

**Trust Board Meeting 28 October 2020  
Agenda - Public Meeting**

For a meeting to be held at 9.30am Wednesday 28 October 2020 by Microsoft Teams

		Lead	Action	Report Format
<b>Standing Items</b>				
1.	Apologies for Absence	SM	To note	verbal
2.	Declarations of Interest	SM	To receive & note	√
3.	Minutes of the Meeting held on 30 September 2020	SM	To receive & approve	√
4.	Action Log and Matters Arising	SM	To receive & discuss	√
5.	Staff Story – Kerry Todd, Service Manager, West Hull CMHT	SMcG	To receive & note	√
6.	Chair's Report	SM	To note	verbal
7.	Chief Executives Report	MM	To receive & note	√
8.	Publications and Highlights Report	MM	To receive & note	√
<b>Performance &amp; Finance</b>				
9.	Performance Report	PBec	To receive & note	√
10.	Finance Report	PBec	To receive & note	√
<b>Assurance Committee Reports</b>				
11.	Quality Committee Assurance Report & 5 August 2020 Minutes	MC	To receive & note	√
12.	Finance & Investment Committee Assurance Report	FP	To receive & note	√
<b>Quality and Clinical Governance</b>				
13.	Covid 19 Report	LP	To receive & note	√
14.	Mortality Report Update for the Covid to July 2020	JB	To receive & note	√
<b>Corporate</b>				
15.	Trust Corporate Visual Identity Update (Rachel Kirby attending)	MM	To receive & note	√
16.	Cyber Security Update (Lee Rickles attending)	PBec	To receive & note	√
17.	A Framework of Quality Assurance for Responsible Officers and Revalidation, Annex D – Annual Board Report and Statement of Compliance	JB	To receive & approve	√
18.	Healthcare Worker Flu Vaccination Self-Assessment 2020/2021	SMcG	To receive & note	√
19.	Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standards (WDES) Report	SMcG	To receive & note	√
20.	Council of Governors Meeting 16 July 2020 Minutes	SM	To receive & note	√
21.	Items for Escalation	All	To note	verbal



22.	<b>Any Other Business</b>		
23.	<b>Exclusion of Members of the Public from the Part II Meeting</b>		
24.	<b>Date, Time and Venue of Next Meeting</b> Wednesday 25 November 2020, 9.30am by Microsoft Teams		



**Agenda Item 2**

Title & Date of Meeting:	Trust Board Public Meeting – 28 October 2020			
Title of Report:	Declarations of Interest			
Author/s:	Name: Sharon Mays Title: Chair			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	<p>The report provides the Board with a list of current Executive Directors and Non Executive Directors interests. The interests for Professor Cooke have been updated and the following removed:-</p> <ul style="list-style-type: none"> <li>• Consultant Adviser UoY</li> <li>• Advisor NIHR</li> <li>• Chair of International Collaboration.....</li> <li>• Chair YWT</li> <li>• Chair of Knowledge and Dissemination Panel, University of York Mental Health Network Plus NIHR grant</li> </ul>			
<b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Monthly Board report	✓
Key Issues within the report:	Contained in the report			

