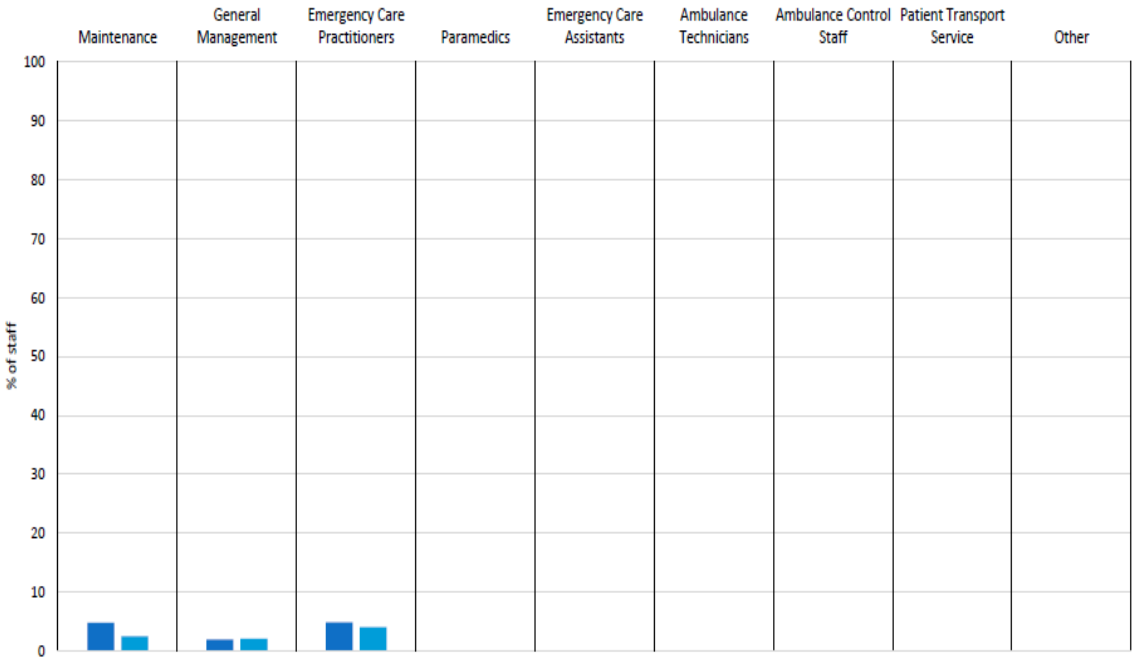
Survey Coordination Centre NHS



	Registered Nurses and Midwives	Nursing or Healthcare assistants	Medical and Dental	Allied Health Professionals	Scientific and Technical	Social Care	Public Health	Commissioning	Admin and Clerical	Central Functions
Your org	32.3%	7.3%	8.0%	2.0%	18.4%	1.8%	2.6%	2.6%	0.9%	12.6%
Average	30.2%	6.6%	7.0%	3.8%	23.8%	1.6%	1.9%	0.4%	0.2%	14.9%
Responses	1367	1367	1367	1367	1367	1367	1367	1367	1367	1367

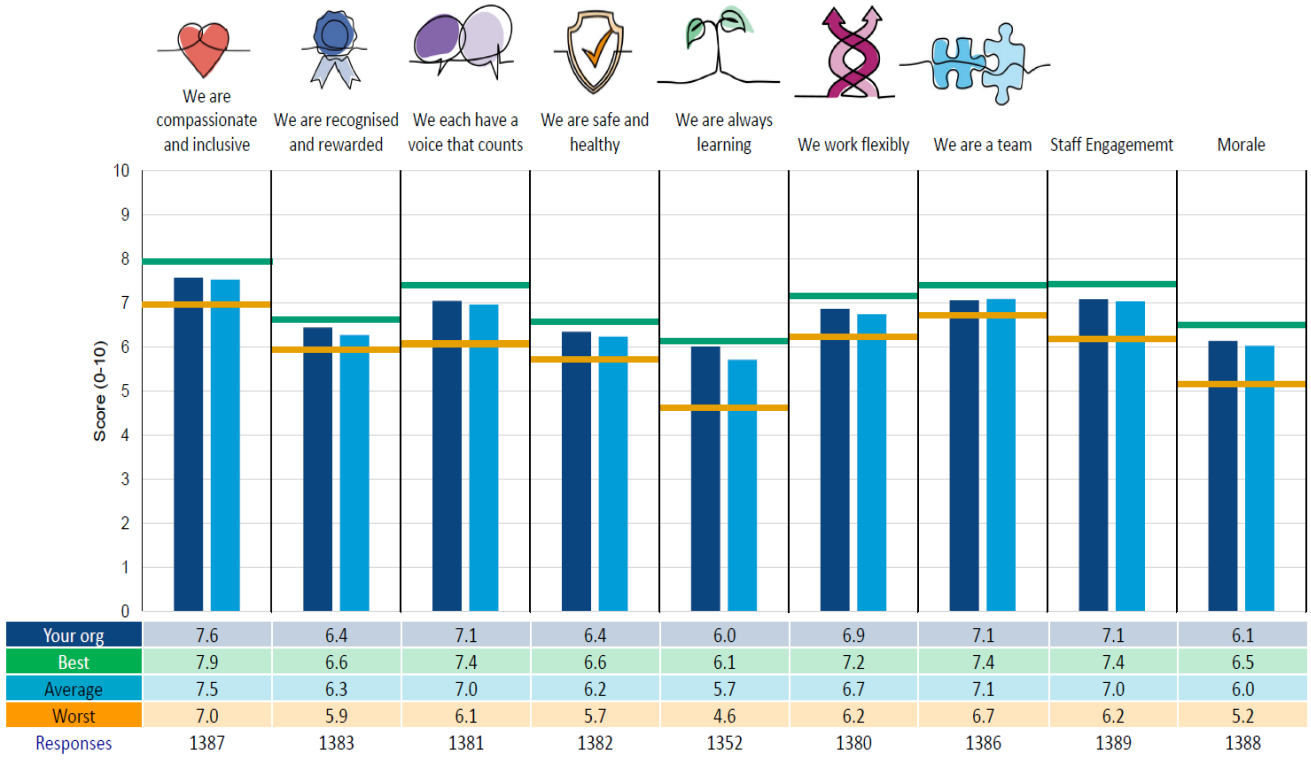
Background details – Occupational group

Survey Coordination Centre NHS

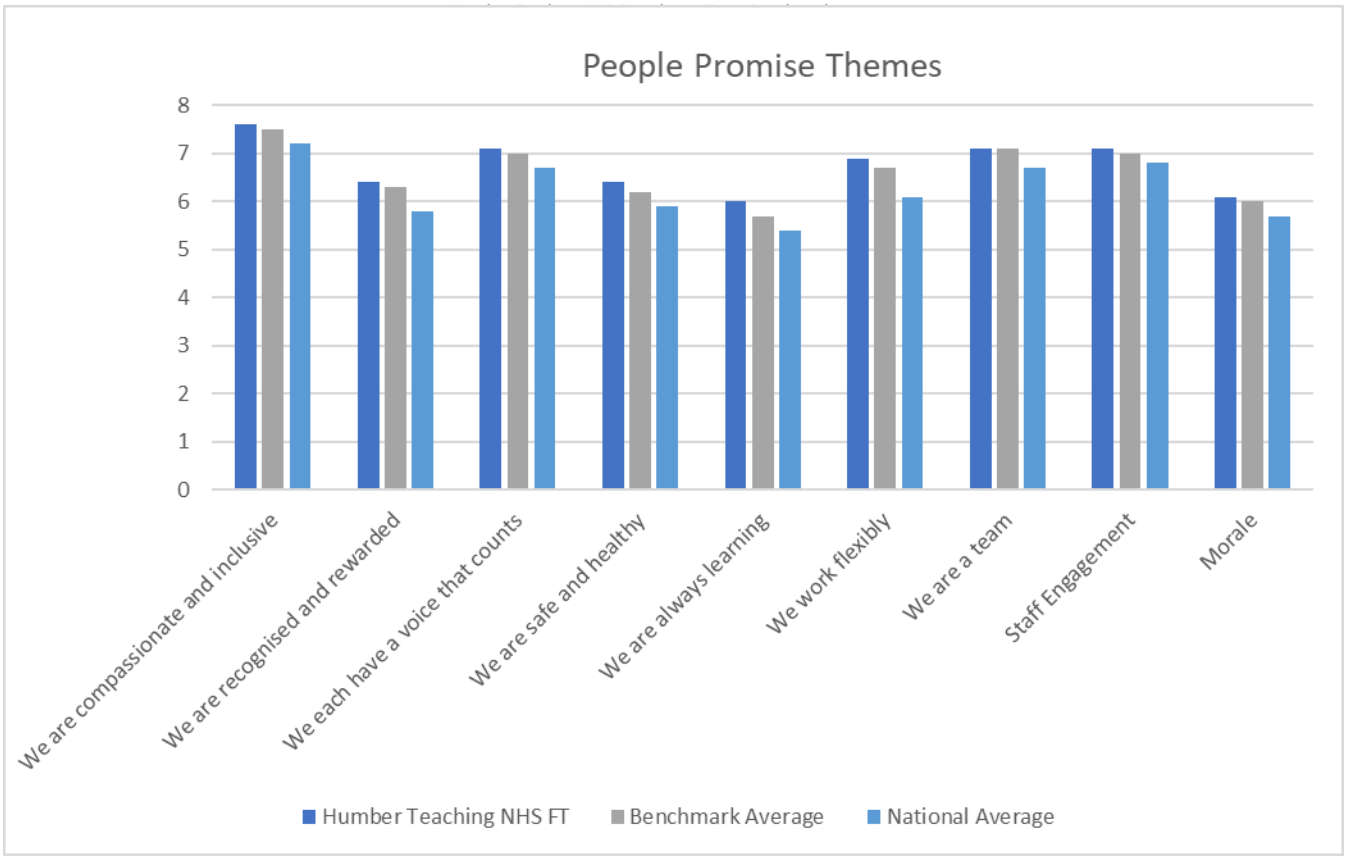


	Maintenance	General Management	Emergency Care Practitioners	Paramedics	Emergency Care Assistants	Ambulance Technicians	Ambulance Control Staff	Patient Transport Service	Other
Your org	4.8%	1.9%	4.8%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%
Average	2.4%	2.0%	4.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Responses	1367	1367	1367	1367	1367	1367	1367	1367	1367

People Promise Themes



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Your org	7.6	6.4	7.1	6.4	6.0	6.9	7.1	7.1	6.1
Best	7.9	6.6	7.4	6.6	6.1	7.2	7.4	7.4	6.5
Average	7.5	6.3	7.0	6.2	5.7	6.7	7.1	7.0	6.0
Worst	7.0	5.9	6.1	5.7	4.6	6.2	6.7	6.2	5.2
Responses	1387	1383	1381	1382	1352	1380	1386	1389	1388



In the 2022 survey the Trust was equal to or above the average benchmark group in all of the People Promise theme areas and above the National average score in all the People Promise theme areas.

Appendix 1 outlines the question-by-question position of the Trust against the benchmark group and National Scores in the 2022 survey, whilst also showing the position against 2021 scores.

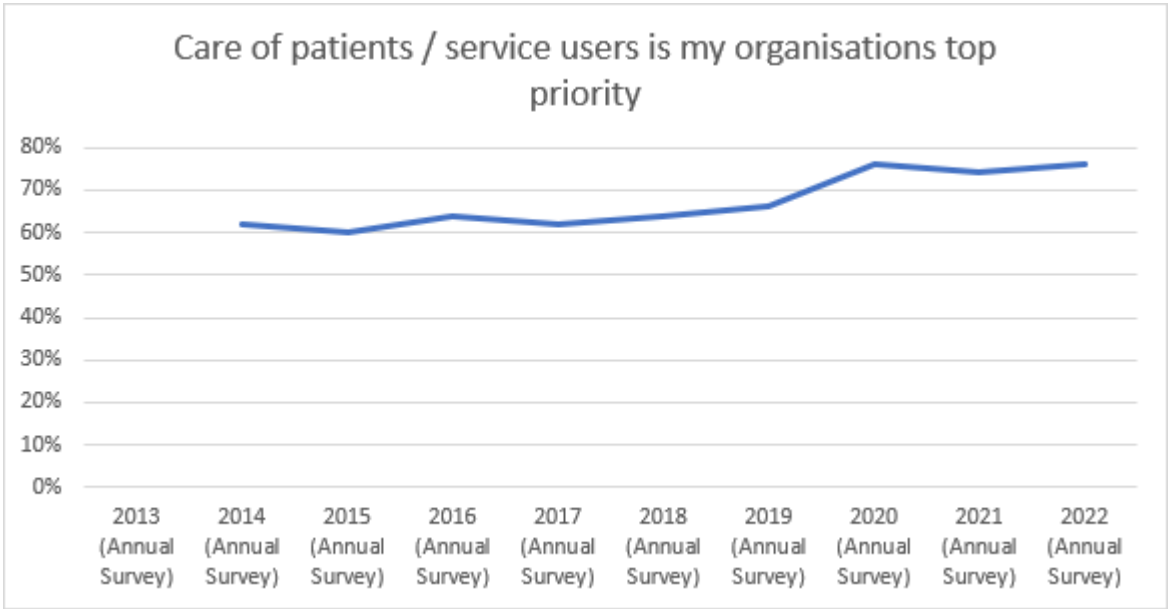
Only one question (‘*I always know what my work responsibilities are’)* scores worse than both National and Benchmark Average.

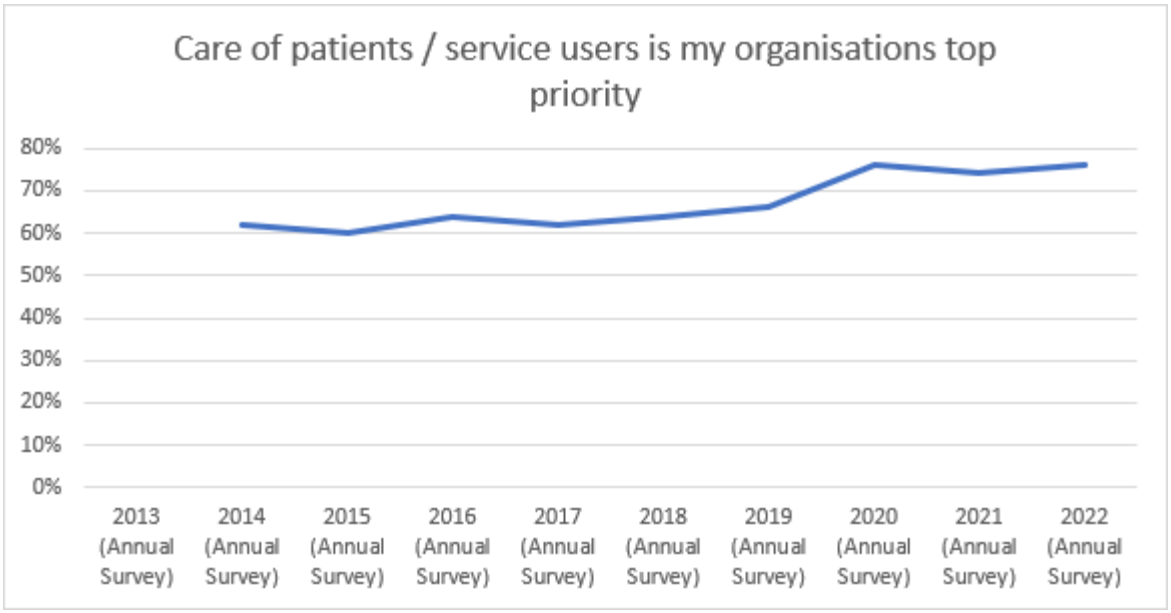
Friends and Family Test

Three key questions asked in the survey, which are revisited in the Pulse Survey, relate directly to care of service users and staff experience of working in the organisation.

The Trust position against all three has incrementally improved since 2014 and for the question ‘I would recommend my organisation as a place to work’ the Trust was recognised as third most improved nationally.

	Care of patients / service users is my organisations top priority	I would recommend my organisation as a place to work	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation
2013 (Annual Survey)			
2014 (Annual Survey)	62%	47%	54%
2015 (Annual Survey)	60%	45%	58%
2016 (Annual Survey)	64%	45%	58%
2017 (Annual Survey)	62%	42%	54%
2018 (Annual Survey)	64%	48%	61%
2019 (Annual Survey)	66%	49%	58%
2020 (Annual Survey)	76%	61%	67%
2021 (Annual Survey)	74%	60%	66%
2022 (Annual Survey)	76%	63%	66%





3.0 Actions following Staff survey 2022

Actions following the staff survey were addressed locally and organisationally, meaning efforts to target localised issues could be independently put in place and broader organisational actions established to improve experience.

Progress against local divisional actions can be found at appendix 2.

A number of organisational initiatives were put in place to respond to the 2022 survey, including, but not limited to;

- We continue to invest in the development of our leaders – Development and delivery of an in house leadership programme, implemented mentoring scheme, widened participation in regional coaching.
- Continued on our journey of talent development – Launched cohort three of the Humber high potential development scheme.
- Continued to improve the experience of those from minority backgrounds – Reviewed the framework of operation for staff networks aligning an executive co-chair to the Race Equality, Rainbow Alliance and Humber Ability Network. Re-launched our Trust behavioural standards

as ‘Being Humber and commissioned a cultural audit undertaken by the national centre for diversity.
- Launched a values-based recruitment framework to ensure we employ those with the right values and behaviours to deliver care.
- Plans in place to launch a dignity and respect campaign to ensure we have a safe reporting culture and tackle behaviours that sit outside of our cultural framework.
- Developed a centralised approach to the delivery of Health and Wellbeing (including investment in a dedicated team) offering physical and emotional Health MOTs to all staff as well as providing access to team events, and activities. This includes 50k investment in Health and Wellbeing initiatives.
- Introduced an enhanced leave policy to provide enhanced leave and pay when experiencing pregnancy loss, child bereavement and holiday of a lifetime scheme etc.
- Signed the Dying to Work Charter and updated our attendance management policy to provide enhanced support to those with a terminal diagnosis.
- Introduced a staff benefits website as a one stop shop for reward and recognition.
- Continued investment in staff rest areas and outside spaces.
- Introduced in house bullying and harassment training for managers that is contextualised by intelligence from the staff survey 2022.
- Introduced Essential People Leadership Training to support managers in the fair and consistent application of Trust policies and procedures.
- Made permanent the staff birthday day off.
- Made permanent the payment of bridge toll for the commute.
- Digitised a number of systems and processes to improve efficiency and staff experience, including implementing exiting interviews and flexible working requests on ESR and rolling out the E-Roster to the entire clinical workforce.
- Underwent accreditation with the Rainbow Badge Scheme, the outcome of which is expected later in September 2023.

4.0 Plans for 2023 National Staff Survey

In preparation for the 2023 National Staff Survey window in Autumn of this year, plans are underway in partnership with the Communications Team to finalise the activity that will take place pre-launch and during the window, to encourage participation. Whilst no formal target has been set, internally we are aiming for 50% completion.

The survey window will open for an 8-week period, from Monday 2nd October 2023, closing on Friday 24th November 2023.

The communication plan for 2023 mirrors that of 2022, with some additions around incentivising in order to increase response rates. The main aim of the Staff Survey communication plan for 2023 is to increase the completion rate to ensure changes that are made as a result of the survey, reflect the views of a larger proportion of the workforce. The response rate over recent years has become stagnant and remains in the region of 44%. Communication aims will focus on widening participation and ensuring our workforce complete the survey regardless of their experience, this is largely in response to anecdotal intelligence that those who are satisfied with their experience often don’t feel inclined to engage.

Key messages that will be addressed in the pre-launch phase and throughout the survey period include;

- Ensuring the workforce are clear that the survey is an official statistic, run independently of NHS England and to the highest standards of quality and accuracy.
- That the survey is confidential and anonymous.

- That after the Survey closes, everyone's answers are gathered by the Staff Survey Co-ordination Centre that manages the survey for the NHS. It then takes a bit of time to carefully check and analyse that very large amount of anonymous data.
- That the survey gives a really accurate picture of our own organisation, to make things better for staff and service users.
- That an incentive is being offered for participation.
- Ensuring the workforce is clear of the offer of protected time to complete the survey.

These messages will be delivered through various mediums throughout, including global comms, Q&A sessions, development of intranet page, intranet banners and manager promo packs.

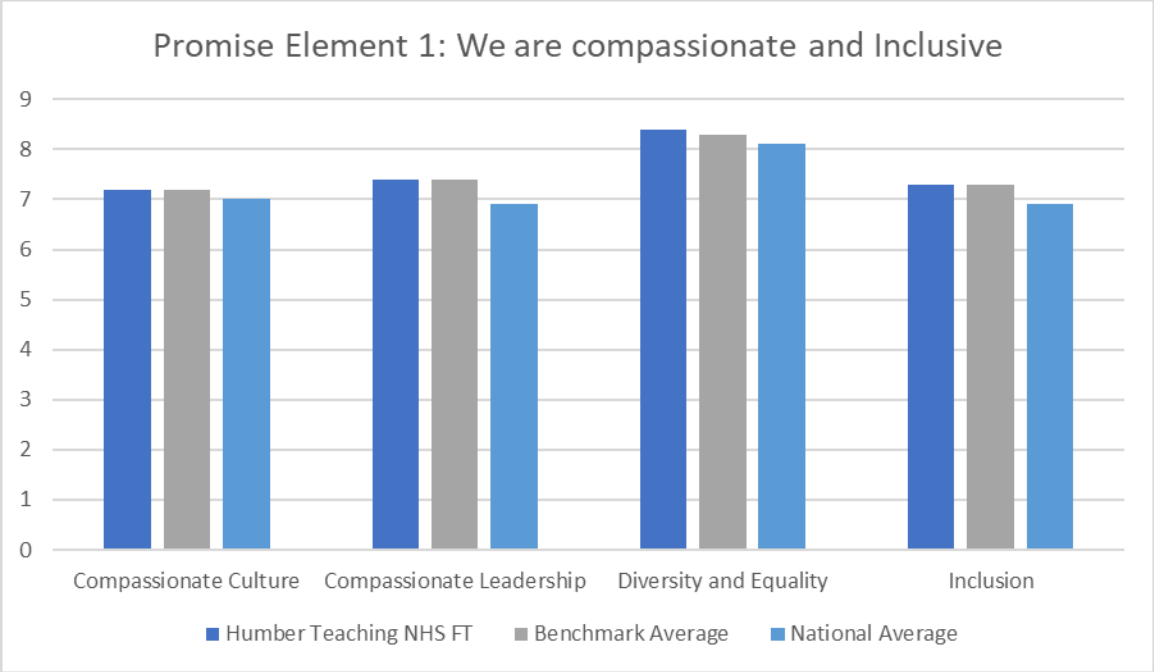
5.0 Conclusion

The board are asked to note the progress and actions taken forward following the 2022 staff survey and support the approach set out for the 2023 survey.

APPENDIX 1

PEOPLE PROMISE 1 - COMPASSIONATE AND INCLUSIVE

(Trust Score 7.6. Benchmark Group Score 7.5. NHS Score 7.2)



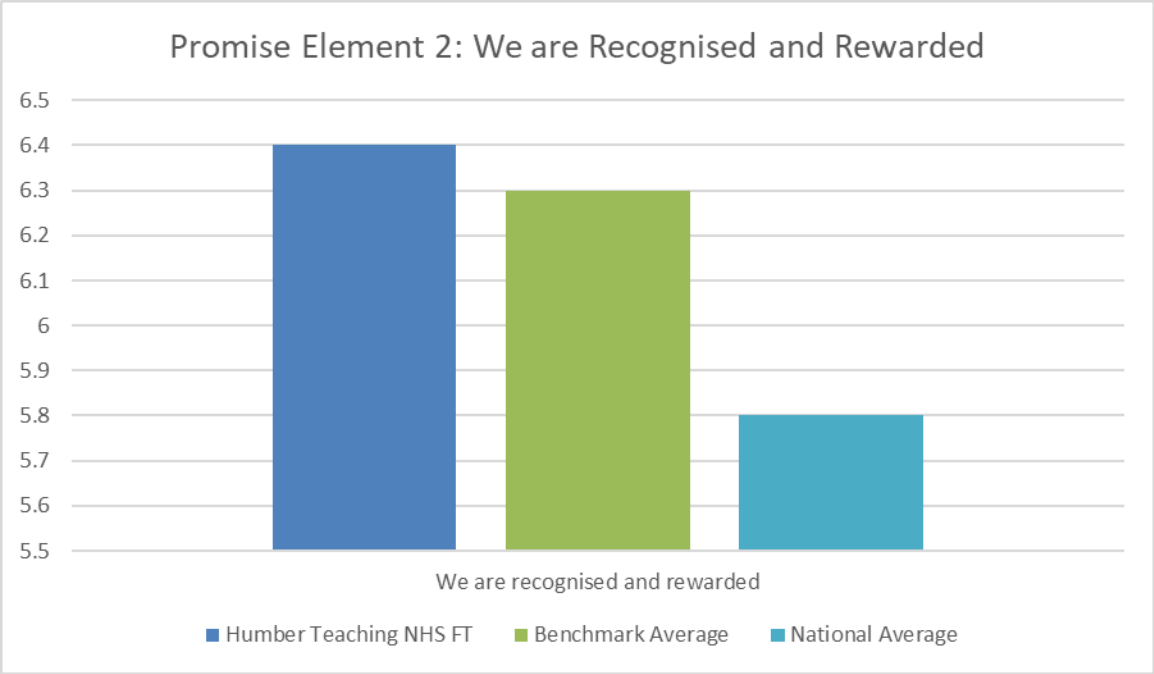
Question/Statement	Benchmark Group Average Score	NHS Overall Score	Trust Score	Key points:
Role makes a difference to patients / service users	87.0%. 0.6% decrease since 2021	86.9% (2021: 87.4%)	87.4% 0.6% increase since 2021	Better than the benchmark and national average. Improved, bucking the benchmark and national trend of a decline.
Care of patients / service users is organisation's top priority.	78.3%. 0.2% decrease since 2021	74% (2021: 75.6%)	75.6% 1.8% increase since 2021	Better than the national average but worse than the benchmark average. Improved, bucking the benchmark and national trend of a decline.
My organisation acts on concerns raised by patients/ service users.	74%. 3.1% decrease since 2021.	69.1% (2021: 72.1%)	73.5% 1.1% decrease since 2021	Better than the national average, but worse than the benchmark average. Declined, but not at the rate of the benchmark or national average.
I would recommend my organisation as a place to work.	62.8%. 0.3% decrease since 2021.	57.4% (2021: 59.4%)	62.8% 3.3% increase since 2021	Better than the national average and the same as the benchmark average. Improved, bucking the benchmark and

				national trend of decline.
If I a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	63.6%. 1.3% decrease since 2021.	62.9% (2021: 67.8%)	65.3% 0.1% decrease since 2021	Better than the national and benchmark average. Declined, but not at the rate of the benchmark or national average.
My immediate manager works together with me to come to an understanding of problems	76.1%. 0.9% increase since 2021.	68% (2021: 67%)	74.4% 1.3% increase since 2021	Better than the national average but worse than the benchmark average. Improved at a rate better than the benchmark average and contrary to the national trend of decline.
My immediate manager interested in listening to me when I describe challenges I face	78.2%. 1.2% increase since 2021.	70.6% (2021: 69.5%)	76.3% 2% increase since 2021	Better than the national average but worse than the benchmark average. Improved at a rate better than the benchmark average and contrary to the national trend of decline.
My immediate manager cares about my concerns	77.1%. 0.6% increase since 2021.	69.5% (2021: 68.5%)	76% 3.2% increase since 2021	Better than the national average but worse than the benchmark average. Better rate of improvement than the benchmark and national average.
My immediate manager takes effective action to help me with any problems I face	73.2%. 0.8% increase since 2021.	65.7% (2021: 68.5%)	71.4% 0.6% increase since 2021	Better than the national average but worse than the benchmark average. Less improvement than the benchmark group and better than the national decline.
Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	59.8%. 1.2% increase since 2021.	56% (2021: 55.6%)	58.7% 0.1% increase since 2021	Better than the national average but worse than the benchmark average. Less improvement than the benchmark and national average.
In the past 12 months have you personally experienced discrimination at work from patients / service users, their	6.8%. 0.5% decrease since 2021.	8.3% (2021: 7.9%)	4.1% 0.5% decrease since 2021	Better than the national and benchmark average.

relatives or other members of the public?				Same improvement as benchmark group but better than the national decline.
In the past 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?	7.1%. 0.6% decrease since 2021.	9% (2021: 9%)	5.4% 0.1% increase since 2021	Better than the national and benchmark average. Less improvement than the benchmark group, but better than the stand still position nationally.
I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas etc)	74.7%. 2.3% increase since 2021.	69.5% (2021: 68.6%)	72.4% 2.4% increase since 2021	Better rate of improvement than the benchmark and national average.
I feel valued by my team	75.4%. 1.2% increase since 2021.	69.4% (2021: 68.7%)	75.3% 0.5% increase since 2021	Improvement, but not at the rate of the benchmark or national average.
I felt a strong personal attachment to my team.	67.3%. 0.9% increase since 2021.	63.8% (2021: 63.6%)	66.6% 0.4% increase since 2021	Improvement, but not at the rate of the benchmark average but better than the national.
The people I work with are understanding and kind to one another	78.4%. 1.4% increase since 2021.	71.1% (2021: 70.6%)	80.2% 2.5% increase since 2021	Better than the national and benchmark average. Better rate of improvement than the benchmark and national average.
The people I work with are polite and treat each other with respect	79.7%. 0.8% increase since 2021	72.4% (2021: 72%)	82.4% 1.8% increase since 2021	Better than the national and benchmark average. Better rate of improvement than the benchmark and national average.

PEOPLE PROMISE 2 - RECOGNISED AND REWARDED

(Trust Score 6.4. Benchmark Group Score 6.3. NHS Score 5.8)

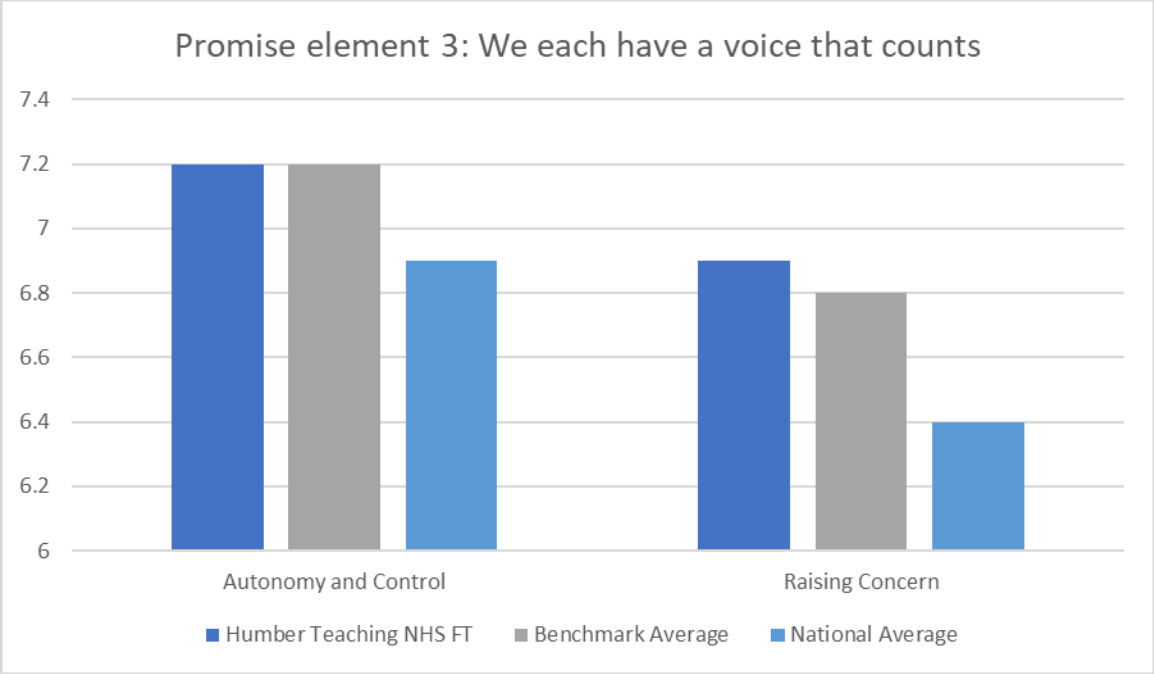


Question/Statement	Benchmark Group Average Score	NHS Overall Score	Trust Score	Comment
How satisfied are you with each of the following aspects of your job? The recognition I get for good work	61.7% 0.6% increase since 2021	52.4% (2021: 51.9%)	62.2% 3.5% increase since 2021	Better than the national and benchmark average. Better rate of improvement than the benchmark and national average
How satisfied are you with each of the following aspects of your job? The extent to which my organisation values my work	50.2% 0.3% increase since 2021	42.1% (2021: 42.1%)	50.6% 1.3% increase since 2021	Better than the national and benchmark average. Better rate of improvement than the benchmark and national average
How satisfied are you with each of the following aspects of your job? My level of pay	29.7% 7.3% decrease since 2021	25.6% (2021: 32.6%)	38.7% 5.5% decrease since 2021	Better than the national and benchmark average. A decline, but not to the extent of the benchmark or national average
The people I work with show appreciation to one another	75.7% 1.4% increase since 2021	68% (2021: 67.5%)	77.5% 2.1% increase since 2021	Better than the national and benchmark average. Better rate of improvement than the

				benchmark and national average
My immediate manager values my work.	78.9% 0.5% increase since 2021	71.5% (2021: 70.7%)	77.4% 1.4% increase since 2021	Better than the national and benchmark average. Better rate of improvement than the benchmark and national average

PEOPLE PROMISE 3 - WE EACH HAVE A VOICE THAT COUNTS

(Trust Score 7.1. Benchmark Group Score 7.0. NHS Score 6.7)

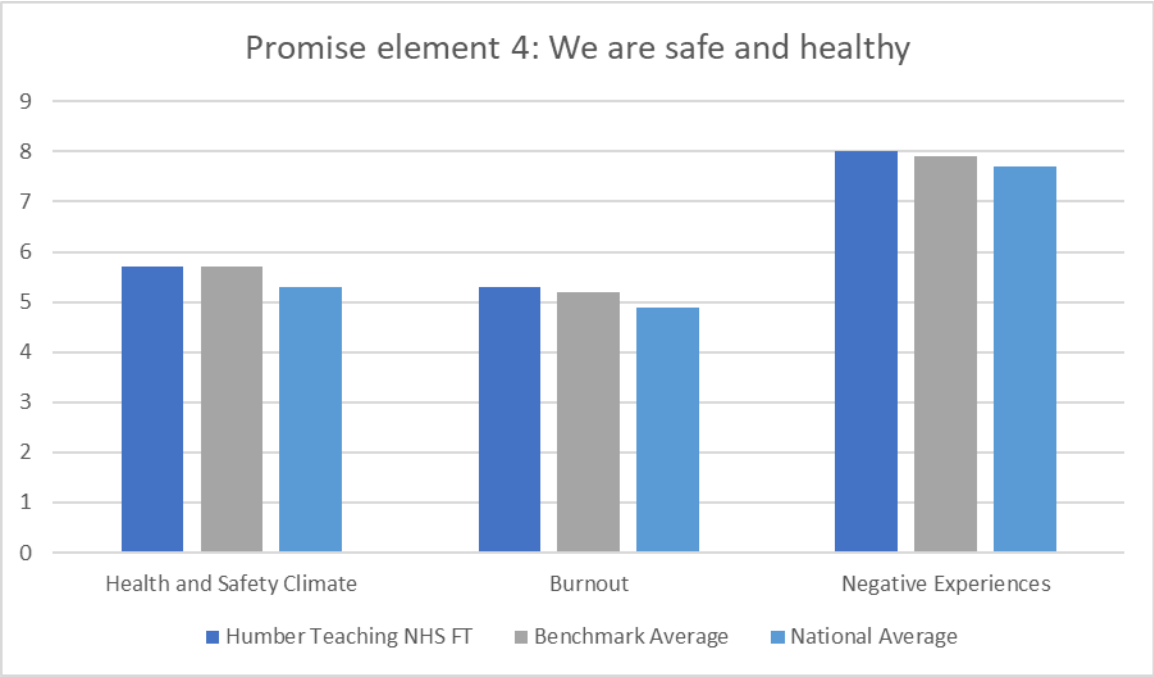


Question/Statement	Benchmark Group Average Score	NHS Overall Score	Trust Score	Comment
I always know what my work responsibilities are	83.5% 1.1% decrease since 2021	85.6% (2021: 85.7%)	83.1% 1.2% increase since 2021	Below both the national and benchmark average. Bucked the benchmark group trend of a decrease
I am trusted to do my job	91.1% 0.1% decrease since 2021	90.3% (2021: 90.5%)	91.1% 0.3% increase since 2021	Bucked the benchmark group trend of a decrease
There are frequent opportunities for me to show initiative in my role	77.3% 0.8% increase since 2021	72.9% (2021: 72.5%)	78% 2.1% increase since 2021	Better than the national and benchmark average. Better rate of increase than the benchmark group

I am able to make suggestions to improve the work of my team / department.	77.1% 0.3% increase since 2021	70.9% (2021: 70.4%)	77.8% 1.2% increase since 2021	Better than the national and benchmark average. Better rate of increase than the benchmark group
I am involved in deciding on changes introduced that affect my work area / team / department.	55.6% 1.1% increase since 2021	50.2% (2021: 49.1%)	56.7% 0.6% decrease since 2021	Better than the national and benchmark average. Whilst decreasing, still at a higher score than the benchmark group
I am able to make improvements happen in my area of work.	60.4% 0.5% increase since 2021	54.3% (2021: 53.2%)	60.6% 1.9% increase since 2021	Better than the national and benchmark average. Better rate of increase than the benchmark group
I have choice in deciding how to do my work	63.9% 0.3% increase since 2021	53.7% (2021: 53.4%)	67.6% 0.8% increase since 2021	Better than the national and benchmark average. Better rate of increase than the benchmark group
I would feel secure raising concerns about unsafe clinical practice	76.7% 3% decrease since 2021	71.9% (2021: 75%)	77.8% 2.8% decrease since 2021	Better than the national and benchmark average. Whilst decreasing, not at the rate of the benchmark group.
I am confident that my organisation would address my concern	61.5% 2.7% decrease since 2021	56.7% (2021: 59.5%)	64.2% 0.3% increase since 2021	Better than the national and benchmark average. Bucked the benchmark group trend of a decrease
I feel safe to speak up about anything that concerns me in this organisation.	67% 0.1% increase since 2021	61.5% (2021: 62.1%)	68.2% 2% increase since 2021	Better than the national and benchmark average. Better rate of increase than the benchmark group
If I spoke up about something that concerned me I am confident that my organisation would address my concern	55% Stayed the same as 2021	48.7% (2021: 49.8%)	57.1% 2.3% increase since 2021	Better than the national and benchmark average. Better rate of increase than the benchmark group

PEOPLE PROMISE 4 - WE ARE SAFE AND HEALTHY

(Trust Score 6.4. Benchmark Group Score 6.2. NHS Score 5.9)



Question/Statement	Benchmark Group Average Score	NHS Overall Score	Trust Score	Comment
I am able to meet all the conflicting demands on my time at work	45.2% 0.4% increase since 2021	42.9% (2021: 43%)	44.2% 2.2% increase since 2021	Improved at the same rate as the benchmark average and bucking the trend of national decline.
I have adequate materials, supplies and equipment to do my work.	63.3% 0.6% decrease since 2021	55.6% (2021: 57.3%)	64.9% 0.8% decrease since 2021	Better than the national and benchmark average. Decline at worse rate than the benchmark average but better than the national averages.
There are enough staff at this organisation for me to do my job properly.	30.5% 0.1% increase since 2021	26.4% (2021: 27.1%)	31.4% 1.3% increase since 2021	Better than the national and benchmark average. Improved at the same rate as the benchmarks average and bucking the trend of national decline.
I have unrealistic time pressures.	27.2% 1.2% increase since 2021	23.4% (2021: 23.3%)	27.6% 1.4% increase since 2021	Better than the national and benchmark average. Improved at a better rate than benchmark and national average.
My organisation take positive action on health and wellbeing	63.7% 0.1% increase since 2021	56.5% (2021: 57%)	64.4% 0.1% increase since 2021	Better than the national and benchmark average.

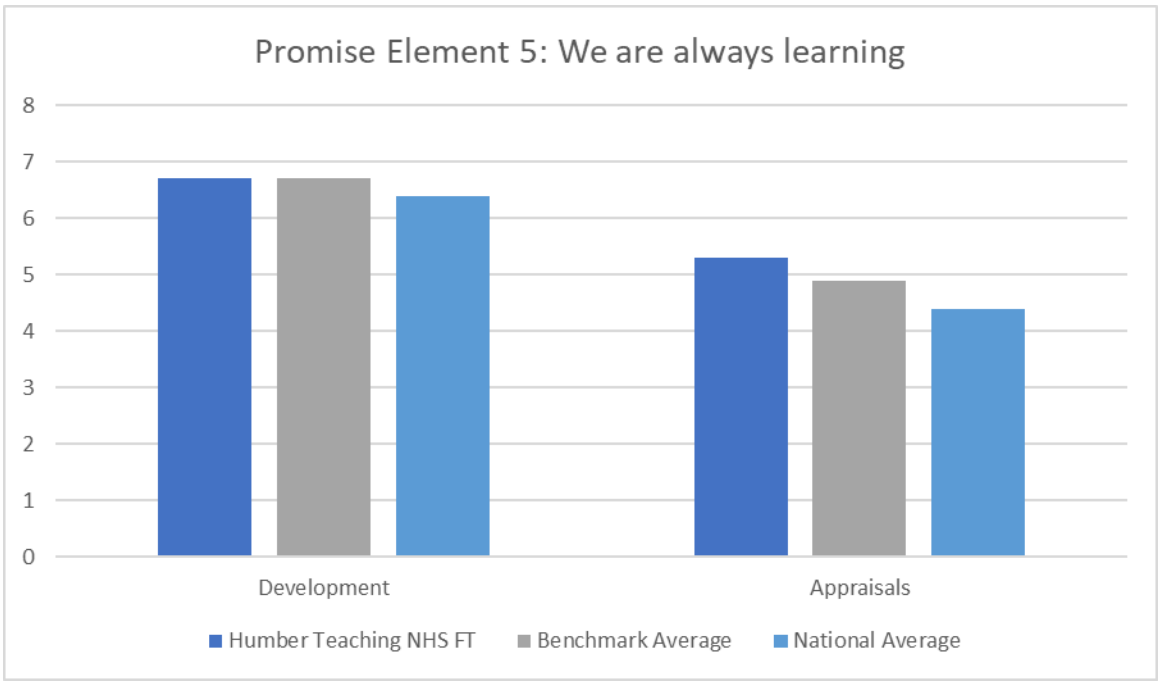
				Improved at the same rate as the benchmark average and bucking the trend of national decline.
The last time you experienced physical violence at work, did you or a colleague report it?	89.6% 0.1% decrease since 2021	72.4% (2021: 71.4%)	88.5% 0.6% increase since 2021	Improved not at the national average rate, but bucked the benchmark average of decline.
The last time staff you experienced harassment, bullying or abuse at work, did you or a colleague report it?	59.9% 0.9% increase since 2021	49.7% (2021: 48.8%)	63.6% 5.2% increase since 2021	Better than the national and benchmark average. Improved at a better rate than benchmark and national average.
*How often, if at all, do you find your work emotionally exhausting? **(% staff selecting often/always)***	35.8% 0.3% decrease since 2021	37.4% (2021: 38.2%)	33.9% 3.9% decrease since 2021	Improved at a better rate than benchmark and national average.
*How often, if at all, do you feel burnt out because of your work? **(% staff selecting often/always)***	28.1% 0.3% increase since 2021	34% (2021: 34.5%)	26.2% 1.6% decrease since 2021	Improved at a better rate than benchmark and national average.
*How often, if at all, does your work frustrates you? **(% staff selecting often/always)***	33.1% 0.5% decrease since 2021	39.9% (2021: 39.5%)	32.9% 2.2% decrease since 2021	Improved, at a better rate than the benchmark average and bucked the national trend of decline.
*How often, if at all, are you exhausted at the thought of another day/shift at work? **(% staff selecting often/always)***	23.9% Stayed the same as 2021	30.8% (2021: 31.2%)	23.2% 2.4% decrease since 2021	Improved, at a better rate than the national average and bucked the benchmark trend of decline.
*How often, it at all, do you feel worn out at the end of your working day/shift? **(% staff selecting often/always)***	39.9% 0.2% increase since 2021	46.3% (2021: 46.7%)	38.3% 3.5% decrease since 2021	Improved, at a better rate than the national average and bucked the benchmark trend of decline.
*How often, if at all, do you feel that every working hour is tiring for you? (**% staff selecting often/always)***	16.1% 0.6% increase since 2021	21.4% (2021: 21.2%)	14.6% 2.2% decrease since 2021	Improved, and bucked the benchmark and national trend of decline.
*How often, if at all, do you not have enough energy for family and friends during leisure time? **(% staff selecting often/always)***	27.8% 0.4% increase since 2021	31.8% (2021: 31.5%)	27.7% 0.9% decrease since 2021	Improved, and bucked the benchmark and national trend of decline.
In the last 12 months have you experienced musculoskeletal problems as a result of work activities?	24.6% 1.9% decrease since 2021	30.2% (2021: 30.8%)	22.5% 4.6% decrease since 2021	Improved at a rate better than the benchmark and national average.
During the last 12 months have you felt unwell as a result of work related stress?	41.8% 1.8% decrease since 2021	44.8% (2021: 46.9%)	40.1% 6.7% decrease since 2021	Improved at a better rate than the benchmark and national average.
In the last 3 months have you ever come to work despite not feeling well enough to perform your duties?	54.7% 2% increase since 2021	56.6% (2021: 54.6%)	54.5% 1.2% increase since 2021	Improved, but not at the rate of the benchmark or

				national average.
In the last 12 months how many times have you personally experienced physical violence at work from...? ***(answers at least once)***				
- *Patients / service users, their relatives or other members of the public.*	14.5% 0.2% increase since 2021	14.7% (2021: 14.4%)	13.5% 0.4% increase since 2021	Better than the national and benchmark average. Declined performance, at odds with both the benchmark and national trend.
- *Managers*	0.4% Stayed the same as 2021	0.8% (2021: 0.7%)	0.2% 0.2% decrease since 2021	Better than the national and benchmark average. Improved, bucking the trend of the national increase and benchmark staying the same.
- *Other colleagues*	1.2% 0.2% increase since 2021	1.8% (2021: 1.6%)	1.1% Stayed the same as 2021	Better than the national and benchmark average. Positively bucked the benchmark and national trend of an increase
In the last 12 months how, many times have you personally experienced harassment, bullying or abuse at work from...? ***(answers at least once)***				
- *Patients / service users, their relatives or other members of the public.*	26.3% 1% decrease since 2021	27.8% (2021: 27.7%)	24% 2.7% decrease since 2021	Better than the national and benchmark average. Improved at a rate better than the benchmark group and better than the national average which declined.
- *Managers*	8.5% 0.3% decrease since 2021	11.1% (2021: 11.5%)	8.1% 0.7% decrease since 2021	Better than the national and benchmark average. Improved at a rate the same as the benchmark group and better than the national average..
- *Other colleagues*	14.1% 0.4% decrease since 2021	18.7% (2021: 18.7%)	13.8% 0.4% decrease since 2021	Better than the national and benchmark average. Improved at a rate the same as the

				benchmark group and better than the national average.