**Monitoring and assurance framework summary:**

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



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	

## Directors' Declaration of Interests

Name	Declaration of Interest
<b>Executive / Directors</b>	
Ms Michele Moran Chief Executive (Voting Member)	<ul style="list-style-type: none"> <li>• Appointed as a Trustee for the RSPCA Leeds and Wakefield branch</li> <li>• Chair of Yorkshire &amp; Humber Clinical Research Network</li> </ul>
Mr Peter Beckwith, Director of Finance (Voting Member)	<ul style="list-style-type: none"> <li>• Sister is a Social Worker for East Riding of Yorkshire Council</li> <li>• Son is a Student at Hull York Medical School</li> </ul>
Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals (Voting Member)	No interests declared
Dr John Byrne, Medical Director (Voting Member)	<ul style="list-style-type: none"> <li>• Executive lead for Research and Development in the Trust. No personal involvement in research funding or grants. Funding comes into the Trust and is governed through the Trust's Standing Instructions</li> <li>• Senior Responsible Officer for the Local Health Care Record Exemplar (LHCRE).which is governed through Humber Teaching NHS FT standing orders and procedures</li> </ul>
Mrs Lynn Parkinson, Chief Operating Officer (Voting Member)	No interests declared
Mr Steve McGowan, Director of Workforce and Organisational Development (Non Voting member)	No interests declared
<b>Non Executive Directors</b>	
Mrs Sharon Mays – Chair (Voting Member)	<ul style="list-style-type: none"> <li>• Trustee of Ready Steady Read</li> <li>• Sister is Head of Compliance Standards and Information at Tees Esk and Wear Valley NHS Foundation Trust</li> </ul>
Mr Peter Baren, Non Executive Director (Voting Member)	<ul style="list-style-type: none"> <li>• Non Executive Director Beyond Housing Limited</li> <li>• Son is a doctor in Leeds hospitals</li> </ul>
Mr Mike Cooke, Non Executive Director (Voting Member)	<ul style="list-style-type: none"> <li>• Trustee of Yorkshire Wildlife Trust</li> <li>• Independent Executive Mentoring Coach</li> <li>• Chair, Cochrane Common Mental Disorders Expert Advisory Board</li> </ul>
Mr Mike Smith, Non Executive Director (Voting Member)	<ul style="list-style-type: none"> <li>• Director MJS Business Consultancy Ltd</li> <li>• Director Magna Trust</li> <li>• Director, Magna Enterprises Ltd</li> <li>• Sole Owner MJS Business Consultancy Ltd</li> <li>• Associate Hospital Manager RDaSH</li> <li>• Associate Hospital Manager John Munroe Group, Leek</li> </ul>

	<ul style="list-style-type: none"> <li>• Non Executive Director for The Rotherham NHS Foundation Trust</li> </ul>
Mr Francis Patton, Non Executive Director (Voting Member)	<ul style="list-style-type: none"> <li>• Non Executive Chair, The Cask Marque Trust</li> <li>• Treasurer, All Party Parliamentary Beer Group</li> <li>• Industry Advisor The BII (British Institute of Innkeeping)</li> <li>• Managing Director, Patton Consultancy</li> <li>• Non Executive Director of SIBA and Chair of SIBA Commercial, The Society of Independent Brewers</li> <li>• Director, Fleet Street Communications Limited</li> <li>• Non Executive Chair, Barnsley Facilities Services Limited</li> <li>• Non Executive Director Barnsley NHS Foundation Trust</li> <li>• Non Executive Chair of BIIAB which is an awarding body for training in the hospitality sector</li> <li>• Non Executive Chair of BIIAB Qualifications Ltd</li> </ul>
Mr Dean Royles, Non Executive Director (Voting Member)	<ul style="list-style-type: none"> <li>• Director Dean Royles Ltd</li> <li>• Owner Dean Royles Ltd</li> <li>• Advisory Board of Sheffield Business School</li> <li>• Strategic Advisor Skills for Health</li> <li>• Associate for KPMG</li> </ul>

**Item 3**

**Trust Board Meeting**  
**Minutes of the virtual Public Trust Board Meeting held on Wednesday 30 September 2020**  
**by Microsoft Teams**

**Present:** Mrs Sharon Mays, Chair  
Mrs Michele Moran, Chief Executive  
Mr Peter Baren, Non Executive Director  
Prof Mike Cooke, Non Executive Director  
Mr Francis Patton, Non Executive Director  
Mr Dean Royles, Non Executive Director  
Mr Mike Smith, Non Executive Director  
Mr Peter Beckwith, Director of Finance  
Dr John Byrne, Medical Director  
Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals  
Mr Steve McGowan, Director of Workforce and Organisational Development  
Mrs Lynn Parkinson, Chief Operating Officer

**In Attendance:** Mrs Jenny Jones, Trust Secretary  
Mr Adam Dennis, Communications Officer  
Neil, Patient (for item 151/20)  
Ms Katie Frederick, Acting Ward Manager (for item 151/20)  
Dr Jennifer Kuehnle, Speciality Doctor Hull and East Riding Memory Services and Guardian of Safe Working (for item 164/20)  
Lee Rickles, Yorkshire & Humber Care Record Programme Director & Chief Information Officer (for item 167/20)

**Apologies:** Mrs Michelle Hughes, Interim Head of Corporate Affairs

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

- 148/20 **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.
- 149/20 **Minutes of the Meeting held 29 July 2020**  
The minutes of the meeting held on 29 July 2020 were agreed as a correct record.
- 150/20 **Matters Arising and Actions Log**  
The actions list was discussed and noted.
- 151/20 **Patient Story - Neil's Journey to Healthy Living on Swale Ward**  
Due to patient confidentiality, the story was not live streamed.

Dr Byrne introduced the patient story introducing Neil and Katie, Acting Ward Manager. Neil shared his story with the Board and his journey in improving his physical health and motivation whilst in a secure environment and with Covid restrictions. In improving his

**Caring, Learning and Growing**



physical fitness using the gym, researching healthier foods and playing badminton, Neil no longer took any diabetic medication. He enjoyed cooking and baking and learning about ingredients. He had also helped other service users encouraging them to eat healthier. The tuck shop now stocked diet fizzy drinks and he is hoping that other healthier snacks will be made available.

A health group has been set up on the ward and when Covid 19 restrictions are lifted, it is hoped other wards can be involved in badminton matches and encourage others who want to become fitter.

Neil explained that the gym equipment on the ward cannot be used by everyone due to the weight restrictions and felt that if this was replaced everyone could use it. Mr Baren suggested that Health Stars, the Trust's charity may be able to help fund this through the Circle of Wishes as it had done in other areas. He also noted there is the football team for the wards which Neil may want to consider playing for in the future.

Mrs Parkinson congratulated Neil on his success around his fitness levels and if he was willing felt this was an opportunity to share his fitness experience with other wards.

Mr Patton supported the comments made by other Board members. He asked about the tuck shop and what healthier options were available. Neil explained that all the drinks are now diet and there is chocolate and crisps, but no healthier options at present. In terms of the tuck shop Mr Beckwith that proposals have been put forward for Health Stars to run the tuck shop and part of this would be to include healthier options and he suggested it would be helpful if Neil would be involved in this. Dr Byrne commented that in terms of products for the tuck shop it was important for service users to have a choice of items including healthier options.

Katie explained that in the past prizes for other community activities such as bingo and quizzes had been sweets and chocolates. These had now been changed to shower gels and therapeutic options including colouring books. Supper nights take place led by the service users and supported by staff and this had given the opportunity to make fake aways and other healthier options.

The Chief Executive thanked Neil for attending and sharing his inspirational story which she felt should be shared wider particularly around the improvement in his diabetes taking into account confidentiality.

The Chair was impressed with Neil's success and dedication and his story was inspirational. Some fantastic work is taking place on the wards and on behalf of the Board, she thanked Katie and other colleagues for supporting these initiatives.

152/20

### **Chair's Report**

The Chair provided an update in relation to the work she has undertaken since the last meeting which included:-

- Paul Nickerson will be the new appointed Governor for East Riding of Yorkshire Council.
- Staff Governors met recently with the Chair and the Chief Operating Officer joined the meeting to discuss staff health and wellbeing.
- Governor elections are now underway with 10 seats available
- Meeting with the new East Riding Health and Wellbeing Board chair
- Meeting with the Chair of the Care Quality Commission (CQC) and some other Board members to discuss the future plans of the CQC and to share the Trust's plans

**Resolved:** The verbal updates were noted.



## **Chief Executive's Report**

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

### **Staff Health and Wellbeing**

Work on staff health and wellbeing continues and the Chief Executive started a shiny minds "ripple message" on the Shiny Minds app which was one of gratitude and thanks to staff who have the app for all that they are doing. The Trust is a pilot site for the "ripple message" and also the golden button which is coming soon

### **Lanyards and Badges**

Staff received their new lanyards and thank you badges during the month. Feedback has been positive.

### **Research**

Hull University Teaching Hospitals (HUTH) has been awarded UK Vaccine Task Force funding to establish the Hull City Region Vaccine Delivery Hub. Humber is part of the bid and will be providing some funded research staff support. The funding is specifically to allow sites to develop additional infrastructure in readiness for future participant recruitment to Covid-19 vaccine trials and for the immediate need for vaccine preparedness during the financial year 2020/21.