PEOPLE PROMISE 5 - WE ARE ALWAYS LEARNING

(Trust Score 6.0. Benchmark Group Score 5.7. NHS Score 5.4)

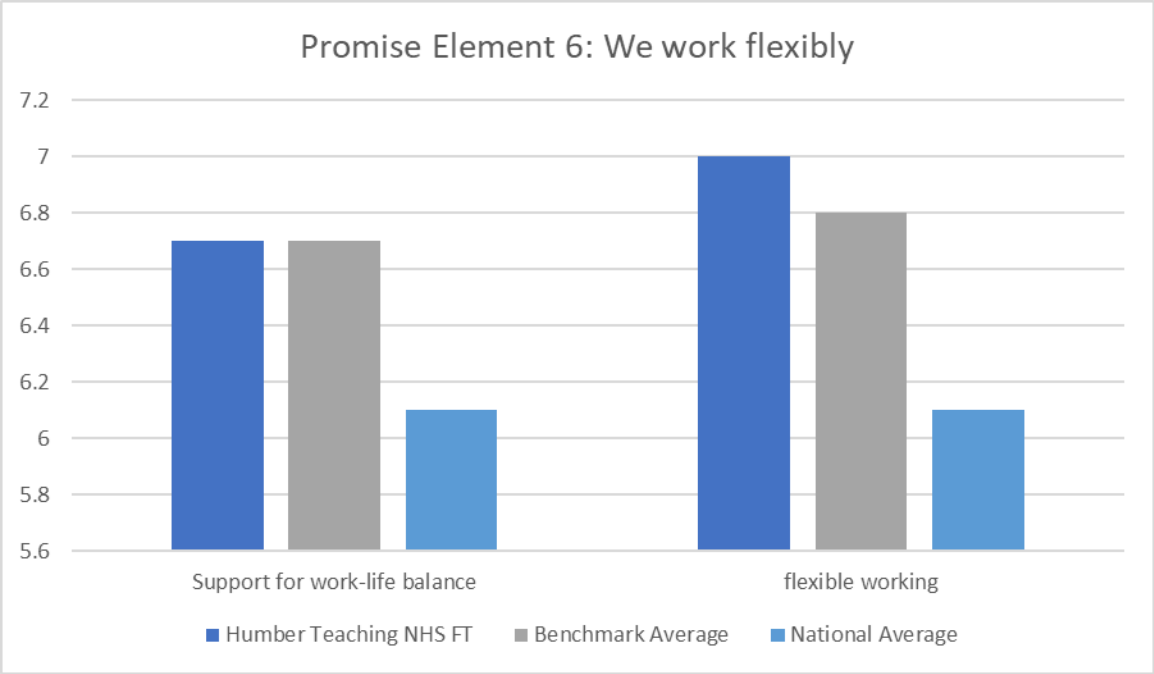


Question/Statement	Benchmark Group Average Score	NHS Overall Score	Trust Score	Comment
In the last 12 months, have you had an appraisal?	84.1% 0.8% decrease since 2021	81.3% (2021: 79.9%)	94.2% Stayed the same as 2021	Above the national and benchmark average. Bucked the benchmark trend of decline but not the national trend of improvement. Still significantly above both benchmark and national average rates.
It helped me improve how I do my job.	22.5% 1.7% increase since 2021	21.9% (2021: 20.4%)	22.5% 2.8% increase since 2021	Improvement at a better rate than benchmark and national average.
It helped me agree clear objectives for my work.	34.9% 1.8% increase since 2021	32% (2021: 30.9%)	33.2% 1.3% increase since 2021	Above the national average but below the benchmark. Improved, not at the rate of the benchmark average but better than the national.
It left me feeling that my work is valued by my organisation.	34.9% 1.7% increase since	31% (2021: 29.8%)	34.4% 3.6% increase since	Above the national average but below the

	2021		2021	benchmark. Improvement at a better rate than benchmark and national average.
This organisation offers me challenging work.	75.9% 1.8% increase since 2021	70.5% (2021: 69.7%)	77.8% 3.2% increase since 2021	Above the national and benchmark average. Improvement at a better rate than benchmark and national average.
There are opportunities for me to develop my career in this organisation.	56.5% 1.9% increase since 2021	54.6% (2021: 53%)	54.9% 1% increase since 2021	Above the national average but below the benchmark. Improved, not at the rate of the benchmark or national average.
I have opportunities to improve my knowledge and skills.	74.3% 1.8% increase since 2021	68.8% (2021: 67.3%)	74.7% 0.9% increase since 2021	Above the national and benchmark average. Improved, not at the rate of the benchmark or national average.
I feel supported to develop my potential.	61.2% 2.2% increase since 2021	54.7% (2021: 52.6%)	61.9% 2.1% increase since 2021	Above the national and benchmark average. Improved, not at the rate of the benchmark average but at the same rate as the national.
I am able to access the right learning and development opportunities when I need to.	62.7% 3.3% increase since 2021	57.3% (2021: 55.1%)	63.5% 2.4% increase since 2021	Above the national and benchmark average. Improved, not at the rate of the benchmark average but at a better rate than the national.

PEOPLE PROMISE 6 - WE WORK FLEXIBLY

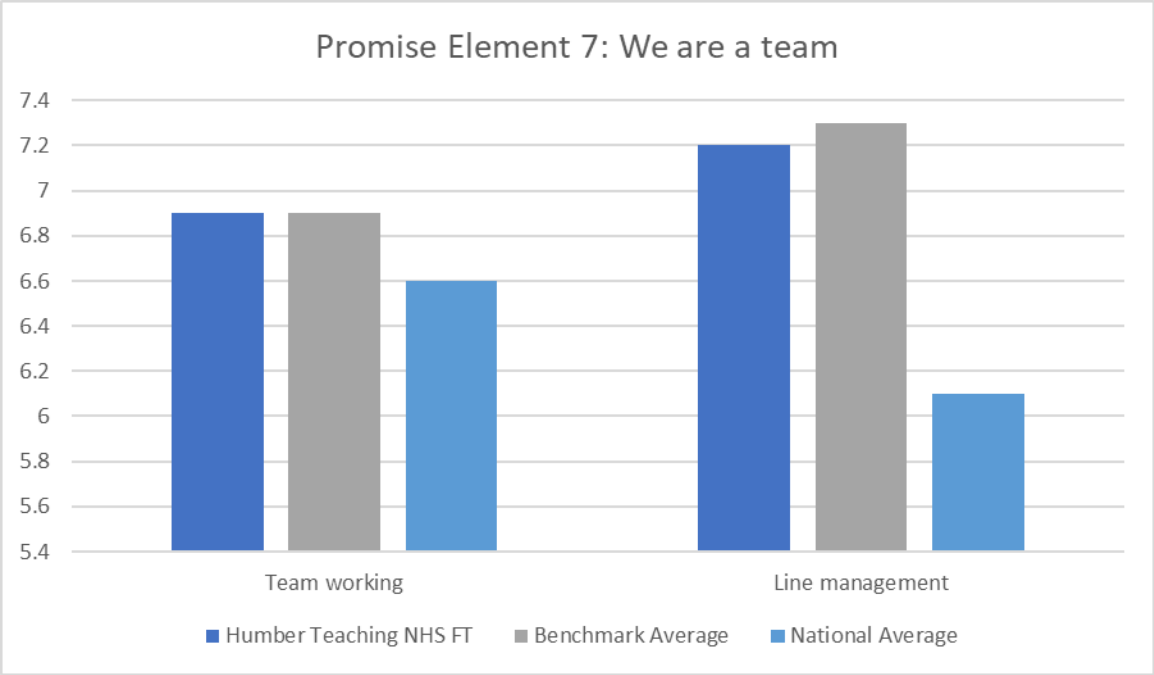
(Trust Score 6.9. Benchmark Group Score 6.7. NHS Score 6.1)



Question/Statement	Benchmark Group Average Score	NHS Overall Score	Trust Score	Comment
My organisation is committed to helping me balance my work and home life.	57.6% 2.6% increase since 2021	45.7% (2021: 44.4%)	57.9% 0.3% decrease since 2021	Above the national and benchmark average. Improvement at a better rate than benchmark and national average.
I achieves a good balance between work and home life.	59.7% 0.6% increase since 2021	52.5% (2021: 52.1%)	60.3% 0.4% increase since 2021	Above the national and benchmark average. Improved, not at the rate of the benchmark average, but the same rate as the national average.
I can approach my immediate manager to talk openly about flexible working.	78% 0.9% increase since 2021	68.5% (2021: 66.9%)	77.7% 1.8% increase since 2021	Improvement at a better rate than benchmark and national average.
How satisfied are you with each of the following aspects of your job? The opportunities for flexible working patterns	66.3% 0.8% increase since 2021	54.4% (2021: 54.1%)	69.9% 2.3% increase since 2021	Above the national and benchmark average. Improvement at a better rate than benchmark and national average.

PEOPLE PROMISE 7 - WE ARE A TEAM

(Trust Score 7.1. Benchmark Group Score 7.1. NHS Score 6.7)

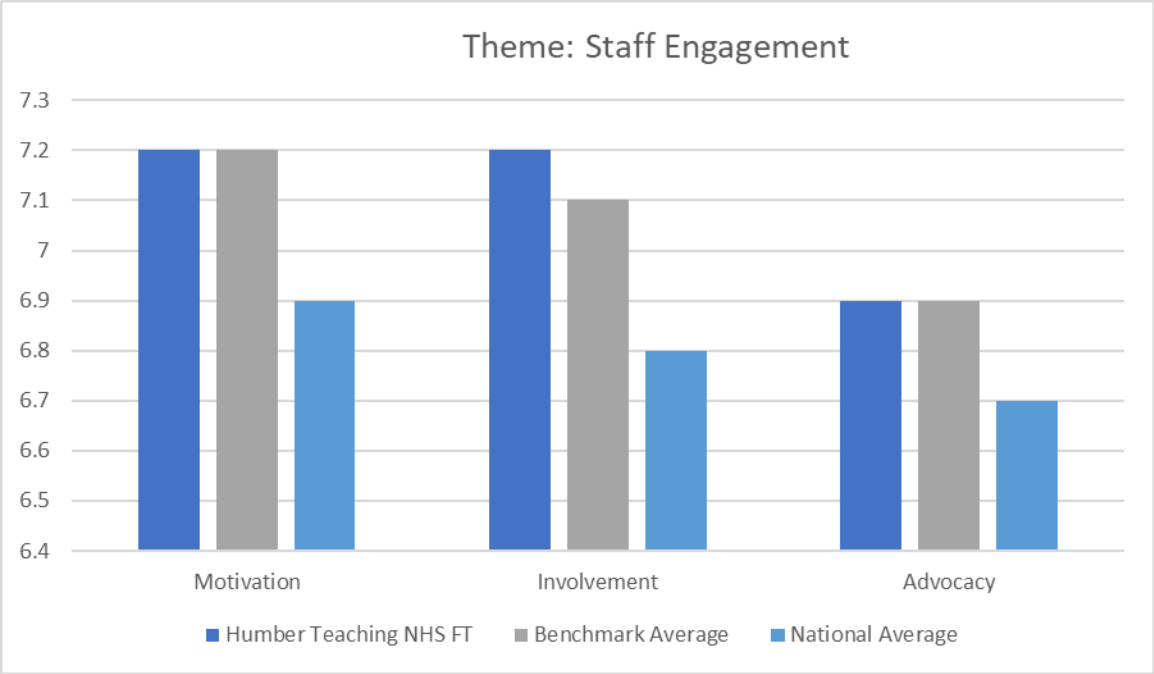


Question/Statement	Benchmark Group Average Score	NHS Overall Score	Trust Score	Comment
The team I work in has a set of shared objectives.	75.5% 0.1% decrease since 2021	72.4% (2021: 72.2%)	78% 2% increase since 2021	Above the national and benchmark average. Improved at a rate better than the national average and bucking the trend of a benchmark decline.
The team I work in often meets to discuss the team's effectiveness.	68.9% 1% increase since 2021	59% (2021: 56.9%)	68.6% 0.7% decrease since 2021	Declined, at odds with the benchmark and national position of improvement. However, still above the national average.
I receive the respect I deserve from my colleagues at work.	77.3% 1.2% increase since 2021	71.2% (2021: 70.7%)	77.3% 1.1% increase since 2021	Improved at a rate better than the national average but not at the benchmark.
Team members understand each other's roles.	70.6% 0.8% decrease since 2021	70.7% (2021: 71.4%)	70.6% 1.8% increase since 2021	Improved, bucking the trend of national and benchmark decline.
I enjoy working with the colleagues in my team.	85.2% 0.8% increase since 2021	81.6% (2021: 81.5%)	86% 1.5% increase since 2021	Above the national and benchmark average. Improvement at a better rate than benchmark and national average
My team has enough freedom in	62.8%	57.5%	61.1%	Declined, at odds

how to do its work.	1.3% increase since 2021	(2021: 56.8%)	0.5% decrease since 2021	with the benchmark and national position of improvement. However, still above the national average.
In my team disagreements are dealt with constructively.	62% 1% increase since 2021	56% (2021: 55.3%)	65.2% Stayed the same as 2021	Above the national and benchmark average. Remained the same so not seeing the improvement the benchmark and national average did. Still above the national average.
Teams within this organisation work well together to achieve their objectives.	52.4% 1.3% increase since 2021	51.4% (2021: 52.4%)	52.4% 3.2% increase since 2021	Improved at a rate better than the benchmark average and bucking the trend of a national decline.
My immediate manager encourages me at work.	78.5% 0.4% increase since 2021	71% (2021: 70%)	77% 0.8% increase since 2021	Improvement at a better rate than benchmark average but not at the rate of the national average.
My immediate manager gives me clear feedback on my work.	71.5% 0.3% decrease since 2021	63.4% (2021: 62.4%)	71.2% 0.1% increase since 2021	Improved, not at the national average rate, but bucking the benchmark trend of decline.
My immediate manager asks for my opinion before making decisions that affect my work.	66.6% 0.8% increase since 2021	58.2% (2021: 57.1%)	62.8% 1.9% decrease since 2021	Declined, at odds with the improvement in the benchmark and national average. However, still above national average.
My immediate manager takes a positive interest in my health and wellbeing	77.9% 0.7% increase since 2021	69% (2021: 68.1%)	76.1% 0.3% increase since 2021	Improved, but not at the rate of the benchmark or national average.

STAFF ENGAGEMENT

(Trust Score 7.1. Benchmark Group Score 7.0. NHS Score 6.8)

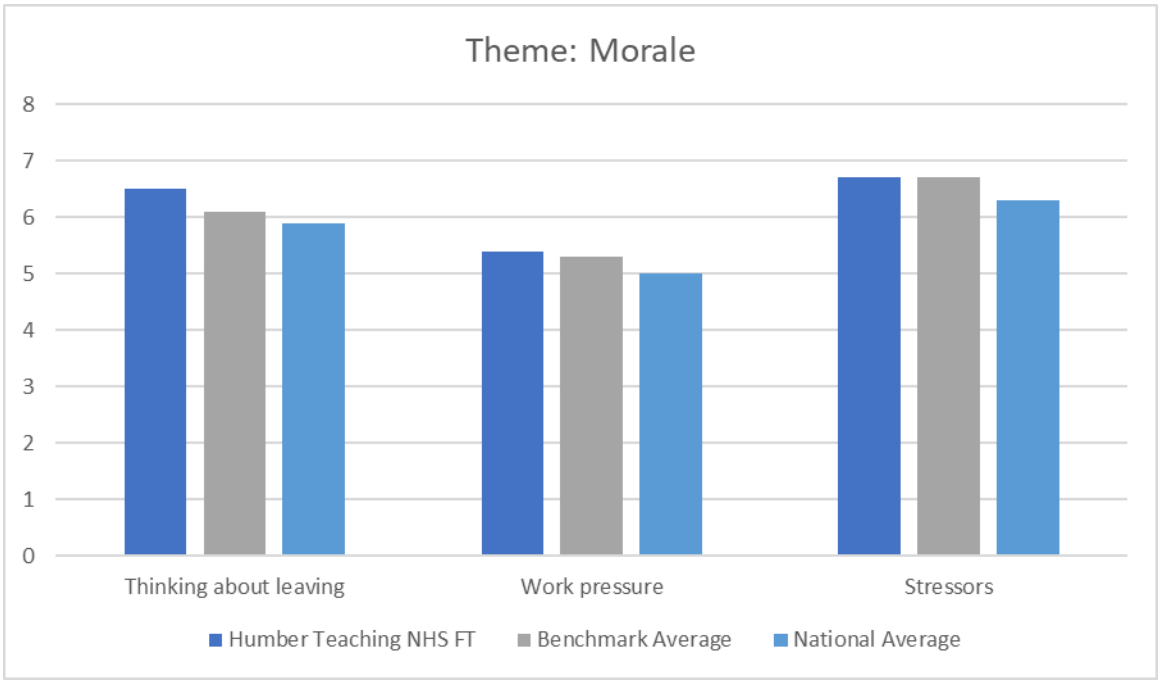


Question/Statement	Benchmark Group Average Score	NHS Overall Score	Trust Score	Comment
I look forward to going to work.	57.8% 1.1% increase since 2021	52.6% (2021: 52.5%)	58.4% 3.3% increase since 2021	Above the national and benchmark average. Improvement at a better rate than benchmark and national average.
I am enthusiastic about my job.	71.1% 0.4% increase since 2021	66.9% (2021: 67.4%)	72.9% 3.6% increase since 2021	Above the national and benchmark average. Improvement at a better rate than benchmark and bucking the trend of national decline.
Time passes quickly when I am working.	75.7% 0.9% decrease since 2021	72.1% (201: 72.9%)	75.5% 1.2% decrease since 2021	Declined and at a rate worse than the benchmark and national average.
There are frequent opportunities for me to show initiative in my role.	77.3% 0.8% increase since 2021	72.9% (2021: 72.5%)	78% 2.1% increase since 2021	Above the national and benchmark average. Improvement at a better rate than benchmark and national average.
I am able to make suggestions to improve the work of my team /	77.1% 0.3% increase since 2021	70.9% (2021: 70.4%)	77.8% 1.2% increase since 2021	Above the national and benchmark

department.				average. Improvement at a better rate than benchmark and national average.
I am able to make improvements happen in my area of work.	60.4% 1.5% increase since 2021	54.3% (2021: 53.2%)	60.6% 1.9% increase since 2021	Above the national and benchmark average. Improvement at a better rate than benchmark and national average.

MORALE

(Trust Score 6.1. Benchmark Group Score 6.0. NHS Score 5.7)



Question/Statement	Benchmark Group Average Score	NHS Overall Score	Trust Score	Comment
I often think about leaving this organisation	29.1% 1.3% increase since 2021	32.3% (2021: 31.2%)	28.6% 0.8% decrease since 2021	Improved, bucking the benchmark and national trend.
I will probably look for a new job at a new organisation in the next 12 months	21.8% 0.4% increase since 2021	23.7% (2021: 23%)	20.5% 0.5% decrease since 2021	Improved, bucking the benchmark and national trend.
As soon as I can find another job, I will leave this organisation.	14.4% 0.1% decrease since 2021	17.3% (2021: 16.6%)	14.1% 0.6% decrease since 2021	Improved at a rate better than the benchmark average and opposite to the national trend of decline.
I am able to meet all the conflicting demands on my	45.2% 0.4% increase	42.9% (2021: 43%)	44.2% 2.2% increase	Improved at a rate better than the

time at work	since 2021		since 2021	benchmark average and opposite to the national trend of decline.
***Never or rarely** have unrealistic time pressures*	27.2% 1.2% increase since 2021	23.4% (2021: 23.3%)	27.6% 1.4% increase since 2021	Above the national and benchmark average. Improvement at a better rate than benchmark and national average.
I have a choice in deciding how to do my work.	63.9% 0.3% increase since 2021	53.7% (2021: 53.4%)	67.6% 0.8% increase since 2021	Above the national and benchmark average. Improvement at a better rate than benchmark and national average.
*Relationships at work are **never or rarely** strained.*	54.8% 1.2% increase since 2021	45.9% (2021: 44.8%)	57.2% 4.6% increase since 2021	Above the national and benchmark average. Improvement at a better rate than benchmark and national average.

SUMMARY

One question scores worse than both National and Benchmark Average :-

Question/Statement	Benchmark Group Average Score	NHS Overall Score	Trust Score	Comment
I always know what my work responsibilities are	83.5% 1.1% decrease since 2021	85.6% (2021: 85.7%)	83.1% 1.2% increase since 2021	Below both the national and benchmark average. Bucked the benchmark group trend of a decrease

APPENDIX 2 – DIVISION/ DIRECTORATE PROGRESS AGAINST LOCALISED ACTIONS

Staff Survey 22
Action Plans Aug 202

We each have a voice that counts People Promise

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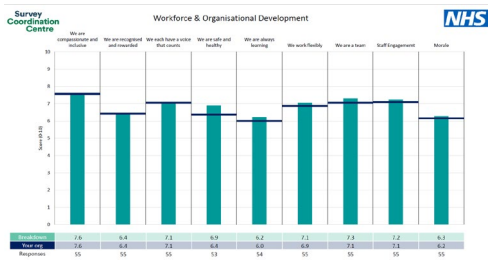

People Promise	What action will we take?	By When?	With the aim of	Success factor	Who responsible for	Update
We are recognised and rewarded	1) W&OD Managers to share the Customer Satisfaction survey across the directorate using the MS Teams chat 2) W&OD managers to nominate one person each month for employee of the month/'virtual bouquet' - to be agreed at the W&OD Management meeting	1)30/04/2023 2) Every month	Enhancing recognition processes, and making the workforce feel valued.	Improve score for the People Promise theme 'we are recognised and rewarded'	All	Actions complete. In addition the directorate has introduced W&OD Stars (a peer to peer recognition programme
We are always learning	1) WOD management team to review all training requests and agree collectively for the year ahead 2) Commitment to additional training and development 3) We will invest in the apprentice first approach and commit to developing our own through apprenticeships. 4) All people managers in W&OD to complete the Essential People Management training	1) 30/07/23 2) Ongoing 3)Ongoing 4) 30/09/23	Showing our commitment to the development of our staff	Improve the score for the people promise theme 'We are always learning'	All	All actions complete In addition W&OD introduced a mandatory operational day to experience front line environments.
We are a team	1) Two all directorate team days per year 2) Increase participation in the MS Team chat 3) Improve team working environments 4) Set up a band 7 middle management 'buzz' to improve cross team working practices. 5) Re-assess team working environments ensuring the right peole are working together.	1) Ongoing 2) Ongoing 3) 30/06/23 4) 30/06/23 5) 30/06/23	Improving team attachment and developing a culture of respect and understanding	Improve people promise theme score 'We are a team'	All	All actions complete
We are always learning & Morale	Reintroduce and embed the Divisional Insight Meetings	Every other month	Increasing knowledge of divisions and challenges faced by them. Create a 'one directorate' identity and improve cross directorate working.	Increase in people promises scores	HRBP's	Complete
We are Safe and Healthy	1) Introduce two directorate health and wellbeing days per year 2) Ensure a review is undertaken of everyone's work station in the work environment.	1)Twice per year 2) 30/06/23	Improve health and wellbeing across the teams Widen participation and improve cross team working.	Improve the people promise theme 'We are safe and healthy'	All	Complete
We work Flexibly	1. All flexible working requests to be reviewed during the annual appraisal and all flexible working to be captured within ESR 2. BPs and Senior Workforce Advisor to spend their 2 office days situated in the business.	1) 30/06/23 2) 30/04/23	Ensure all flexible working is regualry reviewed and formalised Improve visibility and proactive support to the business	Improve the People Promise theme 'We work flexibly'	All	Complete

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People Promise	What action will we take?	By When?	With the aim of	Success factor	Who responsible for
We work flexibly	Review of existing flexible working requests across all areas.		Understanding the baseline data surrounding current arrangements.	Improve the 'We work flexibly' theme score (NSS 2022 result - 6.0)	Service Managers/ HR BP
	Understanding the % of flexible working arrangements by locality		Accommodating additional requests where possible.		Service Managers/ HR BP
	Introduce monitoring around flexible workforce requests that have been declined/ unable to be facilitated by the service. Review of alternative arrangements that are able to be suggested		Ensuring managers are responding in a timely manner and that flexible working arrangements are being supported where operationally possible.		Service Managers/ HR BP
	Effective communication on how we define 'flexible' working		Increasing understanding amongst staff.		General Manager/ HR BP
We are recognised and rewarded	Stocktake of good practice across One Community and share learnings with all Service Managers		Supporting cross-team learning to further develop One Community model.	Improve the 'We are recognised and rewarded' theme score (NSS 2022 result - 5.4)	General Manager
	Forensics General Manager peer review - how do they recognise and reward their staff?		Supporting cross-functional learning with Ops peers.		General Manager
	More SMT updates around staff recognition fed into divisional newsletter / staff stories to be shared at divisional ODG		Increase visibility and exposure of staff recognition through existing newsletter channel.		General Manager
	Rota for Corporate resource to be locally visible in all localities i.e. Workforce Wellbeing team presence		Increase visibility of Corporate staff and build relationships between Corporate colleagues and divisional colleagues.		Service Managers
	EMT/divisional SMT timetable for financial year detailing presence at a site level		As above - specifically for EMT and divisional SMT.		General Manager/ Service Managers
	Ask staff at appraisal of any learning & development requests or interests		To understand training interests at an individual level.	Improve the 'We are always learning' theme score (NSS 2022 result - 5.2)	All team members
	Communication around 2023/24 objectives - service planning. Dissemination of objectives during appraisals - strategic goals feed into operational objectives		Assuring staff at all levels understand how their role feeds into a wider divisional or organisational objective.		All team members
	Divisional SMT embodying 'we are always learning' by linking in with peer organisations to benchmark and share learning		Understanding best practice within our region and implementing ideas within our Trust, if applicable. Similarly, sharing learning from our Trust to further raise our profile.		General Manager/ Service Managers
We each have a voice that counts	Replicate 'You said, we did' approach in sharing the staff survey results - divisional SMT to share results with staff and solicit feedback or input		Facilitate a two-way conversation around 2022 NSS results and action planning. Driving engagement with staff.	Improve staff engagement (6.4) and morale (5.2)	General Manager/ Service Managers
We are safe and healthy	Schedule Workforce Wellbing team support across the division to support staffs physical, mental and social health and wellbeing		Improving staff health and wellbeing across the division.	Improve the "we are safe and healthy" score (5.7)	Service Managers

We each have a voice that counts People Promise

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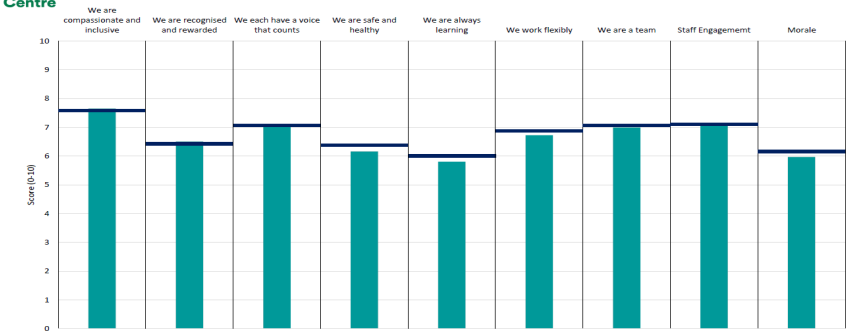
Children's & LD Staff Survey Action Plan 2022

People Promise	What action will we take?	With the aim of	Success factor	Who responsible for
Performance Feedback- Always Learning	between team managers and individuals/ teams. Will be part of the performance and productivity culture being introduced. Encourage the use of feedback abd challenge to improve services as a growth mind set for continuous improvement. May require OD support to facilitate role play workshops on how to give supportive feedback and have difficult conversations. Build skills not just e-learning approach.	Optimising the productivity of the individual and team. Promote equity of workload. More transparency on how individuals are working which connects to priorities goals and objectives of service.	Efficiency and optimisation improves. Staff relationships are improved. People talk to each other rather than about each other.	CLD- SLT
Share resources to include estates and eq	Review of all CLD estates and the development of guidance to support Blend and Thrive working. This will have a focus on staff support mechanisms which can aid health and wellbeing such as organising meet up sessions and virtual drop ins to gain day to day support lost in agile working. PMO support to develop and implement Blend and Thrive	Supporting health and wellbeing and healthy workplace which supports agile working	Utilisation of all accommodation. Less frustration for staff	GM and Service Managers
Communications- Safe and Healthy	Regular monthly lunchtime meeting with GM and CL to discuss any issues which need to be raised. Started in March 23. CL's attends network meetings to 'meet and greet' and increase their visability	Action on things which can be addressed quickly. More visability and communication with teams from Senior Leadership Team	Good attendnace and healthy conversations. Issues brought and dealt with. Feedback received to say this is a good use of time.	CLD-SLT
More development and celebration events across CLD services- Morale	To provide more support with finances and time to attend sessions and build ethos of celebrating success in to services.	Improving engagement and morale. Gaining recognition for hard work undertaken. HSJ. National projects and research.	Improve engagement and staff morale	CLD-SLT
Flexible working	Encourage service managers to support flexible working requests and to be being creative in finding solutions to these requests.	Staff health and wellbeing. Making Humber TFT a good place to work	Staff survey results improve in 23/4	Service Managers
Being Humber sessions - Always Learning	Roll out 'Being Humber' sesions to areas where staff behaviours are not in line with ' treat people how you would like to be treated'.	Identification of problem by service leads and encouragement to engage with OD teams.	Improve working relationships	CLD-SLT

Survey Coordination Centre

Childrens and Learning Disability

NHS



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.7	6.5	7.1	6.2	5.8	6.7	7.0	7.2	6.0
Your org	7.6	6.4	7.1	6.4	6.0	6.9	7.1	7.1	6.2
Responses	311	311	311	311	303	311	311	311	311

We each have a voice that counts People Promise

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Mental Health Planned Division Staff Survey Action Plan 2022/23

People Promise	What action will we take?	By When?	With the aim of	Success factor	Who responsible for	Status Update
Morale	Building on the work in 2022/23, we will work toward reducing the vacancy rate to 10% by March 2024.	Mar-24	Increasing the capacity of our workforce, taking pressure off our existing staff, improving the quality of our services	Improved score for 'Morale' including Q3i, 5a. Also Q12 under 'We are safe and healthy'	Service managers and Team Leaders	We continue to focus on timely recruitment and reducing our vacancy against establishment rate . We hold quarterly vacancy reviews with our HR partner, recruitment lead and finace to ensure accurate recording of vacancies and update in relation to skill mix
	We will report on progress against the target as part of monthly team meetings	Ongoing	Ensuring staff have accurate information regarding vacancy position, celebrating success where vacancy rates are reduced	Improved score for 'Morale' including Q3i, 5a. Also Q12 under 'We are safe and healthy'	Service managers and Team Leaders	Workshops have taken place to explain funding and commissioning procedures. Business meeting agendas include a discussion on vacancies.
We are safe and healthy	Further understand why staff are working additional unpaid hours, what tend to work on etc. through 1:1 management discussions and escalation to managers	31/05/2023	Fewer staff working additional unpaid hours, addressing capacity concerns and most effective ways of working to support staff	Improved score for 'We are safe and healthy' including 10c (staff reporting working additional unpaid hours)	Service managers and Team Leaders	E Roster switch has prompted more regular discussion with staff about time owing. Role modelling of Team Leaders and Managers. Utilisation of formal and informal opportunities for managers to discuss taking breaks.
	Refresh time owing procedures to ensure fit for purpose and easy to access. Communicate process to staff and encourage all to take a break	31/05/2023	Fewer staff working additional unpaid hours, addressing capacity concerns and most effective ways of working to support staff	Improved score for 'We are safe and healthy' including 10c (staff reporting working additional unpaid hours)	Service managers and Team Leaders	Service Managers to review and feedback any suggestions to the Time Owing procedure (Rostering Policy appendix)
We are a team	Review attendance and information flow of team meetings	Ongoing	Ensuring staff are receiving consistent and up-to-date information, and have good understanding of what is happening and why	Improved score for 'We are a team'	Team Leaders	Business as usual. Plus accountability reviews established in some areas.
	Service Managers to set key messages for Team Leaders to cascade	Ongoing	Ensuring staff are receiving consistent and up-to-date information, and have good understanding of what is happening and why	Improved score for 'We are a team'	Service Managers	Service Managers to review and provide assurance that this is happening
	Improve attendance at Practice Development Days - feedback from staff what will help?	31/07/2023	Ensuring staff are receiving consistent and up-to-date information, and have good understanding of what is happening and why	Improved score for 'We are a team'	All staff	Service Managers to circulate next date to all staff and promote within areas. Staff requested 4-6 weeks notice in future to allow planning.
	Rotational attendance at leadership meetings - Team Leader to nominate staff member to attend leadership meetings on rotational basis	By 31/05/23 and ongoing	Ensuring staff are receiving consistent and up-to-date information, and have good understanding of what is happening and why. Opportunities for development and succession planning.	Improved score for 'We are a team'	Team Leaders	Team Leaders to provide assurance to Service Managers this is happening
	Rotational attendance at divisional ODG - Service Manager to nominate Team Leader to attend divisional ODG on rotational basis	By 31/05/23 and ongoing	Ensuring staff are receiving consistent and up-to-date information, and have good understanding of what is happening and why. Opportunities for development and succession planning.	Improved score for 'We are a team'	Service Manager	Has taken place, but not every month. Service Managers to ensure at least one B7 to attend ODG each month.
	Each team to review ensure there are opportunities for teams to come together face to face (frequency and how this is managed will alter by team need), ensuring there is space on agenda for social aspects, e.g. followed up by lunch/time and space for informal conversation	By 30/06/23 and ongoing	Building relationships within the team, raising morale and sense of team identity	Improved score for 'We are a team' and 'Morale'	Team Leaders and Service Managers	Good examples across PRW. Development days every three months in Older Peoples. 75 year afternoon tea party in some areas. Other services will be constrained by team size and estates. Priority being having some opportunity for face to face time, but may not be the whole team. E.g. rotational face-to-face MDT meetings.
Staff Engagement	Raise the priority of estates work/longer term plans for Coltman Street and communicate key messages to staff	By 31/07/23 and ongoing	Confirm longer term plans for workforce currently based at Coltman Street and ensure staff are receiving regular updates	Improved score for 'Staff Engagement' in particular Q23c	Service Manager	Complete.

Mental Health (unplanned) Staff Survey Action Plan 2022

People Promise	What action will we take?	By When?	With the aim of	Success factor	Who responsible for	Status Update
The team I work in has a set of shared Objectives	Initially the division is seeking further qualitative feedback specfically around the we are team issues which we have noticed we have not inproved in a cpl of years, the senior team is 100% commited to doing a fully engaged piece of work but wish to establish what is wanted first. smaller serive level groups will develop with more specfic actions to ensure the scores in coming years imrpove. we are keen to establish identify in teams and each others roles alongisde how immediate managers can address their specfic feedback.	stage 1 by July	clear team objectives all are signed up to	next years scores	Service managers and GM	Questionnaire complete. Results and action plan to be reviewed at MHUP Workforce Meeting on 11/09/2023
The team I work in often meets to discuss the team's effectiveness		stage 2 by September	wider engagement in team discussions leading to open feedback around effectiveness			
Team members understand each other's roles			clean role responbilities for all - defined at service level			
My immediate manager asks for my opinion before making decisions that affect my work			belief individuals are engaged and asked their opinion			
My immediate manager gives me clear feedback on my work			as above			
My immediate manager encourages me at work			as above			

We each have a voice that counts People Promise

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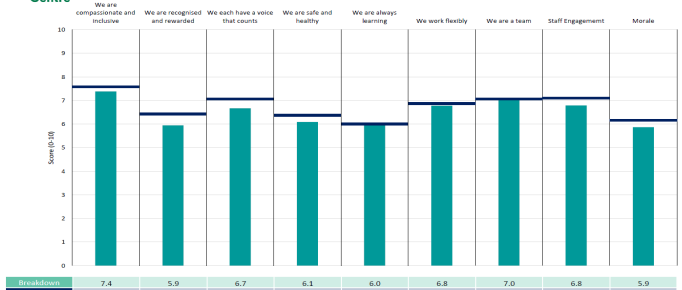
Forensics Staff Survey Action Plan 2022

People Promise	What action will we take?	With the aim of	Success factor	Who responsible for	Progress/Updates
We are recognised and rewarded	Managers to nominate one person each month for employee of the month/'virtual bouquet' - to be agreed at the strategic workforce meeting. Improve communication regarding Greatix process and increase Greatix submissions Increase availability and visability in all areas to ensure connection with teams, particularly in response to incidents/events (positive and negative)	Enhancing recognition processes, and making the workforce feel valued.	Improve score for the People Promise theme 'we are recognised and rewarded'	All staff with line management responsibility	Ward managers to feed upwards to Service Manager (Paula in interim) any nominations for virtual bouquet/employee of the month/Greatix - to be picked up on Operational Wkf Meeting. To be added onto Ward Manager agenda. Listening events and Ask the Management Team panels diarised. Establish a minimum contact time for the leadership team onto wards.
We each have a voice that counts	Re-Establish Divisional SMT Established NSS Steering Group to share the staff survey results and develop action plan. "You said we did" boards across the division (3 areas)	Facilitate a two-way conversation around 2022 NSS results and action planning. Driving engagement with staff.	Improve score for the People Promise theme	Senior Team	Divisional SMT and NSS Steering Group established. Update from NS re boards.
Staff engagement	Review and embed divisonal newsletter Open invatations to Clinical Network and Governance meetings. Consider increasing the voice for the community teams - this is often quieter/less recognition than for inpatient Leadership listening events across the divisions. Engagement in OD initiative to look at developing a positive culture accross the division.	Fostering staff confidence to contribute to local and strategic development initiatives. To enable staff to feel a greater ownership and role in service developments	Improve score for the People Promise theme	Senior Team	Newsletter in place via R Kirby. Feedback after 6months. Return to a rota for attendance at Clinical Network and Governance, feed back via ward manager meeting. Reflect similar in Community, a Team Leader rep from Community in attendance from August. OD initiative in place and recently reviewed - new approach from September
We are compassionate & inclusive	Promote attendance at some of the Trust wide groups, and identify exisiting contribution for example, Charlotte Griffiths, Lead Psychologist for SCFT is the Trust Chair of the Race Equality Network Allyship group. Promote the retention initiatives such as additional days leave, benefits etc Review opportunities for flexible working and introduce monitoring around rejections and alternative arrangements suggested	To ensure staff understand the aims of the organisation and the work around inclusion. Ensure staff are aware of all the Trust offers Ensuring managers are responding in a timely manner and that flexible working arrangements are being supported where operationally	Improve score for the People Promise theme		Uptake of Carer Champions across the division. Share info sheet on champion/ambassador opportunities across the Trust. Offer to staff option of attending off shift and claim time back. Benefits portal (Trust) to be promoted upon development. Explore 'pick and mix' role working across division to manage peark times/responsibilities. Revist opportunities for flexibility within e roster.
We are safe and healthy	Plan in Workforce Wellbeing Team sessions across the division, in collaboration with the Health & Wellbeing Team. The implementation of a crisis cupboard offering basic essentials, including hygiene products.	Ensuring staff are able to maintain a healthy life balance with an environment that promotes positive physical and mental wellbeing.	Improve score for the People Promise theme	Senior Team	Calendar of dates with the H&WB to attend across the division. Crisis cupboard in place.

Survey Coordination Centre

Secure Services

NHS



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Breakdown	7.4	5.9	6.7	6.1	6.0	6.8	7.0	6.8	5.9
Your org	7.6	6.4	7.1	6.4	6.0	6.9	7.1	7.1	6.2
Responses	73	73	73	73	70	73	73	73	73

We each have a voice that counts People Promise

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Chief Operating Officer Directorate Staff Survey Action Plan 2022

People Promise		What action will we take?	By When?	With the aim of	Success factor	Who responsible for	Status Update
We each have a voice that counts (COO Scor: 7.0)	Declined 2021 Below Trust (7.1) Same benchmark						
		Forum arranged to discuss the scores and agree action to be taken by each group of staff:					
		EPRR/PMO Teams, Doctors in Training, Psychology Students, Senior Operational Team	End of May 2023	Clearly specifying actions that will increase staff view that their voices count	Plan agreed with staff and actions completed	Claire Jenkinson, Lynn Parkinson/Kwame Fofie, Kate York, Lynn Parkinson	in progress
		All actions to be completed by end of Q3 2023/24	End of December 2023	Reviewing the impact of the actons with each group of staff	Staff agree that the actions have been impactful	Claire Jenkinson, Lynn Parkinson/Kwame Fofie, Kate York, Lynn Parkinson	Plans will be monitored once finalised
Staff Engagement (COO Score 7.0)	Declined 2021 Below Trust (7.1) Same benchmark						
		Forum arranged to discuss the score and agree action to be taken by each group of staff:					
		EPRR/PMO Teams, Doctors in Training, Psychology Students, Senior Operational Team	End of May 2023	Clearly specifying actions that will increase staff view that they are engaged	Plan agreed with staff and actions completed	Claire Jenkinson, Lynn Parkinson/Kwame Fofie, Kate York, Lynn Parkinson	In progress
		All actions to be completed by end of Q3 2023/24	End of December 2023	Reviewing the impact of the actons with each group of staff	Staff agree that the actions have been impactful	Claire Jenkinson, Lynn Parkinson/Kwame Fofie, Kate York, Lynn Parkinson	Plans will be monitored once finalised
We work flexibly (COO Score 6.8)	Improved 2021 Below Trust (6.9) Above benchmark						
		Forum arranged to discuss the score and agree action to be taken by each group of staff:					
		EPRR/PMO Teams, Doctors in Training, Psychology Students, Senior Operational Team	End of May 2023	Clearly specifying actions that will increase staff view that they can work flexibly	Plan agreed with staff and actions completed	Claire Jenkinson, Lynn Parkinson/Kwame Fofie, Kate York, Lynn Parkinson	in progress
		All actions to be completed by end of Q3 2023/24	End of December 2023	Reviewing the impact of the actons with each group of staff	Staff agree that the actions have been impactful	Claire Jenkinson, Lynn Parkinson/Kwame Fofie, Kate York, Lynn Parkinson	Plans will be monitored once finalsed
We are a team (COO Score 7.2)	Declined 2021 Above Trust (7.1) Above benchmark						
		Forum arranged to discuss the score and agree action to be taken by each group of staff:					Established quarterly face-to-face meetings that bring together the diverse teams from across the directorate. The meetings respond to the challenges of working from home and aim to foster effective team relationships, with positive feedback from staff. guest speakers have been invited in order to promote learning from across the Trust.
		EPRR/PMO Teams, Doctors in Training, Psychology Students, Senior Operational Team	End of May 2023	Clearly specifying actions that will increase staff view that they are working as a team	Plan agreed with staff and actions completed	Claire Jenkinson, Lynn Parkinson/Kwame Fofie, Kate York, Lynn Parkinson	In progress
		All actions to be completed by end of Q3 2023/24	End of December 2023	Reviewing the impact of the actons with each group of staff	Staff agree that the actions have been impactful	Claire Jenkinson, Lynn Parkinson/Kwame Fofie, Kate York, Lynn Parkinson	

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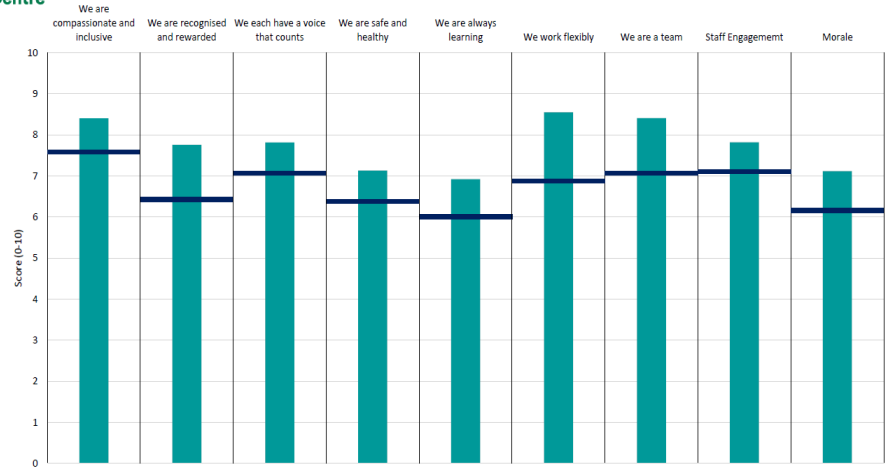
Medical Staff Survey Action Plan 2022

People Promise	What action will we take?	With the aim of	Success factor	Who responsible for
We are a team	Two all directorate team days per year	Improving team attachment and developing a culture of respect and understanding	Maintain positive scores in the people promise theme	Senior Team
We are safe and healthy	Plan in Workforce Wellbeing Team sessions across the division, in collaboration with the Health & Wellbeing Team. Re-establish boundaries and expectations	Ensuring staff are able to maintain a healthy life balance with an environment that promotes positive physical and mental wellbeing. Ensure the workplace is functioning in a healthy way that doesn't require employees to work excessive hours	Maintain positive scores in the people promise theme	Senior Team

Survey Coordination Centre

Medical

NHS



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Breakdown	8.4	7.8	7.8	7.1	6.9	8.5	8.4	7.8	7.1
Your org	7.6	6.4	7.1	6.4	6.0	6.9	7.1	7.1	6.2
Responses	34	33	34	34	34	33	34	34	34

We each have a voice that counts People Promise

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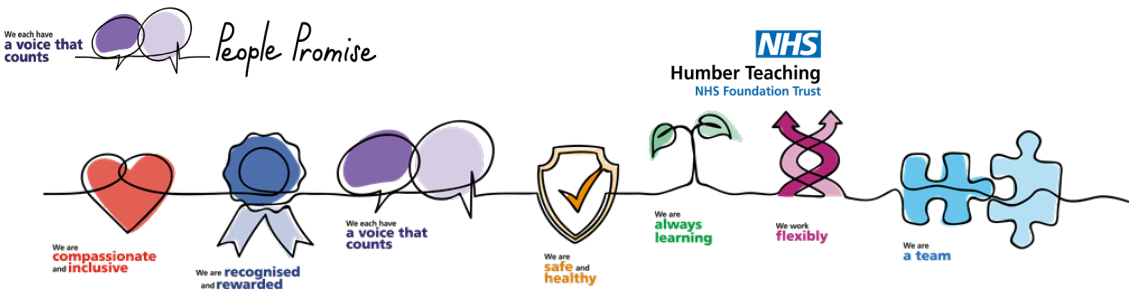
NAME Directorate Staff Survey Action Plan 2022

People Promise	What action will we take?	By When?	With the aim of	Success factor	Who responsible for	Status Update
We are recognised and rewarded	Cross check new starters during September 2022 period and check that their probationary period was undertaken as per policy.	31-May-23	To seek assurance that all new starters have had support as per requirement for probabtionary period	100 % complaince with probabtionary period	Kate Baxendale	
A voice that counts	Consultation in team meetings to be undertaken of what is working well with appriasals and what we can do to improve even further the links with team performance and career trajectory.	30-Jun-23	Building on the success already evident but demonstrating a commitment to gather ideas of how we can improve	improvements in next years staff survey in respect of Q21C	Kate Baxendale	
We are recognised and rewarded	Ensure that when we have a new starter it is made clear by the appoitning manager that the probationary interview forms appraisal.	31-Mar-23	Improving staff understanding of how the Trust supports their induction and integration into the Trust	improvements in next years staff survey in respect of Q21C	Kate Baxendale	
We are safe and healthy	All Team members to be asked to update their DSE assessments	31-May-23	ensuring staff have appropriate workstations to support posture and health	100% DSE assessments and reasonable adjustments in place	Kate Baxendale	
We are safe and healthy	Build into agenda's for meetings regular movement episodes, eg after 30 minutes	30-Apr-23	improving health and wellbeing and minimising the longer term effects of sedentary positions	Each meeting held by N and Q have movement breaks in	Kate Baxendale	
We are safe and healthy	Ask all team members to take up the offer of the full MOT health check	31-May-23	Supporting the physical and emotional wellbeing of staff	100% update on MOT health check	Kate Baxendale	
We are safe and healthy	Join active for August AHP/ Nursing challenge	31-Aug-23	encouraging exercise daily to improve physical and mental health	Teams are engaged in the challenge	Sam Jaques Newton	
We are safe and healthy	Find out if the Trust are signed up to Kaido	31-May-23	encouraging phsyical exercise through fun competition	Teams are engaged in the challenge	Kate Baxendale	
A voice that counts	Ask at appriaisals this year how can we further support people to feel trusted to do their job and implement appropriate feedback	31-May-23	greater feelings of trust in staff groups and recognition for their skills and experience	improvements in Q3B in next years survey	Kate Baxendale	
A voice that counts	when undertaking appraisals ensure a discussion about work responsibilities are held	31-May-23	Collegues are clear regarding work responsibilities	Improvements in Q3A in next years staff survey	Kate Baxendale	



Theme	Trust Score	Finance Score	Finance Rank	Actions 22/23	Action Plan 23/24	Update Against Plan
We are compassionate and inclusive	7.6	7.7	1	· Regular Finance Directorate meetings at different times to ensure opportunity for all staff to attend · Recording of Divisional meetings readily available for colleagues that cannot attend Finance Directorate Meetings with the option that a brief text overview can be emailed to them so that they are kept updated. · Patient experience to be an agenda item at Humbelievable Finance meetings	· Patient stories to be shared as appropriate with the directorate.	Monthly finance directorate briefings take place and are well attended. May meeting focussed on Staff Survery Results Other Topics include - Patient and Carer Experience - Planning Updates (Incl Workforce Plan) - Social Values - Capital Programme (Linking to Patient Care)
We are recognised and rewarded	6.4	6.9	5	· All staff kitchen areas have been redeveloped by estates teams to ensure they are suitable as an area for staff to eat. · Appraisal rates of 99.66%	· Deliver 100% appraisal rate	Programme of Kitchen and Wellbeing areas completed in 2022/23 Current appraisal rate of 98.69%(*4 appraisals outstanding*)
We each have a voice that counts	7.1	7.3	3	· Monthly whole Directorate Team Briefs	· Workshop at Directorate Team Brief	Workshop to be arranged ahead of the launch of the 2023 staff survey.
We are safe and healthy	6.4	7.2	4	· Continue to support staff to undertake Statutory Mandatory Training – evidenced by a 97.79% overall compliance.	· Continue to support staff to undertake Statutory Mandatory Training –	Overall Statutory and Mandatory training currently at 97.67% as per June Workforce Scorecard Workforce Scorecard is discussed at Directorate Monthly Management Meeting and also disseminated to teams
We are always learning	6	6	6	· Guest speaker Collette Conway spoke about how investigations are conducted within in the Trust	· When permitted there are plans for Finance Directorate colleagues to spend time in patient facing areas to better understand the service offered to patients	Speakers are invited to Directorate Briefings Staff are also asked of any subjects they wish to be discussed Recently we had an update on Patient and Carer Experience and the roles of champions across the directorate.
We work flexibly	6.9	7.3	3	· Full Directorate support of blended working approach.	· Full support around blended working approach, encouraging face to face meetings when appropriate – "Finance Fridays"	Blended approach working well where it is able to be utilsed. Teams have regular planned office days as well with Senior Staff on site as well Survey commenced on Blend and Thrive (1 year after new HQ openned)
We are a team	7.1	7.2	4	· The Trust continues to invest in team development days which are fully supported by the Directorate	· Teams to be encouraged to participate in the Team building days – e.g., climbing	Good uptake of Team Development Days within the directorate (DO WE HAV ANY STATS?)
Staff engagement	7.1	7.4	2	· Continued publication of Humber Financial Times	· Workshop at Directorate Team Brief to further develop plan around staff ideas	Further editions of Humber Financial Times have been produced, with the planning version linking the Trusts Financial Plan to providing the best patient care we can
Morale	6.2	6.9	5		· Monthly Directorate Team Brief to ensure all staff have access to DMT	Directorate Team Brief continues to be well attended Regular in person meetings enable conversations to take place

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Agenda Item 25

Title & Date of Meeting:	Trust Board Public Meeting – Wednesday 27th September 2023
Title of Report:	Workforce Disability Equality Standard (WDES) Report 2023
Author/s:	John Duncan EDI Partner
Recommendation:	

To approve		To discuss	
To note		To ratify	✓
For assurance			

Purpose of Paper:	The paper sets out the outcome of this year's analysis of the Trusts Workforce Disability Equality Standard (WDES) data in the 12 months between 1st April 2022 and 31st March 2023.

Key Issues within the report:

Positive Assurances to Provide:

- The Trust has performed better than the national figure in all metrics.
- The percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it is 70.5% which is better than the national figure of 51%;
- The percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties is 17.3%, which is significantly better than the national figure of 28%.
- The relative likelihood of disabled staff entering the formal capability process continues to be extremely low and demonstrates that disabled staff are not disadvantaged by the Trust's formal capability processes;
- 76.9% of disabled staff believe the Trust has made adequate adjustments to enable them to carry out their work, this is better than the national figure of 73%;
- The engagement score of our disabled staff (6.7) is better than the national figure (6.4);
- The percentage of our staff with a disability who are satisfied with the extent to which they believe the organisation

Key Actions Commissioned/Work Underway:

- ED&I Workforce Lead in collaboration with HRBPs to review advertising strategy for band 8c – VSM roles in order to ensure roles are advertised widely and targeted towards disabled individuals, improve advert quality with regard to diversity, and ensure band 7+ roles are advertised to diverse candidates
- Launch the 'Report it' anti-bullying campaign across the Trust (this will be aimed at patients and service users as well as staff). In line with Trust policies, 'Report It' posters will be displayed in all service areas, with links to key policy documents and staff contacts
- Use available communications channels to showcase success stories and promote the Humber High Potential Development Scheme, the Leadership and Senior Leadership programmes, and NHSI targeted development to our disabled staff
- Through our governance structures, support and empower our Humber Disability Staff Network to work with disabled staff on the development of the WDES action plan, and development opportunities to enable it to maximise the impact and the involvement of all disabled colleagues, so they are valued and thrive within an inclusive and compassionate workplace
- Continue to deliver Trust bullying and

values their work (41.8%) is significantly above the national (34.7%); • The percentage of staff with a disability who believe they have experienced harassment, bullying or abuse from managers in last 12 months is 11.7% (down on the previous year 13.8%), this is nearly double the comparative figure for staff without a disability which is 6.4%. However, the Trust figure is the lowest it has been for five years continuing a year on year improving trend and is better than the national figure (16.4%); • The percentage of staff with a disability who believe they have experienced harassment, bullying or abuse from other colleagues in last 12 months is 22.6% this compares to 10.9% of staff without a disability, and is better than the national figure of 25%; • The Trust has no disabled staff represented across pay bands 8c – VSM in non-clinical roles. • The percentage of our disabled staff believing that the Trust provides equal opportunities for career progression (52.6%) is better than the national figure of 51.7%.	harassment awareness training for managers • Continue to drive the process to reduce the number of 'unspecified' in staff records to continually improve accuracy of our workforce data on disability • Ensure high visibility of the Trust Behavioural Standards
Key Risks/Areas of Focus: • WDES Action Plan (Appendix 1 on Report)	**Decisions Made:** • N/A

Governance:

	Date		Date
Audit Committee		Remuneration & Nominations Committee	
Quality Committee		Workforce & Organisational Development Committee	06/09/23
Finance & Investment Committee		Executive Management Team	14/08/23
Mental Health Legislation Committee		Operational Delivery Group	25/07/23
Charitable Funds Committee		Collaborative Committee	
		Other (please detail)	

Monitoring and assurance framework summary:

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

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	✓			
Inequalities	✓			
Collaboration (system working)	✓			
Equality and Diversity	✓			
Report Exempt from Public Disclosure?			No	

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NHS Workforce Disability Equality Standard (WDES)

Annual Report 2023

Caring, Learning
& Growing Together

Contents

> Over the past 12 months, the Trust has undertaken several initiatives and, as a result, has performed better than the national figure in all metrics.

1.0

Executive Summary

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) used by NHS organisations to compare disabled and non-disabled staff experiences. Like the Workforce Race Equality Standard (WRES) it provides an opportunity for NHS Trusts to hold up the mirror to organisational performance on the equality agenda and develop action plans to address areas of challenge.

Over the past 12 months, the Trust has undertaken several initiatives and, as a result, has performed better than the national figure in all metrics.

Other Key findings include:

- The percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it is 70.5% which is better than the national figure of 51%;
- The percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties is 17.3%, which is significantly better than the national figure of 28%.
- The relative likelihood of disabled staff entering the formal capability process continues to be extremely low and demonstrates that disabled staff are not disadvantaged by the Trust's formal capability processes;
- 76.9% of disabled staff believe the Trust has made adequate adjustments to enable them to carry out their work, this is better than the national figure of 73%;
- The engagement score of our disabled staff (6.7) is better than the national figure (6.4);
- The percentage of our staff with a disability who are satisfied with the extent to which they believe the organisation values their work (41.8%) is significantly above the national (34.7%);
- The percentage of staff with a disability who believe they have experienced harassment, bullying or abuse from managers in last 12 months is 11.7% (down on the previous year 13.8%), this is nearly double the comparative figure for staff without a disability which is 6.4%. However, the Trust figure is the lowest it has been for five years continuing a year on year improving trend and is better than the national figure (16.4%);
- The percentage of staff with a disability who believe they have experienced harassment, bullying or abuse from other colleagues in last 12 months is 22.6% this compares to 10.9% of staff without a disability, and is better than the national figure of 25%;
- The Trust has no disabled staff represented across pay bands 8c – VSM in non-clinical roles.
- The percentage of our disabled staff believing that the Trust provides equal opportunities for career progression (52.6%) is better than the national figure of 51.7%.

2.0

Introduction

All NHS Trusts and Foundation Trusts are required to comply with the Workforce Disability Equality Standard (WDES) mandated by the NHS Standard Contract.

WDES is a data-driven standard that uses ten measures (metrics) to improve disabled staff experiences in the NHS. Metrics are drawn from existing data sources (recruitment dataset, ESR, NHS Staff Survey, local HR data).

The metrics have been developed to capture information relating to the workplace and career experiences of Disabled staff in the NHS.

The national WDES 2021 Annual Report has shown that Disabled staff have poorer experiences in areas such as bullying and harassment and attending work when feeling unwell, when compared to non-disabled staff.

Humber Teaching NHS Foundation Trust is an award-winning organisation, providing a broad range of care and services across a wide geographical area.

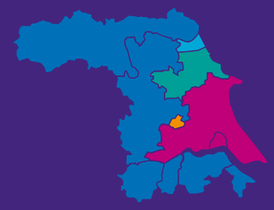
We employ approximately 3,400 staff across more than 82 sites at locations throughout five geographical areas; Hull, the East Riding of Yorkshire, Whitby, Scarborough and Ryedale. We provide care to a population of 765 thousand people of all ages who live within an area of more than 4,700 square kilometres, which contains some areas of isolated rurality, dispersed major settlements and pockets of significant deprivation.

As an employer of choice locally, we strive to offer long-term employment opportunities as well as structured personal and professional development for our workforce in order to provide high quality care for our patients. In East Riding, 19.1% of the population is disabled, in Humber, 19.7%, and in North Yorkshire, 17.5%. Disabled employees represent 8.34% of Humber Teaching NHS Foundation Trust's workforce. The purpose of this report is to understand the experiences of our disabled staff across the ten WDES metrics (see appendix 1).

Employing approximately **3,400 staff**

Operating across more than **82 sites**

Serving 5



geographical areas; Hull, the East Riding of Yorkshire, Whitby, Scarborough and Ryedale.

Those with a disability represent

19.1% of the East Riding population

19.7% of the Humber population

17.5% of the North Yorkshire population

Disabled employees represent **8.34%**

of the Humber Teaching Trust's workforce

> We provide care to a population of 765 thousand people of all ages who live within an area of more than 4,700 square kilometres.

3.0

WDES Related Activity

As a Trust, we are committed to interpreting the WDES data and utilising it to improve representation. The following is a brief summary of some of the WDES related activities the Trust has undertaken since the 2021/2022 report:

National Centre for Diversity FREDIE Assessment

The National Centre for Diversity (NCFD) advised the Trust on how to initiate and carry out a campaign around FREDIE (Fairness, Respect, Equity, Diversity, Inclusion, Engagement) to renew and refresh the Trust's commitment to inclusion with an aim to enhance the culture and improve inclusion for staff and service users whatever their background.

As a part of the FREDIE campaign NCFD carried out a cultural audit within the Trust to understand how inclusive the Trust is and any areas for improvement. Similarly, they review the 'Zero-tolerance' approach to bullying and harassment and to move the Trust towards a more pro-active and potentially a more preventative approach through a 'Respect campaign'.

Data Accuracy

We carried out a full review of the data accuracy process and produced a flowchart for reducing unspecified data entries.

This involved introducing data quality checks at multiple points of the employment journey. This now includes welcome calls when candidates are navigating the initial stages of the onboarding process, which is also used as an opportunity to gather EDI data, as well as through monthly reports and subsequent contact. Where there are outstanding, or unspecified equality data entries, contact is made to support employees to update their own records via ESR and notices on ESR remind staff to update records every 12 months. Monthly reports are generated for the recruitment team and the flexible workforce team so that they can chase up outstanding equality data information.

Recruitment and Selection

Over the past year there has been a drive to ensure colleagues have the opportunity to undertake recruitment and selection training which has a focus on enhancing workforce diversity through recruitment practices. 133 managers attended this between April 2022 and March 2023.

> Over the past year there has been a drive to ensure colleagues have the opportunity to undertake recruitment and selection training which has a focus on enhancing workforce diversity through recruitment practices.

Leadership and Development

The Trust offers a range of leadership and development opportunities that include: Leadership and Senior Leadership programmes, Humber High Potential Development Scheme, of which a place is allocated to each staff network.

Essential Leadership Skills
85 managers have attended between April 2022 and March 2023.

Holding difficult conversations
25 managers have attended between April 2022 and March 2023.

Humber High Potential Development Scheme
There have been 3 cohorts since its launch in 2021:

- 2021 – 2 out of 11 delegates declared a disability
- 2022 – 1 out of 10 delegates declared a disability
- 2023 – 1 out of 10 delegates declared a disability

PROUD Senior Leadership Development Programme (Bands 8a+)
73 leaders have completed the programme; 13 leaders are currently going through the programme; 11 leaders are on the waiting list for the next cohort.

PROUD Leadership Development Programme (Bands 3-7)
142 leaders have completed the programme; 58 leaders are currently going through the programme; 84 leaders are on the waiting list for the next cohort.

Bullying and Harassment Training for Managers

To date, bullying and harassment training has been offered via an external provider, however the Trust have developed a learning proposal to bring this offer in-house. Given it will be an internal offer, we will be able to tailor to meet the Trust's needs and ensure a regular stream of courses are provided each month. Similarly, with an in-house training offer, the WDES and WRES data on bullying and harassment can be contextualised within the training to ensure all colleagues are aware of the WDES/WRES finings regarding bullying and harassment. During the timeframe, 15 managers attended the training.

Empowering our Staff Networks

A review was undertaken of staff networks and a number of changes agreed to accommodate allies, ensure consistency of approach, and make sure support and leadership from the Executive Team is provided to each of the Trust Networks, Race Equality Network, LGBTQ+ Network and the Disability Network. Each network now has improved terms of reference and a joint approach to chairing the networks with support from the Executive team.

4.0

Data Summary

Detailed below is the organisation's WDES data which was submitted in May 2023 covering the period 1st April 2022 – 31st March 2023.

Metric 1 Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including executive board members) compared with the percentage of staff in the overall workforce. (Data source: ESR).

1a.	Non-clinical workforce					
	Disabled staff in 2022	Disabled staff in 2023	Non-disabled staff in 2022	Non-disabled staff in 2023	Unknown/null staff in 2022	Unknown/null staff in 2023
Cluster 1 (Bands 1–4)	6.86% (40)	9.4% (59)	74.27% (433)	73.4% (463)	18.87% (110)	17.3% (109)
Cluster 2 (Band 5–7)	4.48% (6)	7.3% (12)	88.06% (118)	88.5% (146)	7.46% (10)	4.2% (7)
Cluster 3 (Bands 8a–8b)	12.20% (5)	12.2% (6)	80.49% (33)	75.5% (37)	7.32% (3)	12.2% (6)
Cluster 4 (Bands 8c–9 & VSM)	0.00% (0)	0.00% (0)	92.31% (12)	94.4% (17)	7.69% (1)	5.6% (1)
1b.	**Clinical workforce**					
	Disabled staff in 2022	Disabled staff in 2023	Non-disabled staff in 2022	Non-disabled staff in 2023	Unknown/null staff in 2022	Unknown/null staff in 2023
Cluster 1 (Bands 1–4)	6.46% (50)	6.8% (56)	74.16% (574)	75.4% (625)	19.38% (150)	17.9% (148)
Cluster 2 (Band 5–7)	7.88% (98)	9.4% (129)	73.53% (914)	72.7% (1002)	18.58% (231)	17.9% (247)
Cluster 3 (Bands 8a–8b)	5.84% (9)	7.6% (12)	81.82% (126)	83.5% (132)	12.34% (19)	8.9% (14)
Cluster 4 (Bands 8c–9 & VSM)	3.57% (1)	9.7% (3)	92.86% (26)	80.6% (25)	3.57% (1)	9.7% (3)
Cluster 5 (Medical and Dental staff, Consultants)	2.63% (1)	2.7% (1)	76.32% (29)	83.78% (31)	21.05% (8)	13.51% (5)

	Disabled staff in 2021	Disabled staff in 2022	Non-disabled staff in 2021	Non-disabled staff in 2022	Unknown/null staff in 2021	Unknown/null staff in 2022
Cluster 6 (Medical and Dental staff, Non-consultant career grade)	9.09% (1)	10% (1)	72.73% (8)	80% (8)	18.18% (2)	10% (1)
Cluster 7 (Medical and Dental staff, Medical and Dental trainee grades)	15.00% (3)	6.9% (2)	50.00% (10))	44.83% (13)	35.00% (7)	48.28% (14)

Metric	2023	2022	National Figures (2022)
2. Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts	0.97	1.1	1.11*
3. Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure	1.27 (represents 1 member of staff)	0.0	1.94*
4a. Staff experiencing harassment, bullying or abuse from patients/ service users, their relatives or other members of the public in the last 12 months	Disabled 32.2%** Non-Disabled 21.1%**	Disabled 30% Non-Disabled 24.5%	Disabled/LTC 33.1%*** Non-disabled 25.9%***
4b. Staff experiencing harassment, bullying or abuse from managers in the last 12 months	Disabled 11.7%** Non-Disabled 6.4%**	Disabled 13.8% Non-Disabled 6.8%	Disabled/LTC 16.4%*** Non-disabled 9.4%***
4c. Staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	Disabled 22.6%** Non-Disabled 10.9%**	Disabled 20.4% Non-Disabled 11.7%	Disabled/LTC 25%*** Non-disabled 16.6%***
4d. Staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months	Disabled 70.5%** Non-Disabled 61.6%**	Disabled 58.7% Non-Disabled 59.5%	Disabled/LTC 51%*** Non-disabled 49.1%***
5. Percentage of Disabled staff compared to non-disabled staff believing that the trust provides equal opportunities for career progression or promotion.	Disabled 52.6%** Non-Disabled 62.6%**	Disabled 53.6% Non-Disabled 60.9%	Disabled/LTC 51.7%*** Non-disabled 57.5%***
6. Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	Disabled 17.3%** Non-Disabled 12.7%**	Disabled 24.4% Non-Disabled 13.3%	Disabled/LTC 28%*** Non-disabled 20.1%***

*2021 NHS National WDES Report **2022 NHS Staff Survey Results *** NSS22 WDES – WRES National Tables

Metric	2023	2022	National Figures (2022)
7. Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work	Disabled 41.8%** Non-Disabled 54%**	Disabled 45.3% Non-Disabled 51.7%	Disabled/LTC 34.7%*** Non-disabled 44.6%***
8. Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work	Disabled 79.6%**	Disabled 82.4%	Disabled/LTC 73%***
9. The staff engagement score for Disabled staff, compared to non-disabled staff	Disabled 6.7** Org average 7.1**	Disabled 6.7 Org average 7.0	Disabled/LTC 6.4*** Non-disabled 6.92***
10. Percentage difference between the organisation's board voting membership and its organisation's overall workforce.	8%	6.77%	

*2021 NHS National WDES Report **2022 NHS Staff Survey Results *** NSS22 WDES – WRES National Tables

5.0

Summary of Progress

Below is a brief summary of the Trust's progress against each metric.

WRES Indicator	Description
1	**Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including executive board members) compared with the percentage of staff in the overall workforce**

Disabled representation in the workforce has improved on the previous year. 8.34% of the workforce identifies as being disabled which is an increase on the previous year's figure of 6.77%, however there continues to be no disabled staff represented across pay bands 8c – VSM in non-clinical roles and there has been a decline in cluster 7 clinical roles for staff with a disability or long-term condition.

2	**Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts**

The relative likelihood of disabled staff being appointed from shortlisting is 0.97 which is an improvement on the previous year of 1.11. The Trust is doing better than the nationally reported figure of 1.11. A figure below 1.0 indicates that disabled staff are more likely than non-disabled staff to be appointed from shortlisting.

3	**Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.**

The relative likelihood of disabled staff entering the formal capability process has increased to 1.27, however this represents 1 member of staff and demonstrates that disabled staff are not disadvantaged by the Trust's formal disciplinary processes.

4a	**Staff experiencing harassment, bullying or abuse from patients/ service users, their relatives or other members of the public in the last 12 months**

32.2% of 370 disabled staff that completed the NHS Staff Survey reported experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months. Despite a 2.2% deterioration from the previous year, this is better than the national figure of 33.1%. Despite being better than the national figure, it is still 10% higher than for colleagues without a disability/LTC and this is something that should be closely monitored in 2023/24.

4b	**Staff experiencing harassment, bullying or abuse from managers in the last 12 months**

11.7% of 367 disabled staff that completed the NHS Staff Survey reported experiencing harassment, bullying or abuse from a manager in the last 12 months. This is a decrease of 2.1% on 2022 figure but is significantly better than the national figure of 16.4%.

WRES Indicator	Description
4c	**Staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months**
22.6% of 367 disabled staff that completed the NHS Staff Survey reported experiencing harassment, bullying or abuse from other colleagues in the last 12 months. This is an increase of 2.2% on 2022 figure; however, it is better the national figure of 25%.	
4d	**Staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months**
70.5% of 149 disabled staff that completed the NHS Staff Survey reported the last time they experienced harassment, bullying or abuse at work they or a colleague reported it. This represents an improvement of 11.8% on the previous year and this is significantly better than the national figure of 51%.	
5	**Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion**
52.6% of 371 disabled staff that completed the NHS Staff Survey believe the Trust provides equal opportunity for career progression or promotion. This represents a slight decline of 1% on the previous year but is better than the national figure of 51.7%.	
6	**Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties**
17.3% of 271 disabled staff that completed the NHS Staff Survey believe they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties. This represents an improvement of 7.1% on the previous year and is better than the national average of 28%.	
7	**Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work**
41.8% of 371 disabled staff that completed the NHS Staff Survey were satisfied with the extent to which the Trust values their work. This represents a decline of 3.5% on the previous year, however it is higher than the national figure of 34.7%.	
8	**Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work**
79.6% of 226 disabled staff that completed the NHS Staff Survey believe the Trust has made adequate adjustments to enable them to carry out their work, a decrease of 2.8%% on the previous year. However, this is better than the national figure of 73%.	
9	**The staff engagement score for Disabled staff, compared to non-disabled staff.**
The engagement score of disabled staff (6.7) is in line with the national figure of 6.4.	
10	**Percentage difference between the organisation's board voting membership and its organisation's overall workforce**
All Trust board members have up to date ESR Records, however there is no disability representation in its membership.	

6.0

Conclusion

Trust performance in all indicators is better than the NHS average which is a testament to the work undertaken to make positive improvements over the last few years. Despite this, we do recognise that there is still work to do and therefore the focus and attention will be on maintaining our better than average position, and continually improving year on year against our local position.

Most notably, focus is still required on improving disabled representation at the organisation, particularly in bands where representation is at its lowest. As such, the focus of the action plan will be around the following areas:

- Improving representation, particularly at Band 8c to VSM in the Trust
- Staff experiencing harassment, bullying or abuse from patients/ service users, their relatives or other members of the public in the last 12 months

The Trust's WDES action plan addressing areas for improvement is attached at Appendix 1.

> Trust performance in all indicators is better than the NHS average which is a testament to the work undertaken to make positive improvements over the last few years.

Appendix 1

Trust WDES action plan 2023/24

Number	Action
1	ED&I Workforce Lead in collaboration with HRBPs to review advertising strategy for band 8c – VSM roles in order to ensure roles are advertised widely and targeted towards disabled individuals, improve advert quality with regard to diversity, and ensure band 7+ roles are advertised to diverse candidates
2	Launch the 'Report it' anti-bullying campaign across the Trust (this will be aimed at patients and service users as well as staff). In line with Trust policies, 'Report It' posters will be displayed in all service areas, with links to key policy documents and staff contacts
3	Use available communications channels to showcase success stories and promote the Humber High Potential Development Scheme, the Leadership and Senior Leadership programmes, and NHSI targeted development to our disabled staff
4	Through our governance structures, support and empower our Humber Disability Staff Network to work with disabled staff on the development of the WDES action plan, and development opportunities to enable it to maximise the impact and the involvement of all disabled colleagues, so they are valued and thrive within an inclusive and compassionate workplace
5	Continue to deliver Trust bullying and harassment awareness training for managers
6	Continue to drive the process to reduce the number of 'unspecified' in staff records to continually improve accuracy of our workforce data on disability
7	Ensure high visibility of the Trust Behavioural Standards framework to maintain high expectations of staff in their interactions with colleagues.

Appendix 2

Data Sources

Metric	Data Source
Metric 1 – Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including executive board members) compared with the percentage of staff in the overall workforce	ESR
Metric 2 – Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts	Trust's recruitment data
Metric 3 – Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure	Trust's HR data
Metric 4 – Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse	Question 13, NHS Staff Survey
Metrics 5 – 8	Questions 14, 11, 5, 28b, NHS Staff Survey
Metric 9 – Disabled staff engagement	NHS Staff Survey
Metric 10 – Percentage difference between the organisation's board voting membership and its organisation's overall workforce.	ESR and/or trust's local data

Humber Teaching NHS Foundation Trust
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Agenda Item 26

Title & Date of Meeting:	Trust Board Public Meeting – Wednesday 27th September 2023
Title of Report:	Workforce Race Equality Standard (WRES) Report 2023
Author/s:	John Duncan EDI Partner
Recommendation:	

To approve		To discuss	
To note		To ratify	✓
For assurance			

Purpose of Paper:	The paper sets out the outcome of this year's analysis of the Trusts Workforce Race Equality Standard (WRES) data in the 12 months between 1st April 2022 and 31st March 2023, this includes the new requirement to report on the Medical Workforce Race Equality Standard (MWRES).

Key Issues within the report:

Positive Assurances to Provide:

- The Trust has demonstrated better results than the national average in 8 of the 9 WRES indicators.
- The percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months is 21.2%, which is a reduction of 9.2% the previous year, as well as being significantly better than the national figure of 30.4%;
- The percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months is 25.8%, a similar figure to the previous year but this is better the national figure of 27.7%;
- The percentage of staff believing that the organisation provides equal opportunities for career progression or promotion is 47%, which is line with the previous year but slightly ahead of the national figure which is 46.4%;
- The percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months is 16.7%, which is an improvement on the previous year and only 0.1% above the national figure of

Key Actions Commissioned/Work Underway:

- ED&I Workforce Lead in collaboration with HRBPs to review advertising strategy for band 8c – VSM roles in order to ensure roles are advertised widely and targeted towards BME individuals, improve advert quality with regard to diversity, and ensure band 7+ roles are advertised to diverse candidates
- Launch the 'Report it' anti-bullying campaign across the Trust (this will be aimed at patients and service users as well as staff). In line with Trust policies, 'Report It' posters will be displayed in all service areas, with links to key policy documents and staff contacts
- Use available communications channels to showcase success stories and promote the Humber High Potential Development Scheme, the Leadership and Senior Leadership programmes, and NHSI targeted development to our BME staff
- Through our governance structures, support and empower our Race Equality Staff Network to work with BME staff on the development of the WRES action plan, and development opportunities to enable it to maximise the impact and the involvement of all BME colleagues, so they are valued and thrive within an inclusive and compassionate

16.6%. • The relative likelihood of White staff being appointed from shortlisting compared to BME staff is 0.78, which is an improvement on the previous year's figure of 1.26. this means BME staff are not disadvantaged during the recruitment process. • The relative likelihood of BME staff entering the formal disciplinary process compared to White staff is 0.94, which is an improvement on last year's figure of 1.08, which means BME staff are not overly represented in the formal disciplinary process. • During the period, we have seen an improvement to Black, Asian and Ethnic Minority representation on the Trust Board. •	workplace • Continue to deliver Trust bullying and harassment awareness training for managers • Continue to drive the process to reduce the number of 'unspecified' in staff records to continually improve accuracy of our workforce data on ethnicity • Ensure high visibility of the Trust Behavioural Standards
Key Risks/Areas of Focus: • WRES Action Plan	**Decisions Made:** • N/A

Governance:

	Date		Date
Audit Committee		Remuneration & Nominations Committee	
Quality Committee		Workforce & Organisational Development Committee	06/09/23
Finance & Investment Committee		Executive Management Team	14/08/23
Mental Health Legislation Committee		Operational Delivery Group	25/07/23
Charitable Funds Committee		Collaborative Committee	
		Other (please detail)	

Monitoring and assurance framework summary:

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

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

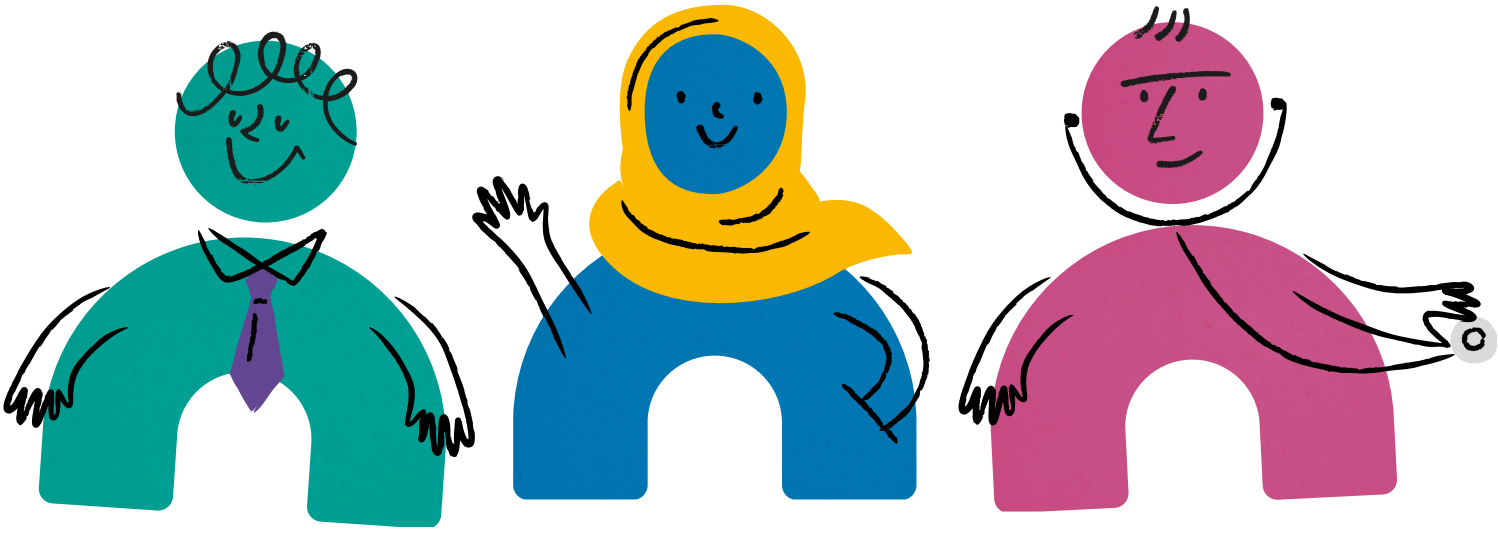
Human Resources	✓			
IM&T	✓			
Users and Carers	✓			
Inequalities	✓			
Collaboration (system working)	✓			
Equality and Diversity	✓			
Report Exempt from Public Disclosure?			No	

NHS
Humber Teaching
NHS Foundation Trust

Humber Teaching NHS Foundation Trust

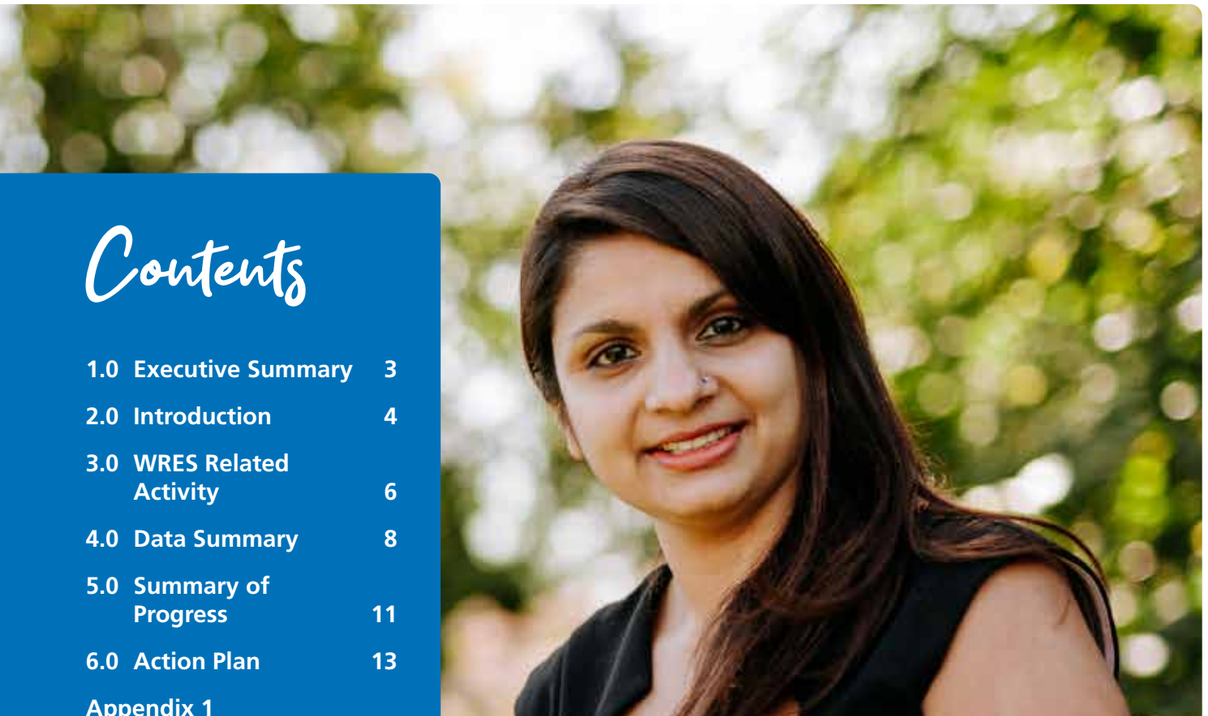
NHS Workforce Race Equality Standard (WRES)

Annual Report 2023



Caring, Learning
& Growing Together

Contents



"Trust scores have improved on 2022 in three of the indicators), showing a positive trajectory, although more work remains.

1.0

Executive Summary

The Workforce Race Equality Standard (WRES) was mandated through the NHS standard contract in 2015, with the first report released in June 2016. Since then, the Trust has published its progress annually against a number of indicators, focusing on addressing inequality at work and showing progress against the nine WRES indicators. In this way, the Trust can fully understand local challenges, make necessary changes, and also chart our progress on a broader scale by comparing regional and national issues.

The Trust has undertaken a number of initiatives in the last 12 months and as a result has demonstrated better results than the national average in 8 of the 9 indicators. Trust scores have improved on 2022 in three of the indicators (where one remains only 0.1% worse than the national figure), showing a positive trajectory, although more work remains. A notable achievement is that the Trust is likely to remain a top performing Trust for WRES indicator 2, 'Relative likelihood of hiring staff from shortlisting'.

Key findings include:

- The percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months is 21.2%, which is a reduction of 9.2% the previous year, as well as being significantly better than the national figure of 30.4%;
- The percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months is 25.8%, a similar figure to the previous year but this is better the national figure of 27.7%;
- The percentage of staff believing that the organisation provides equal opportunities for career progression or promotion is 47%, which is line with the previous year but slightly ahead of the national figure which is 46.4%;
- The percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months is 16.7%, which is an improvement on the previous year and only 0.1% above the national figure of 16.6%.
- The relative likelihood of White staff being appointed from shortlisting compared to BME staff is 0.78, which is an improvement on the previous year's figure of 1.26. this means BME staff are not disadvantaged during the recruitment process.
- The relative likelihood of BME staff entering the formal disciplinary process compared to White staff is 0.94, which is an improvement on last year's figure of 1.08, which means BME staff are not overly represented in the formal disciplinary process.
- During the period, we have seen an improvement to Black, Asian and Ethnic Minority representation on the Trust board.

2.0

Introduction

Using the Workforce Race Equality Standard (WRES), NHS organisations measure and provide key insight into the workplace experience of Black, Asian and Ethnic Minority staff.

In 2015, the NHS Equality and Diversity Council and NHS England commissioned the WRES to understand Black, Asian and Ethnic Minority staff experiences within NHS organisations.

A total of nine indicators are used in the WRES report (see Appendix 1): indicators 1 - 4 are taken from the Trust's Electronic Staff Record (ESR), indicators 5 - 8 are taken from the National NHS Staff Survey, and indicator 9 refers to the Trust's Board.

All NHS organisations implement the WRES report annually, and it has become an integral part of measuring our performance and progress in relation to the experiences of Black, Asian and Ethnic Minority staff.

Humber Teaching NHS Foundation Trust is an award-winning organisation, providing a broad range of care and services across a wide geographical area. We employ approximately 3,400 staff across more than 82 sites at locations throughout five geographical areas; Hull, the East Riding of Yorkshire, Whitby, Scarborough and Ryedale.

We provide care to a population of 765 thousand people of all ages who live within an area of more than 4,700 square kilometres, which contains some areas of isolated rurality, dispersed major settlements and pockets of significant deprivation.

Our workforce is paramount to delivering high quality care for our patients and the organisation strives to be an employer of choice locally and one which offers long term employment opportunities combined with structured personal and professional development.

Black, Asian and Ethnic Minority people represents 3.8% of the East Riding population, 5.1% of the Humber population and 2.6% of the North Yorkshire population. Black and Ethnic Minority people represent 6% of Humber Teaching NHS Foundation Trust's workforce, an increase on last year's figure of 5.3%.

This report seeks to understand the experiences across the nine WRES metrics (see appendix 1) for our Black, Asian and Ethnic Minority staff.

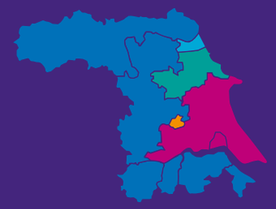
Employing approximately

3,400 staff

Operating across more than

82 sites

Serving 5



geographical areas; Hull, the East Riding of Yorkshire, Whitby, Scarborough and Ryedale.

Black, Asian and Ethnic Minority people represents

3.8% of the East Riding population

5.1% of the Humber population

2.6% of the North Yorkshire population

Black and Ethnic Minority people represent **6%**

of the Humber Teaching Trust's workforce, an increase on last year's figure of **5.3%**

> We provide care to a population of 765 thousand people of all ages who live within an area of more than 4,700 square kilometres.

3.0

WRES Related Activity

As a Trust we are committed to using the WRES data and interpreting it in order to improve representation within the workforce. Here is a summary of some of the WRES related activity that we as a Trust have undertaken since the 2021/2022 report:

National Centre for Diversity FREDIE Assessment

The National Centre for Diversity (NCFD) advised the Trust on how to initiate and carry out a campaign around FREDIE (Fairness, Respect, Equity, Diversity, Inclusion, Engagement) to renew and refresh the Trust's commitment to inclusion with an aim to enhance the culture and improve inclusion for staff and service users whatever their background.

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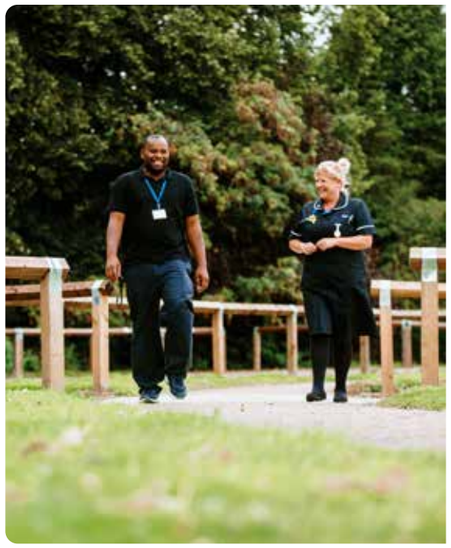
Recruitment and Selection

Over the past year there has been a drive to ensure colleagues have the opportunity to undertake recruitment and selection training which has a focus on enhancing workforce diversity through recruitment practices. 133 managers attended this between April 2022 and March 2023.



Over the past year there has been a drive to ensure colleagues have the opportunity to undertake recruitment and selection training which has a focus on enhancing workforce diversity through recruitment practices.

Leadership and Development

The Trust offers a range of leadership and development opportunities that include Leadership and Senior Leadership programmes, Humber High Potential Development Scheme, of which a place is allocated to each staff network.

Essential Leadership Skills
85 managers have attended between April 2022 and March 2023.

Holding difficult conversations
25 managers have attended between April 2022 and March 2023.

Humber High Potential Development Scheme
There have been 3 cohorts since its launch in 2021.

PROUD Senior Leadership Development Programme (Bands 8a+)
73 leaders have completed the programme; 13 leaders are currently going through the programme; 11 leaders are on the waiting list for the next cohort.

PROUD Leadership Development Programme (Bands 3-7)
142 leaders have completed the programme; 58 leaders are currently going through the programme; 84 leaders are on the waiting list for the next cohort.

Bullying and Harassment Training for Managers

To date, bullying and harassment training has been offered via an external provider, however the Trust have developed a learning proposal to bring this offer in-house. Given it will be an internal offer, we will be able to tailor to meet the Trust's needs and ensure a regular stream of courses are provided each month. Similarly, with an in-house training offer, the WDES and WRES data on bullying and harassment can be contextualised within the training to ensure all colleagues are aware of the WDES/WRES finings regarding bullying and harassment. During the timeframe, 15 managers attended the training.

Empowering our Staff Networks

A review was undertaken of staff networks and a number of changes agreed to accommodate allies, ensure consistency of approach, and make sure support and leadership from the Executive Team is provided to each of the Trust Networks, Race Equality Network, LGBTQ+ Network and the Disability Network. Each network now has improved terms of reference and a joint approach to chairing the networks with support from the Executive team.

4.0

Data Summary

Indicator	2022/23				2021/22			
1. Percentage of staff in Bands	Non-Clinical							
	Band	White	BAME	Unknown	Band	White	BAME	Unknown
	Under Band 1	0% (0)	0% (0)	0% (0)	Under Band 1	0% (0)	0% (0)	0% (0)
	Band 1	91% (11)	9% (1)	0% (0)	Band 1	84% (16)	16% (3)	0% (0)
	Band 2	90% (303)	4% (12)	6% (21)	Band 2	92% (297)	2% (7)	6% (19)
	Band 3	96% (172)	2% (4)	2% (4)	Band 3	96% (145)	1% (1)	3% (5)
	Band 4	90% (93)	5% (5)	5% (5)	Band 4	92% (83)	4% (4)	4% (3)
	Band 5	91% (66)	7% (5)	2% (1)	Band 5	88% (51)	9% (5)	3% (2)
	Band 6	92% (44)	4% (2)	4% (2)	Band 6	95% (37)	3% (1)	2% (1)
	Band 7	92% (41)	6% (3)	2% (1)	Band 7	95% (35)	0% (0)	5% (2)
	Band 8a	90% (28)	3% (1)	7% (2)	Band 8a	93% (28)	0% (0)	7% (2)
	Band 8b	100% (17)	0% (0)	0% (0)	Band 8b	100% (11)	0% (0)	0% (0)
	Band 8c	100% (5)	0% (0)	0% (0)	Band 8c	100% (1)	0% (0)	0% (0)
	Band 8d	100% (9)	0% (0)	0% (0)	Band 8d	100% (8)	0% (0)	0% (0)
	Band 9	0% (0)	0% (0)	0% (0)	Band 9	0% (0)	0% (0)	0% (0)
	VSM	100% (4)	0% (0)	0% (0)	VSM	100% (4)	0% (0)	0% (0)
	Clinical							
	Band	White	BAME	Unknown	Band	White	BAME	Unknown
	Under Band 1	0% (0)	0% (0)	0% (0)	Under Band 1	0% (0)	0% (0)	0% (0)
	Band 1	0% (0)	0% (0)	0% (0)	Band 1	0% (0)	0% (0)	0% (0)
	Band 2	77% (71)	11% (10)	12% (11)	Band 2	77% (70)	10% (9)	13% (12)
	Band 3	88% (455)	7% (37)	5% (26)	Band 3	89% (443)	6% (32)	5% (25)
	Band 4	91% (203)	4% (9)	5% (11)	Band 4	91% (166)	6% (11)	3% (6)
	Band 5	82% (321)	8% (34)	10% (41)	Band 5	80% (285)	5% (19)	15% (54)
	Band 6	92% (604)	4% (24)	4% (28)	Band 6	91% (549)	4% (24)	5% (31)
	Band 7	93% (302)	2% (8)	5% (16)	Band 7	94% (264)	2% (5)	4% (12)
	Band 8a	88% (116)	6% (8)	6% (8)	Band 8a	87% (114)	6% (8)	7% (9)
	Band 8b	88% (23)	4% (1)	8% (2)	Band 8b	91% (21)	4% (1)	5% (1)
	Band 8c	88% (23)	4% (1)	8% (2)	Band 8c	92% (21)	4% (1)	4% (1)
	Band 8d	100% (1)	0% (0)	0% (0)	Band 8d	100% (1)	0% (0)	0% (0)
	Band 9	50% (1)	50% (1)	0% (0)	Band 9	50% (1)	50% (1)	0% (0)
	VSM	100% (2)	0% (0)	0% (0)	VSM	100% (2)	0% (0)	0% (0)
	Consultants	39% (15)	47% (18)	14% (5)	Consultants	39% (15)	47% (18)	14% (5)
	Non-Consultants	50% (5)	50% (5)	9% (0)	Non-Consultants	55% (6)	36% (4)	9% (1)
	Trainee Grade	33% (10)	50% (15)	17% (5)	Trainee Grade	30% (6)	50% (10)	20% (4)
	Other	33% (60)	6% (10)	61% (110)	Other	71% (77)	4% (4)	25% (27)

Indicator	2022/23	2021/22	NHS National Figures
2. Relative likelihood of staff being appointed from shortlisting	0.78	1.26	1.61*
3. Relative likelihood of staff entering a formal disciplinary investigation	0.98	1.09	1.14*
4. Relative likelihood of staff accessing non-mandatory training and CPD	1.01	0.91	1.14*
5. % of staff experiencing harassment, bullying or abuse from patients, relatives or the public	21.2% BAME staff** 24.3% White staff**	30.4% BAME staff 25.6% White staff	29.2% BAME staff** 27% White staff**
6. % of staff experiencing harassment, bullying or abuse from staff	25.8% BAME staff** 17.1% White staff**	25.5% BAME staff 18.1% White staff	27.6% BAME staff** 22.5% White staff**
7. % of staff believing that trust provides equal opportunities for career progression or promotion	47% BAME staff** 60.5% White staff**	46.4% BAME staff 59.8% White staff	44.4% BAME staff** 58.7% White staff**
8. % of staff personally experiencing discrimination at work by Manager/team	16.7% BAME staff ** 4.6% White staff**	18.2% BAME staff 4.6% White staff	17% BAME staff** 6.8% White staff**
9. % difference between the organisations' Board voting membership and its overall workforce	Staff 85.3% White Staff 6% BAME Board 84.6% White Difference -0.7%	Staff 87.6% White Staff 5.3% BAME Board 100% White Difference 12.4%	12.6% Difference*

Data source * 2021 NHS WRES Report**2022 NHS Staff Survey Results *** NSS22 WDES/WRES National Tables.