### **Integrated Care Service (ICS)**

This work is developing at pace and created additional work for staff across the organisation including the Executive Team. Important work around principles and clinical principles has taken place with all the work of the ICS being moulded around the clinical principles.

A staff resilience hub is being developed in the Humber Coast and Vale area.

The Black, Asian, Minority Ethnic (BAME) Network meeting has taken place in the ICS which is linked into the Trust's work.

### **Virtual Meetings**

The Chief Executive continues to call into services and teams. A Meet Michele event was held recently which was well attended. Morale remains high although staff are now getting tired and are still being encouraged to take annual leave and breaks.

Professor Cooke thanked the Executive Team for the Board papers which provided assurance and information with the content significantly improving over the last few years. He was delighted to see the recent achievements with the Research team and to see the wider collaboration and relationships as Humber Coast and Vale (HCV) matures. Other areas he commented on were the number of peer support workers that have been appointed and the production of the Autism Strategy. He also congratulated the Communications Team on the brand work and the Humbelievable campaign.

Mr Patton agreed with the comments made by Professor Cooke adding that it was good to see a Child and Adolescent Mental Health Services (CAMHS) staff member as a guest speaker at an international conference.

Work has commenced on the Scarborough review and the Chief Executive explained that it has now been agreed that this work will link into the Bridlington work and not be done in isolation. An East Coast strategy will be created to include Scarborough Hospital and other geographical patches and the work will be led by Simon Cox on behalf of the North Yorkshire and York system. The proposal for the work will be shared with the Board when available.

Mr Patton noted the emphasis being given to peer support workers and also the White Ribbon campaign. The update on medical students was welcomed with Dr Byrne explaining that a GP education lead has been appointed which will support the University and help to

increase the number of Primary Care students. A quality improvement project is also taking place in our own GP practices.

The “Murder in Mind” event was noted with over 500 people registered for the online event. Dr Byrne reported that due to the high numbers, a professional company is being used for the event. Mr Patton thought this was a good opportunity to promote the role of psychiatrists in health and also people working in psychiatry.

Leadership Development programmes have recommenced and are being conducted in a socially distanced face to face setting. Due to the limit on room numbers it is not possible for anyone else to observe the sessions.

The Annual Members Meeting took place virtually which Mr Patton felt went well. The Chief Executive thanked the Communications Team for their management of the event.

Mr Baren noted the ambition to achieve 95% for the flu vaccine uptake. He queried whether this was realistic given that staff are working differently and may not be able to attend the clinics that have been arranged. Mr McGowan, Director of Workforce and Organisational Development, agreed this was going to be a challenge however there is an increased number of peer vaccinators that have been trained to give the vaccine which should help. Vaccinators are going out to services and teams which should help with any access difficulties and the work done to promote update of the vaccine by the Medical and Nursing Directorates in previous years will help. Gold command meeting also cover winter planning which covers flu and the Chief Executive agreed that the additional peer vaccinators will really help to achieve the target which has intentionally been set high. A film is being produced using a contracted company to further promote the vaccinations. Staff Governors also discussed the flu campaign at their meeting with the Chair.

Mr Royles asked about the accreditation timescales for the White Ribbon Campaign. Mrs Gledhill informed the Board that work is taking place on the action plan and it is hoped that accreditation will take place in the next six months

On behalf of herself and the Board, the Chief Executive expressed her thanks to the Communications Team for the amount of work they have done. This work includes the website work which has been done in house by Mr Dennis which has made the website easier to navigate. Other areas of work undertaken include branding, various campaigns and visual aids to promote key messages to staff. The Chair agreed that the transformation on the website has been amazing and added her thanks to the team.

### **Policy Ratification**

The Remote Working Policy was ratified by the Board

**Resolved:** The report and verbal updates were noted. The Remote Working Policy was ratified by the Board

154/20

### **Publications and Highlights Report**

The report provided an update on recent publications and policy with updates provided by the Lead Executives.

**Resolved:** The report was noted.

155/20

### **Performance Report**

Mr Beckwith, Director of Finance, presented the report which informed the Board on the current levels of performance as at the end of August 2020.

Further details on indicators that have fallen outside of the normal variation range were provided in the report for :-

- Friends and Family Test (FFT) - Involvement
- Waiting Times
- Out of Area Placements
- Cash in Bank
- Compliments

Professor Cooke referred to out of area treatments asking how the Trust's profile can be built up as lead provider. Mrs Parkinson explained that in some areas out of area beds are an issue. Prior to Covid 19 these were being well managed and the increase is due to older peoples mental health where the demand for beds has increased due to acuity and slow flow through in this area. There are too few beds in this areas however a plan is in place to address this and additional beds have been provided by NaVIGO and step down beds introduced for winter. The Older Peoples Mental Health care pathway has been implemented and scoping of the treatment element continues. A more long term plan is being looked at with estates colleagues. With Covid 19 restrictions seven beds cannot be used to meet safe practice working. Other organisations are seeing a similar positions and the number of available out of area beds will reduce during winter. Mr Royles commented that on the back of Covid 19 and the out of area beds that there should be parity of esteem around independent sector beds so that mental health and people being in their own community and close to home is highlighted.

Mr Baren noted that Newbridges was up to full capacity but the compliance for registered nurses had reduced. Mrs Gledhill explained this was the position in July when two staff members were off sick and another on maternity leave. It also was impacted by annual leave. However this situation has improved with an 86% rate for August for clinical supervision demonstrating that other areas will also have improved.

Mr Patton congratulated the organisation for its mandatory training position. Establishment, turnover and vacancies which are looking good were discussed at the Workforce and Organisational Development Committee. He was also pleased to see that the return to treatment figures had started to improve and that the number of people waiting over 52 weeks for treatment had also reduced.

The Chair commented on the increased reporting of incidents which had low harm which is positive for the organisation. She also acknowledged the low sickness rate on Avondale which is very positive.

**Resolved:** The report and verbal updates were noted

156/20

### **Finance Report**

Mr Beckwith presented the report which showed the financial position for the Trust as at 31<sup>st</sup> August 2020 (Month 5). Key highlights included:-

- An operational surplus position of £0.030m was recorded to 31st August 2020.
- The overall position becomes break-even after donated asset depreciation charges have been included.
- Within the reported position is year to date Covid expenditure claim of £4.799m,
- Cash balance at the end of August was £27.079m, which is inclusive of an additional block payment of £9.8m.

Mr Smith asked if consideration has been given to investing some of the available cash. Mr Beckwith explained that there is a capital control, limit imposed on the Trust and returns at the present time are at a low rate. Having a cash management strategy has been discussed previously, but at the present time with the unknown around Covid 19 and potential cost pressures, the Chief Executive advised against this. However it is something that could be discussed at a future Finance and Investment Committee going forward.

**Resolved:** The report was noted.

157/20

**Quality Committee Assurance Report & 16 June 2020 Minutes**

The assurance report was presented by Professor Cooke. At the meeting clinical supervision was discussed following a review and assurance gained that this was taking place appropriately. Other areas discussed included:-

- Care Quality Commission insight report
- Long term segregation/care away from others – cases were reviewed to ensure these had been handled with the least restriction possible and assurance was gained from the information provided.
- Quality Improvement Programmes – good assurance gained

Mrs Gledhill added that the annual reports for Safeguarding and Infection Control were discussed.

The minutes of 16 June 2020 meeting were presented for information.

The Chair commented that clinical supervision has been raised by the Governors and updates are being provided by the Deputy Director of Nursing.

**Resolved:** The report and minutes were noted

158/20

**Mental Health Legislation Committee Assurance Report**

Mr Smith presented the report. As discussed in the previous item, the Quality Committee had looked at the quality aspect of care away from others cases and a similar approach has been done with prone restraint.

Concerns were raised at the meeting about the Learning Disability mortality review and Mr Smith suggested this may be something the Quality Committee may want to review.

Over the past few months work has taken place to raise the profile of the Committee including a presentation to the Governors and training on the Mental Capacity Act (MCA) and other legislation arranged for Non Executive Directors. It has been suggested that consideration be given to undertaking this training annually. Mr Royles thanked Mr Smith for arranging the training and for his generosity with his time to help new Non Executive Directors learn about the legislation and its implications.

Dr Byrne commented that it was a comprehensive meeting. Attendance from the Care Quality Commission was important to discuss how remote inspections are taking place. It was helpful to share information with the CQC from patient experience feedback and what this is telling us.