5.0

Summary of Progress

Below is a brief summary of the Trust's progress against each indicator. Whilst there has been positive improvement the Trust recognises that there remains more to do.

WRES Indicator	Description
1	Percentage of staff in each AfC Bands 1-9 and VSM compared to overall workforce

214 of the staff in the Trust come from Black, Asian and Ethnic Minority backgrounds which is 6% of the overall workforce.

In terms of improvements there has been a 50% increase in Clinical Trainee Grade Black, Asian and Ethnic Minority staff.

Whilst there is no significant change from last year in representation across the bandings, the data presents a requirement to focus on improving the representation of staff from Black, Asian and Ethnic Minority backgrounds specifically across the non-clinical workforce, specifically band 7 and above, where there is no Black, Asian and Ethnic Minority representation.

The data is showing some minor improvement in the representation of BAME staff at bands 7 and in clinical roles however there is recognition that this remains and area of focus for all bands in the clinical workforce.

2	Relative likelihood of BAME staff being appointed from shortlisting

The ratio of 0.78 shows applicants from Black, Asian and Ethnic Minority backgrounds are more likely to be shortlisted compared to applicants declaring themselves as White. The national guidance states that anything between 0.80 and 1.25 is in the non-adverse range, so whilst marginally adverse, this is in favour of BAME candidates.

3	Relative likelihood of staff entering a formal disciplinary process

This metric is consistent with the 2022 report and shows that there is no significant difference in the likelihood of entering into a formal disciplinary between White staff and Black and Ethnic Minority Staff. The Trust remains better than the nationally reported figure 1.14 for this indicator.

WRES Indicator	Description
4	Relative likelihood of staff accessing non-mandatory training and CPD

This year's ratio of 1.01 indicates that BAME staff are as likely to access non-mandatory training and CPD in the Trust which is within the non-adverse range as set out in the national WRES report. This demonstrates equality of access and shows a more positive position than the national figure of 1.14 and the North-East and Yorkshire figure of 1.07.

5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public

21.2% of the 66 Black, Asian and Ethnic Minority staff that completed the NHS Staff Survey reported experiencing harassment, bullying or abuse from patients, relatives or the public which is a 9.2% improvement on last year's figure. The BAME figure reported nationally in the NHS staff survey is 30.4%, showing the Trust is significantly better for this indicator.

6	Percentage of staff experiencing harassment, bullying or abuse from staff

25.8% of the 66 Black, Asian and Ethnic Minority staff that completed the NHS Staff Survey reported experiencing harassment, bullying or abuse from staff represents a 0.3% increase from last year's figure and is 8.7% higher than White staff. However, there has been a steady decline since 2018 when the figure was 29.7% and the Trust compares favourably to the national figure of 27.7%.

7	Percentage of staff believing that trust provides equal opportunities for career progression or promotion

47% of the 66 Black, Asian and Ethnic Minority staff that completed the NHS Staff Survey reported that the Trust provides equal opportunities for career progression or promotion. Whilst acknowledging there is still work to do, this represents a 0.6% improvement over the previous year, and is 0.6% better the national figure of 46.4%.

8	Percentage of staff personally experiencing discrimination at work by manager/team leader or other colleagues

16.7% of the 66 Black, Asian and Ethnic Minority staff that completed the NHS Staff Survey reported they personally experience discrimination at work by a manager/team represents an improvement of 1.5% on the previous year. However, this figure is still 0.1% above the national average of 16.6%, so will be an area of focus in 2023/24.

9	% difference between the organisations' Board voting membership and its overall workforce

Black, Asian and Ethnic Minority staff representation on the Trust board (voting membership) improved to 15.4%, this represents a significant improvement and is better than the national figure as reported in the national WRES report in 2022.

6.0

Action Plan

Trust performance in all but one indicator is better than the NHS average. The Trust WRES action plan for 2023/24 is below:

Number	Action
1	ED&I Workforce Lead, in collaboration with HRBPs, to review advertising strategy for band 7 – VSM roles in order to ensure roles are advertised widely and targeted towards more diverse candidates, improve advert quality with regard to diversity, and ensure band 7+ roles are advertised to diverse candidates.
2	Launch the 'Report it' anti-bullying campaign across the Trust (this will be aimed at patients and service users as well as staff). In line with Trust policies, 'Report It' posters will be displayed in all service areas, with links to key policy documents and staff contacts.
3	Use available communications channels to showcase success stories and promote the Humber High Potential Development Scheme, the Leadership and Senior Leadership programmes, and NHSI targeted development to our BME staff.
4	Through our governance structures, support and empower our Race Equality Staff Network to work with BME staff on the development of the WRES action plan, and development opportunities to enable it to maximise the impact and the involvement of all BME colleagues, so they are valued and thrive within an inclusive and compassionate workplace.
5	Continue to deliver Trust bullying and harassment awareness training for managers, using Trust WRES data to contextualise concerns with organisational priorities.
6	Continue to drive the process to reduce the number of 'unspecified' entries in staff records to continually improve accuracy of our workforce data on ethnicity.
7	Ensure high visibility of the Trust Behavioural Standards framework to maintain high expectations of staff in their interactions with colleagues.

> We'll launch the 'Report it' anti-bullying campaign across the Trust (this will be aimed at patients and service users as well as staff).

Appendix 1

Data Sources

Metric	Data Source
Metric 1 – Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including executive board members) compared with the percentage of staff in the overall workforce.	ESR
Metric 2 – Relative likelihood of BAME staff being appointed from shortlisting	Trust's recruitment data
Metric 3 – Relative likelihood of staff entering a formal disciplinary process	Trust's HR data
Metric 4 – Relative likelihood of staff accessing non-mandatory training and CPD	Question 13, NHS Staff Survey
Metrics 5 – 8	Questions 14, 11, 5, 28b, NHS Staff Survey
Metric 9 – Percentage difference between the organisation's board voting membership and its organisation's overall workforce	ESR and/or trust's local data

Appendix 2

Medical Workforce Race Equality Standard

The Medical Workforce Race Equality Standard (MWRES) was introduced in 2020, but the first mandatory data collection is from 2023, for a timeframe between 1st April 2022 and 31st March 2023.

The MWRES compliments the work of WRES in evidencing NHS compliance with the Public Sector Equality Duty (EqA2010) to advance race equality for the dental and medical professional groups.

In the same way the WRES is designed to tackle inequality, the MWRES data and analysis is used to inform actions to advance race equality and develop targeted interventions to address structural and organisational disparities that result from race. For the Medical WRES 2023 Data Collection, the scope of the data asked for from NHS Trust's has been much reduced and now covers only:

- Headcounts for medical and clinical directors (disaggregated by ethnicity)
- Clinical excellence awards (number eligible, number who applied, number awarded, disaggregated by ethnicity)
- Consultant recruitment (number who applied, number shortlisted, number appointed, disaggregated by ethnicity)

Medical WRES Data Summary:

Metric 1a – Headcounts for medical and clinical directors (disaggregated by ethnicity)					
	White	**Black**	**Asian**	**Other**	**Unknown**
Medical Directors	0	1	0	0	0
Clinical Directors	0	0	0	0	0
Metric 1b – Clinical Excellence Awards clinical excellence awards (number eligible, number who applied, number awarded, disaggregated by ethnicity)					
Eligible	11	1	12	1	5
Applied	11	1	12	1	5
Awarded	11	1	12	1	5
Metric 2 – Consultant recruitment (number who applied, number shortlisted, number appointed, disaggregated by ethnicity) applied, number awarded, disaggregated by ethnicity)					
Applicants	2	0	0	0	0
Shortlisted	2	0	0	0	0
Appointed	2	0	0	0	0
Metric 2 – Specialty Doctor recruitment (number who applied, number shortlisted, number appointed, disaggregated by ethnicity)					
Applicants	0	1	1	0	0
Shortlisted	0	1	1	0	0
Appointed	0	1	1	0	0

This is the first MWRES report and as such, we have no comparison data on the previous year and have included it here as an appendix to the main Workforce Race Equality Standard (WRES) report.

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NHS
Humber Teaching
NHS Foundation Trust

Agenda Item 27

Title & Date of Meeting:	Trust Board Public Meeting – Wednesday 27th September 2023
Title of Report:	EDI Annual Report 2023
Author/s:	John Duncan EDI Partner
Recommendation:	

To approve		To discuss	
To note		To ratify	✓
For assurance			

Purpose of Paper:	The paper sets out our analysis of this year's EDI Annual Report, examining equality reporting such as the Workforce Race Equality Standard (WRES), the Workforce Disability Equality Standard (WDES), the Gender Pay Gap and Staff Survey in the 12 months between 1st April 2022 and 31st March 2023. It outlines the progress made against previous equality actions and delivers new equality actions for patients and the workforce based on Trust data.

Key Issues within the report:

Positive Assurances to Provide:

- The Trust has demonstrated better results than the national average in 8 of the 9 WRES indicators.
- The Trust has demonstrated better results than the national average for all WDES indicators.
- Disabled and BME candidates are not disadvantaged in the recruitment process
- Disabled and BME staff are not disadvantaged in the capability process
- The Gender Pay Gap was 13.2% in March 2022, representing an increase in the gap of 1.8 percentage points, but below the national figure of 14.7%

Key Actions Commissioned/Work Underway:

- Analysis of applications to work for the Trust show that males, and disabled people are underrepresented compared to the communities we serve. Targeted recruitment and advertising actions to be established to attract those underrepresented to the Trust
- To achieve the NHS Rainbow Badge Accreditation
- To deliver upon the actions following the NCFD cultural audit, by implementing a Respect campaign.
- Move from disability confident employer to disability confident leader status.
- ED&I Workforce Lead, in collaboration with HRBPs, to review advertising strategy for band 7 - VSM
- Launch the 'Report it' anti-bullying campaign across the Trust
- Use available communications channels to showcase success stories and promote the Humber High Potential Development Scheme, the Leadership and Senior Leadership programmes, and NHSI

	targeted development to our BME, Disabled and LGBTQ+ staff. • Through our governance structures, support and empower our Race Equality, LGBTQ+ and Disability Staff Networks to work with BME and Disabled staff on the development of the WRES/WDES action plan, and development opportunities • Continue to deliver Trust bullying and harassment awareness training for managers • Continue to drive the process to reduce the number of 'unspecified' entries in staff records. • Ensure high visibility of the Trust Behavioural Standards framework. • Deliver and monitor female participation in Career Confidence Coaching sessions • Moving away from equal distribution local clinical excellence awards and implement an assessment-based approach • Ongoing analysis of recruitment EDI data • Embed and monitor the newly launched mentoring programme to take an intersectional approach to identifying collaborative actions • Develop a succession planning process
Key Risks/Areas of Focus: • EDI Actions arising from the associated WRES/WDES and Gender Pay Gap action plans where the data is showing a worse than the national average position	**Decisions Made:** • N/A

Governance:

	Date		Date
Audit Committee		Remuneration & Nominations Committee	
Quality Committee	07/09/23	Workforce & Organisational Development Committee	06/09/23
Finance & Investment Committee		Executive Management Team	14/08/23
Mental Health Legislation Committee		Operational Delivery Group	25/07/23
Charitable Funds Committee		Collaborative Committee	
		Other (please detail)	

Monitoring and assurance framework summary:

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

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

NHS
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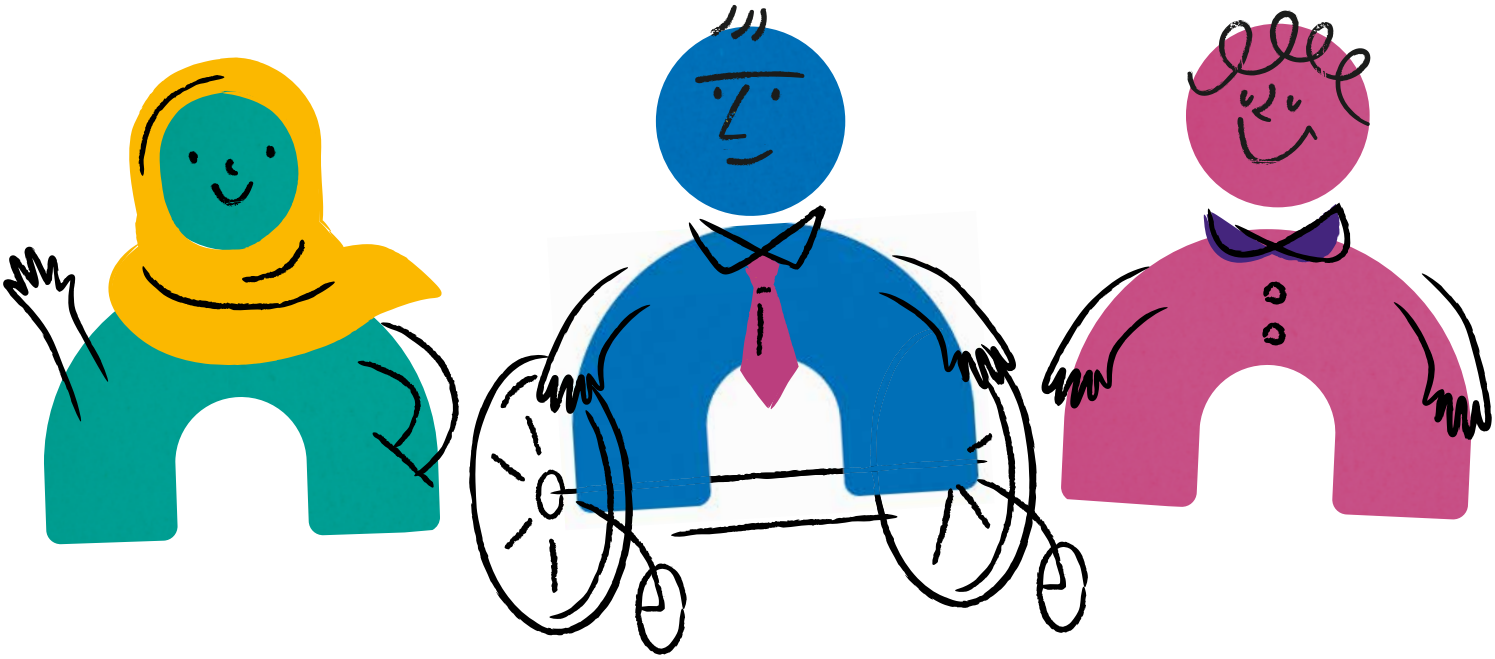
Humber Teaching NHS Foundation Trust

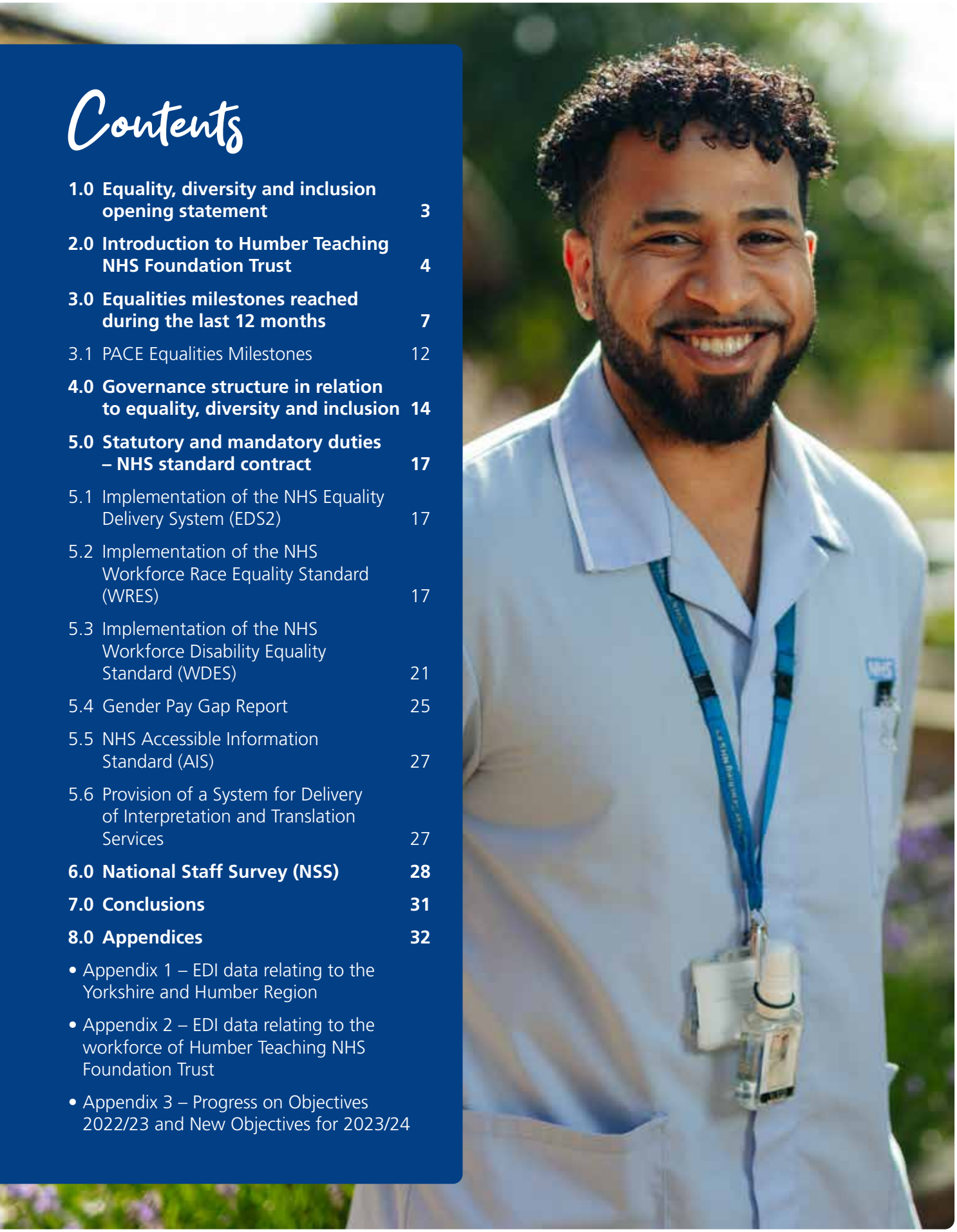
Equality, Diversity and Inclusion

Annual Report 2022–2023



Caring, Learning
& Growing Together

Contents



1.0

Equality, diversity and inclusion opening statement

Treating everyone fairly is a core value of the Trust. We invest in EDI because we appreciate that a diverse workforce can bring new ideas, backgrounds and perspectives to the organisation and not only improve the experience for our staff but the quality of care to our patients, service users and carers.

Being an organisation with a diverse workforce brings many valuable insights to enhance workforce diversity.

Humber Teaching NHS Foundation Trust, as a public sector body, is governed by the Equality Act 2010 and the Public Sector Equality Duty (section 149 of the Equality Act 2010) in relation to its equality duties.

The general duties are:

1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
2. Advance equality of opportunity between people who share a protected characteristic and those who do not.
3. Foster good relations between people who share a protected characteristic and those who do not.

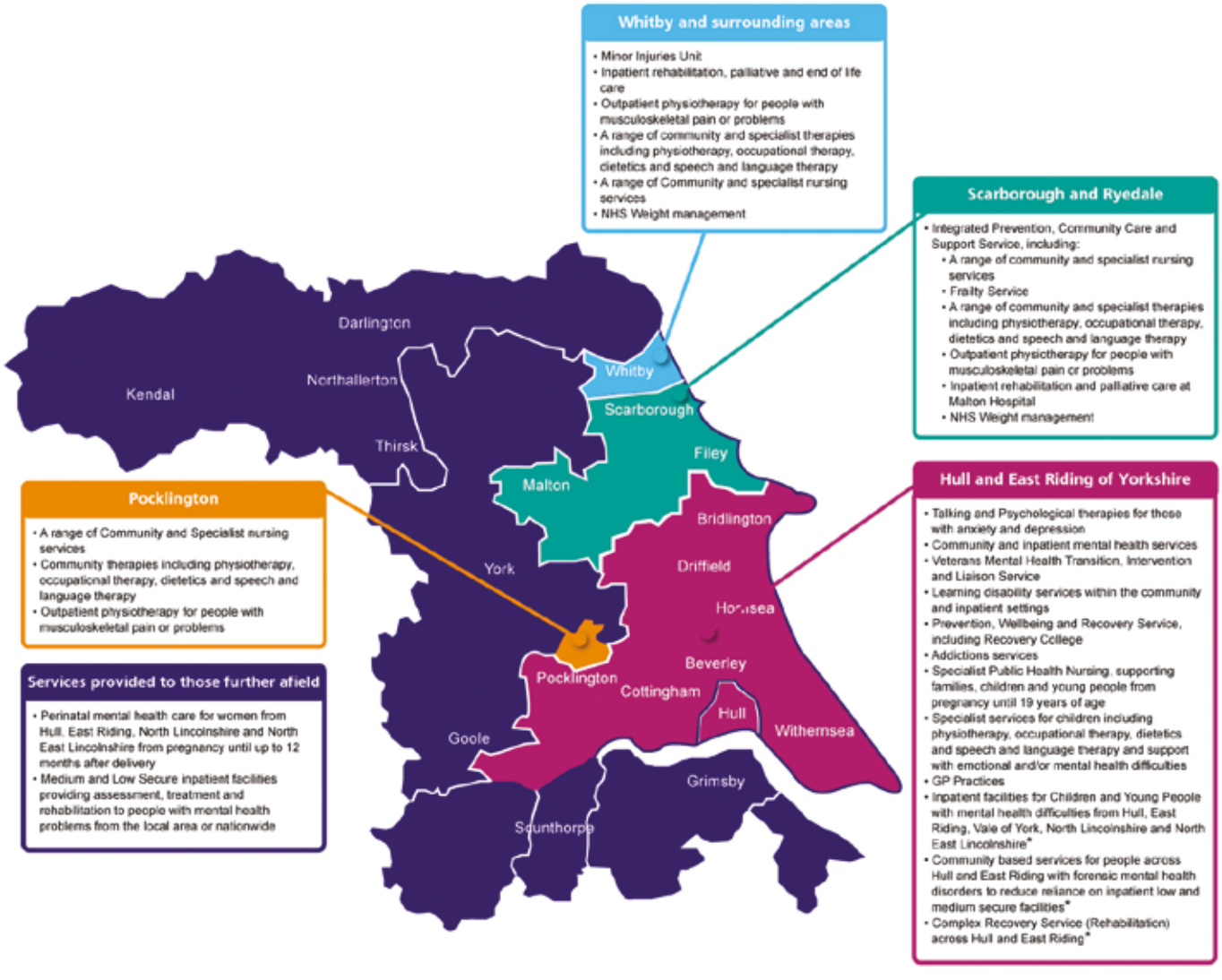
Through the experience of the pandemic, the Trust continued to deliver a range of services across a wide geographical area and in addition, delivered upon important milestones to ensure patients, service users and staff were actively supported.

As we move into 2023/24 the Trust, and all key stakeholders will continue to prioritise and deliver key national priorities, with a clear focus on ensuring the inequalities highlighted by the pandemic are addressed in a structured and robust manner as we continue on our journey as a compassionate and inclusive employer.

2.0

Introduction to Humber Teaching NHS Foundation Trust

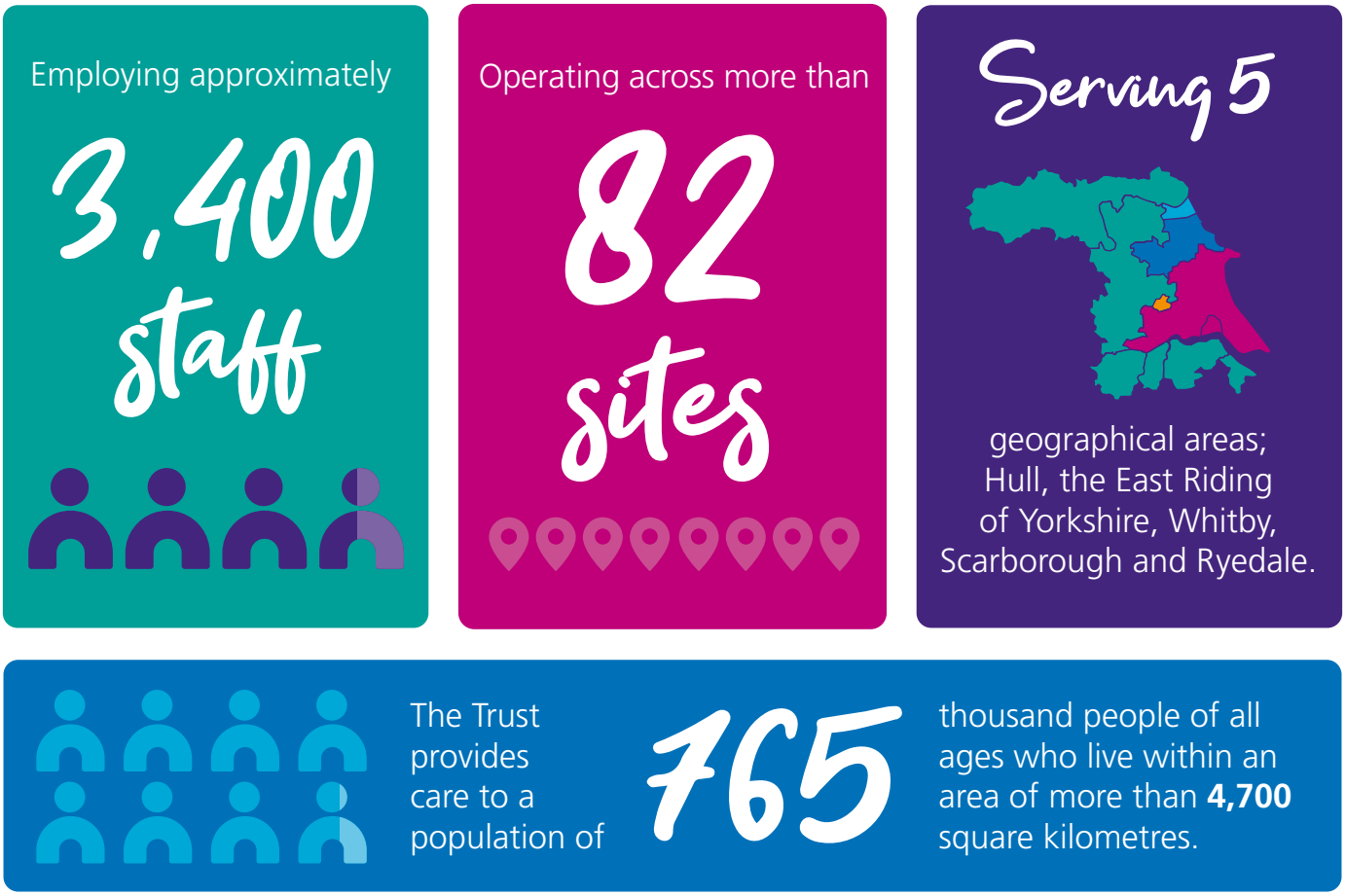
Humber Teaching NHS Foundation Trust provides a broad range of services across a wide geographical area.



Services marked with an asterix * are new services for 2020/2021

The Trust employs approximately 3,400 staff across 82 sites at locations throughout five geographical areas; Hull, the East Riding of Yorkshire, Whitby, Scarborough and Ryedale. The Trust provides care to a population of 765 thousand people of all ages who live within an area of more than 4,700 square kilometres, which contains some areas of isolated rurality, dispersed major settlements and pockets of significant deprivation.

As a teaching Trust, we work closely with our major academic partners; Hull York Medical School and University of Hull and other educational establishments. This close working relationship enables us to nurture the future generation of doctors, nurses and other health care professionals. Our workforce is paramount to delivering high quality care for our patients, and the organisation strives to be an employer of choice locally and one which offers long term employment opportunities combined with structured personal and professional development.



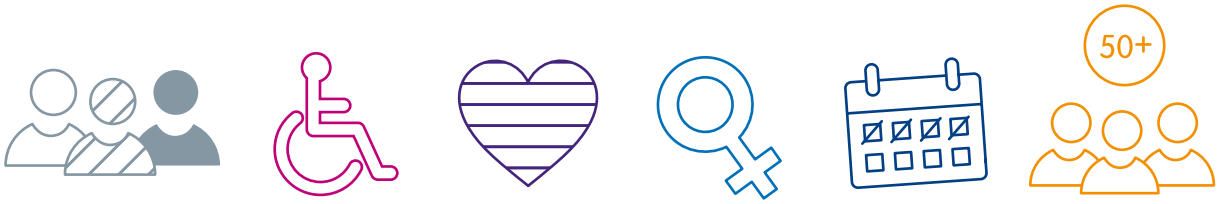
The Patient and Carer Experience strategy (2018 to 2023) defines how Humber Teaching NHS Foundation Trust will engage with people, listen and respond to their experiences so that we can improve patient and carer experience and satisfaction within our services. The Humber Way is about continuing to engage and involve patients, service users, carers and staff in the design and delivery of our services. In 2018 the strategy was designed to support delivery of the Trust vision and values, as shown below. The new PACE Five Year Forward Plan (2023 to 2028) comes into effect, following Board ratification, in September 2023. The 'Operational Plan on a Page' for 23/24 is currently under development but will provide further detail on the Trust's Strategic Goals.

Humber Teaching NHS Foundation Trust Workforce Demographics

The table below demonstrates the progress made in workforce representation, over the last couple of years. Having a reliable and accurate workforce dataset ensures that the Trust is able to identify where we need action to improve representation and to better reflect the communities we serve.

Notably, the Trust has made significant progress since November 2021 in terms of improving representation in the workforce from a range of communities such as those from a black and global majority community, disability and LGBTQ+.

This demonstrates that our pragmatic response to the actions set out in the Workforce Race Equality Standard and Workforce Disability Equality Standard have shown a number of successes, so too has our work around LGBTQ+ inclusion.



Trust wide	% of workforce that is BAME	% of workforce that is disabled	% of headcount that is LGBTQ+	% of workforce that is female	% of workforce that is part-time	% of workforce aged over 50
March 2023	6.22%	8.19%	3.92%	79.17%	33.37%	34.65%
November 2022	5.85%	7.66%	4.00%	79.25%	34.44%	35.14%
November 2021	4.73%	6.66%	3.0%	78.4%	43.0%	37.0%

> The Trust has made significant progress in terms of improving representation in the workforce from a range of communities such as those from a black and global majority community, disability and LGBTQ+.

3.0

Key achievements during the last 12 months

Humber Teaching NHS Foundation Trust is committed to the development of a diverse and inclusive workforce that attracts and engages talented individuals from all backgrounds. We want to be recognised as an organisation that embraces diversity and inclusion.

Since 2021 the Trust has demonstrated its commitment to this aim by striving to achieve increased representation across our workforce of staff that identify as being LGBTQ+, disabled or BAME. We recognise there is more to do, especially at more senior levels.

During the period of 2022/2023 the Trust introduced a wide range of initiatives to meet local equality objectives and worked towards meeting the required standards within the Public Sector Equality Duty, these included:

National Centre for Diversity FREDIE Assessment

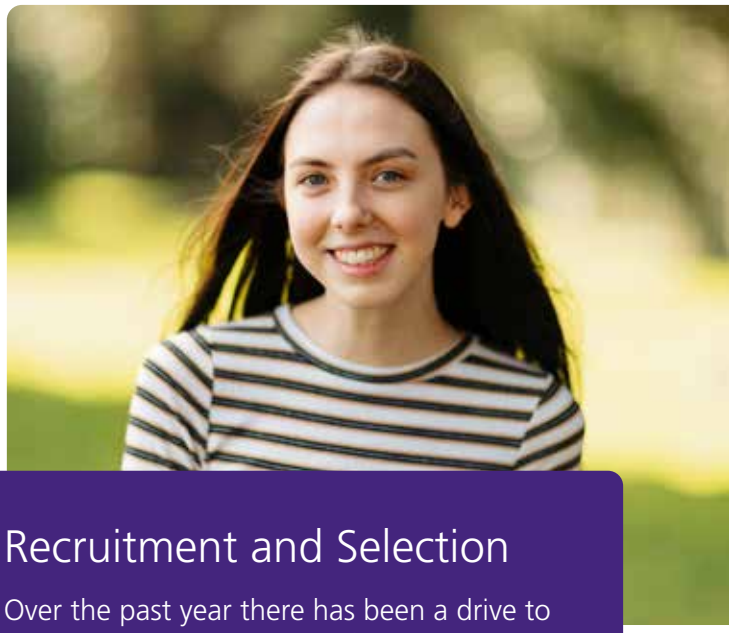
The National Centre for Diversity (NCFD) was commissioned to conduct a cultural audit within the Trust to understand how inclusive the Trust is and recommend any areas for improvement.

Similarly, they reviewed the 'Zero-tolerance' approach to bullying and harassment to support the Trust with a more pro-active and potentially a more preventative approach through a 'Respect campaign,' which will be delivered later in 2023.

Improving EDI Data Quality

The Trust carried out a full review of the data accuracy process and developed a procedure for reducing unspecified data entries. This involved introducing data quality checks at multiple points of the employment journey. This now includes welcome calls when candidates are navigating the initial stages of the onboarding process, which is also used as an opportunity to gather EDI data, as well as through monthly reports and subsequent contact. Where there are outstanding, or unspecified equality data entries, contact is made to support employees to update their own records via ESR and notices on ESR remind staff to update records every 12 months. Monthly reports are generated for the recruitment team and the flexible workforce team so that they can chase up outstanding equality data information.

As an additional measure to support the data quality agenda, in 2022 the Trust introduced an EDI portlet on ESR to support the workforce with the verification of personal information.



Recruitment and Selection

Over the past year there has been a drive to ensure recruiting managers have access to recruitment and selection training which has a focus on enhancing workforce diversity through recruitment practices.

133 managers attended this between April 2022 and March 2023.

Leadership and Development

The Trust offers a range of leadership and development opportunities that include: Leadership and Senior Leadership programmes and the Humber High Potential Development Scheme, of which a place is allocated to each staff network.

Essential Leadership Skills Training

The Trust invested in a leadership and management trainer in 2022, intended to drive up day to day management capability across a number of key management themes, notably, performance management, recruitment and selection and undertaking challenging conversations. All courses developed have been underpinned by the Trust behavioural standards and respond to intelligence provided from the National Staff Survey.

85 managers attended this between April 2022 and March 2023.

Bullying and Harassment Training for Managers

To date, bullying and harassment training has been offered via an external provider, however the Trust have developed a learning proposal to bring this offer in-house.

Given it will be an internal offer, we will be able to tailor the training to meet the Trust's needs and ensure we deliver the appropriate number of sessions to meet demand. Similarly, with an in-house training offer, the WDES and WRES data on bullying and harassment can be contextualised within the training to ensure all colleagues are aware of the WDES/WRES findings regarding bullying and harassment. During the timeframe, 15 managers attended the training.

Holding difficult conversations 25 managers have attended between April 2022 and March 2023.

Humber High Potential Development Scheme (there have been 3 cohorts since its launch in 2021.

PROUD Senior Leadership Development Programme (Bands 8a+) 73 leaders have completed the programme; 13 leaders are currently going through the programme; 11 leaders are on the waiting list for the next cohort.

PROUD Leadership Development Programme (Bands 3-7) 142 leaders have completed the programme; 58 leaders are currently going through the programme; 84 leaders are on the waiting list for the next cohort.

25
attendees

3
cohorts

73
leaders completed

142
leaders completed

Empowering our Staff Networks

A review was undertaken of staff networks and a number of changes agreed to accommodate allies, ensure consistency of approach, and make sure support and leadership from the Executive Team is provided to each of the Trust Networks. Each network now has improved terms of reference and a joint approach to chairing the networks with support from the Executive team.

Currently, the Trust operates three staff networks - LGBTQ+, Disability, and Race Equality. Each is supported by a member of the Executive Management Team. All network chairs have been offered the opportunity to attend the NHS England Staff Network Chair Development Programme. Each network has the opportunity to nominate a person for the Trust High Potential Development Scheme and we have actively supported BAME staff with applications to the NHS Leadership Academy Step Up Programme.

NHS Rainbow Badge scheme Accreditation

In December 2022 the Trust signed up to the rainbow badge scheme and are currently working with the LGBTQ+ Foundation through a policy review, patient and staff surveys, a services survey and a workforce assessment to evaluate how we have engaged with the LGBTQ+ community. The outcome of our assessment will be announced in August of 2023, where we will be awarded bronze, silver or gold accreditation.

Digitising Flexible Working Request Process

Requests for flexible working were moved to the ESR system as a digital solution for improving the efficiency of the process and providing more accurate data.

293 During the time period the Trust received 293 flexible working requests.

Reverse Mentoring

In October 2022, a costed proposal was taken to EMT that provided a range of options to provide reverse mentoring across the Trust. The key output of reverse mentoring is to support wider long-term cultural change in an organisation by creating relationships that bridge the gap between the organisational hierarchy and supports senior leaders to expand their understanding of the experiences of diverse staff members facilitating long-term change through the sharing of experiences.

Review and revision of the Disciplinary Policy and Procedure.

A comprehensive review of the disciplinary policy and procedure was undertaken that included the addition of template letters and forms. This ensures best practice is followed, providing clarity for those undertaking disciplinary procedures, as well as consistency of approach and ensuring fairness in outcomes.

Adopt a zero-tolerance approach to non-compliance with ED&I training

A monthly report was commissioned that analysed compliance of Trust wide mandatory training in Human Rights and Equality and Diversity. This provided a breakdown by division and directorate and provided the detail as to the staff who were outstanding EDI training. The most recent report indicated the Trust had an overall compliance rate of just under 98%. Where staff are outstanding, the EDI Partner worked with stakeholders to ensure timely completion of mandatory training.

Improved advertising strategy for band 8c – VSM vacancies

A process has been implemented where job roles for band 8c – VSM are reviewed by the HR Business Partner's to ensure inclusive language is used throughout and that roles are promoted as widely as possible, targeting diverse communities such as those who identify as LGBTQ+, BAME and disabled.

ED&I Recruitment Deep Dive

A bi-annual report was commissioned that analysed recruitment data in TRAC, examining applications, shortlisting, and appointments across the protected characteristics to identify any barriers or bias in the recruitment process. This report is delivered to divisional partners to influence recruitment and retention plans with support of the HR Business Partner.

Communications strategy

The Trust developed a range of communications for the workforce to support and encourage wider diversity awareness on festivals and events, specifically, Ramadan, Diwali, Hanukkah, NHS Employers Equality, Diversity and Human Rights Week and Trans Visibility Day.

This included celebrating national events such as Black History Month in October 2022, LGBT History month in February 2022, International Women's Day in March 2022 and PRIDE Month in June 2022.

Stakeholder Consultation

The Trust consulted with staff networks on a range of equality related national returns such as the Workforce Race Equality Standard and the Workforce Disability Equality Standard as well as engaging the networks on workforce policy development.

3.1 Patient and Carer Experience (PACE) Equalities Milestones

Over the past twelve months the Trust undertook a wide range of initiatives to meet with Trust equality and diversity objectives to ensure the Trust works towards the Public Sector Equality Duty, these included:

- The Equality, Diversity, Inclusion and Inequalities Operational Group continues to meet on a regular basis, with representation from all four Divisions and Corporate Services to share best practice and support new initiatives
- Virtual services continue to be hosted by the Trust Chaplain.
- Development of a co-produced Youth Recovery and Wellbeing College, offering virtual participation session for young people to support their emotional wellbeing and self-care has commenced
- The Humber Youth Action Group continues to grow, enabling young people to learn about the Trust as well as to shape and co-produce services and develop new skills and knowledge
- Plans are in place to launch the Humber NHS cadets programme, with the aim to involve groups of young people who are less frequently heard or less engaged with services, to learn more about the Trust and explore a career in healthcare
- Panel Volunteers continue to sit on interview panels across all services in the Trust to give an opportunity for members of the public to influence recruitment and selection decisions
- More teams have recruited an Armed Forces Community Navigator (AFCN) and are sharing the wealth of resources available to support the military community and their family and friends
- The Trust has strengthened the Brand Centre by introducing guidance on writing Accessible Information, designing patient information and offering information in alternative formats
- A clinical template for collecting demographical data including Protected Characteristics and Health Inequalities went live in November 2022 together with an information brochure to explain the importance of collecting this information
- The Trust supported Hull Pride 2022 by facilitating a stand at the event and participating in the Pride march across the city. A few young people attended the event to represent the Trust from the Trust's Humber Youth Action Group (HYAG) and SMASH team

- The Patient and Carer Experience training programme including eight modules was introduced for staff and members of the public to complete. The modules provide information on the different opportunities available for everyone to get involved in and can be accessed via the Recovery College website

- Launch of a bespoke children's Neurodiversity website to increase children's and families access to key information about the service
- Breastfeeding project in Bridlington focussed on increasing rates in areas of deprivation which had very low uptake rates, despite the known health benefits for both parties
- Introduction of a Homelessness Navigator role (under Inclusion Health) working with a hard-to-reach group with complex needs referred by Local Authority homelessness team
- Introduction of an 'Experiences of Homelessness' working group to strengthen relationships with people who are either living with or have lived experience of homelessness through patient, service user, carer and staff participation by ensuring everyone has a voice, and to raise awareness of the issues surrounding homelessness to enhance the support the Trust can provide
- Strengthened approach to the identification of carers and signposting for support by ensuring all divisions are accessing the Trust's Carer's Dashboard, which informs how many patients and service users have a carer identified at team level and are offered support when needed
- A passport for young people transitioning from Child to Adult Mental Health Services has been co-produced
- Earlier this year, the Trust commenced phase 2 of the Scale, Spread and Embed national project which involves digital processing of the Friends and Family Test (FFT) data to drive improvements in patient experience. Market Weighton is the pilot site for this initiative, phase 2 will be the remaining GP practices followed by all services across the Trust
- New work which has been developed in partnership with patients, service users, carers and individuals with lived experience can display our Trust's Co-production logo. It is a great way to add value and recognition to the hard work and support that goes on behind the scenes to co-produce work and to showcase where co-production has taken place

- Talking Mats have been introduced in the Trust's Learning Disability Services. They come in two formats (digital and physical) and include a range of images and tiles to describe most situations that may be encountered in everyday life. It is anticipated that by providing an alternative and effective means of communication will improve the way in which our service users can express their needs from both a medical and a social perspective
- Additional iPads have been purchased to help our Learning Disabilities patients when accessing Microsoft Teams meetings. Patients are now able to attend virtual meetings with support from the Engagement Lead for Learning Disabilities and Autism. Workshops and other feedback sessions have realised increased engagement since the iPads have been introduced.

4.0

Equality, Diversity and Inclusion Governance Structures

The Trust has governance, regulatory frameworks and mechanisms in place to ensure that assurance is provided in relation to the discharge of equality duties. The EDI governance structure reflects our approach to making sure there is a clear leadership commitment to support the delivery of our EDI strategy. It reflects the important relationships and collaboration between key stakeholder groups, whose common purpose it is to make sure that EDI is considered in all our work.

Workforce

Workforce and OD Committee

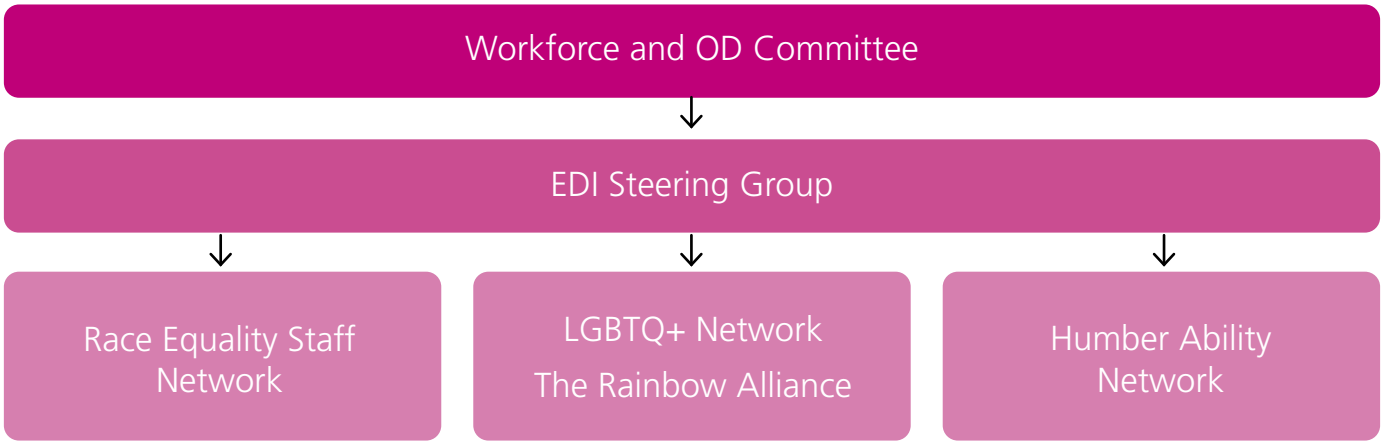
The purpose of the Workforce and OD Committee is to provide strategic overview and provide assurance to the Trust Board that there is an effective system of governance and internal control across workforce and organisational development that supports the Trust to deliver its strategic objectives and provide high quality care. This includes Workforce, ED&I and staff health and wellbeing.

Workforce Equality Diversity and Inclusion Steering Group

The Workforce Equality, Diversity and Inclusion Steering Group brings together key stakeholders in the Trust to ensure that Equality, Diversity and Inclusion work is driven forward in a structured manner. The group leads and drives the change required in relation to the workforce inclusion agenda in active support of the Trust's objectives.

This group meets on a quarterly basis, is chaired by the Deputy Director of Workforce and OD and is attended by the staff network chairs and other key stakeholders including representation from all service areas of the Trust. This group reports into the Workforce and OD Committee and provides regular updates and assurance on progress against objectives.

> "The group leads and drives the change required in relation to the workforce inclusion agenda in active support of the Trust's objectives.



Embedding EDI in Our Work – Roles and Responsibilities

Our Board

The Trust Board is our governing body. It is responsible for the overall control of our organisation, including agreeing this report and holding the Executives to account for its delivery.