Mrs Gledhill confirmed that the mortality review for Learning Disabilities has been to the Quality Commission with the clinical lead providing reassurance that plans are being taking forward. The Committee is expecting to see this in the Quality Improvement Plan when it comes back.

**Resolved:** The report was noted

159/20

**Finance & Investment Committee Assurance Report**

The assurance report for the meeting held on 19 August was presented by Mr Patton. He explained that at the meeting the Primary Care action plan was reviewed with some improvement noted.

There was acknowledgement of the continuing work on the Budget Reduction Strategy (BRS) as some organisations had paused this during Covid 19 and were now struggling. Disposal of properties was another area of discussion and an update on capital was provided.

**Resolved:** The Board noted the report.

160/20 **Audit Committee Assurance Report**

Mr Baren presented the report from the third meeting held virtually in August. He expressed his thanks to the team for continuing to provide assurance during these challenging times.

At the meeting the procurement activity report provided assurance and showing that 92% of orders are from the catalogue. Other areas of work undertaken include the procurement of personal protective equipment, mobile phones and ensuring that appropriate processes and controls are in place.

The NHS Digital assessment on cyber security was rated as medium which is as expected for organisations the size of the Trust. Some actions were identified for the Board and the Committee suggested that a report be prepared for the October Board meeting to provide more information regarding this. It was helpful that this report had gone through the Committee and given the organisation's reliance on Information Technology, Dr Byrne queried whether the level of investment may need to be revisited going forward. Mr Beckwith thought this was a valid point and will include a section in the Board report to cover this.

An increase in insurance provision costs was noted which was mainly due to a rise in clinical negligence costs. Work was also progressing on the replacement of internal audit providers with a procurement exercise conducted remotely.

Mr McGowan noted the good assurance received on the Workforce Planning internal Audit report which reflected the time and effort that has been put into this area over the last two years and that the processes in place are up to the standard required to enable the work to happen.

**Resolved:** The Board noted the report.

**Cyber Security report to be brought to the October Board meeting Action PBec**

161/20 **Workforce & Organisational Development Committee Assurance Report & 15 July 2020 Minutes**

Mr Royles presented the assurance report and the minutes of the meeting held on 15 July 2020.

The Committee welcomed Dr Grace Gava to the meeting in her role as chair of the BAME network. A presentation was received from the Community and Primary Care division on their action plan based on the 2019 staff survey results

**Resolved:** The Board noted the update and the minutes

162/20 **Charitable Funds Committee Assurance Report & 21 July 2020 Minutes**

Professor Cooke presented the report from the September meeting and the minutes from the July meeting.

360° Accountants attended the meeting to present the draft annual accounts for the charity. An independent examination was undertaken and no errors have been identified, feedback was provided on the transparency of fund zones and the use of Zero accounting. Subject to minor amendments, the Committee approved the accounts.

The fundraising appeal name for the Whitby was confirmed as the "Whitby Hospital Appeal". Agreement was reached to look to raise £200k which will include staff health and wellbeing. A virtual event is taking place on 1 October to give people the opportunity to engage with the project. There is also involvement with the Whitby Governor to help promote this work.

The Chief Executive supported the appeal name and congratulated the Committee on its

work with BAME in a relatively short space of time.

**Resolved:** The report and minutes were noted

163/20

### **Covid 19 Update**

The report prepared by Mrs Parkinson gave an update on the Trust's response and an overview of the ongoing arrangements and work with partner organisations to manage the Covid 19 emergency.

An increase in the number of Covid 19 cases has been seen at a local and national level in recent weeks with the threat level increasing to 4. The NHS level remains at 3. Emergency planning arrangements continue and will now include winter planning. The frequency of Silver Command and Silver Ops meetings had been reduced, but due to the current situation these have been increased to move back to three weekly. Business Continuity Plans are being reviewed to see if there is any learning from the first wave of the pandemic,

The delivery of services in a safe way is key and sickness absence continues to be monitored. With the increase in the number of cases recently a significant rise in demand for staff testing is being seen. Issues are being reported nationally around pillar 2 testing capacity, but Trust staff are tested under pillar 1 which seems to be available and is being monitored. No issues have been found in relation to the availability of personal protective equipment (PPE). Updated infection control guidance has been received with appropriate action being taken and a review of inpatient areas is required. There remains a focus on staff health and wellbeing and sickness absence is in a good position. However there has been a rise in referrals to Occupational Health for stress, anxiety, depression and mental health issues.