Executive Management Team

The Chief Executive and Executive Directors form the Trust Executive Management Team (EMT).

Directors have the authority to set the EDI priorities in their business areas. They are also accountable to the Chief Executive for making sure the resources are in place to deliver the EDI priorities. Directors are responsible for providing their teams with the support and understanding they need to deliver EDI through their work.

Management and Line Managers

Managers and line managers are responsible for delivering the EDI strategy and for understanding and raising the importance of EDI in their business areas. They must make sure that all staff are aware of and engaged with these priorities, and that they understand how our approach to EDI fits the overall Trust vision and strategic plan.

All Employees

Everyone is responsible for making sure they:

- Uphold the equalities and human rights legislation.
- Maintain compliance with EDI mandatory training.
- Contribute to an inclusive working culture that celebrates the diversity of their colleagues and the people using our services.
- Everyone has a responsibility to 'live' our Humber values and to bring these to life through their work and interactions with other people both inside and outside of the organisation.

Patients and Service Users and Carers

Equality, Diversity and Inclusion (EDI) is a regular agenda item at the Trust's Patient and Carer Experience (PACE) forums. A six-monthly update is presented to the Quality and Patient Safety (QPAS) group and Quality Committee within the Patient and Carer Experience (including Complaints and Feedback) report.

An annual update is presented to the Quality and Patient Safety (QPAS) group, Quality Committee and Trust Board within the Patient and Carer Experience Annual Report (including Complaints and Feedback).

Community Consultation through Networks

The Trust ensures decision making regarding Equality, Diversity and Inclusion is in consultation with the community through a range of local and regional networks, these include:

- Local groups such as the Equality, Diversity and Inclusion Partnership
- Regional groups such as the Yorkshire and Humber Regional E&D leads network
- Hull and East Riding Lesbian, Gay, Bisexual and Transgender + (LGBTQ+) forum
- Peel Street Project network
- Humber Staff Networks inc. Race Equality, LGBTQ+ and Disability Staff Equality Networks

It is recognised that staff equality networks are an excellent mechanism through which the general duties of the Equality Act 2010 can be supported in relation to staff from the protected groups and other groups at potential risk of inequality.

The Trust currently has three established staff networks:

- LGBTQ+ (Lesbian, gay, bisexual and transgender) staff network, known as the Rainbow Alliance, with the Director of Workforce and OD acting as the executive sponsor.
- The Race Equality staff network, with the Medical Director acting as the executive sponsor.

- Humber Ability Group (for staff with long term health conditions and Disabilities), with the Chief Operating Officer acting as the executive sponsor.

The importance of staff networks has been formally recognised at a national level and articulated in the NHS People Plan. Each of the Staff Networks have access to admin resources to support them and terms of reference have been established to provide a framework to support these networks and the delivery of their aims.

EDI Training

It is a statutory and mandatory requirement for all employees and workers at the Trust to complete the Health Education England E-learning Equality, Diversity and Inclusion course every three years. This is a national level course aligned to the Core Skills Training Framework (CSTF) which sets out an acceptable minimum standard of competence.

New Starters

EDI features on the Corporate Induction programme to ensure that from the outset all employees are aware of the Trust's commitment to the Equality, Diversity and Inclusion agenda. The Corporate Induction is also used as a platform to introduce the Staff Networks to the organisation's new recruits.

5.0

Statutory and Mandatory Duties – NHS Standard Contract

5.1 Implementation of the NHS Equality Delivery System (EDS2)

Completion of the EDS2 is a requirement of both NHS Commissioners and NHS Providers in the NHS Standard Contract. It is an annual requirement to upload data to the system and from there a summary report is produced.

EDS2 is a toolkit designed around four primary goals, and grades are given against each:

- **Goal 1** – Better health outcomes
- **Goal 2** – Improved patient access and experience
- **Goal 3** – A representative and supported workforce
- **Goal 4** – Inclusive leadership

The EDS2 is implemented in a three-staged process:

- Self-assessment
- Peer reviewed assessment
- Stakeholder Reviewed assessment

The Trust is given gradings against each of the primary goals in March of each year. The gradings can be seen in the report below however in summary there are 0 areas undeveloped, 0 areas graded as developing, 5 areas graded as achieving and 11 areas graded as excelling.

5.2 Implementation of the NHS Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard (WRES) is designed to help NHS organisations understand and actively address differences in the experience between Black, Asian and Minority Ethnic (BAME) and white staff. It ensures that the Trust evaluates the experiences of its BAME workforce and set actions for improvement.

The WRES comprises of nine indicators; indicators 1 – 4 are taken from the Trust's HR data systems; indicators 5 – 8 are taken from the national NHS Staff Survey and indicator 9 pertains to the Trust's senior leadership.

The WRES provides a robust reporting framework and supports NHS organisations to address and close any gaps through the development and implementation of action plans for improvement.

The WRES was implemented in 2015 and since 2020, through the establishment of the Race Equality Staff Network, the voices of BAME members of staff have been heard and acted upon in relation to the Trust's commitment to improving race equality.

Information about the Trust's WRES can be located on the Trust **website**.

The Trust completed and submitted its WRES and WDES to NHS England in 2022 and is on track to do the same in 2023 from 1st July. The WRES report covering the period 2022/23 can be accessed on the Trust's website once ratified by the Board.

Summary of Progress in 2022

WRES Indicator	Description
1	**Percentage of staff in each AfC Bands 1-9 and VSM compared to overall workforce.**

168 out of the staff in the Trust come from Black, Asian and Ethnic Minority backgrounds which is 5.3% of the overall workforce.

In terms of improvements there has been a 21% increase in Clinical Trainee Grade Black, Asian and Ethnic Minority staff.

Whilst there is no significant change from last year in representation across the bandings, the data presents a requirement to focus on improving the representation of staff from Black, Asian and Ethnic Minority backgrounds specifically across the non-clinical workforce, specifically band 7 and above, where there is no Black, Asian and Ethnic Minority representation

The data is showing some minor improvement in the representation of BAME staff in bands 4-7 in clinical roles however there is recognition that this remains and area of focus for all bands in the clinical workforce.

2	**Relative likelihood of BAME staff being appointed from shortlisting.**

The 1.26 ratio this year shows that there has been a decline in the numbers of people from Black, Asian and Ethnic Minority backgrounds being appointed from shortlisting from 0.64 in 2020/21. However, the Trust figure remains significantly better than the national figure of 1.61, with North-East and Yorkshire region reporting 1.7. In the national WRES standard report for 2021 the Trust presents as one of the top ten best performing for this indicator. The national guidance is that anything between 0.80 and 1.25 is in the non-adverse range.

3	**Relative likelihood of staff entering a formal disciplinary process.**

This metric is consistent with the 2021 report and shows that there is no significant difference in the likelihood of entering into a formal disciplinary between White staff and Black and Ethnic Minority Staff. The Trust remains better than the nationally reported figure 1.14 for this indicator.

4	**Relative likelihood of staff accessing non-mandatory training and CPD.**

BAME staff are 0.91 times more likely to access non-mandatory training and CPD in the Trust which is within the non-adverse range as set out in the national WRES report. This demonstrates equality of access and shows a more positive position than the national figure of 1.14 and the North East and Yorkshire figure of 1.07.

WRES Indicator	Description
5	**Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public.**

The figure of 30.4% of Black, Asian and Ethnic Minority staff experiencing harassment, bullying or abuse from patients, relatives or the public is a 6.4% rise on last year's figure. The BAME average reported nationally in the NHS staff survey is 29.2%, showing the Trust is marginally worse than average for this indicator. This needs to be a focus in 2022/23.

6	**Percentage of staff experiencing harassment, bullying or abuse from staff.**

The figure of 25.5% of Black, Asian and Ethnic Minority staff experiencing harassment, bullying or abuse from staff represents a 1.5% increase from last year's figure and is 7.4% higher than White staff. However, there has however been a steady decline since 2017 when the figure was 38.1% and the Trust compares favourably to the national average figure reported in the 2021 WRES report of 27.6%.

7	**Percentage of staff believing that trust provides equal opportunities for career progression or promotion.**

46.4% of Black, Asian and Ethnic Minority staff believe that the Trust provides equal opportunities for career progression or promotion. Whilst acknowledging there is still work to do, this represents a 4.7% improvement in 2020, and is above the national average of 44.4%.

8	**Percentage of staff personally experiencing discrimination at work by manager/team leader or other colleagues.**

This year's figure of 18.2% of the Trust's Black, Asian and Ethnic Minority staff reporting that they personally experience discrimination at work by a manager/team represents a marginal improvement from 18.4% in 2020. However, this figure is below the national average of 17%, so will be an area of focus in 2022/3.

9	**% difference between the organisations' Board voting membership and its overall workforce.**

In 2021, Black, Asian and Ethnic Minority staff representation on the Trust board (voting membership) was 0%. This will be a focus on 2022/23.

A copy of the Workforce Race Equality Standard Report 2022 can be accessed **here**.

Trust performance in a number of the indicators is better than the NHS average. Whilst we would like to be leading in all indicators, the focus and attention will be on those areas that are below the national average, or in relation to indicator 1, where representation is at its lowest. As such, the focus of the action plan will be around the following areas:-

- Representation at Band 7 and above in the Trust;
- Those who believe they have experienced harassment, bullying or abuse from the public an, patients and service users in last 12 months;
- Those who believe they have experienced discrimination at work from their manager / team leader or other colleagues in last 12 months.

During the period 2021-2022 the Trust also embarked on a number of important strategic initiatives which should have a direct impact on improving the experience of Black, Asian and Minority Ethnic staff and lead to an improvement in the WRES data.

No.	initiative
1	Reduce the number of 'unspecified' in staff records to improve equality data quality.
2	Deliver bullying and harassment awareness training for managers.
3	Quarterly workforce E&D deep dive report.
4	Investigations Toolkit to be produced to ensure consistency and fairness of approach.
5	Review and revise the Disciplinary Policy and Procedure. To include template letters and forms.
6	ED&I Recruitment Deep Dive (from data in TRAC).
7	Move requesting flexible working process to ESR.
8	Review and revise the Bullying and Harassment Policy and Procedure.
9	IT solution for Job Evaluation in the Trust.
10	Explore the NHS Rainbow Badge scheme.
11	Review and revise the Trust Behavioural Standards.
12	Produce a Trust 22/23 Equality, Diversity, and Inclusion Annual Report.
13	Quarterly workforce E&D deep dive report.
14	Produce a Gender Pay Gap Report 2022/3.
15	Review and revise the Job Evaluation policy and procedure and toolkit.
16	Provide career coaching and mentoring for staff and self-confidence sessions to increase the confidence for women to apply for promotion.
17	Produce a costed proposal for reverse mentoring.
18	To continue to promote the Humber High Potential Development Scheme to BAME and disabled staff.
19	To continue to promote the Leader and Senior Leadership programmes to BAME and disabled staff.
20	To continue to promote NHSI targeted development to our BAME and disabled staff.
21	ED&I Workforce Lead to review the advertising strategy for band 8c – VSM roles to ensure roles are promoted as widely as possible and targeting those who are BAME and/or disabled.
22	To develop a 'respect' campaign across the Trust (this will be aimed at patients and service users as well as staff). To adopt a zero-tolerance approach to staff not completing their ED&I training.

5.3 Implementation of the NHS Workforce Disability Equality Standard (WDES)

In 2019 NHS England launched the Workforce Race Disability Standard (WDES). Similar to the WRES, the WDES is mandated by the NHS Standard Contract and applies to all NHS Trusts and Foundation Trusts.

The WDES is a data-based standard that uses a series of ten measures (metrics) to improve the experiences of Disabled staff in the NHS. All of the metrics draw from existing data sources (recruitment dataset, ESR, NHS Staff Survey, local HR data) with the exception of one; metric 9b asks for narrative evidence of actions taken, to be written into the Trust's WDES annual report.

The metrics have been developed to capture information relating to the workplace and career experiences of Disabled staff in the NHS.

The metrics are:

No.	Metric
1	% of staff in pay bands or medical subgroups and VSMs compared with the % of staff in the overall workforce.
2	Relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts.
3	Relative likelihood of disabled staff compared to non-disabled staff entering the capability process as measured by entry into the formal capability procedure.
4	a) % of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from: i) Patients/Service users their relatives or other members of the public ii) Managers iii) Other colleagues b) % of disabled staff compared to non-disabled staff saying that the last time they experienced harassment bullying or abuse at work they, (or a colleague) reported it
5	Percentage of disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.
6	Percentage of disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
7	Percentage of disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.
8	Percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.
9	a) The staff engagement score for disabled staff, compared to non-disabled staff. b) Has your Trust taken action to facilitate the voices of disabled staff in your organisation to be heard? (Yes) or (No).
10	Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated: • By voting membership of the Board • By Executive membership of the Board

The following information provides insight into Humber Teaching NHS Foundation Trust's current position against the Workforce Disability Equality Standard (WDES) Metrics.

The Humber Teaching NHS Foundation Trust has demonstrated a number of key improvements in the past 12 months when compared to other NHS Trusts:

Summary of Progress in 2022

WDES Metric	Description
1	**Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including executive board members) compared with the percentage of staff in the overall workforce.**
Disabled representation in the workforce remains similar to the previous year. 6.77% of the workforce identifies as being disabled which is a small increase on the previous year's figure of 6.7%, however there continues to be no disabled staff represented across pay bands 8c – VSM in non-clinical roles and there has been a decline in cluster 7 clinical roles for staff with a disability or long-term condition.	
2	**Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.**
The relative likelihood of disabled staff being appointed from shortlisting is 1.1 which is a decline on the previous year of 0.18. The Trust aligns to the nationally reported figure of 1.11.	
3	**Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.**
The relative likelihood of disabled staff entering the formal capability process continues to be extremely low and demonstrates that disabled staff are not disadvantaged by the Trusts formal disciplinary processes.	
4a	**Staff experiencing harassment, bullying or abuse from patients/ service users, their relatives or other members of the public in the last 12 months.**
30% of disabled staff reported experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months. Despite a 1% deterioration from the previous year, this is still better than the national average of 33%.	
4b	**Staff experiencing harassment, bullying or abuse from managers in the last 12 months.**
13.8% of disabled staff reported experiencing harassment, bullying or abuse from a manager in the last 12 months. This is a decrease of 2.3% on 2020 figure and is better than the national average of 17.2%.	
4c	**Staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months.**
20.4% of disabled staff reported experiencing harassment, bullying or abuse from other colleagues in the last 12 months. This is an increase of 4.7% on 2020 figure but is still below the national average of 25.3%. given the increase, this needs to be closely monitored in 2022/23.	

WDES Metric	Description
4d	**Staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months.**

58.7% of disabled staff reported the last time they experienced harassment, bullying or abuse at work they or a colleague reported it. this is better than the national average of 49.7%.

5	**Percentage of Disabled staff compared to non-disabled staff believing that the trust provides equal opportunities for career progression or promotion.**

53.8% of disabled staff believe the Trust provides equal opportunity for career progression or promotion. This is better than the national average of 51%.

6	**Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.**

24.4% of disabled staff believe they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties. This is better than the national average of 30.2%.

7	**Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.**

45.3% of disabled staff were satisfied with the extent to which the Trust values their work. This is better than the national average of 34.7%.

8	**Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.**

82.4% of disabled staff believe the Trust has made adequate adjustments to enable them to carry out their work, an increase on 80.5% in 2020. This is better than the national average.

9	**The staff engagement score for Disabled staff, compared to non-disabled staff.**

The engagement score of disabled staff (6.7) is better than the national average of 6.45.

10	**Percentage difference between the organisation's board voting membership and its organisation's overall workforce.**

The Trust board has gone through some changes over the past 12 months where new additions have undeclared ESR disability declarations, and this is being resolved through data cleansing.

A copy of the Workforce Disability Equality Standard Report 2022 can be accessed **here**.

During 2021-2022 the Trust embarked on a number of important strategic initiatives which were intended to have a direct impact on improving the experience of disabled staff and lead to improvement in the WDES data.

Trust performance in most indicators is better than the NHS average. Whilst we would like to be leading in all indicators, the focus and attention will be on those areas that are below the national average, or in relation to indicator 1, where representation is at its lowest. As such, the focus of the action plan will be around the following areas:-

- Improving representation, particularly at Band 8c to VSM in the Trust

The above areas of focus are included in a WDES action plan for the Trust over the next 12 months which is intended to address these areas of focus.

No.	initiative
1	Reduce the number of 'unspecified' in staff records to improve equality data quality.
2	Deliver bullying and harassment awareness training for managers.
3	Quarterly workforce E&D deep dive report.
4	Investigations Toolkit to be produced to ensure consistency and fairness of approach.
5	Review and revise the Disciplinary Policy and Procedure. To include template letters and forms.
6	ED&I Recruitment Deep Dive (from data in TRAC).
7	Move requesting flexible working process to ESR.
8	Review and revise the Bullying and Harassment Policy and Procedure.
9	IT solution for Job Evaluation in the Trust.
10	Explore the NHS Rainbow Badge scheme.
11	Review and revise the Trust Behavioural Standards.
12	Produce a Trust 22/23 Equality, Diversity, and Inclusion Annual Report.
13	Quarterly workforce E&D deep dive report.
14	Produce a Gender Pay Gap Report 2022/3.
15	Review and revise the Job Evaluation policy and procedure and toolkit.
16	Provide career coaching and mentoring for staff and self-confidence sessions to increase the confidence for women to apply for promotion.
17	Produce a costed proposal for Reverse Mentoring.
18	To continue to promote the Humber High Potential Development Scheme to BAME and disabled staff.
19	To continue to promote the Leader and Senior Leadership programmes to BAME and disabled staff.
20	To continue to promote NHSI targeted development to our BAME and disabled staff.
21	ED&I Workforce Lead to review the advertising strategy for band 8c - VSM roles to ensure roles are promoted as widely as possible and targeting those who are BAME and/or disabled.
22	To develop a 'respect' campaign across the Trust (this will be aimed at patients and service users as well as staff). To adopt a zero-tolerance approach to staff not completing their ED&I training.

5.4 Gender Pay Gap Report

The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, which came into force on 31st March 2017, has made it a statutory requirement for organisations with 250 or more employees to report their gender pay gap annually by 31st March, as of 31st March the previous year.

The Gender Pay Gap report for Humber Teaching NHS Foundation Trust (HTFT), is a welcome addition to the workforce data that the Trust uses to monitor diversity and informs our decision-making regarding workforce inequalities.

The workforce at the Trust is predominantly female, which is in common with the wider NHS. The Trust has a good track record of promoting diversity within the workforce. The Trust uses this data to recognise that inequalities continue to exist and drive the actions that we take to address those inequalities.

The first report was published in 2018 and was informed by 'snapshot data' as of 30th March 2017. The second, third and fourth reports (published in 2019, 2020 and 2021) were informed by 'snapshot data' as of 31st March for each previous reporting year. This year's report is informed by 'snapshot data' as of 31st March 2022.

The report must include:

- The mean and median gender pay gaps
- The mean and median gender bonus gaps
- The proportion of men and women who received bonuses
- The proportions of male and female employees in each pay quartile

The gender pay gap shows the difference in the average pay between all men and women in the workforce. The gender pay gap is different to equal pay. Equal pay is regarding pay differences between men and women who carry out the same, or similar, jobs or for work of equal value. It is unlawful to pay people unequally on the basis of gender. It is possible to have pay equality but still have a significant gender pay gap.

The Trust is committed to the principle of equal opportunities and equal treatment for all employees regardless of sex, race, religion or belief, age, marriage or civil partnership, pregnancy / maternity, sexual orientation, gender reassignment or disability.

On this basis, the Trust has a clear policy of paying employees equally for the same or equivalent work, regardless of their sex (or any other characteristic set out above), the Agenda for Change pay framework is designed to support NHS Trusts in ensuring NHS employees are paid equally and this is fully embedded within the Trust.

The Trust has a largely female workforce, like many other NHS organisations, with 78.79% of the workforce being female, and 21.21% male. This was an increase of 0.5% more women in the organisation, compared to the previous year.

In summary, the Trust's Gender Pay Gap shows us that:

The Trust's mean gender pay gap is **13.2%**

an increase on 2021 (11.4%)

The Trust's median gender pay gap is **6%**

an increase on 2021 (1%)

The Trust's mean bonus gender pay gap is **-11.48%**

which is an improvement since 2021 (-21.41%)

The Trust's median bonus gender pay gap is **50%**

and is the same as in 2021

The proportion of males receiving a bonus is **1.26%**

and lower than 2021 (1.27%)

The proportion of females receiving a bonus is **0.26%**

and smaller than 2021 (0.27%)

The gender pay gap trend for Humber Teaching NHS Foundation Trust is decreasing, despite a slight rise from the previous year. The mean gender pay gap was 13.2% in March 2022, representing an increase in the gap of 1.8 percentage points. The median gender pay gap has increased to 6% in March 2022, equating to an increase of 5 percentage points since March 2021.

Clinical Excellence Awards

As an organisation we do honour existing Clinical Excellence Award (CEA) payments, which are recognised practice across the NHS.

CEAs are nationally recognised discretionary payments that are awarded to Medical Consultant colleagues who have contributed exceptional clinical skills and expertise to improve the quality of care in the NHS. The CEAs are awarded to attract and retain highly skilled clinical colleagues within the NHS.

The only people reported to have received bonus pay are Medical Staff who have received Clinical Excellence Awards. This was distributed equally across 30 Consultants, with 18 being male and 12 female.

The Trust recognises that it has further work to do in positively impacting the gender pay gap position and has developed a draft revised action plan to support this ongoing work.

The draft revised action plan will be submitted to the Trust's Workforce and OD Committee for further scrutiny to ensure that we focus on those things that our data and insight are telling us need attention.

In this coming year, we intend to focus on:

1. Delivering Career Confidence Coaching sessions that focus on supporting our female colleagues through their career journey in the organisation, monitoring participation and targeting promotion as appropriate.

2. Moving away from equal distribution local clinical excellence awards and implementing an assessment-based approach to ensure fairness and proportionality in awarding clinical excellence payments.

3. Ongoing analysis of recruitment EDI data to refine inclusive recruitment practices, building on the existing strategy, tools, resources and local promotion and recruitment practices required to attract applicants and retain employees from all communities.

4. Embed and monitor the newly launched mentoring programme to take an intersectional approach to identifying actions that will support pay equality and encouraging increased uptake from female staff.

5. Develop a succession planning process to provide balance in the promotion, succession planning and development opportunities.

5.5 NHS Accessible Information Standard (AIS)

The AIS came into effect for all NHS organisations in July 2016. In order to ensure that the Trust complies with the standard, clinicians identify if a patient or service user or carer has additional communication needs during the initial assessment. The information is captured within the patient record to inform teams of any communication needs. An alert is placed on the patient's record and is visible for clinicians to see.

In December 2018 the Trust purchased Reachdeck (formerly known as Browsealoud) software for the website. Reachdeck is a solution for making information accessible to patients, service users and carers with learning difficulties, dyslexia, mild visual impairments and those with English as a second language. The website can now be translated into 99 languages and read aloud in 40 of the most commonly spoken languages in the world. Any of the website content can be converted into an audio file and listened to offline. Also, distractions can be blocked or removed from the page allowing the individual to focus on the most important information.

The Trust has strengthened the Brand Centre by introducing guidance on writing Accessible Information, designing patient information and offering information in alternative formats.

The Trust has access to Healthwatch Read Right panels (Hull Healthwatch and East Riding Healthwatch) who provide feedback on our patient information.

The Trust Learning Disability (LD) Service has access to an information sheet including hints and tips for making information accessible and the service has a subscription to Widgit. The community and inpatient LD staff have access to Speech and Language Therapy Services who can advise on specific accessible information for a patient centred approach.

5.6 Interpretation and Translation Services

The Trust has access to three organisations that provide interpreter and translation services support to individuals accessing our services who have a difficulty in hearing or seeing, or there is a difficulty in understanding a particular language. Hull City Council provides these services to our patients in the Hull and East Riding area and The Big Word for individuals living in the Whitby, Scarborough and Ryedale region. Language Line provides video interpreters to the teams who have the highest volume of patients who speak English as their second language.

6.0

NHS National Staff Survey (NSS)

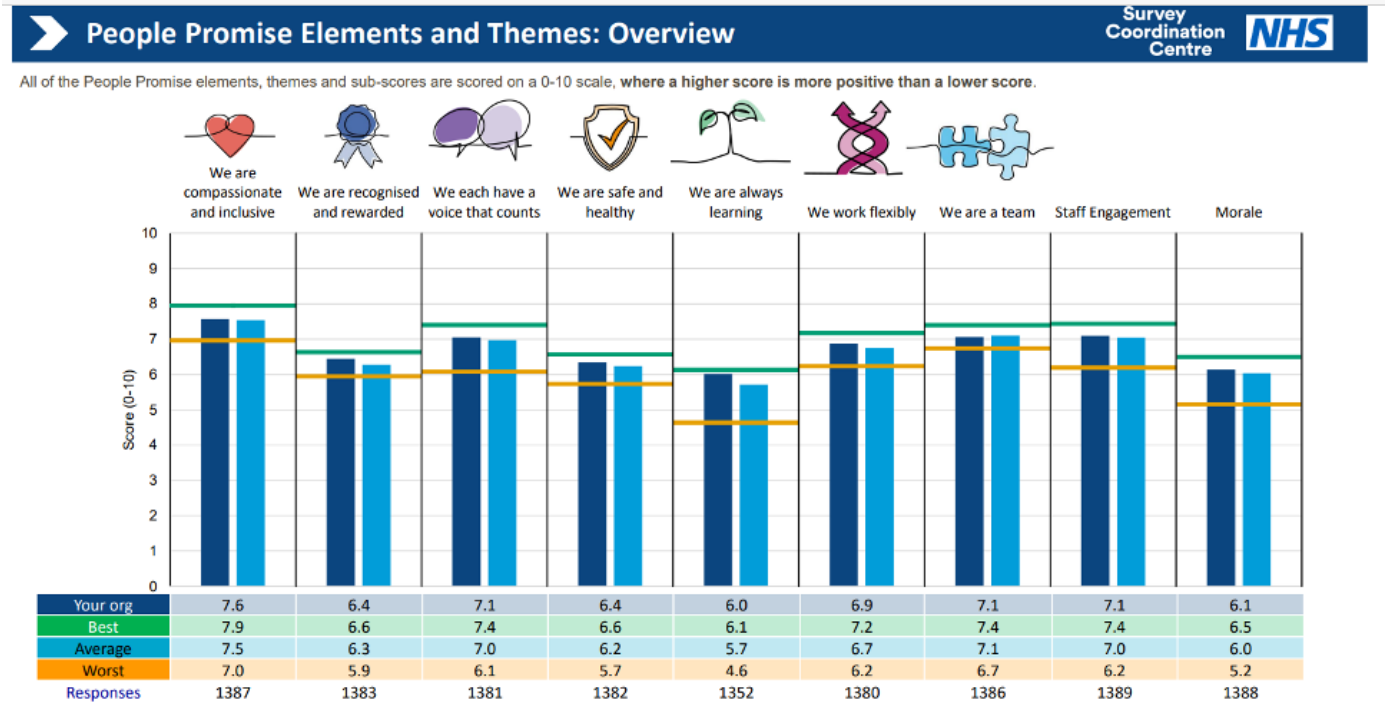
In 2022 the Trust National Staff Survey (NSS) response rate was 44%, a slight decrease on the previous year of 44.1%.

The NSS responses are considered in each of the EDI reports as addressed in section 5 of this report. Indicators and metrics in the WRES and WDES take data from the NSS. In 2021 the NSS questions were aligned to the NHS People Promise.

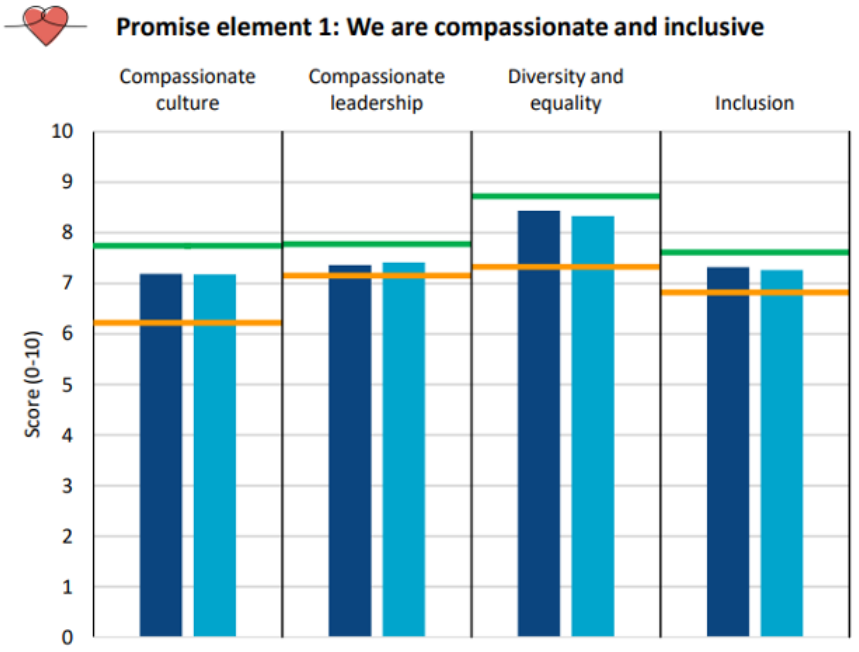
The People Promise sets out, in the words of our NHS people, the things that would most improve our working experience.

The Trust's score against each of the seven elements of the People Promise are outlined below alongside the two key themes, staff engagement and morale, that remained from the previous NSS.

In the 2022 National Staff Survey the Trust reported results above the National average score in all the People Promise theme areas as well as being recognised as the third most improved in the country for the question 'would recognise the organisation as a place to work.'

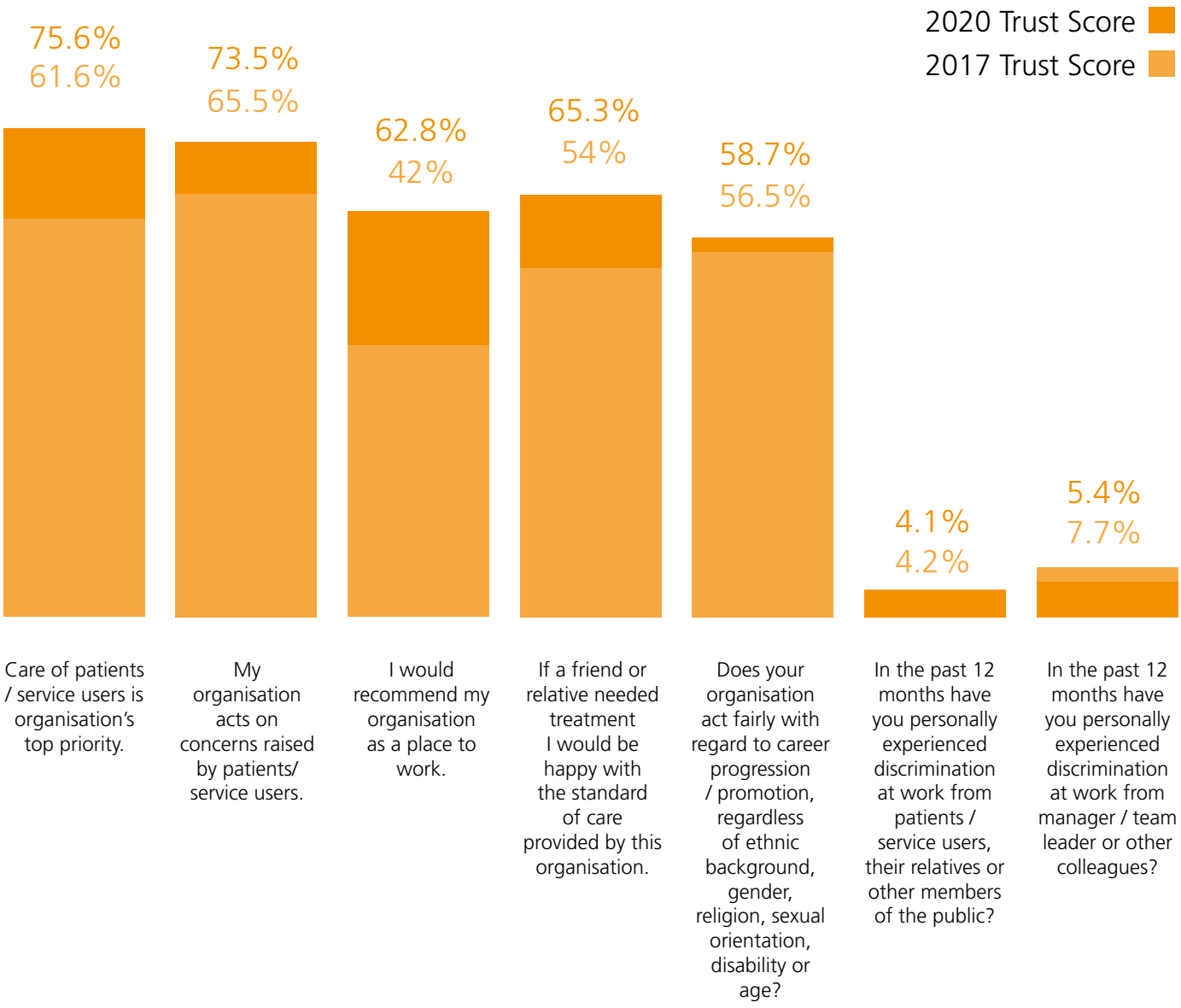


In relation to the People Promise 'We are compassionate and inclusive' the below infographics show the Trusts scores in summary:



	Compassionate culture	Compassionate leadership	Diversity and equality	Inclusion
Your org	7.2	7.4	8.4	7.3
Best	7.7	7.8	8.7	7.6
Average	7.2	7.4	8.3	7.3
Worst	6.2	7.2	7.3	6.8
Responses	1387	1387	1381	1385

Analysis of the questions relevant to the People Promise area 'We are Compassionate and Inclusive' are outlined below and demonstrates the journey of the Trust, recognising that there are still some areas of focus.



The NSS responses have been analysed to division/directorate level and are in the process of being disseminated into those areas to enable collaborative and proactive actions to be established and carried out. Each division is held accountable for their NSS scores via accountability reviews and objective setting.

7.0

Conclusions

As in the previous year, 2022/23 has been a particularly challenging year for the Trust and the wider NHS, as we have responded to the challenges of the COVID-19 pandemic and other significant workforce challenges that followed.

However, despite this, the Trust has continued to meet its commitments to the Equality, Diversity and Inclusion agenda.

The Trust is refreshing its People Strategy during 2023 which includes the Equality, and Diversity Workforce Strategy for the organisation.

Of the Equality, Diversity and Inclusion successes in 2022/23, the primary highlights of the year have been:

- The Trust has made significant progress since November 2021 in improving representation in the Trusts workforce from a range of communities such as those from a black and global majority community (+1.59%), disability (+1.53%) and LGBTQ+ (+1%).
- The strengthening of our staff networks through revised Terms of Reference and governance as well as the establishment of the Disability network
- The National Centre for Diversity (NCFD) carried out a cultural assessment to enable the Trust to better understand its progress across the EDI agenda. An outcome of the audit is the delivery of a 'report it' campaign in summer/autumn 2023, to embed a safe culture of reporting at the Trust
- The Trust's behavioural framework was re-launched in October 2022 as 'Being Humber' which embeds Equality and Diversity standards
- Mentoring Scheme launched at the Trust in February 2023 with a Reverse Mentoring scheme running alongside.
- A deep dive analysis was undertaken examining EDI data in TRAC from recruitment campaigns highlighting opportunities for improvement

As we move into 2023-2024, the Trust's commitment to Equality, Diversity and Inclusion is articulated in the Equality Objectives 2023-24 (Appendix 3).

This provides assurance that work on the EDI agenda will continue to ensure that Humber Teaching NHS Foundation Trust and key stakeholders in the Integrated Care Board (ICB) continue to evolve as inclusive providers of services and as an inclusive employer.

Appendix 1

EDI data relating to the Yorkshire and Humber Region

In East Riding of Yorkshire, the population size has increased by 2.4%, from around 334,200 in 2011 to 342,200 in 2021.

In the 2021 Census, we have seen minor changes to the local demographics.

Ethnic identity across the East Riding of Yorkshire in 2021		
Ethnic origin	**Percentage**	**% Change since 2011**
Asian, Asian British or Asian Welsh	1.1	+0.2
Black, Black British, Black Welsh, Caribbean or African	0.3	+0.1
Mixed or multiple ethnic groups	0.9	+0.2
White	97.3	-0.7
Other ethnic groups	0.3	+0.2

Gender Identity of people over the age of 16 across East Riding of Yorkshire in 2021		
Gender identity	**Percentage**	**% Change since 2011**
Gender identity the same as their sex registered at birth	94.62	Not measured in 2011
A gender identity different from their sex registered at birth	0.29	Not measured in 2011
Did not answer	5.09	Not measured in 2011

Sexual orientation of people over the age of 16 across East Riding of Yorkshire in 2021		
Sexual orientation	**Percentage**	**% Change since 2011**
Straight or heterosexual	91.22	Not measured in 2011
Lesbian, gay, bisexual, or other (LGBTQ+)	2.01	Not measured in 2011
Did not answer	6.77	Not measured in 2011

Religion of people across East Riding of Yorkshire in 2021		
Religion	**Percentage**	**% Change since 2011**
No Religion	39.1	+15.7
Christian	53.3	-14.7
Buddhist	0.3	0
Hindu	0.1	0
Jewish	0.1	0
Muslim	0.6	+0.2
Sikh	0.1	0
Other	0.4	+0.2
Not answered	6	-1.3

Disability of people across East Riding of Yorkshire in 2021		
Disability	**Percentage**	**% Change since 2011**
Disabled under the equality act: day-to-day activities limited a lot	6.7	-1.4
Disabled under the equality act: day-to-day activities limited a little	10	+0.3
No disabled	83.3	+1.1

Age of people across East Riding of Yorkshire in 2021		
Age	**Percentage**	**% Change since 2011**
aged 15 years and under	15.8	-0.9
aged 16 to 64 years	57.8	-4.2
aged 65 years and over	26.4	+5.1

Sex of people across East Riding of Yorkshire in 2021		
Sex	**Percentage**	**% Change since 2011**
Female	51	-0.2
Male	49	+0.2

Appendix 2

EDI data relating to the workforce of Humber Teaching NHS Foundation Trust

In the data report below, the workforce data of the Trust as at 31st March 2023 is presented. The following observations are noted:

Age

In general terms the Trust accepts that it employs an ageing workforce and is developing plans to increase those in the lower age bands via apprenticeship schemes and career development roles.

Age Band	Headcount	%	FTE
<=20 Yrs	20	0.53	12.67
21-25	266	7.04	234.65
26-30	362	9.58	310.26
31-35	448	11.86	367.49
36-40	456	12.07	374.65
41-45	419	11.09	351.38
46-50	473	12.52	393.19
51-55	530	14.03	446.56
56-60	447	11.83	328.76
61-65	261	6.91	160.30
66-70	66	1.75	33.16
>=71 Yrs	30	0.79	12.15
Grand Total	**3,778**	**100.00**	**3,025.22**

Disability

The Trust has seen an increase in the number of staff who are declaring their disability in workforce data however it remains a challenge to enable disabled staff to feel comfortable and confident to disclose. The Trust will continue to raise the profile of the Humber Ability Group to develop a positive and supportive narrative and actions to support our disabled staff.

Disability Flag	Headcount	%	FTE
No	2,761	73.08	2,261.84
Not declared	488	12.92	345.11
Prefer not to answer	36	0.95	31.15
Unspecified	194	5.13	122.29
Yes	299	7.91	264.83
Grand total	**3,778**	**100.00**	**3,025.22**

Religion and Belief

Religious Belief	Headcount	%	FTE
Atheism	812	21.49	696.22
Buddhism	17	0.45	11.68
Christianity	1,479	39.15	1,170.51
Hinduism	16	0.42	13.21
Islam	32	0.85	25.88
Judaism	3	0.08	1.80
Not disclosed	1,038	27.47	782.36
Other	370	9.79	317.90
Sikhism	3	0.08	3.20
Unspecified	8	0.21	2.44
Grand total	**3,778**	**100.00**	**3,025.22**

Marriage and Civil Partnership

Marital Status	Headcount	%	FTE
Civil partnership	49	1.30	45.98
Divorced	260	6.88	213.63
Legally separated	67	1.77	57.09
Married	1,849	48.94	1,434.78
Single	1,317	34.84	1,088.67
Unknown	122	3.23	104.99
Unspecified	68	1.80	46.49
Widowed	46	1.22	33.58
Grand total	**3,778**	**100.00**	**3,025.22**

Sex

Like most, if not all, NHS organisations, the Trust employs a majority female workforce (approx. 79%). Compared to the local population demography, this is by far the largest variance. As an act of positive action, the Trust is advised to consider promoting career opportunities to the local male population.

	Female	Male
Part time	35.89	4.95
Full time	43.70	15.46

Sexual Orientation

Sexual Orientation	Headcount	%	FTE
Bisexual	61	1.61	52.84
Gay or Lesbian	71	1.88	62.85
Heterosexual or Straight	2,930	77.55	2,405.24
Not disclosed	691	18.29	487.84
Other sexual orientation not listed	16	0.42	14.00
Unspecified	9	0.24	2.44
Grand total	3,778	100.00	3,025.22

Race

The Trust is proud to attract employees from a range of ethnic backgrounds and thereby contribute to the cultural diversity of the county.

Ethnic Group	Headcount	%	FTE
A White – British	3,133	82.93	2,561.10
B White – Irish	19	0.50	16.50
C White – Any other White background	57	1.51	46.56
C3 White Unspecified	3	0.08	2.71
CA White English	14	0.37	9.82
CB White Scottish	1	0.03	1.00
CC White Welsh	1	0.03	1.00
CF White Greek	1	0.03	1.00
CK White Italian	1	0.03	1.00
CP White Polish	5	0.13	4.99
CQ White ex-USSR	1	0.03	1.00
CX White Mixed	1	0.03	1.00
CY White Other European	2	0.05	1.80
D Mixed – White & Black Carribbean	9	0.24	7.52
E Mixed –White & Black African	11	0.29	8.80
F Mixed – White & Asian	10	0.26	7.23
G Mixed – Any other mixed background	10	0.26	8.65
GC Mixed – Black & White	1	0.03	0.76
GD Mixed Chinese & White	2	0.05	2.00
H Asian or Asian British – Indian	31	0.82	26.00
J Asian or Asian British – Pakistani	13	0.34	10.68
K Asian or Asian British – Bangladeshi	6	0.16	5.80
L Asian or Asian British – Any other Asian background	7	0.19	4.51
LA Asian Mixed	1	0.03	0.40
LG Asian Sinhalese	1	0.03	1.00

Appendix 3

Progress on Objectives 2022/23 and New Objectives for 2023/24

Patient, Service Users and Carer Equality Objectives 2023/24

A face-to-face workshop was held on 18 May 2023 where patients, service users, carers, staff and partner organisations participated in group work to share what matters most to them in relation to Equality, Diversity and Inclusion. From the workshop feedback, the following priorities have been identified for the Trust to progress during 2023/24.

No.	Priorities	Outcome
1	To strengthen patient demographical data collection to tailor care that meets individual needs.	An enhanced approach to deliver bespoke tailored care to meet individual needs.
2	To further enhance our faith offer to ensure inclusivity.	A strengthened offer to accommodate individual's religious practices.
3	To continue to build and sustain relationships with our diverse communities to fully understand the challenges people face and how we can support to overcome them.	A culture where relationships with our diverse communities are embedded and sustained.
4	To introduce cultural celebration weeks to educate and support people to understand cultural differences.	A greater understanding of the cultural differences including beliefs, behaviours and practices unique to ethnicity and race.

Over the past year the Trust has been delivering on the patient, service user and carer priorities identified in a workshop that took place on 7 April 2022.

The table below highlights progress made on the priorities over the past twelve months.

No.	Objective	Outcome
1	To increase the voice of individuals from all backgrounds by offering more flexibility and different approaches when engaging with the Trust.	• The Trust continues to use Reachdeck (formerly called Browsealoud) accessibility tool on the website. • An online Friends and Family Test survey is now available on the Trust website and can be converted into many languages using the website's Reachdeck toolbar. To support the online form, information on how to access the online form is available on the website in seven of the Trust's most popular languages. • Learning Disability services have health action plans, positive behaviour support plans and accessible plans in paper format and electronic format. • Learning Disability services have the 'My Health Guide' on tablets for Learning Disability patients to allow them to share their own information. • Trust Strategy produced and available in Easy Read. • Patient and Carer Experience forums and events taking place virtually via MS Teams and face to face. • Additional iPads have been purchased to help our Learning Disabilities patients access Microsoft Teams meetings. Patients are now able to attend virtual meetings with support from the Engagement Lead for Learning Disabilities and Autism. Workshops and other feedback sessions have realised an increase in engagement since the IPads have been introduced. • Talking Mats have been introduced in the Trust's Learning Disability Services. They come in two formats (digital and physical) and include a range of images and tiles to describe most situations that may be encountered in everyday life.
2	To improve digital inclusion methods to support individual needs.	• The Trust continues to use Microsoft Teams when engaging with the public. Patient and Carer Experience forums and the Humber Youth Action Group are using this platform which is proving to encourage accessible participation across all age ranges. • Children's and Young Peoples services are using Canva to create marketing resources and social media assets. • MS Forms have been introduced across all services to create surveys to support the gathering of information and experiences to help shape and improve our services and the care we deliver. • Several services are using the Bridgit Care App to support patients, services users and carers (including young people and their families), to access support, care plans and information.

No.	Objective	Outcome
		• ChatHealth – The East Riding 0-19 Service has introduced ChatHealth. ChatHealth is a confidential text messaging platform for young people aged 11-19 (up to 25 for those with special educational needs and disabilities) to access specialist school nursing support and easily accessible information. • Parentline – Both the Hull and East Riding 0-19 service are launching Parentline which is a confidential text messaging system for parents and carers and will provide families with an accessible way to access specialist health visiting advice and support, as well as reliable information. This is especially valuable to more vulnerable parents who may wish to remain anonymous when seeking advice and support. • Learning Disability services have health action plans, positive behaviour support plans and accessible plans in paper format and electronic format. • Learning Disability services have the 'My Health Guide' on tablets for Learning Disability patients to allow them to share their own information. • The Carers Champion training is accessible for all Trust staff via ESR. The training helps identify unpaid carers, raise awareness in our services, families or community and helps individuals to signpost a carer to the support available from local carers support organisations. • Talking Mats have been introduced in the Trust's Learning Disability Services. They come in two formats (digital and physical) and include a range of images and tiles to describe most situations that may be encountered in everyday life. It is anticipated that by providing an alternative and effective means of communication will improve the way in which our service users can express their needs from both a medical and a social perspective. • The Trust gave away goody bags at Hull Pride 2022 to everyone who completed a short survey to share their views on how they would like to be engaged with the Trust during the next five years. Responses helped to inform the Trust's Patient and Carer Experience Five Year Forward Plan (2023 to 2028).
3	To further develop systems and processes to encourage young people to actively engage with the Trust.	• The Trust's Humber Youth Action Group continues to grow from strength to strength enabling young people to shape and co-produce services as well as provide an opportunity for individuals to learn about the Trust and develop new skills and knowledge. • There are plans are in place to launch the Humber NHS cadets programme, with the aim to involve groups of young people who are less frequently heard or less engaged with services, to learn more about the Trust and consider a career in healthcare. • Development of a coproduced Youth Recovery and Wellbeing College is underway and will offer virtual participation sessions for young people to support their emotional wellbeing and self-care.

No.	Objective	Outcome
4	To continue to strengthen data collection processes to better understand the demographics of the people accessing our services.	• In November 2022 the Trust launched a clinical template for collecting demographical data including protected characteristics and health inequalities. The template has been designed to improve the quality of demographical data reported into the Trust's clinical systems (SystmOne and Lorenzo). It is anticipated that this additional template will support staff to ask more qualitative questions about an individual's protected characteristics and/or health inequalities. By asking additional questions will provide the Trust with more robust demographical data about our patients and service users which will help to inform the Trust on who our patients and service users are. This will help the organisation to engage and involve our wider community in Trust activities (e.g. forums and quality improvement initiatives).

Progress Against Workforce Equality Objectives 2022/23

2022/23 Objectives	Progress made
The application of rigor and transparency in the negotiations of starting salaries for medical staffing posts.	Process for agreeing starting salaries established and made clear during 2022/23.
Deliver Recruitment and Selection training for managers.	Recruitment and Selection Training delivered internally to recruiting managers covering ED&I issues within the recruitment process.
Deliver Bullying and Harassment awareness training to managers.	Scope of internal Bullying and Harassment Training under development, with access to external provision throughout 2022/23.
Revise the Clinical Excellence Awards (CEA) Policy to ensure that it is transparent and eliminates potential bias. From 2022 these are referred to as Clinical Impact Awards.	Clinical Excellence Awards have been agreed as equal distribution for 23/24, with work underway to deliver Clinical Excellence Awards through competitive rounds going forward. A policy and process currently in development.
Introduce a mentoring scheme across the Trust.	Mentoring Scheme launched at the Trust in February 2023 with a Reverse Mentoring scheme running alongside.
Provide career coaching.	Career Coaching for women is being explored to be delivered in 23/24.
Continue to improve the recording of personal data and protected characteristics.	The Trust has made significant progress since November 2021 in improving representation in the Trusts workforce from a range of communities such as those from a black and global majority community (+1.59%), disability (+1.53%) and LGBTQ+ (+1%).
Campaign to communicate the range of ways in which colleagues can speak up relevant to the concerns they have.	The National Centre for Diversity (NCFD) carried out a cultural assessment to enable the Trust to better understand its progress across the EDI agenda. An outcome of the audit is the delivery of a 'report it' campaign in summer/autumn 2023, to embed a safe culture of reporting at the Trust.
Revise the disciplinary policy and procedure.	A revised disciplinary policy was launched in 22/23.
Revise the bullying and harassment policy and procedure.	A revised bullying and harassment policy was launched in 22/23.
Revise the sickness management policy and procedure.	A revised managing attendance policy was launched in 22/23.
Amend the Trust behavioural standards to expand on the Equality and Diversity standards.	The Trust's behavioural framework was re-launched in October 2022 as 'Being Humber' which embeds Equality and Diversity standards.
Chair of the Workforce and OD Committee to periodically attend the Trust Equality and Diversity (Workforce) Group.	The Steering Group welcomed the Chair of the Workforce & OD Committee on a number of occasions throughout 2022/23.

Workforce Equality Objectives 2023/24

The following workforce equality actions have been developed through analysis of Trust data and reporting of the Gender Pay Gap, the Workforce Race Equality Standard (WRES), the Workforce Disability Standard (WDES) as well as the Staff Survey.

No.	2023/24 Objective	Outcome	Driver
1	Analysis of applications to work for the Trust show that males, and disabled people are underrepresented compared to the communities we serve. Targeted recruitment and advertising actions to be established to attract those underrepresented to the Trust.	Improving the representation of males, and disabled people in the workforce will bring the Trust in line with the communities we serve.	WDES/ Gender Pay Gap
2	To achieve the NHS Rainbow Badge Accreditation.	Accreditation with NHS Rainbow Badge Scheme will demonstrate the Trust has a workplace culture that is fully inclusive of the LGBTQ+ community.	Staff Survey
3	To deliver upon the actions following the NCFD cultural audit, by implementing a Respect campaign.	Delivery of a 'report it' campaign with the aim of providing support to report incidents by ensuring respect and dignity is at the heart of what we do.	WRES/ WDES
4	Move from disability confident employer to disability confident leader status.	Accreditation as a Disability Confident Leader will demonstrate the Trust has a workplace culture that is fully inclusive of the disabled community and reinforces the excellent progress made in the Trusts WDES metrics.	WDES
5	ED&I Workforce Lead, in collaboration with HRBPs, to review advertising strategy for band 7 – VSM.	This will ensure roles are advertised widely and targeted towards more diverse candidates, improve advert quality with regard to diversity, and ensure band 7+ roles are advertised to diverse candidates.	WDES/ WRES
6	Launch the Respect anti bullying campaign across the Trust.	This will be aimed at patients and service users as well as staff. In line with Trust policies, Respect posters will be displayed in all service areas, with links to key policy documents and staff contacts.	WDES/ WRES
7	Use available communications channels to showcase success stories and promote the Humber High Potential Development Scheme, the Leadership and Senior Leadership programmes, and NHSI targeted development to our BAME, Disabled and LGBTQ+ staff.	This will ensure our development opportunities are made widely available to all colleagues with protected characterises.	WDES/ WRES

No.	2023/24 Objective	Outcome	Driver
8	Through our governance structures, support and empower our Race Equality, LGBTQ+ and Disability Staff Networks to work with BAME and Disabled staff on the development of the WRES/ WDES action plan, and development opportunities.	This will enable our staff networks to maximise the impact and the involvement of all Disabled, LGBTQ+ and BAME colleagues, so they are valued and thrive within an inclusive and compassionate workplace.	WDES/ WRES/Staff Survey
9	Continue to deliver Trust bullying and harassment awareness training for managers.	Through using Trust WRES/WDES data to contextualise concerns with organisational priorities we can improve the understanding of bullying and harassment and its reporting across the Trust.	WDES/ WRES/Staff Survey
10	Continue to drive the process to reduce the number of 'unspecified' entries in staff records.	This will allow the Trust to continually improve the accuracy of our workforce data around protected characteristics.	WDES/ WRES/Staff Survey
11	Ensure high visibility of the Trust Behavioural Standards framework.	This will ensure the Trust maintains high expectations of staff in their interactions with colleagues.	WDES/ WRES/Staff Survey
12	Deliver and monitor female participation in Career Confidence Coaching sessions.	This ensure that we have a focus on supporting our female colleagues through their career journey in the organisation.	Gender Pay Gap
13	Moving away from equal distribution local clinical excellence awards and implement an assessment-based approach.	This will ensure fairness and proportionality in awarding clinical excellence payments.	Gender Pay Gap
14	Ongoing analysis of recruitment EDI data.	This will ensure we refine inclusive recruitment practices, building on existing strategy, tools, resources and local promotion and recruitment practices to engage and employ applicants and retain employees from all communities.	Gender Pay Gap
15	Embed and monitor the newly launched mentoring programme to take an intersectional approach to identifying collaborative actions.	This will support pay equality encouraging increased uptake from female staff.	Gender Pay Gap
16	Develop a succession planning process.	This will provide balance in the promotion, succession planning and development opportunities.	Gender Pay Gap

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Agenda Item 28

Title & Date of Meeting:	Trust Board Public Meeting 27 September 2023
Title of Report:	Trust Winter Plan 2023/24
Author/s:	Claire Jenkinson, Deputy Chief Operating Officer
Recommendation:	

To approve		To discuss	✓
To note		To ratify	
For assurance	✓		

Purpose of Paper:	The Trust Winter Plan for 2023/24 provides an overview of the winter planning process undertaken, the key issues that are likely to impact on our operational response and the plans developed to mitigate the service pressures and risks anticipated for this winter. A detailed operational plan for Winter 2023/24 has been reviewed and approved by the Executive Management Team.

Key Issues within the report:

Positive Assurances to Provide:

- The Trust plan has been developed with Place and system partners to identify a range of actions to mitigate the impact of Winter 2023/24
- That the ICB objectives have been considered and addressed in the plan where they are appropriate
- The plan has been predicated on operational capacity and demand modelling that has considered seasonal variation, covid, flu and respiratory virus prevalence, staff availability, impact of adverse weather and ongoing industrial action.

Key Actions Commissioned/Work Underway:

- The plan details the range of work in place and underway to address the impact of winter 2023/24 on the operational delivery of services.

Key Risks/Areas of Focus:

- System pressures have remained high during 2023.
- Overall demand on Trust services continues to be high in some areas,
- Winter pressures are likely to be compounded by ongoing industrial action and the expected prevalence of C19 and flu.
- Maximising staff availability is critical to mitigating the adverse impact of winter pressures.
- Cost of living pressures continue to have

Decisions Made:

- N/A

impact on our patients and our staff.	

Governance:					
		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	22nd August 2023
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Monitoring and assurance framework summary:

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

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

Humber Teaching NHS Foundation Trust

Winter Plan – 2023/24

1. Introduction

This year's winter plan has been developed with the expectation that services will continue to work with the ongoing service demand pressures during the winter months alongside potential industrial action and continuing infections such as Covid19 and seasonal flu. It has been produced to support the Trust's services response to Winter 2023-24 recognising that the period will once again be challenging with anticipated high demand including pressure on community and inpatient capacity, and gaps in local workforce. The plan takes into account normal winter pressures but also the continuing demand placed upon the Trust by its response to Industrial Action. The plan has been developed aligned with the wider NHS Humber and North Yorkshire System Winter Resilience Plan and has taken into consideration the lessons learned across the system from the previous winter.

A lack of capacity across the NHS has an impact on all areas of the system and it is essential that access to primary care, community health services and mental health services for urgent patients is sufficient to ensure patients do not always need to present to emergency services.

The plan sets out a summary of the key elements that have informed our planning and preparedness demonstrating that our approach to planning for the coming winter is robust. However, it is acknowledged that the complexities of planning for ongoing infections and winter seasonal pressures make this winter likely to be as challenging as recent winters. Planning for the coming winter started early, recognising pressure on the NHS is likely to be substantial and across all areas of the NHS, the need for collaborative working across all providers is paramount to ensure that the whole system is managing the flow of patients and ensuring service delivery.

In developing the Winter Plan, the following Integrated Care Board (ICB) objectives have been considered in all the Trusts plans:

Mental Health

- Continue to maintain crisis services for adults, older people and children to reduce reliance on A & E services.
- Work with A&E to continue to ensure processes are in place for assessment and onward support.
- Ensure maximum uptake of vaccinations for the populations, both inpatient and community.
- Review demand, activity, workforce and capacity in mental health provider pathways, sharing the outcome of mental health pressures and where support may be required to alleviate pressure on both mental health and UEC pathways.
- Continue to ensure there is access to emergency housing funds by working with local authorities, to enable discharge of patients with no fixed abode (NFA) to ensure that they can be supported with follow up crisis / community care and support.
- Continuing to optimise flow through mental health inpatient settings through system-wide focus on reducing delays. Working collaboratively with social care and other system partners who play a key role in timely discharge.

- Continuing to raise profile of all-age 24/7 urgent mental health helplines and other complementary crisis support services, ensuring delivery of NHS 111 'select mental health option' and working towards crisis text line implementation.
- Continuing support of children and young people with mental health needs in acute paediatric settings
- Maximise the uptake of training on learning disability and autism appropriate to their role.

Community Bed Productivity and flow

- reducing variation in inpatient care and length of stay by implementing in-hospital efficiencies and bringing forward discharge processes.

Care transfer hubs

- Align processes and protocols with standard operating procedures for care transfer hubs to reduce variation, minimise discharge delays, maximise access to community rehabilitation and reablement and optimise 7-day working. Provide timely data where needed by care transfer hubs to support governance, operational grip and decision-making.

Primary Care

- Ensure plans are in place to maintain access to primary care services between 18 December 2023 and 8 January 2024, including ensuring Bank Holiday
- Ensure tools are in place to understand demand, activity and capacity in primary care, through OPEL reporting, which will be shared across the system.
- Through working with the ICB and other system providers, ensure additional capacity is in place to respond to a surge in demand for primary care services.
- Ensure proactive identification and management of people with complex needs and long-term conditions, so care is optimised ahead of winter.
- Work with the ICB to develop system plans and communication strategies to maximise the role of general practice and community pharmacy.
- Lead delivery of actions from the Primary Care Recovery Plan that will support winter pressures.
- Implementing modern general practice

Overall plan objectives:

- To manage anticipated operational pressures and provide safe, high-quality services for patients including effective management of infection, ensuring patients are seen in the right place and right time, whilst maintaining privacy and dignity, across all areas
- To achieve and maintain key areas of service performance.
- To provide assurance that robust plans are in place.
- To maintain a healthy workforce by reducing risks of sickness and absence and increasing staff attendance at work, including providing flu and covid vaccinations to frontline staff
- Identify opportunities/actions to respond to system surge throughout the winter months.
- To work with system partners to escalate and respond to service and system pressures.
- To support the delivery of our restoration plans and share best practice.
- To respond to national guidance

The Winter Plan will continue to be overseen by the Service Planning and Transformation Group to align winter planning with the annual service planning cycle. The Project Management Team will work with Divisions to support where necessary with the implementation of Winter Plans. Progress against the plan will be monitored by the Operational Delivery Group with escalation to the Executive Management Team (EMT) and the board as necessary.

The development of the plan has also ensured that the following factors have been considered and included:

- Impact of winter on waiting list performance
- The impact of delayed transfers of care (DTOC) on bed availability and patient flow
- Staff availability due to vacancies and turnover
- Trust objectives to reduce agency spend.
- Adverse Weather

The Trust will continue to work with our partners, utilising agreed standard OPEL (operational escalation levels) reporting protocols and agreed system triggers to determine when mutual aid and joint working arrangements may be required. The Trust continues to work closely with our wider system partners across a wide range of forums and the work is focussed on ensuring robust joint working and communication mechanisms are in place to respond to system surge and complex case needs when the winter period commences. Winter Planning meetings have been held and led by the ICB to determine the likely demand and capacity of services over the coming winter and to agree schemes in response to this. The Humber and North Yorkshire ICB will advise NHS England of the outcome of this planning in their overarching plan.

This summary paper will set out the key elements that have informed the Trust planning and preparedness, that the approach to planning for the coming winter is robust, however that the complexities of planning for an ongoing impact of the pandemic, winter seasonal pressures and the cost-of-living challenges, make this winter likely to be more difficult than the previous year. The detailed Winter Plan which sets out the action that is planned and will take place for each division and corporate area has been reviewed and approved by the executive management team.

2. Emergency Preparedness, Resilience and Response (EPRR)

In support of our Winter Planning, the EPRR team have developed a Trust wide Business Continuity Plan which includes all plans that have a broader trust wide implication and that require a trust wide coordinated response. This compliments the review of the operational business continuity plans that were revised to ensure their robustness during the last year.

The Core Standards Peer Review with the ICB is currently underway. The Standards have undertaken a significant revision, with two major changes being incorporated that include the requirement for all On call personnel (Bronze, Silver and Gold) to undertake a range of training and to maintain portfolios to demonstrate ongoing competence.

The Trust operational Sitrep reporting has been revised to reflect the Opel reporting level of all of our Trust services. The Opel triggers have been reviewed with the clinical Divisions and these will be aligned with reporting across the ICB when a standard has been agreed.

3. Performance, Demand and Activity

The Trust continues to work closely with colleagues across Humber and North Yorkshire Integrated Care Board and locally at Place, to effectively shape the service responses to expected Winter pressures for 2023/24. The objectives set by NHSE and the ICB have helped to shape the Winter response by the Trust.

The Divisions and their service areas have developed detailed draft plans for review and challenge prior to their final submission and incorporation into the systemwide Winter Plans.

An overview of the key issues and their mitigations are detailed in the following sections.

Mental health acute care pathway

Acute Hospital Urgent and Emergency Care (UEC) has continued to experience pressures with levels of activity remaining high during the summer months. UEC Ambulance activity levels have also continued to be high.

Services have continued to work closely with system partners to ensure patient flow is maximised through the acute care pathway. Key to this has been the introduction of Emergency Department Mental Health Streaming through the recently developed Humber Suite. This suite enables patients, within a set criteria, to be streamed from the Emergency Department to a dedicated area more suitable to support the patient through their acute care pathway. The service that went live in July 2023 is being evaluated to determine how to increase flow through the facility by reviewing activity levels and the exclusion criteria.

The flow of patients through the Trusts acute mental health care services generally performed well last winter significant to this was:

- Treatment bed occupancy remains high but is managed well.
- Length of stay in beds remains stable though slightly increased on 22/23
- Out of Area Placements saw a significant improvement, however, complex case pressures led to an increase over the first 6 months of 2023.
- Block purchase of out of area beds mitigated bed reduction due to infection, prevention and control cohorting requirements.
- Levels of Delayed Transfers of Care (DTOC) increased during the first 2 quarters of 2023 with improvements becoming evident in quarter 3.

Since last winter, bed occupancy has remained high but managed well, length of stay has remained stable, however, 2023/24 has seen a challenge to meet the demand requirements on beds and an increase on Out of Area Placements has been experienced. This partly relates to the significant rise in the number of delayed transfers of care (DTOC), which predominantly is due to patients waiting for specialised hospital or residential placements. This has an adverse impact on bed availability and patient flow through our acute mental health beds.

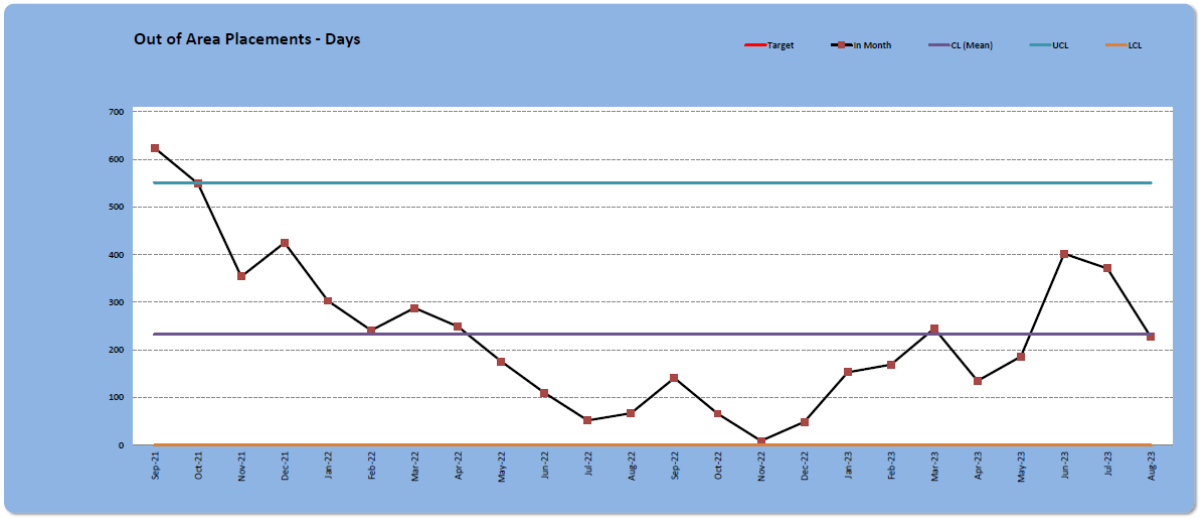
The service has continued to manage this through the following mechanisms:

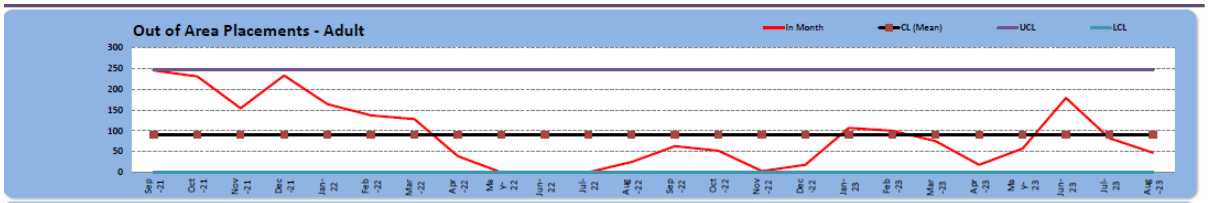
- Daily escalation meetings with the bed management team
- Utilise step down beds where this is clinically appropriate.
- Work closely with Place partners and local authorities to resolve the large number of complex DTOCS.
- Use the system escalation mechanisms in place.
- To ensure that the out of hospital urgent and emergency mental health pathways are optimised.

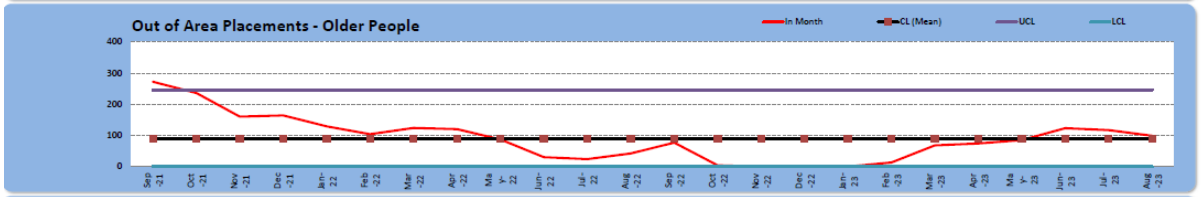
In addition to this, the following additional initiatives are in place:

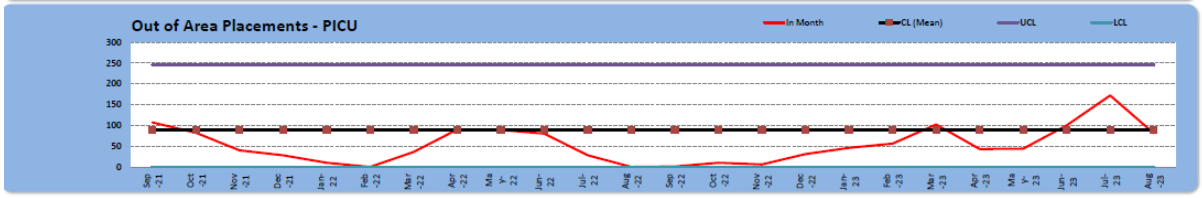
- dedicated DTOC escalation meetings in place to maintain the focus on reducing delays.
- a transformation programme developed to focus on opportunities to reduce length of stay and avoid DTOC.

Some improvement in the DTOC numbers has been experienced and efforts will continue to further reduce the levels to remain within usual levels of variation.

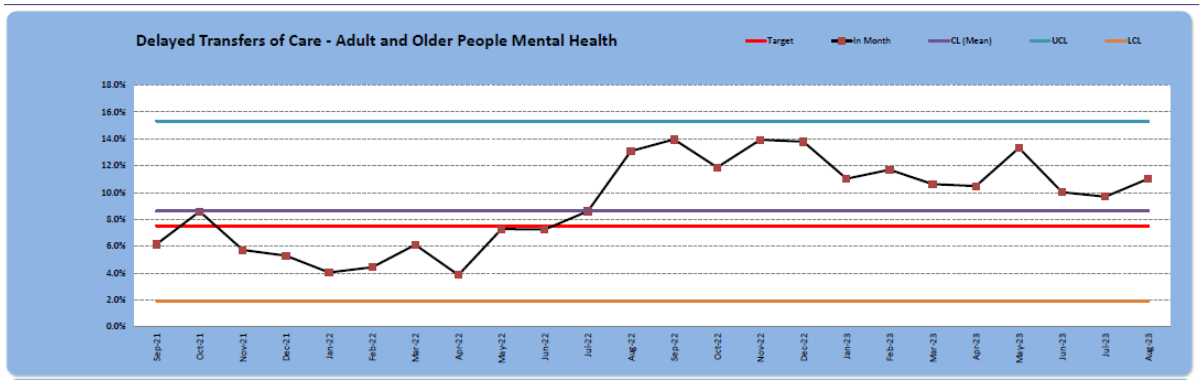


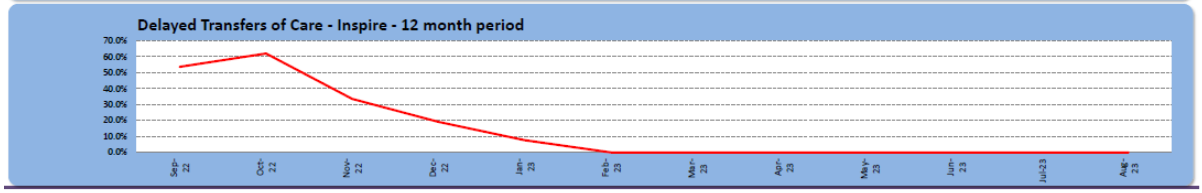






To support the reduction in the use of out of area placements and delayed transfers of care the division plan to introduce new “Step Up” beds (provided in the third sector) over the winter months that will be managed by the mental health Crisis and Home Treatment Teams to further support the avoidance of admissions to mental health acute beds. Additionally, to optimise patient flow additional “Step Down” bed capacity with the third sector is being planned together with a review of older age functional bed availability with system partners which will help to address the pressures anticipated during the Winter of 23/24.





The Mental Health Advice and Support Line which works in integration with MIND continues to be available 24 hours a day, 7 days a week and is free to access for anyone over the age of 16 who lives in Hull and the East Riding of Yorkshire (ERY). The performance of this crisis service continues to be good and meeting the key performance indicators for access.To further enhance access to the crisis line, the service is leading a pilot that is underway working with NHS 111 to enable them to direct patients straight in the Mental Health Crisis Line when necessary.

Service changes remain in place to enhance the mental health pathways for adults and older adults and avoid admission to hospital. The Acute Community Service continue to have a positive impact on reducing admissions and the home treatment element of the crisis pathway for older people is being enhanced.

The dedicated mental health response vehicle that is provided by Yorkshire Ambulance Service (YAS) is now established and is supported by a mental health practitioner, this has demonstrated its effectiveness at diverting people from the Emergency Department and treated outside of the hospital setting.

Childrens and Learning Disability Services.

A number of significant developments have occurred across CAMHS and LD Services that will have a positive impact on patients and service delivery and will also ease pressures relating to patient admission avoidance and flow during the Winter of 23/24.

A review has taken place of the current overall Children and Young Peoples inpatient provision, the service is meeting the local need for beds by maximising capacity and responding to the need for inpatient support for those experiencing eating disorders, including the provision for naso-gastric feeding for those who require it. To further support the pressure seen nationally for eating disorder support for young people, the division are mobilising a new intensive community service focussed on avoiding admission and supporting early discharge.

The service continues to work hard to reduce the need for an in-patient admission providing intensive intervention to the young person, supporting parents and other agencies involved including social care, education and acute hospital settings. Additionally, in order to support autistic people who are in a mental health crisis, a specialist service is being developed through Transforming Care Programme (TCP) funding that will inreach into mental health crisis services to support the needs of autistic people.

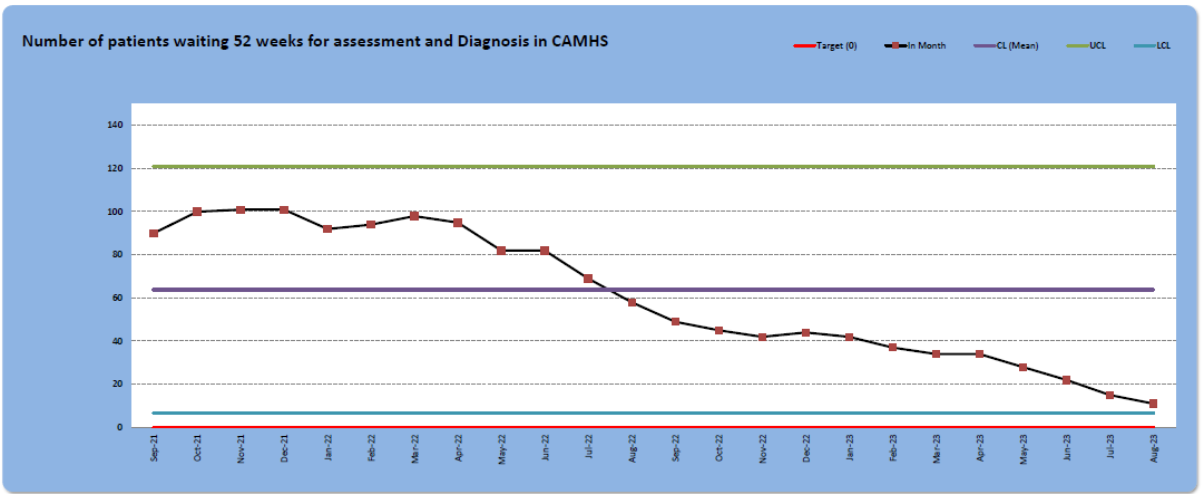
The now established inreach Service into the acute hospital to support patients in need of mental health care whilst also receiving physical health treatment continues and has been successful. The children's Safe Space (crisis pad) was established and funding was secured for the facility into 23/24 to continue to support avoidance of hospital admission. This service provides a place of safety and sanctuary for Children and Young People (CYP) experiencing acute emotional distress/crisis. It was provided in partnership with a third sector provider. The service has reviewed the admission criteria to the facility in order to maximise the benefits that the service can provide to young people.

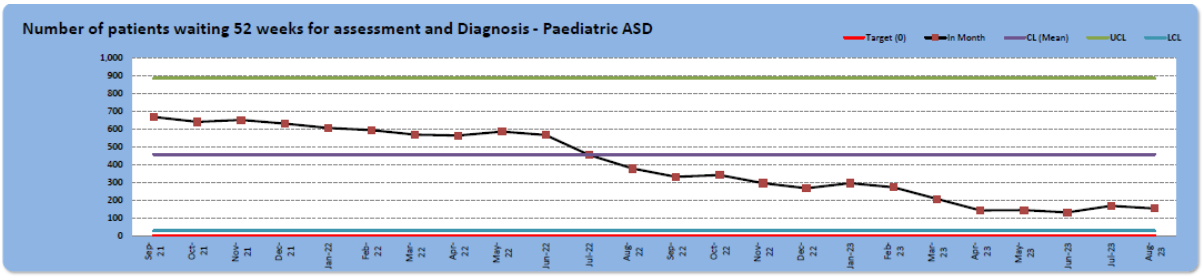
A weekly review of waiting times and the development of recovery plans based on demand has been developed and gap analysis have been completed. All services are reviewing pathways and practices to consider where opportunities to improve productivity can be achieved. The CAMHS service have recently embarked on a project with CLEAR. Clear is a workforce transformation programme which is being rolled out across other ICS's, it is an integrated learning and working programme for clinicians to develop new skills in data science, transformation and leadership whilst delivering redesign projects in the NHS. The programme focuses on patient outcomes and system efficiency by using the experience of both patients and staff to reduce unwarranted variation in access and outcomes.

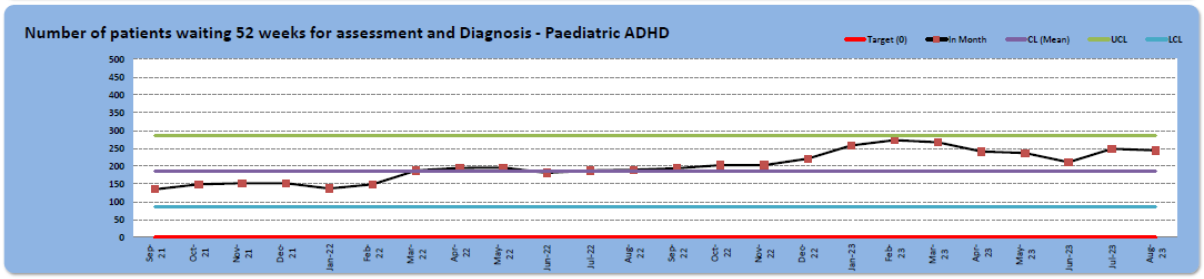
The Neurodiversity Transformation project continues and is working closely with an independent sector provider to maximise capacity. Pathways have been revised to ensure

efficiency and productivity in an attempt to effectively meet the needs of the patient group. Demand to these services continues to grow and the transformation group continue to review the levels of capacity required to meet the service need. The service and Trust have invested to support the service recovery and work is underway at Place and ICB to consider a system wide response to the continued increasing demand on the service.

Progress on the key areas of wait within CYP are detailed below and the impact being made on those long waiting patients can be seen.







Work will continue with multi agency partners to support children presenting with emotional health issues; digital first interventions remain key to this and face to face interventions offered using a clinical risk-based approach.

Robust duty systems will be maintained for 0-19 children's single point of access, neurodiversity front door and Core CAMHS service to ensure the service responsiveness is optimised.

Community Beds and Community (Physical Service) services

The service developments and improvements have continued to take place in our community services in North Yorkshire over the last twelve months to prevent acute hospital admission and support timely discharge. These include:

- Urgent Community Response (within 2 hours) has been implemented across all community services and a new clinical coordinator role has been embedded.
- Virtual Ward development has been operationalised with 10 beds in place, with plans to move to 15 beds by October 2023 and 25 by Q4 - phase one is for Scarborough community with wider rollout for Whitby, Ryedale and Pocklington expected.

- Frailty pathway development is embedding and maximising appropriate holistic assessment and advance care planning.
- Overnight community nursing service provision across all community areas with a focus on palliative care and hospital avoidance.
- Continued focus on inreach and support to care homes to avoid hospital admission.

The service introduced a number of changes to maintain and improve patient flow and to support timely acute hospital discharge including a daily review of Delayed Transfers of Care patients and maintaining timely discharges especially at weekends. These will be maintained during Winter 2023/24.

Delayed Transfers of Care are high within our community inpatient beds in Malton and Whitby; escalation meetings with North Yorkshire City Council are in place to improve patient flow and ongoing work with HNY ICB regarding No Criteria To Reside. Work in partnership with York and Scarborough acute hospitals to ensure beds are optimised to support effective acute step down, including optimising utilisation of the Virtual Ward will remain a focus.

The Hospital Discharge Service has been introduced 7 days a week to aid patient step down into community beds and, whilst an inpatient, all patients continue to receive therapy 7 days a week to achieve timely discharge. The inpatient wards adopted the 5 elements of the SAFER patient flow bundle to aid reduced length of stay, this evaluates whether the patient's planned day is adding value to the patients care. To support this efficient discharge, the implementation of the Trusted assessor or D2A model has been adopted to avoid duplication of assessments and improve the patient experience.

Increased support has been provided to nursing homes with the alignment of named District Nurse and therapists for each home and the implementation of an MDT/virtual ward round with primary care. The use of pharmacists is being extended into care homes to ensure the effective administration of medicines and their management. Additional training to care home staff will continue to maximise the level of care the home is able to provide to residents and patients in order to support ongoing demand.

Several schemes have been developed with a specific focus on managing demand, these include:

- Scoping and development work with North Yorkshire County Council to improve the pathway 1 offer – new monies for maximising therapy/ reablement workforce and pathways.
- Implementation of 'Right to reside / Home today why not?' Adult Discharge and choice policy in community inpatient units.
- Non-medical model being developed to include further Advanced Clinical Practitioner (ACP) roles in inpatient wards.
- Expansion of Intermediate Care Team capacity across Scarborough and Ryedale with development of a similar model across Whitby/Pocklington
- New roles within community developments, extending the scope and number of ACP roles.
- Embedding model of Band 7 senior cover across 7 days as standard operating practice.
- Improving internal clinical systems to ensure safe, effective, and efficient systems and processes.

Primary Care

The service pressures across Primary Care remain high, to ensure the services remain responsive to these, the clinical leadership is being strengthened to drive forward changes and support efforts to recruit GPs into vacant posts. A strategic approach to Primary Care has been developed to respond to the ongoing challenges, the most significant of which is the availability of the clinical workforce. This approach is now being implemented to ensure

that the practices are sustainable, the plans are progressing in partnership with Primary Care Networks and Place partners.

The Division is currently working with the practices to increase the face-to-face appointment offers to patients when requested, whilst also reviewing the digital offer to expand video consultations to complement the current telephone appointment offers in place.

4. Vaccinations

Continuing to protect our work force and our patients from the impact of seasonal flu and Covid 19 is a priority for the Trust. A project team has developed a delivery plan for the vaccination programme for flu and Covid 19 boosters with plans to commence from September 2023. Staff will have the option to receive their covid booster vaccinations and their seasonal flu vaccination at the same time within selected clinics provided by our pharmacy team and occupational health. Flu vaccinations will be delivered by peer vaccinators in all work and clinical areas throughout the campaign.

Progress of the programme will be reported on a routine basis in order to focus on maximising uptake for both staff and patients.

5. Workforce

Ensuring the availability of effective and flexible staffing levels is a significant priority for the Trust. In order to achieve this, the Divisions supported by their HR Business Partners will focus on ensuring the expansion of number of bank personnel in anticipation of the Winter months with targeted recruitment in those areas of most need. A recruitment fair is being planned for Health Care Assistants (HCA) and an increased level of newly qualified nurses will be onboarded from September 2023.

Work continues on reducing the number of vacancies, improving staff turnover rates and reducing sickness absence remains a high priority and is overseen through local operational delivery groups and the Patient Care, Performance and Accountability Reviews. The Trust has maintained agile/remote working where possible to support staff wellbeing whilst also reducing infection risk.

There has been a focus on international recruitment for medical staff and the Trust worked closely with the ICB and system colleagues on an initiative in partnership with the Indian government to recruit medical personnel and qualified health professionals, the outcome of this initiative sees the commencement of four medics joining the Trust from the State of Kerala in India. The onboarding of these personnel is taking place over September and October 2023.

The Divisions are again developing their own peripatetic teams of health care assistants who can be deployed across services to mitigate immediate roster gaps as required after the success of this initiative during Winter of 22/23. These approaches will support the reduction in the reliance on use of agency staff. The Divisions continue to work closely with the Flexible Workforce Team to meet their temporary staffing requirements.

6. Infection Prevention and Control (ICP) Measures

The Trust will continue to work within the guidelines for management infection prevention and control ensuring transmission of any outbreaks are minimised. Managers will be encouraged to make risk assessed decisions when re-deploying staff to other service areas to minimise any risk of transmission. We have identified areas for isolation of patients on their home wards who test positive with Covid19. There is a dedicated area on the Trust intranet ensuring that up-to-date guidance and information is easy to access and teams across all services of the Trust are up to date with IPC policy and plans in relation to Covid19, flu and any other communicable diseases.

7. Risk of Industrial Action

During 2023 a number of NHS trade unions balloted their members to take part in industrial action; this included GMB, Unison, RCN and CSP. These ballot thresholds required 50% of participants to ballot with at least 40% required to respond 'yes' to support the industrial strike action. HTFT whilst unaffected directly due to the ballot outcome, planned and monitored the system impact through Silver Tactical.

The BMA continue with planned strike days for our medical staff with 48 hours planned on 19/20 September 2023 and 72 hours planned from 2-5 October 2023. These dates will see the first joint action by Consultants and Junior medical staff.

The Medical Directors office and the Emergency Planning Team have worked collaboratively in all instances of strike action to develop plans to mitigate against the action taken by affected personnel. To date there have been 5 periods of industrial action by junior doctors and 2 periods for Consultant personnel, which have been managed well by the Medical Directors office and Silver Tactical Command.

8. Adverse Weather

Adverse weather has been considered as part of our winter planning. Our Severe Weather and Winter Plan has been reviewed considering the learning which occurred during covid. Agile working is now a well-established approach for staff, which has been found to improve productivity overall and to mitigate the risk that severe weather poses for travel. The availability of all wheel vehicles to support the transport of frontline staff remains in place.

9. Conclusion

Winter 2023/24 is expected to result in significant challenges across the system. This together with the compounding levels of demand, staff availability and ongoing industrial action will result in this potentially being a period of very high challenge.

The services will continue to use their experience and the known effective initiatives to mitigate these risks and to support the ICB with successful winter initiatives.

The focus on staff recruitment, improved FWT access, turnover and wellbeing, coupled with the effective delivery of the vaccination campaigns will help maximise resource availability to enable services to be effectively maintained and to support the wider system with the pressures anticipated during the Winter of 2023/24.

The daily situational reporting of services operational pressures will continue to allow us to respond more quickly and effectively to those areas which may need focus due to staff availability and surge whilst enabling the system to understand the position of the Trust overall during this challenging period.

Our winter demand and predicted modelling will be monitored through our daily sitrep reporting processes in order to identify and respond to pressures quickly across services, ensuring we are clear what our level of pressures are, allowing us to communicate these to the wider system effectively and either respond with or receive mutual aid as necessary.

NHS
Humber Teaching
NHS Foundation Trust

Agenda Item 29

Title & Date of Meeting:	Trust Board Public Meeting – 27 September 2023
Title of Report:	Rotational Report on Safe Working August 2023
Author/s:	Name: Dr Mohammed M Qadri Title: Consultant Forensic Psychiatrist & Medical Psychotherapist, Humber Centre - Guardian of Safer Working
Recommendation:	

To approve		To discuss	
To note	✓	To ratify	
For assurance			

Purpose of Paper:	To inform the board of rota gaps and vacancies and issues relating to the safe working of junior doctors.

Key Issues within the report: Junior doctor having to cover both day rotas due to sickness call on that day

Positive Assurances to Provide: • Continued low numbers of exceptions reported.	**Key Actions Commissioned/Work Underway:** • Discussion at monthly consultants meeting. • Meeting with Junior Doctors Committee scheduled.
Key Risks/Areas of Focus: • . Managing sickness call during on call shifts	**Decisions Made:** • Agreed for system to be highlighted to escalate sick calls to on call manager and on call consultant.

Governance:

	Date		Date
Audit Committee		Remuneration & Nominations Committee	
Quality Committee		Workforce & Organisational Development Committee	
Finance & Investment Committee		Executive Management Team	14.08.23
Mental Health Legislation Committee		Operational Delivery Group	
Charitable Funds Committee		Collaborative Committee	
		Other (please detail)	

Monitoring and assurance framework summary:

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

Caring, Learning
& Growing Together

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

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

Rotational Report on Safe Working August 2023

The Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) require the Trust to produce quarterly reports on rota gaps and vacancies.

This Report on Safe Working Hours for doctors in training looked at period from April 5th 2023 to August the 1st 2023.

As of April 2023, rotation

- Full-time Core Trainees: 16
- LTFT Core Trainees: 3 (one at 70%, one at 60%, one at 50%)
- Full-time LAS Doctors: 0
- FY1s: 7
- FY2s: 5
- 6-month GP Trainees: 7
- 4-month GP Trainees: 0
- Higher Trainees: 10

These numbers include the 4 CT's that we have on maternity leave, and one CT on long-term sick leave.

Exception Reports (ER) over past quarter 05/04/23 - 01/08/23

Total number of exception reports received 3
Number relating to immediate patient safety issues 0
Number relating to hours of working 2
Number relating to pattern of work 0
Number relating to educational opportunities 0
Number relating to service support available to the doctor 1

Guardian of Safer Working Report

This quarter has seen no significant issues related to the rota. The situation remains consistent with the previous quarter with three exceptions being raised during on call shifts. Notably, there was one exception which was submitted on the 28th of April only to be resolved on the 18th of May. The other two were acknowledged and resolved within 24 hours.

Furthermore, there have been no reported challenges regarding attendance in teaching and training sessions.

The only issue noted where one exceptions case was raised when a trainee had to provide cover for both rotas due to the other day doctor calling in sick. This particular instance was discussed during the monthly consultation meeting, resulting in the implementation of a response plan. As part of this approach, reception staff will now contact doctors about locum work on those days as soon as they are notified. This procedure will also extend to staff grades who are not typically part of the on-call rota. Additionally, if necessary, the issue will be escalated to the consultant on-call and relevant on call manager.

There have been no further issues noted with the allocation process.

Dr M | M Qadri
Guardian of safer working
14.08.23

NHS
Humber Teaching
NHS Foundation Trust

Agenda Item 30

Title & Date of Meeting:	Trust Board Public Meeting – 27th September 2023
Title of Report:	Quality Committee Board Assurance Report
Author/s:	Dean Royles, Non-Executive Director and acting Chair
Recommendation:	To approve: ; To note: ✓ ; For assurance: ; To discuss: ; To ratify:
Purpose of Paper:	The Quality Committee is one of the sub committees of the Trust Board. The paper provides a summary of discussions held at the meeting on 31 August 2023 with a summary of key issues for the Board to note. The approved minutes from the June meeting are presented for information.

Key Issues within the report:

Positive Assurances to Provide:

- Quality Insight report –Positive meeting with Medical Examiner and intention for Medical Examiner to develop a SOP
- PSIRF work in place with go live date of 1st October following Board approval of all supporting documents. Mandatory training in line with patient safety syllabus in place
- Deep Dive into Hull CMHT complaints has taken place with actions taken to address areas of learning
- The merger of the PACE working group and QI working group to enable patient and service users to be more involved in quality improvement

Positive assurances were received from the following papers

- The Patient and Carer Annual Report (including Complaints)
- The Patient and Carer Five year Forward Plan
- The Infection Prevention Control Annual Report
- The Infection Prevention Control 5-year Plan
- The Controlled Drugs and Medicines Safety Annual Report noted although there has been an increase in prescribing there has been a decrease in incidents and levels of harm

Key Actions Commissioned/Work Underway:

- Meeting planned with Hull & East Riding Medical Examiner with view for consistency across patch
- Quality Improvement Survey for NHS England which will be completed in October

Key Risks/Areas of Focus:

Decisions Made:

• To keep a watching brief on the Letby inquiry and any guidance or learning which comes out • Monitor safeguarding referrals and change in arrangements with social care requiring phone call before referral, to see if any implications for us as an organisation • IPC report noted the ageing estate creates challenges • The IPC 5-year plan strategic objectives will be reviewed annually to ensure they remain relevant to out evolving patient needs	The following reports were approved for presentation to the Trust Board in September: - • The Patient and Carer Annual Report (including Complaints) • The Infection Prevention Control Annual Report • The Controlled Drugs and Medicines Safety Annual Report The following reports were approved for noting to the Board: - • The Patient and Carer Five year Forward Plan • The Infection Prevention Control 5-year Plan

Governance:

	Date		Date
Audit Committee		Remuneration & Nominations Committee	
Quality Committee	31.8.23	Workforce & Organisational Development Committee	
Finance & Investment Committee		Executive Management Team	
Mental Health Legislation Committee		Operational Delivery Group	
Charitable Funds Committee		Collaborative Committee	
		Other (please detail)	

Monitoring and assurance framework summary:

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

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

Committee Assurance Report – Key Issues

The key areas of note arising from the Quality Committee held on 31 august 2023 are as follows: -

The minutes of the meeting held on the 1 June 2023 were agreed as a true record and the action log approved noting all actions closed. The Quality Committee assurance report was noted, and the updated work plan agreed. DR confirmed under declarations of interest, his appointment as the Chair of the NHS Professionals Strategic Advisory Board and this had been declared to the Trust.

Presentation – Patient and Carer Annual report (including Complaints) and Patient and Carer 5-year Forward Plan The Annual report and 5 year plan were presented via a couple of short films to highlight the main areas in both items. It was agreed both films and documents were very informative and gave good assurance.

The Annual report was approved for presentation to the Trust Board in September and the 5 year forward plan was approved by the Committee and would be noted to the Board.

Quality Insight Report – KBa presented the paper highlighting updates on the work undertaken with the Medical Examiner in York and Scarborough, the positive progress with the Patient Safety Incident Response Framework ready for the go live date on 1st October, the Pastoral Care Award for International Recruitment, the Annual Pressure Ulcer Report presented to QPaS, the CMHT Complaints Deep Dive, Peer Review and noted four Serious Incidents have been declared so far this year. LP highlighted the Letby Inquiry, and it was agreed this would be added to the workplan for a future date.

Infection Prevention Control (IPC) Annual Report – Good assurance was received from the report noting the significant process made throughout the year with a large amount of time still dealing with Covid-19 but with different challenges following the step down of national measures. The Team was thanked for all their hard work supporting divisions and DD confirmed staff in all areas had risen to the challenges to ensure patients were appropriately managed in the least restrictive way.

The Annual report was approved by the committee for presentation to the Trust Board in September

Infection Prevention Control 5-year Plan– The plan was presented outlining the key areas of focus over the next five years to give the most effective, safe care possible whilst meeting the requirements of the national agenda. The Committee felt that this was a great report and noted the further staff engagement to develop the training in this area.

The Infection Prevention Control 5-year was approved by the Committee and would be noted to the Trust Board

Controlled Drugs and Medicines Safety Annual Report– WC explained this was a statutory Board Report required annually and provides assurance that good systems are in place for reporting, management and learning in respect of controlled drugs and other medicines related incidents. A good discussion was held noting a good report and praise given to the excellent work of pharmacy technicians working with the ward teams.

The Quality Committee approved the Controlled Drugs and Medicines Safety Annual Report for presentation to the Trust Board

Redesigning Adult Inpatient Mental Health Services – LP summarised the paper for the meeting highlighting the current status and work being undertaken until the end of October this year. It was noted an updated report will come back to Quality Committee in the future to ensure the committee is sighted on the latest information. The progress report was noted and still

pursuing avenues of funding but also making sure the Trust is prepared as it can be should via funding schemes become available, it is in the best possible position to utilise those fundings in an appropriate way

Quality Committee Risk Register Summary -
The risk register and BAF were presented and discussed noting movement on the risk register. Highlighting the nine new risks with detailed discussion on LDC49 and OPS11.

Reporting Group Minutes -
The minutes of QPaS were noted with no queries raised

The approve minutes from 1 June 2023 are attached as appendix 1

Agenda item 3

Humber Teaching NHS Foundation Trust

Quality Committee
Minutes

For a meeting held on Thursday 1st June 2023
13:00 – 16:00 hours (Virtual meeting via MS Teams)

Present

Core Members

Dr Phillip Earnshaw	Non-Executive Director (Chair)	PE
Hilary Gledhill	Director of Nursing, Allied Health and Social Care Professionals	HG
Dean Royles	Non-Executive Director	DR
Kwamie Fofie	Medical Director	KF
Lynn Parkinson	Chief Operating Officer	LP

In attendance

Kate Baxendale	Deputy Director of Nursing, Allied Health and Social Care Professionals	KB
Colette Conway	Assistant Director of Nursing, Patient Safety and Compliance	CC
Su Hutchcroft	Compliance Officer (minute taker)	SH
Michele Moran	Chief Executive Office	MM
Caroline Flint	Chair of Board	CF
Sarah Bradshaw	General Manager, Mental Health – Planned Care	SB
Cathryn Hart	Assistant Director of Research and Development	CG

24/23	**Apologies for Absence** Apologies were received from • Mike Smith, Non-executive Director • Paul Johnson, Clinical Director • Sam Jaques-Newton, Head of Allied Health Professionals and Practice Development
25/23	**Declarations of Interest** It was noted there were no declarations of interest raised at today's meeting
26/23	**Minutes of the Last Meeting** The minutes of the meeting held on 2 March 2023 were approved as a true and accurate record.
27/23	**Action List and Matters Arising** The action log was approved, noting all items closed.
28/23	**Quality Committee Board Assurance Report (November 2022)** The Assurance Report, presented to the Trust Board in January was noted as read.
29/23	**Work Plan 2023/24 (June-2023)** It was noted due to the number of annual reports due at the August meeting, an additional meeting has been planned for 28th September 2023 for approval of annual reports. The meeting invite will be sent out after the meeting and the work plan amended accordingly.
30/23	**Presentation – Trust Quality Accounts** CC gave a presentation to the committee noting they were being presented today for approval by the Quality committee prior to ratification by the Trust Board at the strategic meeting in June noting these need to be signed off and published on our

website along with being submitted to the Secretary of State by 30th June 2023.

The presentation which was provided with the papers gave the background to the Quality Accounts and what they aim to do. What information is required to be included within the Quality Accounts, noting the mandated template and wording required, which includes: -

- A statement from the Board summarising the quality of NHS services provided
- A series of statements from the board set out in the mandated order
- A review of quality of services
- A summary on performance and improvement against our quality priorities 2022/23, including the mandated key national indicators
- An outline of the quality priories and objectives set for 2023/24

CC highlighted the good practice identified, which included

- clinical supervision consistently meeting and exceeding the trust target of 85%
- mandatory training compliant maintaining above the 85% target
- the Leadership Development Programmes
- Whitby Urgent Treatment Centre transferring or discharging 99.6% of patients within four hours of arrival against the national standard of 95%
- being shortlisted in 14 awarded categories, across 10 different award ceremonies and winning 8 individual awards in total including Teaching Excellence, Patient and Carer Experience Awards and two high recommendations at the Health Service Journal (HSJ) awards 2022.

Areas identified for improvement were discussed noting the actions taken and planned which included: -

- Access to services
- Increase awareness of 'Think Family' approach in safeguarding
- Improve understanding of the Mental Capacity Act and when it is appropriate to use
- Continued focus on meeting the requirements of the CQC safe domain (from rating of requires improvement when last inspected)
- Mental health delayed transfers of care
- Out of area placements

An overview of the delivery of priorities for 2022/23 along with a look forward to the priories to 2023/24 completed the presentation.

Comments and questions were taken from the meeting which included: -

- DR enquired regarding issues around recruitment being included, noting the document was about quality but recruitment impacts on quality to patient care. CC felt this was in the main report but would review to check this was explicit and would confirm with DR regarding content.
- A discussion was held regarding priorities and HG noted that only three priorities are required but as a Trust we usually include four
- PE enquired about including something in priorities around 'putting patients first' and HG confirmed this had been discussed and was agreed this should be included in the 'business as usual' work. CF suggested there could be an overarching priority each year with everything underneath this noting in discussion that patients need to be at the top. HG agreed explaining this was part of all our work, mentioning the document starts off with a patient story and Patient Experience but the main layout is as per the required template and

	noted rather than including as a priority, this could be added in a statement as a forward to the priorities. MM agreed, picking up on HG's point of not having a separate priority stating this is more about language used noting we need to start including this information in all narratives • It was agreed a good discussion had been held and the comments were noted for the quality accounts to be amended as discussed • MM noted the good work on the Quality Accounts and thanked everyone involved **Approval - The committee approved the draft Quality Accounts which will be presented to the Board Strategic Development Day in June for ratification and final sign off.**
31/23	**Quality Insight Report** HG presented the report highlighting the following key points in the report: - • The National AHP Strategy update, detailing work in progress • Professional Nurse Advocate update noting 18 are now in place supporting staff • Patient Safety Investigation Response Framework, known as PSIRF update confirming information will be going to the Board regarding changes to reporting • Internal audit on medicines management which gave significant assurance but noted low compliance against the medicines administrations competencies confirming actions have been taken, compliance is increasing, and this has been added to the risk register • Update on Serious incidents in Q4 noting four declared with an update on divisional actions plans • Resuscitation Officer annual update confirming 85% compliance has been reached for adult immediate life support and paediatric immediate life support with basic life support year end compliance at 84% showing a significant improvement on last year's rates due to the recruitment of a full time BSL resuscitation trainer to work alongside the Resuscitation Officer • Complaints, noting April QPaS received a report on detailed analysis of informal and formal complaints for Primary Care, showing communication as the top subject for all practices. It was noted a business case has been approved to address the telephone system issues. • Confirmation of Divisional Clinical Governance SOPs been approved through QPaS along with a position statement on clinical SOPs for each division. Work is being completed within each division and an update report will be presented to QPaS in August, with Internal Audit undertaking an audit of SOPs in divisions in the Autumn. • Updates on Safeguarding referrals and Clinical Supervision compliance rates. The report was discussed, with the following questions: - • PE enquired, regarding the GP telephone system, if we were getting any of the grants NHS England has announced and KF confirmed Pete Beckwith is aware and looking into this. • DR enquired about the safeguarding statistics and recalled where a meeting had picked up concerns on lack of reporting post covid and was this looked into. HG confirmed this was previously picked up at Quality Committee and a review has shown this was a reporting error with correct figures showing from January 2022. It was agreed this should be reviewed further. It was discussed regarding the mean line not showing in the middle of the

	upper/lower control line. LP commented the SPC chart control limits need to be reviewed for next dashboard. **ACITON** **- to review safeguarding referral figures to ensure no reporting issues as per DR request with an update report in the next QC Insight Report (KBa).** **- To check with BI regarding SPC chart (Safeguarding referrals) control limits for next quality dashboard report (KBa)**
32/23	**R&D six-month Update Report** CH presented the report summarising the information and noting the following key points: - • Section one – notes performance on research over the past year and is monitored regionally and nationally noting one of our GP practices has been nominated for a regional research award • Section two – explains the governance around research and the update on contract, noting the positive performance review • Section three- gives information on the Trust strategy which is currently being refreshed • Section four details the funding available and received • Section five notes the opportunities available • Section six gives information on learning and engagement including the annual conference details and the film for the Living with Dementia campaign filmed at the old Trust HQ featuring Cathryn and Wendy Michell, Research Champion who lives with dementia • Section seven includes information around the Trust is connecting with diverse groups • Appendix one shows the numbers involved in research • Appendix two shows the impact of research • Appendix three lists the research studies during 2022-23. The report was discussed, and comments taken: - • HG noted it was good to see the increased numbers of student nurses and hopes this will be an area of further development. CH noted that the student we currently have had stated when qualified he will apply for work at Humber rather than the area originally planned • LP noted it was good to see the profile of leads for research is broadening in terms of professional backgrounds as per appendix 3 • DR confirmed an excellent report, as always, and wondered if it was worth a discussion around the E&D and engaging broader communities in research, and whether it may lend itself to a patient story at the start of Trust board and secondly around the increase in number of interventions and studies, we are involved in, is it worth trying to pull together some outcomes on where we have led or been involved in studies over the past few years, if the outcomes have made changes in practice or care. CH confirmed there is a really good example in the Trust where the 'requol' is a patient outcome measure being used as standard now and was developed by patients and our patients in Humber were very instrumental in the study, developing a lot of questions in this. KF agreed with this and noted in the future some the research we have been involved in will be published we could add to this regarding the finer outcomes and noted we keep exploring all kinds of opportunities for research now including trauma research. KF also noted he has finished his training to

	be a PI (Principal Investigator) and have a few doctors already set up to increase future research • CH confirmed she has submitted a number of nominations for the regional research awards • PE enquired regarding an announcement from the chancellor regarding investment in research in healthcare and if there was any substance in those. CH noted it was too early to say at present PE thanked CH for her report and the good work completed.
33/23	**National Confidential Enquiry on Suicide update** KF shared the HQIP presentation to give an overview of the information presented in the paper. KF noted a lot of the issues discussed are included within our Trust Suicide Strategy along with the 10 ways to improve safety. The paper and presentation were discussed, and the following comments and queries raised: - • HG noted the plan around suicide and self-harm learning but there looked to be some new learning from the information this year and wondered if the strategy would be reviewed to ensure the new learning is in the actions plan. KF confirmed he has looked at this and the main item not reflected in the strategy was the LGBGT patient group but 'think family' and '7 day follow up' along with financial support is included acknowledging we could do more. PE suggested regarding the financial support we could engage with key partners noting the housing association where he is vice chair, has an award-winning service called Cash Wise which supports both tenants and none tenants and tries to maintain tenancies and keep arrears down enabling people to keep stable when under stress, as a Trust although we may not be able to do such, but our partners may be able to assist. KF confirmed the Trust works with partners especially the Homeless team which was part funded by the council due to the pressure on people and risk of anxiety, depression and suicide. The police, probation service, housing association and churches do work together and there is hope that the strategies and inequalities in these terms will be reflected. • CF commented the presentation was really interesting and had a few questions, wondering if, looking over a similar period of time at the Trust could map those who had engaged with our services and committed suicide and those who had attempted suicide against the figures the national categories are showing, although acknowledge this may be difficult due to smaller numbers. Secondly regarding the cause and effects, where someone may appear in one category but may also be in another category under these headings, such as diagnosis but also on the internet, especially young people. A thirdly around getting ahead of some of these issues, what stood out was homicide follow by suicide and understanding from reading in the media there is usually domestic violence or cohesive relationships or children, felt there is some really interesting connections asking how we identify this across a number of services. KF responded in terms of numbers has discussed this and confirmed it is very hard to strip the numbers down to Trust level due to the small size of numbers and the view is to look at improvement in the full numbers as people will travel across the county to commit suicide and will still be entered in the figures. In terms of the list of categories, this is how the clinical work flags so if two or

	three categories this shows red flags and increases risk and the last point regarding suicide following homicide. This came across in the study but due to the majority of people not being convicted as they had died, the details were not kept on record as they did not go to court etc but does note if medics see patients recently involved in homicide to be mindful of suicide. • LP enquired noting our progression of work around trauma informed organisation and care and the connection between this and suicide prevention and have any organisations that have taken this forward seen any positive impact. KF noted it hasn't show in the data but the report suggests that compassionate care for the patient such as think family and involve family has the potential to reduce suicide and KF suggested looking at QI work to evidence the work being done around trauma informed care as there is not a lot of research nationally behind this, LP agreed this could be taken forward. • KBa thank KF for the presentation and asked if it was possible to share with CRMG (Clinical Risk Management Group) as the shared learning would be good in that forum. KF confirmed he would be happy to present to the meeting. KBa noted in terms of the PSIFT framework, are undertaking a three year analysis of incident data and felt with the information presented here and thematic analysis would be really useful to think about the presentation under PSIFT. KF agreed there will be a triangulation and could discuss further at CRMG. • DR thanked KF for the presentation noting the challenge that whilst the figures look encouraging, we still recognise that these are lives which could still be here and avoidable and preventable and families are impacted by this. Enquiring on the aspect of additional learning regarding the LGBT area, is it possible to be specific with data given more men than women, would this be more gay men then lesbian women noting trans had been highlighted, around picking up if it is more fundamental if you are a gay man or a trans women rather than lesbian or bi-sexual for example, thinking if we have the data available to be more focused around this area. KF confirmed the general numbers are quite small compared to general data but noted that it was generally highest in the group for transgender both male and female and would be more detail in the main report and agreed would look into it further to include into the strategy. • MM thanked KF confirmed a really useful report and felt it should almost underpin all strategies and work. It would be good to see this correlated to our health and equalities work with links and felt it may be helpful to have this along with updates on some of our other patient safety strategies at Board strategic session and see how they all interweave together. • PE felt this was a really good idea, a fascinating presentation with a good discussion, learning new information.
34/23	**Waiting list Trajectory and Performance Update** LP presented the paper for discussion noting as stated in the paper that timely access to our services is a key patient care, quality and safety issue and therefore focus on this work in the way we do. The report builds in the quarterly update alongside the board performance work. It was noted the waiting times policy which sets out how this is to be managed has been reviewed recently and the policy is supported by standard operating procedures (SOPs) particularly in those areas who have challenged waiting times. There is also further work planed over the next few months around the policy to broaden it, making it more of an access policy with an approach to how to address those issues. The paper sets out the work undertaken on waiting times where they exist particularly the 52 and 18 weeks areas have been over the last year, supported by a methodical

	piece of work, to assure we have been optimising the resources we have to reduce waiting times, being constantly reviewed and refreshed with work also supported where appropriate by QI methodology. Progress and improvement have been seen in some areas which is positive but we are still seeing that predicated with an underpinning position around continued increased demand particularly around those neuro developmental diverse services. It does set out some of the challenges with the increased demand and those conversations taking place with the wider system and not just health commissioners. It touches on delayed transfers of care and the impact on our out of area placements. There is focused work taking place with our systems partners and most of the delays are of consequence of access to social care home or residential packages. W we are seeing some progress, but this is still an area of focus and still a key patient safety issues when service users are not in the correct environments to optimise their care and recovery. PE thanked LP noting he has seen the change in demand in general practice is very real noticing parents bring children in to discuss ADHD and state 'also this is like me' so end up with two referrals as adults are increasingly recognising traits in themselves rather than just in their children. LP felt this was a good conversation stating the degree of population who are neuro-diverse is very significant so how do we support this in communities and wider healthcare going forward and is this specialist or now mainstream? KF confirmed these trends are not just Humber but also outside our area noting 10 years ago the trend was in America noted by medics and now the trend is here, stating there is still the debate as to whether we are talking about a spectrum from people who do have difficulties as part of the normal population, are we medicalising everything with a hundredfold increase in referrals and discussions around the high end focus for mental health or everyone with these issues. Due to the increase demand, it was noted within the group for medical directors that some GPs are now refusing to prescribe, or some do shared care and as yet do not know how to resolve this increase wave. PE confirmed it was not within the Trust's gift to sort out but is a much bigger issue and as more has pushed into primary, this needs to be properly supported or can cause the defensive behaviours of not wanting to treat but with a need to ensure patients do not miss out on care. CF enquired if we did enough or need to know more about the push in terms of referrals as had concerns more widely about the number of particularly young people, due to the social media and celebrity aspect, that it has become the thing of autism and ADHD with groups online providing self-diagnosis tools and private agencies where people are paying for a poor quality and inappropriate assessment, asking if we share around the percentage of patients who go through a proper diagnostic assessment but also for those who has shown its not that diagnosis for them and feel there is a duty in the NHS to share more of that story due to so much going on with the identity online influencers, and feel it is a public duty to get some balance into this conversation. LP confirmed work being done and investment particularly around young people

	in education and how we support schools who are quick to refer which then raises expectation that there is a diagnosis to be had. This should be a continued focus for us. In terms of data of our referrals we do analysis and can confirm the number of referrals which are a positive or negative diagnosis. With regards the social media impact, some of which may be helpful with people coming forward and being diagnosed and receiving support whilst for others is very misleading with damaging and unsafe information and is certainly an ICB wide conversation which we are taking forward. LP noted we are not the only organisation having these issues and know this is part of the ICB agenda through the mental health LD and autism programme. PE thanked LP for the good discussion and paper. A five minute break was taken.
35/23	**CMHT Service User survey action plan– Medicines element** SB introduced herself and explained she had been asked to give a brief update on the medication element of the CMHT survey action plan, highlighting the following headlines from the report: - • The whole action plan has received a high level of focus within the division, it is reviewed within clinical networks and part of the divisions quality improvement plan (QIP), having engaged with a number of services and services user and carer networks • The survey has shown patients are dissatisfied with the level of opportunity they have to discuss their medication and the information they receive. • It was noted the actions are not to increase the score in the survey, and that is a consequence of the actions, but these actions are about increasing the opportunity for patients and carers to ask questions and seek information and have those discussions about their medications • The report details general headlines regarding the survey and how the actions were picked as priorities for the action plan this year • This year attendees of the working group have increased including pharmacy colleagues supporting the action plan • The actions undertaken over the last couple of years are noted in section 4.1 including an explanation around the medication awareness training developed • The action plan was included as an appendix to the report showing many areas are on track with some already completed PE thanked SB for the report, noting a difficult issue which is mirrored in general practice at the moment. Comments and questions were taken: - • HG echoed a good report setting out how much work has already been done. For section 4.1 regarding staff not discussing medication as not confident, enquired if someone is monitoring the uptake on training. SB confirmed the clinical lead and the clinical leads in teams are monitoring the training along with the 'My medication' questionnaire within the MyAssurance audit. • PE commented he felt that all healthcare provision is now more multi-disciplinary and will become more so in the future, meaning we need to learn how to disseminate education so that the general messages are confidently expressed by the multi-disciplinary team but also to know when the experts need to see certain patients. PE also noted within primary care there are more pharmacists working and increasingly within PCNs and maybe one of

	the Trust roles is education support so that when a pharmacist is doing a structured medicines review, they could do this as well and could be a resource outside of the Trust. SB agreed and noted this could be about encouraging the patients who are able to, to have more of an ability to self-manage their medication and find out the answers to those questions through either the CHOICE medication website or visiting pharmacists for support • DR thanked SB for the report and wanted to point out the broad assurance in terms of the focused work, noting when presented the percentages are in the lower quartile, but the range is quite low between the upper and lower quartile and would have been quite easy to explain through sample size etc so is good to see there is a serious focus and action plan work taking place • LP picked up the question added to the chat around the skill mix in CMHT and whether there is management leadership issues, confirming this was a really good question and SB and LP do look at this with clinical leads within the service constantly. It was noted CMHTs have been through significant transformation over recent years and that patients have commented clearly over time around the breadth of professional care in clinical roles in these teams is absolutely crucial so the fact we have concentrated on social workers, and increased psychology is really key as well, knowing pharmacology is only one intervention of many that community mental health teams deliver and we were short on psychological interventions which was shown in the patient survey results nationally. When these mechanisms are put in place to make sure those staff have the skills to support the holistic needs of the patient, we must keep focus on the work around medicine as is really important. LP stated we should not go back to a nursing and medical model within the CMHTs as that would not allow us to meet the breadth of needs to manage and work with patients. • LP also commented to SB that she felt there was an opportunity for the recovery college platform to focus on supporting the self-care piece and would pick up with SB outside the meeting. PE thanked SB for the useful report and discussion held. SB left the meeting
36/23	**Update report MH, LD and Autism Quality Transformation Programme Letter** KBa presented the paper explaining the purpose of the report was to outline the assurance processes in place to mitigate and identify closed cultures and present the outcome of the self-assessment based on the three year road map that forms part of the letter, noting at the heart of the work and report was the focus on patient safety and safeguarding and respect for human rights some of our most vulnerable people in society. KBa recapped on the background from the BBC Panorama programme to date, noting an assurance report presented to Board in October last year and a further report to EMT in March of this year. A further letter was received in February this year to ask Trusts to consider a three year road map. We then completed a self-assessments against the short, medium and long terms goals identified within the road map. KBa highlighted the following information noted within the report: - • Strong processes in place to mitigate against a closed culture with a closed culture plan and dashboard in place to show early warning signs based on a number of indicators • Safeguarding arrangements in place with a range of mechanisms supporting

	staff • Strong oversight and learning from incidents underpinned by systems review methodology (as recommended as part of the patients safety incident response framework) • Work planned to continue includes refresh of Safewards work, developing divisional closed culture development plans and the completed refresh of peer review process including cross reference of closed culture questions, and looking at exploring the peer review process further with ICBs for an opportunity of further external scrutiny • KBa noted that we cannot afford to be complacent and feel it could not happen here so need to keep this high on the agenda with regular update reports. • The context of operating with national strikes, austerity and increasing expectations and demands on services can impact on staff moral and culture within teams and therefore the ongoing work around being Humber, emotional well being and support as well as systems for insight and intelligence are crucial • We also need to ensure transparency in our work with patients and carers and collaborating and co-producing as well as being open and inviting them to be part of our services or give feedback on services. Questions and comments were taken: - • CF asked around the safeguarding and nursing directorate visits and if these happened unannounced and at different times of day and night. KBa confirmed they do happen unannounced, and HG confirmed they have not happened at night, as LP and HG have met with divisions to ensure they have this covered within the division in terms of senior leadership presence out of hours and weekends • MM thanked everyone for their work, with this being important noting she felt we were ahead of the game with what we had been doing. Regarding general visiting, felt it needed to be pulled out more regarding those going in from corporate services and collating how they felt in a general area etc, as well as the cultural piece which is difficult to quantify but is about the 'being Humber' work. PE reinforced this stating it's good to see this is taken seriously as you cannot govern the way out of bad culture, but the Board has a huge role of setting the culture of the organisation and set the tone. Again discussing 'making every contact count' and the importance of a culture where everything is appropriate is everyone roles. PE thanked KBa for the report which was noted and discussed.
37/23	**QPaS Effectiveness Review and QPaS Terms of Reference** HG presented the paper noting this has been reviewed and approved by QPaS at the last meeting. DR felt it was good to receive this from QPaS and wondered if it is something other subcommittees should think about for their reporting groups and suggested picking this up at one of the NED discussions. It was noted the Mental Health Legislation Steering Group has completed one and LP confirmed she has completed one for the Staff Health and Wellbeing Group, but this has not yet made it to committee for approval. MM has confirmed ODG and EMT have

	completed a review also and will pick this up further with Stella Jackson. **Approval – The committee approved the QPaS Effectiveness review and Terms of Reference**
38/23	**Quality Committee Risk Register Summary** HG presented the report noting six risks on the quality risk register from QPaS, with delayed transfers of care being the highest at 16. Two risks have reduced in the last quarter with the new risk added around the medicines administration competence and three risks closed since the last meeting. The report was discussed with PE noted it was good to see movement on the register to show risks being reviewed, and enquired regarding MH63, asked if our services were compliant with the national guidance and NICE guidance from 2021. LP confirmed we certainly do follow guidance and know this is looked at regularly to show compliance within the requirements.
39/23	**Quality and Patient Safety Group Minutes** The minutes were noted with no queries raised.
40/23	**Items Arising from the meeting requiring Communication, Escalation or Risk Register consideration** The following items were discussed: - • The medicines administration compliance, noting this has been added to the risk register • Communicating the huge amount of work within the Trust Quality Accounts • The chair would like to commend staff on the high level of mandatory training compliance • The R&D report with 52 active studies withing the Trust • The area of leadership and wider teams with increasing skill mix in teams and how to maximise benefits as a good thing and ensure no gaps • Escalate the information regarding the support of patients with their medicines as part of the action plan from the CMHT patient survey
41/23	**Items for consideration at Board Strategy/Development Day** The following items were noted: - • The Quality Accounts for approval at the Board Development Day • Discussion on having sessions on suicide and other patient safety metrics • Future topic board story – impact of research with practical example to show how research can make a difference
42/23	**Review of meeting** It was agreed by the committee that the meeting was conducted in an appropriate manner. CF commented that observing the meeting today has been really helpful to show the range of items discussed and the depth the meeting goes into, and evidence looked at with thought about what we learn from the evidence and what we are doing with this. DR noted he felt that in terms of presentations today was the right balance of information in presenting and discussion. PE agreed and noted the meeting hasn't been rushed but has had the chance to have really good discussions with presenters highlighting the key issues and thanked all the presenters for their work. MM thanked everyone in the chat facility, for the great work that the committee

	and their teams are doing - making a difference.
43/23	**Any Other Business** Nil raised at today's meeting.
44/23	**Date and time of next meeting** The next meeting has been arranged for Thursday 31st August 2023, via MS teams, starting at 1.00pm.

Humber Teaching NHS Foundation Trust

Agenda Item 31

Title & Date of Meeting:	Trust Public Board Meeting – 27 September 2023
Title of Report:	Mental Health Legislation Committee Assurance Report following meeting of 03rd August 2023
Author/s:	Name: Michael Smith Title: Non-Executive Director and Chair of Mental Health Legislation Committee
Recommendation:	

To approve		To discuss	
To note	√	To ratify	
For assurance			

Purpose of Paper:	The Mental Health Legislation Committee (MHLC) is one of the sub-Committees of the Trust Board This paper provides assurance to the Board with regard to the agenda issues covered in the committee held on 03rd August 2023

Key Issues within the report:

Positive Assurance to Provide:

- Committee assured regarding Reducing Restrictive Interventions (RRI) report:
  - Overall reduction shown.
  - Co-production service users at heart of this work.
  - Use of Force dashboard data included in report.
  - Vignettes brought life to aspects of the report.
- MHL performance report within normal variations:
  - Benchmarking work in progress.
  - Section 4 applied – shows as zero for last 4 months.
  - AWOL – 46 recorded; report summary sheet provided detail by theme.
  - S136 – can fluctuate but increase seen in last couple of months.
- Insight report: gap analysis of the issues raised in the Care Quality Commission Report - Monitoring the Mental Health Act in 2021/2022:
  - Access to advocacy support not an issue for Trust.
  - Blanket restrictions – all units aware

Key Actions Commissioned/Work Underway:

- Detention benchmarking work in progress.
- Work ongoing to address seclusion audits being completed in timely manner; good interventions provided for improving the process. RRI group and Mental Health Legislation Steering group also sighted and monitoring.
- S136 T&F group to explore options further as Trust still has high number of S136 detentions for size of patch and diversity than want to see. Committee to be kept updated on progress.
- Capacity to consent to treatment – work ongoing:
  - patient signature and change of medication agreements to be included as actions on Z48 update report.
  - Dr Fofie reported plans to reinstate inpatient Consultant meetings, which could address tensions for consultants.
-

of process, report on any blanket restrictions, always in place for the minimum amount of time possible.
• Received update report on completion of Z48 - position improving.
• Capacity to consent to treatment re-audit results:
  ○ Improvement in completing the Z48 on admission with 81.25% compliance rate.
  ○ Improvement in completing at the time of admission and not outside the 3 days' time frame following admission.
  ○ Improvement in completing the summary of the discussion with patient.
• All mental health legislation related policies / procedures / guidance up to date.
• Received annual MHLC report – Committee noted and agreed objectives for 2023/24.
• Summary of Ligature Anchor Point Annual Report noted.
• MHLSG (Mental Health Legislation Steering group) minutes noted.
• MHLSG subgroups and CQC MHA visits updates report noted.	

Key Risks/Areas of Focus:
 	
• Issues identified in relation to unauthorised deprivations of liberty - supervisory bodies (Local Authorities) do not arrange for a Best Interest Assessor (BIA) to complete the assessment within a timely manner which leaves the Trust with unlawful detentions.
• Capacity to consent to treatment re-audit results:
  ○ compliance rate for transfers (34.78%) and change in Responsible Clinician (RC) (58.33%) has significantly reduced - audit could be more specific to highlight the units where compliance is particularly low.
  ○ getting the patient's signature who have capacity on the form is the major challenge - more of a technical issue. Code of Practice does not require patient signature.
• significant drop in Z48 completion on transfers and change in RC to be looked at.
	Decisions Made:
	• Approved amended Mental Health Legislation Committee work plan
	• Inclusion of DoLS and timely Best Interest assessments by Local Authority to potentially be added to risk register, appropriate rating and mitigations to be discussed by Executive team with update to Committee November meeting.

	Date		Date
Audit Committee		Remuneration & Nominations Committee	

Governance:					
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee	3.8.23	Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Report produced for the Trust Board	

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*	
√ *Tick those that apply*	
	Innovating Quality and Patient Safety
	Enhancing prevention, wellbeing and recovery
	Fostering integration, partnership and alliances
	Developing an effective and empowered workforce
	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	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Committee Assurance Report – Key Issues

- Received update report on completion of Z48 (assessment of capacity to consent to treatment form) - position improving, next report would include additional column showing length of time taken for completion. Chair noted tensions for consultants – Dr Fofie reported plans to reinstate inpatient Consultant meetings, which could address such issues.

- Insight report: - An action from the previous Committee was to provide a gap analysis of the issues raised in the Care Quality Commission Report - Monitoring the Mental Health Act in 2021/2022, in particular lack of understanding regarding the implementation of DoLS and use of blanket restrictions.
    - Access to advocacy support is not an issue for Trust as it works very closely with the covering Hull and East Riding two advocacy groups.
    - Blanket restrictions – all units aware of process, report on any blanket restrictions, always in place for the minimum amount of time possible. Restrictions usually related to temporary closure of kitchens where particular patients posed a risk to self or others through access to knives, for example, or hot water system. In line with code of practice discussions about the impact held with patients affected and are recorded on a specific

'blanket restriction discussion' note on Lorenzo and end dates are chased up.
    - Issues identified in relation to unauthorised deprivations of liberty - supervisory bodies (Local Authorities) do not arrange for a BIA to complete the assessment within a timely manner which leaves the Trust with unlawful detentions. Inclusion of DoLS and timely Best Interest assessments by Local Authority to potentially be added to risk register, appropriate rating and mitigations to be discussed by Executive team with update to Committee November meeting.

- Capacity to consent to treatment re-audit results – Due to moving to a new post with another Trust, Dr Swallow unable to join meeting to present the paper. Ms Nolan provided key highlights from the presentation received at Mental Health Legislation Steering Group in support of the paper:
    - improvement in completing the Z48 on admission with 81.25% compliance rate.
    - effort is being put in by RC to complete it at the time of admission and not outside the 3 days' time frame following admission.
    - compliance rate for transfers (34.78%) and change in RC (58.33%) has significantly reduced - audit could be more specific to highlight the units where compliance is particularly low.
    - improvement in completing the summary of the discussion with patient - due to the prompt added on Lorenzo requesting the summary.
    - getting the patient's signature who have capacity on the form is the major challenge - more of a technical issue. Code of Practice does not require patient signature.
    - significant drop in Z48 completion on transfers and change in RC to be looked at.
    - also, for treatment change, to look at completion only when there is a change in class of medication and the method of administration i.e. requirement for new T2 / T3.
    - patient signature and change of medication agreements to be included as actions on Z48 update report.

- Approved amended Mental Health Legislation Committee work plan

- Committee noted and assured performance report within normal variations.
    - Benchmarking work in progress.
    - Section 4 applied – shows as zero for last 4 months.
    - AWOL – 46 recorded; report summary sheet provided detail by theme.
    - Useful discussion with regards to whether S2 is less restrictive than S3.
    - S136 – can fluctuate but increase seen in last couple of months.
    - Update provided in relation to S136 and aspiration to find alternatives that are more in line with patient needs. Crisis Care Concordat has commissioned a S136 T&F group to explore options further as Trust still has high number of S136 detentions for size of patch and diversity than want to see. Committee to be kept updated on progress.

- Received quarter 1 report on Reducing Restrictive Interventions –
    - Across all different types of restrictive practice an overall reduction shown, albeit a small reduction for Q1.
    - Co-production service users at heart of this work and RRI group will continue this focus.
    - Use of Force dashboard data included in report, which shows real time data at ward level.
    - Seclusion audits not completed in timely manner; work ongoing to address this - good interventions provided for improving the process. RRI group and Mental Health Legislation Steering group also sighted and monitoring.
    - Vignettes brought life to aspects of the report and with combination of data and narrative provided positive assurance.

- Received annual MHLC report – Committee noted and agreed objectives for 2023/24.

- Summary of Ligature Anchor Point Annual Report noted.

- All mental health legislation related policies/procedures/guidance up to date.
- MHLSG (Mental Health Legislation Steering group) minutes noted.
- MHLSG subgroups and CQC MHA visits updates report noted.
- Committee agreed meeting met with Humbelievable ethos - opportunity for positive challenges and discussion.

Humber Teaching NHS Foundation Trust

Agenda Item 32

Title & Date of Meeting:	Trust Board Public Meeting 27 September 2023
Title of Report:	Assurance Report from August 8 2023 Audit Committee
Author/s:	Stuart McKinnon-Evans
Recommendation:	

To approve		To discuss	
To note	✓	To ratify	
For assurance			

Purpose of Paper:	To inform the Trust Board of the outcome of the Audit Committee of August 8 2023

Key Issues within the report:

Positive Assurance to Provide:

- Procurement processes and activity, including single tender waivers, are operating to expected norms
- The revised Board Assurance Framework for "Fostering integration, partnership, and alliances" is shaping up
- Assurance gained about how risk management is undertaken in Mental Health Division, and how staff are involved in the identification, reporting, review and mitigation of risks
- Plan to achieve Cyber Essentials is on track
- Internal audit: the 6 final 2022/23 reports received either a significant or high assurance level with regards to the design and implementation of controls. Positive comments were welcomed relating to Neurodiversity clinical data management
- The 2023/24 internal audit plan is on track
- Counter Fraud programme for 2023/24 is on track
- Good progress with staff completing information governance training
- Mazars have undertaken no non-audit work, to ensure their continued independence.

Key Actions Commissioned/Work Underway:

- Further consideration of how to measure, for the Board Assurance Framework, the outputs and outcomes of partnership and collaborative work, not just the inputs
- MH Division to review their risk ratings and consider, through ODG/EMT, whether any merit inclusion on the corporate register

Key Risks/Areas of Focus:

- The 2023/24 Insurance provision for Clinical Negligence is £1.149m, reflecting the Trust's

Decisions Made:

- Endorsement and support to the range of controls, prevention and assurance work

claim history – this is up from £0.824m last year, and £0.633m the previous, but reflects historical, not new claims • Salient risks relating to workforce and waiting times appear still intractable, despite the existing controls and actions being taken	being undertaken across the scope of the Committee's remit. •

Governance:

	Date		Date
Audit Committee		Remuneration & Nominations Committee	
Quality Committee		Workforce & Organisational Development Committee	
Finance & Investment Committee		Executive Management Team	
Mental Health Legislation Committee		Operational Delivery Group	
Charitable Funds Committee		Collaborative Committee	
		Other (please detail) Report produced for the Trust Board	27.9.23

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*	
√ *Tick those that apply*	
x	Innovating Quality and Patient Safety
x	Enhancing prevention, wellbeing and recovery
x	Fostering integration, partnership and alliances
x	Developing an effective and empowered workforce
x	Maximising an efficient and sustainable organisation
x	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	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Committee Assurance Report – Key Issues

The Committee, which was quorate, considered the following matters:

We noted an additional **special payment in 2022/23**, now included in the accounts: a VAT refund of £99,397 relating to leased cars was passed on to 52 staff.

Single Tender Waivers Update: The single tender waiver controls continue to operate, with 35

previously reported waivers totalling £10.0m being monitored. A further 4 waivers with a combined value of £1.86m have been approved in the last quarter. The Committee endorsed them (3 relating to NHSE projects or ICB/Hull City Council commissioning decisions; 1 relating to continuity).

Procurement Activity January to June 2023: The 6 months saw £67m of procurement activity. We considered: assurances to ICB about how expenditure over £10k is controlled; new estates and grounds procurements; net zero and social value criteria; bid management; and plans to use the national NHS procurement platform (Atamis).

Insurance Provision 2023/24: We noted the further increase in clinical negligence premium – at £1.149m, up from £0.824m last year, and £0.633m the previous. It is driven by historical claims, not new ones. We discussed how patient safety, incident and near miss reporting are applied to minimise the risk of negligence.

Board Assurance Framework at Q4: The BAF was considered, and both the new-look and contents welcomed. More work is need on assessing how our partnerships make good use of system-wide resources. We asked for Further consideration of how to measure the outputs and outcomes of partnership and collaborative work, in addition to the inputs. This could include individual patient stories, and retrospective review of projects/initiatives testing whether collaborating is more effective than not.

Trust-wide risk register: The corporate risk register was considered. No changes were made since the July Board meeting. The salient risks of availability of clinical/care human resources, and waiting times, are still proving hard to mitigate.

A deep-dive into the Mental Health Services risk register: We heard in detail about the highest residual risks (rated 12) relate to staff availability/recruitment and demand/waiting times, which can be deemed to be driven by exogenous factors to the Trust. Other risks are more easily controlled internally: data collection; action taken at PICU; physical in-patient facilities. We heard how the process of identifying, recording, reviewing, rating and managing risks, involves staff at all levels. Risks are entered on Datix at team leader level; but this is preceded/supported by team level discussions. The Committee endorsed the open and honest discussion in evidence in the presentation of the risks.

Senior Information Risk Owner (SIRO) Action Plan: We considered the report tracking the actions of the Cyber Plan for Data Security Protection Toolkit (the goal being to gain Cyber Essentials accreditation). The amber/red items relate to Information Asset Owner (IAO) engagement; ongoing maintenance of asset registers; staff training and awareness. We gained assurance the plan is on track.

Internal Audit: The assurance levels for the six final reports for 2022/23 were welcomed: general ledger transactions (high); creditor payments (high); data security and protection toolkit (high); Mental Capacity Act (significant); business continuity and resilience (significant); children and young people neurodiversity clinical data (significant, which was particularly welcomed by Chair of Quality Committee). Work on 2023/24 has commenced, but not reports yet complete. One overdue recommendation for the Medical Director to progress; and recent development of the People Strategy (to consult with staff), were noted.

Counter Fraud: The Committee received the report on Counter Fraud activity for the first 4 months of 2023/24 covered: bulletins and alerts to staff; masterclasses; the development on online training on cyber fraud; Fraud Focus Group (a regional network for Fraud Champions); referrals, and national strategy.

External Audit: Mazars reflected on the closing stages of the 2022/23 audit relating to Right of

Use valuations. The late changes to valuations affected many organisations, which was attributed to the novelty of the accounting treatment.

Non-Audit Work: Mazars have not been commissioned to undertake any non-audit work.

Changes to Contracts: No changes to contracts were notified.

Information Governance – progress noted.

Finally, the Committee undertook a brief self-assessment against **"Being Humber"**, concluding that indeed we had been.

Humber Teaching NHS Foundation Trust

Agenda Item 33

Title & Date of Meeting:	Trust Board Public Meeting – 27 September 2023
Title of Report:	Collaborative Committee Assurance Report
Author/s:	Stuart McKinnon-Evans Non-Exec Director – Chair of Collaborative Committee
Recommendation:	To approve: ; To discuss: ; To note: ✓ ; To ratify: ; For assurance: ;
Purpose of Paper:	This paper provides an executive summary of discussions held at the meeting on Wednesday 16 August 2023 and a summary of key points for the Humber Teaching NHS Foundation Trust Board to note.

Key Issues within the report:

Positive Assurance to Provide:

- Overall financial position positive as at month 4
- Adult Secure population remains around 140 in low/medium secure
- Number of young people in CAMHS is reducing.

Key Actions Commissioned/Work Underway:

- All 3 work streams are to hold workshops in September / October to review 2022/23 priorities, reflect and agree priorities for 2023/24

Key Risks/Areas of Focus:

- Increased number of people in Adult Eating Disorders which at month 4 is demonstrating a financial pressure.
- NHS England have allocated new capital monies to Leeds and York Partnership for mother and baby unit beds. In the Trust's view, there continue to be health inequalities for HNY region which have been raised with W Yorkshire and NHS England.

Decisions Made:

Papers approved at PCOG and ratified by Collaborative Committee:

- Standard Operating Procedure Service Development Improvement Plan
- Edenfield Culture Summary report which outlines the self-assessment from providers, common themes and trends which providers want to improve and our scrutiny as a collaborative
- Forensic Outreach and Liaison / Secure Community Forensic – Service Specification – developed due to lack of national service specification. NHS England have advised they are likely to build on or adopt the HNY specification.

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	16.8.2023
			Other (please detail) Report produced for the Trust Board	

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*	
√ *Tick those that apply*	
	Innovating Quality and Patient Safety
	Enhancing prevention, wellbeing and recovery
	Fostering integration, partnership and alliances
	Developing an effective and empowered workforce
	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	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Committee Assurance Report – Key Issues

The aim of this report is to provide assurance to the Humber Teaching NHS Foundation Trust Board (HTFT) about the Collaborative Committee which has been established by HTFT as the Lead Provider within the Humber and North Yorkshire (HNY) Specialised Mental Health, Learning Disability and Autism Provider Collaborative.

To demonstrate robust governance in its role as Lead Provider and avoid conflicts of interest with its provision arm, HTFT as Lead Provider has delegated some of its responsibilities to the Collaboration Planning and Quality Team (CP&QT) which is accountable to the Collaborative Committee.

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

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

The meeting on 16 August 2023 *was quorate*, and discussed the following matters:

Insight Report

- On the 18 July 2023 CPaQT were advised by South Yorkshire PC that following an unannounced CQC inspection last week, the Provider was issued with a Notice of Decision under Section 31 of the Health & Social Care Act that they must not admit any new patients without the prior written agreement of the CQC. Whilst it is unlikely that Cheswold Park will close – CPaQT have made the decision to review plans of all HNY patients at Cheswold Park and work with existing adult secure providers in HNY to develop contingency plans.

- NHS E have allocated £6 million of Capital monies to West Yorkshire the lead Provider Collaborative for Perinatal (of which S Yorkshire and HNY are partners). HTFT and LYPFT submitted proposal for the new beds - on 8 August 2023 HNY PC were advised that NHS England were allocating the capital monies to West Yorkshire for development of MBU beds in Leeds. HNY PC have raised a concern about how the decision was reached due to existing health inequalities for patients from HNY accessing the existing Leeds service.

- At the July 2023 HTFT Trust Board the Board approved the 2023/24 contract with NHS England. This document has now been signed by both organisations.

Work Stream Updates

Workshop planned for all 3 work stream areas to review the 2022 priorities, what we have achieved and what we still need to achieve as well as consider new priorities for 2023/24.

1 CAMHS

Mill Lodge:
9 out of 10 beds occupied.
Temporary ceased admissions due to high volume of NG tube feeding.

Inspire:
5 out of 9 beds occupied.
Whilst occupancy is low for Inspire there is no one waiting for a bed at Inspire.

- Reduction of CAMHS in-patient from 30 in May to 25 in June 2023
- The 4 Humber place areas are working closely to progress the Alternatives to Hospital (Inspire) project across the Humber region.
- Project plan for Mill Lodge alternative to hospital progressing and Mill Lodge are out to recruitment for additional workforce.
- The Yorkshire and Humber Involvement Network CAMHS leads have recruited a new lead for CAMHS and will also work alongside the ICB to consider how we can consult jointly with CYP in relation to further development of our priorities.
- A draft Business Case to develop an Integrated Referral Hub (Single Point of Access – SPA) was shared at the CAMHS workstream meeting in July. This proposal to be developed further and shared at the next PCOG.
- 1 long length of stay – 62 days – admitted on 15.8.2023 – due to highly complex co-morbidities.
- Future of Inspire PICU – to be discussed at the next Collaborative Executive along with other areas for escalation.

2 Adult Eating Disorder

Schoen Clinic:
7 Inpatients from HNY broken down by place:

- York 3
- NY 3
- ER 1

Rharian Fields:
4 Inpatients from HNY broken down by place:

- NY 2
- NEL 1
- ER 1

Priory Glasgow – 2 patients (1 x E Riding, 1 x Vale of York) admitted due to risk levels which cannot be managed safely within HNY. HNY PC have partnered with another PC regarding oversight of the patients at Glasgow due to geographical distance of the hospital.

- Pressure areas remain North Yorkshire and York – this information has been shared with HNY ICS place partners to seek assurance regarding their plans for investment into community provision.
- Due to the adult eating disorder workstream achieving most of the 2022 priorities, the work stream has agreed to hold a “revisioning “event in the autumn so that partners can review the 2022 priorities and consider priorities for 2023 onward.
- There has been an increase in complexity in AED presentation which has resulted in out of area placements as local units were unable to admit the people. This is being kept under review at the weekly referral management meeting and by Case Managers as part of routine 6-8 week clinical reviews.
- AED to be added to Risk Register due to increase in admissions and financial impact.

3 Adult Secure

High Secure 11 patients (commissioned by NHS England)
Low and Medium Secure 142 of which 68 are receiving care in HNY

- Data trends show that our ONCF length of stay has increased since 2021, this to be reviewed by the AS operational group to seek ways to reduce.
- HNY bed modelling workshops are booked for 1 and 29 September (two meetings to bring providers together to review).
- Hull and East Riding joint forensic outreach/liaison service operating procedure to go live 1 September 2023.
- Stockton Hall – Castlegate and Stonegate male and female MI wards are now open.
- Health inequalities to be considered by providers with HNY PC, the Clinical Lead and the AS

operational group. Aim to develop 3-4 priorities: deadline November 2023. An example of health inequalities in adult secure is access to healthcare provision for physical health e.g. dentistry which is a regional and national issue flagged as part of safe and wellbeing reviews. At present patchy detail and evidence for specialised services regarding health inequalities therefore we will link with HNY ICS regarding wider health inequalities.

Risk Register

Specialised Provider Collaborative Risk Register which includes all risks currently rated at 12 or higher:

- CAMHS - PC21 risk likely to be reduced to rating of 9 following month 4 financial information being received.

Work stream risks reduced from 12 risk rating in the last month.

- PC6 CAMHS admissions and discharges due to progress with reducing clinically ready for discharge and appropriate referrals this risk has been reviewed and reduced.
- PC20 SCFT capacity Adult Secure – this risk has been reviewed and reduced.

Potential new work stream risks.

- Potential of new risk to be added to the AED risk register – financial position of AED due to current overspend and month 3 year-end forecast – this to be discussed at the September AED work stream meeting.

Each work stream has their own risk register which is reviewed at each workstream meeting.
CPaQT meet every 2 months to peer review all the risk register in readiness for PCOG and Collaborative Committee

Quality Improvement and Assurance

- Increased monitoring of Clifton House to routine plus due to:
    - Clinical leadership
    - Completion of HC20 of the first 3 months
    - Having 2 locum Consultant posts

no serious incidents or safeguarding at Clifton House and CPaQT are working closely with LYPFT. CQC have been advised of our routine plus monitoring.

- Each provider has been contacted regarding the planned industrial action.
- continue with escalation calls – East of England patient -NHS England are involved and supporting.
- CQC reports and restrictions at Cheswold Park (outlined in Insight report) and Rampton, both hospitals outside of HNY geography.
- New Lived Experience post has been recruited to (0.4 w.t.e. 1-year fixed term) it was viewed that CPaQT were lacking that service user experience and best practice within all our day-to-day work, in addition having a person with lived experience is invaluable in supporting our work. Post holder working closely with the Yorkshire and Humber Involvement Network and HNY ICS involvement leads. Going forward update on lived experience and involvement to be included in the Quality Improvement and Assurance report.

Papers Ratified at the Collaborative Committee

These papers have been reviewed by relevant workstreams and approved at Provider Collaborative Oversight Group.

- Standard Operating Procedure Service Development Improvement Plan
- Edenfield Culture Summary report which outlines the self-assessment from providers, common themes and trends which providers want to improve and our scrutiny as a collaborative.
- Forensic Outreach and Liaison / Secure Community Forensic – Service Specification – developed due to lack of national service specification, however NHS England have advised they are likely to build on or adopt the HNY specification.

NHS
Humber Teaching
NHS Foundation Trust

Agenda Item 34

Title & Date of Meeting:	Trust Board Public Meeting – 27 September 2023
Title of Report:	Assurance Report from Charitable Funds Committee of 15 August 2023
Author/s:	Stuart McKinnon-Evans
Recommendation:	

To approve		To discuss	
To note	X	To ratify	
For assurance			

Purpose of Paper:	Through this report, the Charitable Funds Committee provides information and assurance to the Board from its August 15 2023 meeting.

Key Issues within the report:

Positive Assurance to Provide:

- 2 KPIs (expenditure budget; processing of wishes) are green
- 66 Wishes submitted to date in 2023, 9 granted, 41 in progress, 9 declined, 7 withdrawn. Recent Wishes have been handled quickly
- Discussions held with some Fund Zone Guardian, including to ensure Wishes submitted in respect of those zones are being progressed
- 3 appeals underway (Malton; Mental Health; CAMHS).
-

Key Actions Commissioned/Work Underway:

- Further update requested from fund zone managers, especially those who have yet to provide updates
- Future Insight reports to clarify how the 3 new appeals relate to the existing Fund Zones, and to provide clearer assurance that the appeals are being managed effectively
- Further work by to strengthen understanding and execution of Wishes process (including to show the process flow chart at the next Committee)
- Survey underway to gauge staff awareness (one of the 5 KPIs, currently Amber)
- Establish an operational management group to provide stronger support to charitable activity
- Consult with staff BAME network about the use of c £8k funds unutilised from a Covid-driven project.

Key Risks/Areas of Focus:	**Decisions Made:**
• The performance of the charity continues to be under close watch • 2 KPIs (fundraising; fundraising for charity by staff) are red • Net financial performance in last 3 months is below par • Awaiting confirmation from Newby Trust that their donation of £80k for Inspire Garden Project is still available • Some Fund Zone managers are not providing updates on what action they are taking to deploy funds already raised, despite engagement by management.	• Where a Wish is not fully funded by its own Zone, Clare Woodard/Claire Jenkinson to approach other Fund Zone Guardians to utilise any uncommitted unrestricted funds ,so that the Wish can be fulfilled (ie for the benefit of another Fund Zone) • Staff Lottery and Pennies from Heaven to be distributed across funds • Quarterly, as opposed to bi-annual, risk register review by the Committee.

Governance:

	Date		Date
Audit Committee		Remuneration & Nominations Committee	
Quality Committee		Workforce & Organisational Development Committee	
Finance & Investment Committee		Executive Management Team	
Mental Health Legislation Committee		Operational Delivery Group	
Charitable Funds Committee	X 15.8.23	Collaborative Committee	
		Other (please detail) Report produced for the Trust Board	

Monitoring and assurance framework summary:

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

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

Committee Assurance Report – Key Issues

The Committee discussed forward-looking and retrospective information:

Work Plan: the work plan was amended to include a quarterly, not bi-annual risk register review

Finance report:

Recent financial performance: July net deficit of £1,221; last 3 months net deficit of £2,663. The Committee re-iterated the need for improved fundraising performance. Fund balances stood at £322,237. Smile explained that Q1 has seen a focus on assembling the team to support fundraising. Clarification was sought on the status of funds associated with closed projects, and it was agreed a) to consult with BAME staff network on the utilisation of c £8,500 of funds remaining from the now closed BAME DOST Project b) to transfer £360 Covid funds to Big Thank You Humber. A full discussion on the management of funds took place, given that some Wishes are proving unaffordable, and some zones are not spending funds. We agreed that nominated Fund Zone Guardians will remain the decision-maker for funds in their Zone; but where a Wish is unaffordable, CJ and CW will request Guardians to transfer any unrestricted and uncalled on monies so the Wish can be realised (ie for the benefit of another Zone). This will speed up the granting of Wishes.

A full reconciliation of zone balances is still yet to complete. A new Just Giving account has been opened to optimise taxation.

The Committee also asked for a future report to show more clearly expenditure incurred from historic funds, so the true in-month financial performance can be gauged.

The Committee asked once again for more consistent input and updates from the Fund Zone Guardians.

We heard from Rishi Sookraj on the appeal which is being planned to create a dementia friendly day room at Malton's Fitzwilliam Ward, which plan was welcomed.

Insight report:

The Insight Report was discussed at length. The Committee:

- Noted that status of the KPIs (expenditure budget Green; Wishes processing Green; Income generation Red; staff awareness of funds Amber; staff raising funds Red)
- Asked in future reports for more detailed reporting on action and progress against the fundraising plan agreed for the year, including the effectiveness of bid writing
- Welcomed the identification of 3 distinct appeals: Malton (which Rishi Sookraj had described); Cardio Wall for MH in patient units; CAMHS Neurodiverse friendly waiting area. In each case, the Committee asked for greater assurance about the planning, coordination and execution of the appeal, to be reported at future meetings
- Agreed a proposal that an operational management sub-group be established to provide more co-ordinated oversight and control of charitable activity (fundraising appeals; projects and wishes; communication)
- Gained assurance about the recent work to expedite Wishes, and asked for the process flow chart to be explained at the next Committee
- Hearing that Newby Trust had not responded to requests for assurance that £80k donated

for the Walker St Garden project are still available, agreed that a contract to undertake the work could not be let until all donors had confirmed the funds were still available
- Agreed that Staff Lottery and Pennies from Heaven donations could be distributed to different zones
- Heard plans for future fundraising events.

In summary, the Committee concluded that insofar as fundraising performance remains below target, and there is still feedback from the staff that the Wishes process is not yet fully understood or regarded as effective, it will continue to ask for improvement and assurance from Health Stars.

Executive Lead: MM informed that Committee that following a review of executive portfolios, Pete Beckwith will take on the mantle for Health Stars at EMT level.

Thanks to Hanif Malik: The Committee expressed thanks for Hanif for his wisdom and insights, this being his last Committee before the end of his term.

Charitable Funds Committee

Minutes of the Charitable Funds Committee Meeting

Held on Tuesday 16 May 2023, 2:00 – 4:00 pm

Present:	Stuart Mckinnon-Evans (SMcK)	Non-executive Director, Humber Teaching NHS Foundation Trust – Chair of the meeting
	Michele Moran (MM)	Chief Executive, Humber Teaching NHS Foundation Trust
	Steve McGowan (SMcG)	Director of Workforce & OD, Humber Teaching NHS Foundation Trust
	Hanif Malik (HM)	Associate Non-Executive Director, Humber Teaching NHS Foundation Trust
	Pete Beckwith (PB)	Director of Finance, Humber Teaching NHS Foundation Trust
	Rachel Kirby (RK)	Head of Marketing & Communications, Humber Teaching NHS Foundation Trust
	Claire Jenkinson (CJ)	Deputy Chief Operating Officer, Humber Teaching NHS Foundation Trust
	Jamie Lewis (JL)	Chief Executive for Smile Health Foundation
	Clare Woodard (CW)	Head of Smile Health
	Tracey Underwood (TU)	Business Manager Smile Health - Observer
	Sue Hillier (SH)	PA to Director & Deputy Director of Workforce & OD (minute taker),

012/23	**Apologies for Absence:** Francis Patton (FP) Non-Executive Director, Humber Teaching NHS Foundation Trust Victoria Winterton (VW) Smile Health
013/23	**Declarations of Interest:** None disclosed.
014/23	**Minutes of the Meeting held on 21 February 2023:** The minutes were accepted as an accurate record.
015/23	**Action List, Matters Arising and Work Plan 2023 – 2024:** The action log was updated accordingly. **Action: Work plan to be include in the papers for all Committees**.
016/23	**Charitable Funds requests that require Committee Approval (over £5,000 up to £100,000):** No requests over £5,000 received.
017/23	**CFC Finance Report:** CW confirmed that unfortunately due to technical issues some of the figures hadn't been updated when the report was finalised. Assurance was given to the Committee that up-to date figures for April would be provided prior to or at the next meeting. CW reiterated the key points within the paper, one in relation to the £2,500 admin fee for 3 months for Smile Health. PB continues to work with CW and colleagues to verify the fund balance of £311,000 back to the bank account. February figures included the 16k grant from NHS charities together, with the last instalment of the Stage 3 Health and Wellbeing grant for a Health Trainer Post within the Trust. There was also a development grant received in March, shown in the figures which is being used to further improve the charity. SMcG asked whether it would be visible to see the funding in relation to the health trainer role on the expenditure side. CW confirmed that it would show as an expenditure on their side going forward, and if it would

	be possible to have sight of figures in relation to the team's productivity in relation to the Health Trainer role. In relation to the fund zones, there are concerns raised in relation to some of the pledges that have been promised for projects that are ongoing, one of which is the garden project funded by Newby Hall Trust, and whether the grants are still available due to the lengthy time scales involved. CW confirmed that conversations have/will be taking place with the grant makers to keep them updated in relation to progress and to establish if the funding will still be available, or whether we need to re-apply for further funding. **Action:** • **SMcG to provide CW with the Staff Wellbeing figures for her to feedback to the NHS Charities.** • **CW to continue to liaise with Newby Hall Trustees in relation to the CAHMS Garden Project.** • **Fund zone table report going forward each fund to state fund guardian name and provide a summary of the plans to utilise the fund.**
018/23	**March 2023 Insight Report:** CW confirmed that Smile Health are very aware that fundraising activity hasn't been where it should be and are determined to improve this in the upcoming months and are working on setting up a Just Giving page to enable fundraising online and looking at several other campaigns including the Whitby Bricks appeal. Work is continuing in relation to the circle of wishes that are currently outstanding and CW has had/ is having conversations/meetings with various managers and fund guardians to take these forward and look at specific fund raising for the wishes within the circle of wishes. Conversations have/are also taking place within other areas within the organisation such as GP Surgeries, Community Nursing and Malton Hospital to gain an understanding of the support Charitable Funds can give the community/ward. HM commented that the One Year Charity is a great concept, but felt £365 per year to be too low, even though it's a difficult business environment. HM had been working with Bradford Hospitals charity to help implement something similar, which aims to get 100 business donating £1,000 per year to achieve an annual target of £100,000, this was launched 3 to 4 months ago and currently had between 20/25 companies already signed up. JL replied that they work with many corporates at many levels and thought that £365 at the moment was a comfortable ask. Joint work had commenced with the Communications Team at Humber in relation to refreshing the branding for Health Stars and CW shared with the Committee some of the ideas which were in line with the Trusts branding and new NHS colours. A discussion took place within the Committee regarding the branding it was agreed for Smile Health to have a conversation with the Exec Team as well as ODG to get their thoughts/views and bring them back to the next meeting. SMcK asked for clarification in relation to the NHS Charities together grant of £30k and whether it is being used for various communication channels and mechanisms and what the timescale was in relation to implementation. CW stated that they are looking at developing a new website and web presence, along with a new circle of wishes platform to make tracking wishes more intuitive and transparent. It was advised that there is a 12-month window to spend the money and after that time frame an impact report is required to advise where the money has been used and what difference it has made. SMcK asked what action the Fund Guardians for Bridlington, Alfred Bean, Community Hospital and Volunteering were taking, in view of the level of unused funds. CW confirmed she has been in contact with them to further develop current plans, including to progress wishes, but faced some capacity constraints. CW will be having further discussions with Guardians, divisional managers and services leads (some in person).

	Action: • **CW to gain thoughts on the branding from the Executive Team, ODG and Senior Leadership Forum and bring it back to the next meeting.** • **CJ and CW to discuss guardian for Bridlington fund.**
019/23	**Health Stars 2023/24 Operational Plan (to include fundraising strategy):** CW presented the work plan for the year and reassured the committee that there are things in the pipeline to be able to try and meet the fundraising targets and the KPIs that have been set for the year. The document presented is a working document which can be updated month on month and is very much a work in progress. CW confirmed that a target had been set for one grant application per month which will be targeted to projects that are up and running and the circle of wishes requests. CW also confirmed that one grant application had been submitted for April 2023 for Psypher in relation to their allotment and work was currently in the progress regarding submitting a grant application for May 2023. There are events in the pipeline with some of the divisions for later in the year, but due to the capacity and the amount of time that events take, they are quite limited to what can be deliver in terms of large-scale events. CW confirmed that focus was on grant applications and working with corporates and communication with local community groups and schools. The community groups that are out there are already fundraising i.e., Rotary Club, League of Friends, Freemasons etc and lots of work is happening in terms of volunteering and community engagement and it's about aligning ourselves to the groups and using every opportunity we can to get our message out. Also going to focus on some legacy fundraising as there is a huge untapped market that can be explored. MM mentioned that a bit more emphasis in relation to the role of the Governor, as one of their key roles is to link into their constituencies and the members. This would be a useful role for them to help and support with the charity. HM commented on the digital fundraising plan and commented that this might be something that could be incorporated within some of the work that the NHS Charities together money is being used for as there's some correlation to both the new website which is been outlined and the CRM system. Alternatively, we could devise our own digital fundraising plan that is linked partly to some platforms such as Just Giving page and would be aligned to our own social media platforms. After discussion the committee agreed to endorse the plan and for it to be implemented and looked forward to seeing the results of the plan over time. **Action:** • **HM to continue to explore digital fund raising and how social media can be part of the implementation and report back to the next meeting.** • **CW to link in with the Membership Team in relation to the Governors involvement.**
020/23	**Health Stars 2022/23 Annual Report:** CW presented the Health Stars 2022/23 annual report and confirmed that the document would form the backbone of the end of year report that accompanies the charities accounts and would be going to the Trust's Board meeting in May 2023. The Committee felt the document was a fair representation of the work completed during the year and approved the document.
021/23	**Committee Effectiveness Review:** The committee's effectiveness review had been completed from the information received, and some amendments had been made to improve the committee's effectiveness as follows: • To firm up the scope and direction of the charity's activities. • Improvement to quality of the papers. • To monitor performance and activities using the revised set of KPI's. • To be clearer in relation to why contributors are attending the meeting.

	It was noted that the SLA had been put in place and signed by the Trust and Smile Health. The Committee where happy with the content of the Committee's Effectiveness Review for 2022/23 and approved the document. **Action:** • **To be forwarded to Jenny Jones for May 2023 Trust Board Meeting.**
022/23	**Terms of Reference Review:** No changes had been proposed to the Terms of Reference for the committee apart from the dates at the end of the document which need updating. PB confirmed that the Whitby Project work has been completed and therefore would no longer be a subgroup to this meeting and needed removing from the Terms of Reference. With the amendments discussed the committee approved the document. **Action:** • **Amendments discussed to be made to the document and then to be forwarded to Jenny Jones for May 2023 Trust Board Meeting.**
023/23	**To Review the Meeting and agree Content for the Assurance Report:** SMcG confirmed that the Operational Plan and Annual Report would go as separate reports, which need to be mentioned within the report. MM asked for emphasises on the funding plan and the conversations around the branding work that is been developed to be included in the report.
024/23	**Items for Escalation or Inclusion on the Risk Register:** Nothing discussed.
025/23	**Any Other Business:** **CAMHS Expenditure** MM had been contacted by a few legacy holders in relation to the CAMHS inspire expenditure and asked for an update in relation to where we are from a trustee point of view. It was agreed to take this offline and for an update to be given at the next meeting. **Action:** • **Update on status of CAMHS fund zone to be given at the next meeting.**
026/23	**Date and Time of Next Meeting:** 15 August 2023, 11:00 am – 13:00 pm via Microsoft Teams

Signed: ……. Chair: Stuart McKinnon-Evans

Date: ……

Humber Teaching NHS Foundation Trust

Agenda Item 35

<table>
<tr><td>Title & Date of Meeting:</td><td>Trust Board Public Meeting – 27 September 2023</td></tr>
<tr><td>Title of Report:</td><td>Workforce & OD Committee Assurance Report</td></tr>
<tr><td>Author/s:</td><td>Dean Royles – Non Executive Director</td></tr>
<tr><td>Recommendation:</td><td>
<table>
<tr><td>To approve</td><td></td><td>To discuss</td><td></td></tr>
<tr><td>To note</td><td>x</td><td>To ratify</td><td></td></tr>
<tr><td>For assurance</td><td></td><td></td><td></td></tr>
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</td></tr>
<tr><td>Purpose of Paper:</td><td>The Workforce and Organisational Development Committee is one of the sub committees of the Trust Board.

This paper provides an executive summary of discussions held at the meeting held on 06 September 2023 and a summary of key points for the board to note.</td></tr>
<tr><td colspan="2">Key Issues within the report:</td></tr>
<tr><td colspan="2">
<table>
<tr>
<td>Positive Assurances to Provide:
Comprehensive Freedom To Speak Up Guardian (FTSUG) report. refresh Strategy and policy being worked up subject to further guidance which will materialise over the next few months.
Staff Health & Wellbeing Group continues to be engaged and progress been made regarding supporting rest areas in outside spaces.
Positive assurance of medical education through the external validation including the GMC Junior Doctor feedback report</td>
<td>Key Actions Commissioned/Work Underway:
Refresh FTSU Strategy and policy being worked up subject to further guidance which will materialise over the next few months.
Work continuing around recruiting FTSU ambassadors with FTSU Guardian and COO looking at promoting champions though Operational forums and also working with Medical Director at looking at a consultant champion.
FTSUG Attendance at the Consultant and Nurse’s Forums to give an update on the report.
New actions within the Staff Health & Wellbeing work plan:
how to better support our carers within the organisation</td>
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- Noted positive assurance in vacancies reducing 3 months consecutively.
- Reduction and improved sickness absence.
- Medical Job Planning complete at 100%
- Highest number of appraisals completed at the closure of the window.
- Guardian of Safe Working Hours Quarterly Report
- An audit of the volunteer recruitment process has taken place.
- EDI Annual Report, Gender Pay Gap, WRES Report and WDES Report

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- providing support/advice and signposting for anyone who is experiencing Domestic Abuse.

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Key Risks/Areas of Focus:

- Vacancies in nursing and medical posts

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Decisions Made:

- More focused work in relation to DBS renewals, although noted that this is staff who have had a DBS check but haven't renewed their DBS as part of the rolling programme.
- More focus to be given in terms of staff doing additional/excessive shifts.

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<td>Governance:</td>
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<table>
<tr><th></th><th>Date</th><th></th><th>Date</th></tr>
<tr><td>Audit Committee</td><td></td><td>Remuneration & Nominations Committee</td><td></td></tr>
<tr><td>Quality Committee</td><td></td><td>Workforce & Organisational Development Committee</td><td>06 Sep 2023</td></tr>
<tr><td>Finance & Investment Committee</td><td></td><td>Executive Management Team</td><td></td></tr>
<tr><td>Mental Health Legislation Committee</td><td></td><td>Operational Delivery Group</td><td></td></tr>
<tr><td>Charitable Funds Committee</td><td></td><td>Collaborative Committee</td><td></td></tr>
<tr><td></td><td></td><td>Other (please detail)</td><td></td></tr>
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Monitoring and assurance framework summary:

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

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

Committee Assurance Report – Key Issues

Assurance Report September 2023

Freedom to Speak up Annual Report:

- Comprehensive report and continuing progress made, refresh FTSUG Strategy and policy being worked up subject to further guidance which will materialise over the next few months.

- Work continuing around recruiting ambassadors with AF and LP looking at promoting champions though Operational forums and AF also working with KF at looking at a consultant champion.
- Attendance at the Consultant and Nurse's Forums to give an update on the report.
- Assurance was also given in relation to what further routes were available if someone had raised an issue via the Freedom to Speak up and they thought that they are not getting any responses or felt the response were not adequate from the Trust Board and Chief Executive. These are:
    - Non-Executive Champion for Speaking Up and the Chair of the Trust
    - The National Guardian's Office.
    - There is also a Regional Network that the Trust are an active member of which offers support as well.

Staff Health & Wellbeing:

- Staff Health & Wellbeing Group continues to be engaged and progress been made regarding supporting rest areas in outside spaces.
- New actions within the Staff Health & Wellbeing work plan:
    - how to better support our carers within the organisation
    - providing support/advice and signposting for anyone who is experiencing Domestic Abuse.

Equality, Diversity and Inclusion Group

- Engagement continues to be good although need to continue to ensure operational attendance however recognise the pressures.
- Comprehensive workplan in place that is refreshed as guidance is received.

Medical Education Committee

- The Committee noted positive assurance through the external validation including the GMC Junior Doctor feedback report.

People Insight Report

- Noted positive assurance in vacancies reducing 3 months consecutively.
- Reduction and improved sickness absence.
- Medical Job Planning complete at 100%
- Highest number of appraisals completed at the closure of the window.
- 85 staff have not renewed their DBS in accordance with Trust policy, although this is the lowest it has been for more than 12 months. It is noted that this is staff who have had a DBS check but haven't renewed their DBS as part of the rolling programme.
- Whilst improving month on month, Nurse vacancies remain high at 11.67%.

- There are 14.8 FTE Consultant Vacancies. 12 FTE are filled with agency and this forms a significant part of the Trust's agency spend and budget pressures. 2 FTE roles (MH Unplanned) are currently not out to advert however they are filled with agency cover.
- Focus to be given in terms of staff doing additional/excessive shifts.

Guardian of Safe Working Hours Quarterly Report:

- This quarter saw no significant issues related to the rota; 3 issues were raised which all have now been resolved.

Volunteers Update:

- It was noted that focus remains on continuing to expand the service. An audit of the recruitment process has taken place and assurance sought as progress is made to make sure and recognise it's a great way of engaging our communities in the work that we do.

Medical Workforce Plan:

- The Committee welcomed the report and noted that it is a dynamic document that will adapt and change as we go forward.
- Welcomed the stretch ambitions that were trying to be achieve however, it was noted that these were stretch ambitions and recognised that they all may not be achieved in the time frame.

Professional Education Team Report:

- Report really ties in with the Trust's values in terms of learning and growing, with two stories produced in relation to achieving two awards:
    - National Preceptorship Interim Quality
    - Pastoral Care Support – International Educated Nurses

Draft People Strategy Update:

- The Committee noted and recognised the need for the engagement and the opportunities to be involved in co-production sessions of the People Strategy. Committee noted to refreshed timescales for delivery.

EDI Annual Report, Gender Pay Gap, WRES Report and WDES Report:

- The Committee noted the positive assurance of all the work that is going on in all areas and the continuous improvement journey and can be assured that the WDES is in the top 14% and above average in all the areas and the WRES above average in a number of areas.

2023/24 Hard to Fill Recruitment Plan:

- Update provided on the ‘Hard to recruit’ plan and progress within the Task and Finish Group. Noted by the committee that work continues on the plan to meet the recruitment targets for Nurses and Consultants.

Humber Teaching NHS Foundation Trust

Minutes of the
Workforce and Organisational Development Committee
Held on Wednesday 17 May 2023
9:30 – 12:30pm
Microsoft Teams

Present:

Members:

Dean Royles (DR)	Non-Executive Director (Chair)
Steve McGowan (SMcG)	Director of Workforce and OD
Lynn Parkinson (LP)	Chief Operating Officer
Hilary Gledhill (HG)	Director of Nursing
Kwame Fofie (KF)	Medical Director
Francis Patton (FP)	Non- Executive Director

Other attendees:

Karen Phillips (KP)	Deputy Director of Workforce and OD
Hanif Malik (HF)	Associate Non-Executive Director
Emma Collins (EC)	Senior HR Business Partner (attended for agenda item 12)
Sam Hemingway (SHe)	Health and Wellbeing Coordinator (attended for agenda item 15)
Sue Hillier (SH))	PA to Director & Deputy Director f Workforce & OD (Note taker)

17/23	**Apologies for Absence:** Phillip Earnshaw – Non-Executive Director
18/23	**Declarations of Interest:** None discussed
19/23	**Minutes of the meeting held 08 February 2023:** The minutes were taken as an accurate record and accepted.
20/23	**Action Log and matters arising from meeting:** The action log was discussed, and actions were closed as appropriate.
21/23	**Chairs logs from any groups reporting to this committee:** **a) Staff Health & Wellbeing Group:** LP introduced the paper and reiterated the key points to the committee, this included the Staff Survey results and the Health & Wellbeing elements. This continues to be an engaged and focussed group, the workplan for the coming year is to focus on the continuing work around staff environments i.e., outdoor spaces. Discussions around how to support staff psychologically in the workplace and the group continues to look at the psychological aspect of support as well, also focus on supporting some campaigns that are already initiated i.e., continue to champion the menopause awareness campaign, and also looking at other campaigns such as Domestic Violence. FP queried the new 'Your Leave Plus' policy and how we are assessing how successful the policy is and how aware people are of the policy. LP responded in relation to the Staff Health & Wellbeing Group, the members have been asked to use their roles within the group to raise awareness of the policy within meetings in their working areas. SMcG responded that conversations have taken place around the use of pulse surveys going forward to target certain questions, such as this, to engage with staff. **b) Equality, Diversity and Inclusion Group:**

KP introduced the paper and reiterated the key points to the committee and commented on the good attendance at the meeting from Operational and network representatives. All of the staff networks Terms of Reference have had a refresh and new arrangements in place to provide some structure around the way they function. All of the networks are really positive about the refresh. HF queried the reverse mentors in relation to what can be done to be more proactive in relation to people coming forward and applying. KP confirmed that direct contact has been made with the network chairs and the dialog will continue with them going forward, as well as promoting the scheme through the global communications to the whole organisation. FP queried the Humber High Potential Programme and how we promote the programme, and also sought further clarification on the workforce demographic data. KP confirmed that there had been direct contact with the networks in relation to the Humber High Potential Programme, looking at the characteristics of staff currently on the programme the Trust has reached people from underrepresented groups, but they weren't necessarily put forward by a network. In relation to the piece of work that Mandy Dawley is doing on the patient demographic data collection, there are a few problems in relation to operational support in terms of moving forward with gathering the patient data. In terms of workforce demographic data collection, a proactive piece of work has been ongoing to capture this data and a robust process is now in place alongside a section on the dashboard of ESR for staff to also update or verify their personal data.

It was queried whether the makeup of the EDI steering group is covering the broader range of underrepresented groups and not just ethnicity. KP advised that the steering group has representation from each of the networks and wide range of operational and corporate staff attend.

SMcG mentioned for information that we are starting to pick up a few issues from staff side and networks around some cultural issues on some particular wards, which is in hand. Worth noting that it's positive that staff side and networks are talking to us and this show's a confidence that we as an organisation will do something about these problems when their reported.

KP shared with the committee some draft posters in relation to a 'Report it' Campaign, to improve reporting of bullying and harassment related incidents which will be launched later in the year.

Action:

- **Continue to promote Reverse Mentor and High Potential Development Scheme, LP has asked all Operational Managers to discuss these in appraisal meetings.**
- **KP to circulate the Report it Campaign slides for information**

c) Medical Education Committee:

KF introduced the paper and reiterated the key points to the committee. Went to see all the SPR and training in the Yorkshire Region and had a poster to share which outlined how fantastic our training is and outlined the following:

- Top 20% of all Trusts in the UK for Overall Satisfaction,
- 1st in the region for workload,
- Top 10 in the UK for workload and rota design,
- Top 10 in the North for Workload, Rota Design and Local Teaching
- Top 5 in the region for feedback and Educational Supervision.

Educational Visit from NHS England, Yorkshire and the Humber in April 2023 and received some very positive feedback from them.

FP asked for further clarification on the Humber Debate, KF responded that they are postgraduate and undergraduate debates on various topics.

DR asked the committee for their thoughts around whether Education and Training is becoming more embedded and important within the organisation, and since changing the Trust's name to the Teaching Trust, therefore the broad question is, is there a step further

	we need to go, are there some further infrastructure steps we could be taking to build up some progress. KF responded that research is an important tool to attract senior clinicians and is one of the things that we try and promote. **Action** • **Need to have consistent use of front cover sheets on all of the chair log documents going forward.** • **LP, HG and KF to meet to discuss further infrastructure steps in relation to Education and Training.** • **KF happy to work with KP in relation to Reverse Mentoring.**
22/23	**March 2023 Workforce Insight Report:** SMcG introduced the March 2023 year-end report and reiterated the key points. • **Vacancy rate** - down below 10%, overall, a positive position around vacancies. There are around 189 posts that are effectively over establishment. • **Hard to recruitment** - 11% of nurses, 29.56% still very high for consultants and GP's, however the GP position will improve from the 01 April 2023 due to TUPE transfer out of the organisation. • **Workforce Planning** – review of the year, brought the workforce plan within 12 posts of what was predicted, achieving our target growth of 206 posts and what did out patients get from that in relation to productivity. • **Apprenticeship** – improvement in the uptake and SMcG thanked LP for the support and encouragement within Ops in relation to apprenticeship posts. • **Turnover** - currently high, but it is coming down, however, there is one particular area i.e. Community and Primary Care that is a concern, which is picked up on the action plan in the monthly accountability review meetings for that division. There was a Recruitment and Retention payment package for Band 5 Nurses for 2022/2023 during this period 34 nurses left the organisation and only 1 of these was down to a better rewards package. SMcG highlighted , the additional reward package for Band 5 nurses hasn't been supported going forward which could be a risk to recruitment.. HM queried the low number of International Nurses that commenced within the Trust in comparison to the target number. HG responded by stating that International Recruitment is becoming more complicated and difficult, in relation to the countries within Africa stopping the nurses coming over to this country to work. There are other problems i.e., haven't passed the test for the country in relation to English and Maths and therefore were not able to employ them. Paper going to EMT in August and HG to feedback about International Recruitment at the next meeting. FP queried the 3 key pieces of work, Medical Workforce Plan, Operational Services Student Apprenticeship and Nurse Graduate Apprenticeship Scheme and also queried a deep dive taken place in relation to the Golden Hello and the Band 5 Recruitment and Retention payment. SMcG responded with regards to the Band 5 Nurses, we've lost 34 in total with only one stating it was due to a better reward package. KF responded in terms of Medical Workforce Plan currently in the final stage, putting the finance element together and the document will be ready for the next meeting. LP responded that they are complete and ready to go to EMT and to come back to the next meeting in September 2023. LP responded that GP turnover is on the next Strategic Board Day and are monitoring these issues. • **Equality and Diversity Inclusion -** Broader representation across each of the 3 categories that are presented into this meeting. Currently applying for Rainbow Badge scheme (LGBTQ inclusion) and are going through the assessment process. Assessment report will be published in August informing the organisation of the outcome of the assessment. Update to be brought to the next meeting in September 2023. • **Sickness** – Seen a reduction in sickness, two directorates, Secure Service and Mental Health Planned have made significant improvement over the last 12 months. Deep Dive to be brought to the next meeting in September 2023.

	• **L&D Stan Man** – Positive progress across the board currently stands at 93.6%. Currently have only 6 noncompliant courses, which most are face to face. • **Work Experience** - Achieved the target across the Trust in both operational and corporate areas in relation to the number of students who attended work experience within the Trust over the last 12 months. • **Planning and Rostering** – All Medical Job Plans are fully signed off within the Trust. The Rostering programme which is been rolled out across the whole of the Trust, currently at 41% with 10 months left to complete the programme. It was noted that this project is kept under review by EMT and will be escalated as an when appropriate. • **Appraisals** – Achieved 97.8% appraisals completed within the window for 2022. Currently in the appraisal window for 2023 and will start to run reports shortly in relation to compliance within the divisions and corporate services. • **Employee Relations** – No concern around the data. • **DBS renewals** – All staff that are required to have a DBS within the organisation do have one which enables them to work within the Trust. However, some staff as part of the organisation's 3-year DBS rolling programme policy haven't renewed their DBS in the timescale that they are required to do so. There is a process in place which is actively monitored and escalated where appropriate. DP queried the 648 x 60 hours weeks and were there any people that are regularly doing 60-hour weeks. LP responded that a weekly report is produced by name and areas, and if there are examples of repeated excessive working hours these are picked up with the managers concerned. **Action:** • **SMcG to do a deeper dive into why Band 5 Nurses have joined the Trust.** • **Medical Workforce Plan to come to the next meeting. KF** • **LP to bring Nurse Graduate Apprenticeship and Operational Services Student Apprenticeship to the next meeting.** • **EMT to keep under review the Golden Hello and Band 5 Recruitment and Retention payment.** • **HG to feedback about International Recruitment at the next meeting.** • **Update on Rainbow Badge Scheme** • **Sickness Deep Dive to be brought to the next meeting in September 2023**
23/23	**Risk Registers and BAF:** KP introduced the paper and reiterated the key points to the committee, currently 6 risks rated 9 and above, 3 are related to the high number of vacancies across Consultant, Nursing and GP Staff groups and an overall turnover risk. Some risks have been removed from the register which is in light of the really positive progress particularly around Statutory and Mandatory Training. There is currently 1 which we are keeping an eye on with regards to Industrial Action, in relation to the Junior Doctors. It was noted that the BAF was reported to the committee, and quarter 4 reflects the positive assurance around Statutory Mandatory Training and the Nurse vacancy rate. FP queried the gaps in controls and what additional action needs to be completed and all the risks registers at the year-end should be reviewed, in relation to have the gaps and control and additional actions all been dealt with. KP responded that it has been reflected in the movements on this particular risk register.
24/23	**Guardian of Safe Working Hours Quarterly Report:** KF introduced the paper, which is produced quarterly and audited by Dr Qadri, there are some key issues which have been raised, i.e., Allocate system not allowing Foundation doctors to be added, this has now been resolved with Allocate. The other issue was adequate rest space required in relation to the on-call room used by the Junior Doctors which is not always available for them to use. This has been resolved in relation to if the room is not available, they can use a local hotel and claim it back through expenses.

25/23	**Update on Primary Care Training:** KF responded that the Training for Psychiatric Nurses and AHP's is still being worked through in Primary Care and still progressing on the work to make sure that our 3 GP surgeries become VTS training surgeries because we see that as a way to contribute to the future of GP workforce.
26/23	**2022 NHS Staff Survey Results:** SMcG introduced the paper and reiterated the key points to the committee and that there are action plans in place for each Division and Directorates within the organisation.
27/23	**Draft People Strategy:** Agenda item Deferred until the next meeting.
28/23	**2023/24 Workforce Plan:** DP welcomed EC to the meeting EC introduced the paper and reiterated the key points to the committee. Vacancies have reduced by 1% and the turnover has increased slightly. Slightly higher proportions of staff aged 50 and over within the last 12 months, and for a second year seen the proportions of 30 and under increase. The Trust's establishment grew over the 12-month period by 6.93% which equates to 218.51 FTE staff which was close to what was predicted, which produced a growth of 6.54% which meant we were out by 12 FTE staff. Section 7 is the main body of the report which captures all of the forecasted changes to the establishment, it's presented by division, staff and group and banding. In summary we are forecasting establishment increase of 58.88 FTE, the majority within Children's and LD who have some funding areas approved for growth and also within Finance, 12.28 FTW in relation to additional investment. What this means for staffing groups is the biggest impact on our Scientific, Therapeutic and Technical staff with growth of 20 FTE and growth of 40 FTE for nurses as well. Small change to section 7.5 which details the proposed changes without identified funding these are changes which are still subject to Finance, Business Partner sign off once the funding is secured. That is now 33.9 FTE which is a slight reduction to what is stated within the paper in relation to the medical section regarding the 2 roles with Liberty Protection Safeguards been removed. In terms of the forecast it links into our hard to recruit plan assuming that we achieve a 10% turnover, we need to hire an additional 391.41 staff next year in order to achieve that 9% vacancy rate target that's SMcG described and that includes 116.86 nurses and 22.84 medics. FP queried section 8 of the document Workforce Modernisation plan, KF confirmed that there are a lot of demands within Primary Care and a lowest fill rate for GP's and therefore need new roles to support. LP confirmed the plan is going to be amended to show some of the workforce redesign in a few areas, Associate Nurses, Therapy Assistants particularly in our Community Services within North Yorkshire. There is an element around Physician Associates, which will be picked up with KF in that iteration of that Workforce Plan. Successful conversations with our PCN's around our roles which has progressed. EC left the meeting at 11:30 am
29/23	**2023/24 Hard to Fill Recruitment Plan:** SMcG introduced the paper and reiterated the key points to the committee, the plan in place is particularly around Nurses and Consultants in relation to a glide path around the number we require to employ each year to meet the target. The Plan is modelled on a 9% vacancy target rate and contains a glide path for the coming year in relation to Students, International Nurses, Consultants etc. It also contains a review of 2022/23 and at the end of March 2023, the Trust had 31.2 Band 5 vacancies. The plan also shows the committee that we have plans in place to meet the requirement for nurses but it's unlikely were not going to meet those requirements in relation to Consultants. This information is monitored at a monthly meeting which SMcG chairs with representation from Ops, Nursing and Medical also in attendance.

	SMcG and HG to have a conversation outside of the meeting in relation to the International Nurse places that we didn't manage to fill in 2022/23 regarding the external funding received for them and if potentially we are required to give any money back to NHSE for the places we didn't fill. **Action:** • **SMcG and HG to have a conversation around International Nurses and if potentially we are required to give any money back to NHSE for the places we didn't fill.**
30/23	**Freedom to Speak Up Annual Report:** Agenda item deferred until the next meeting.
31/23	**Health & Wellbeing Initiatives:** DP welcomed SHe to the meeting and introductions were made. SHe gave a presentation on the Workforce Wellbeing Team copy of presentation attached.  WWT Presentation.pptx HM congratulated SHe and the team on the work they are doing and queried the follow up in relation to when the initial intervention occurs and whether there are any plans to do a mid to longer term follow up i.e., after 12 months. Also, as such a small team how/what are the plans in relation to rolling this out across the whole of the organisation. SHe responded in relation to the follow up, if someone has a result outside of the normal range and they go to see their GP, we can't then see them again for that reason because they've got the support from the GP but can have a follow up in relation to the wellbeing side. In relation to rolling it out across the organisation, it's up to staff if they wish to attend, all we can do as a team is to encourage people to attend by attending team meetings to let them know what the team can provide. SMcG thanked SHe for the work him and his team continue to do, and went on to confirm that this team is permanently funded going forward, and there is also a further £50k which goes alongside the funding for the team which pays for some of the activities such as the rock climbing etc. Linking in with the Charitable Funds Committee in relation to funding received from them in relation to a post, the post is part of this team. SHe left the meeting.
32/23	**Committee Effectiveness Review:** DP apologised for the delay in sending the document out to the committee. It was noted that the Chief Executive of the organisation was not a member of the Committee but had an open invite to attend every meeting. The document was approved by the committee.
33/23	**Terms of Reference Review:** DP confirmed the terms of reference had been updated and HG's job title to appear in full within the document. The document was approved by the committee and for it to be forwarded to Trust Board for approval. **Action:** • **Terms of Reference to be updated with the amendment and forwarded to Board Support for Trust Board on the 31 May 2023.**
34/23	**To Review of the meeting and Assurance Report:** DR asked the committee if they had any comments on the meeting. It was confirmed that it had been a good meeting with good discussion and appreciative challenge. It was agreed to put the work plan as a standing agenda item on the agenda going forward. **Action:** • **Work Plan to be standing agenda item on the agenda going forward.**
35/23	**Any Other Business:** None discussed
36/23	**Date of Next Meeting:** 06 September 2023, 09:30am – 12:30 pm via MS Teams

Agenda Item 36

<table>
<tr><td>Title & Date of Meeting:</td><td>Trust Board Public Meeting, 27 September 2023</td></tr>
<tr><td>Title of Report:</td><td>Reporting of Committee Business</td></tr>
<tr><td>Author/s:</td><td>Name: Caroline Flint Stella Jackson
Title: Chair Head of Corporate Affairs</td></tr>
<tr><td>Recommendation:</td><td><table>
<tr><td>To approve</td><td>/</td><td>To discuss</td><td></td></tr>
<tr><td>To note</td><td></td><td>To ratify</td><td></td></tr>
<tr><td>For assurance</td><td></td><td></td><td></td></tr>
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<tr><td>Purpose of Paper:</td><td>At the Public Board meeting held on 31 May 2023, it was agreed that the Chair and Head of Corporate Affairs should develop a proposal regarding reporting of Committee business via Committee Chair reports and Committee minutes.

The Head of Corporate Affairs subsequently contacted the national Company Secretary network to determine the practice of other trusts and the results are contained in this report.

The Board is asked to:

• Agree that minutes should no longer be forwarded to Trust Board meetings but should be made available, on request, to Board members.
• Note Committee minutes will continue to be forwarded to the respective Committee for approval.
• Note the potential of developing a Board portal is being explored.
• Agree that Executive Management Team minutes should no longer be forwarded to the Board as key discussion points are highlighted (and therefore duplicated) through the Chief Executive briefing.
• Note that current practice regarding the receipt of Committee Assurance Reports will continue to be followed.</td></tr>
<tr><td colspan="2">Key Issues within the report:</td></tr>
<tr><td>Positive Assurances to Provide:
• The recommendations within this paper will deter the duplication of information for Board members and reduce the paperwork received.</td><td>Key Actions Commissioned/Work Underway:
• The potential development of a Board portal is currently being investigated.</td></tr>
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• The recommendations are based on the practice of a number of other trusts.	
Matters of Concern or Key Risks: • n/a	**Decisions Made:** • n/a

Governance:

	Date		Date
Audit Committee	16/5/23	Remuneration & Nominations Committee	
Quality Committee		Workforce & Organisational Development Committee	
Finance & Investment Committee		Executive Management Team	31/7/2023
Mental Health Legislation Committee		Operational Delivery Group	
Charitable Funds Committee		Collaborative Committee	
		Other (please detail)	

Monitoring and assurance framework summary:

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

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

Reporting of Committee Business

1. Introduction:

At the Public Board meeting held on 31 May 2023, it was agreed that the Chair and Head of Corporate Affairs should develop a proposal regarding reporting of Committee business via Committee Chair reports and Committee minutes.

The Head of Corporate Affairs subsequently contacted the national Company Secretary network to determine the practice of other trusts.

2. Findings

Twenty-five trusts responded to the request. Of those, 23 (92%) did not forward Committee minutes to Board meetings but made these available to Board members on request or via a Board portal. 23 (92%) received all Committee Chair assurance reports at the Board meeting in Public unless the content was commercially sensitive or confidential (such as the Remuneration and Nominations Committee assurance report). Such reports were forwarded to the Board meeting held in Private.

Board Committees did, however, continue to approve the minutes of their meetings.

3. Executive Management Team Meeting Feedback

The Executive Management Team (EMT) considered the results at a meeting held on 31 July 2023. EMT supported the recommendations within this paper. EMT also highlighted that the key points considered at Executive Management Team Meetings were communicated to the Board through the Chief Executive briefing. Consequently, in keeping with the practice outlined above, it was felt that EMT minutes should no longer be forwarded to Board meetings as these duplicated the content of the briefings and did not add any value. Additionally, EMT is not a Committee of the Board and the trusts that responded to the information request did not highlight that EMT minutes were shared with the Board.

EMT also believed that current practice should continue to be followed regarding the receipt of Committee Chair Assurance reports:

- All such reports will be forwarded to the Board meeting in Public (apart from the Remuneration and Nominations Committee reports which will be forwarded to Private Board due to the confidential nature of these reports).
- Should the Assurance reports contain commercially sensitive or confidential information, then this information will be redacted from the reports which are forwarded to the Board meeting in Public. In such instances, a non-redacted copy of the reports will continue to be forwarded to the Private Board meeting.

4. Board Portal

The Trust is currently investigating the development of a Board portal which could store information Trust Board members will find of interest including: Committee minutes, Committee work plans, Committee terms of reference, Code of Conduct etc. It could also usefully be used to store supporting Board paper information which doesn't need to be incorporated into a Board paper but which Board members might find useful to refer to prior to a particular paper being considered at a Board meeting. Such a portal would only be available for Board members and members of the Business Support Unit to access.

NHS
Humber Teaching
NHS Foundation Trust

Agenda Item 37

Title & Date of Meeting:	Trust Board Public Meeting – 27 September 2023
Title of Report:	Board Strategic Development Meeting Agenda – 25 October 2023
Author/s:	Caroline Flint Chair
Recommendation:	

To approve		To discuss	
To note	✓	To ratify	
For assurance			

Purpose of Paper:	To provide, for information the agenda for the 25 October meeting

Key Issues within the report:

Positive Assurances to Provide: • Areas of discussion	**Key Actions Commissioned/Work Underway:** • As per the agenda
Key Risks/Areas of Focus: • Noting to escalate	**Decisions Made:** • N/A

Governance:

	Date		Date
Audit Committee		Remuneration & Nominations Committee	
Quality Committee		Workforce & Organisational Development Committee	
Finance & Investment Committee		Executive Management Team	
Mental Health Legislation Committee		Operational Delivery Group	
Charitable Funds Committee		Collaborative Committee	
		Other (please detail) Board update	✓ 27.9.23

Monitoring and assurance framework summary:

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

Caring, Learning
& Growing Together

✓	Maximising an efficient and sustainable organisation
✓	Promoting people, communities and social values

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

Humber Teaching NHS Foundation Trust

Board Strategic Development Meeting

Agenda

25 October 2023, 9.30am for 10.00am start
Multi-use Room, Trust HQ

		Lead	Action	Report format	Timings
1.	Apologies for Absence	CF	Note	verbal	10.00
2.	Notes from 30 August 2023 Meeting	CF	Note	✓	
3.	Quality Improvement Training	KF	Discuss		10.05
4.	Trust Strategy and Board Assurance Framework	MM/HG	Discuss		11.00
5.	Capital Programme Update (including six month Digital update)	PB	Discuss		11.45
	Lunch				12.15
6.	Annual Plan	PB	Discuss		12.45
7.	PROUD Strategy – Review and Next Steps		Discuss		13.30
8.	NHS Impact – Baseline and Self-Assessment		Discuss		14.15
10.	**Date, Time and Venue of Next Meeting** 20 December 2023, 9.30am, venue to be confirmed				