Phase 3 planning is underway to identify the impact on activity in the next quarter and into next year. The National NHS Covid App has been launched and could potentially have an impact on services.

Mr Patton asked what is the worst case scenario that is being planned for. He was informed that the surge plan accounts for up to a 30% sickness absence rate and potentially above and what plans are in place if this were to happen. The plan also identifies the core services that need to keep running and how these would be staffed and those services that would be stepped down. In response to a query about Covid 19 positive patients in Whitby it was confirmed that there was the expectation that they would go to Malton, however Mrs Parkinson stressed that this is still to be confirmed.

**Resolved:** The report was noted

164/20

### **Guardian of Safeworking Annual Report**

Dr Jennifer Kuehnle presented the annual report which informed the Board of rota gaps, vacancies and issues relating to the safe-working of junior doctors. Dr Kuehnle explained that last year there was a change to the work schedules which led to a significant drop in exception reports and improvement in Junior Doctor morale.

It was important to highlight that there were very few gaps in the rota which was not reflected in national trends, due to better recruitment to psychiatric training posts. Trust numbers have not reduced, but nationally there has been a reduction. Going forward the work needs to continue with providing adequate rest facilities for junior doctors on call.

Mr Patton thanked Dr Kuehnle for a comprehensive report and congratulated her and colleagues on the reduction in exception reports. He asked if there was any indication when the rest facilities issue would be completed. He was informed that work had been paused due to Covid 19 and Mr Beckwith confirmed that £60k has been ringfenced for this project. Agreement is yet to be finalised on the utilisation of the funding as there are some restrictions on the physical estate, but this funding will be used to improve junior doctor

accommodation. Dr Byrne said the organisation has a credible reputation with the British Medical Association (BMA) for junior doctors. Junior doctors know the funding is available and have been encouraged to consider how this investment should be used to improve their experiences.

Mr Patton also noted that junior doctors preferred a 3/4 on call pattern which was against TCS regulations. Dr Kuehnle confirmed that this was acceptable as long as there had been local agreement and it had also been agreed by the BMA. It is also reviewed regularly at the Local Negotiating Committee (LNC) meetings.

Dr Kuehnle thanked the junior doctors for their hard work which was demonstrated through the significant reduction in exception reports. The Chair agreed and thanked her for attending the Board to present the report.

**Resolved:** The Board noted the report.

165/20

### **Infection Prevention Control Annual Report 2019/20**

The report provided an overview of the key work undertaken with regards to infection prevention and control for the reporting period 1 April 2019-31 March 2020, highlighting the main progress and achievements made against year 2 of the Trust Infection Prevention and Control Strategy 2018-21.

Mrs Gledhill reported positive activity against the strategy for Healthcare Acquired Infections, Methicillin-resistant Staphylococcus aureus (MRSA) Bacteraemia and Clostridium difficile infection. The report covered up to March 2020 and included the initial impact of Covid 19. The small team has done fantastically in meeting the requirements and there has been positive feedback from teams. The infection control team has been providing face to face advice regarding safe working particularly for Dementia patients. All actions are aligned to the strategy and as a result of Covid 19 capacity has been increased in the team. There has also been a focus on providing virtual technical support and training for staff.

Professor Cooke said the view of the Quality Committee was that this was a good report that provided assurance and good outcomes especially around the attitudes from a small team. He suggested that the team be recognised in some way for all their hard work. Dr Byrne acknowledged that the team have been fantastic from a logistical and cultural perspective. Over the past six months when he has been on units he has seen that staff are doing the right thing. The change from scrubs to uniforms will also help from an infection control point of view.

Mr Patton congratulated the team on a comprehensive report. He asked if the issues identified in the report for the Humber Centre and Peeler House had been resolved. He was informed that these issues had been closed as both premises had received clean water samples.

The Chief Executive pointed out that the pictures in the report were taken prior to the pandemic which seemed so long ago. On behalf of the Board she expressed her thanks to the team for their work.

**Resolved:** The annual report was ratified by the Board

166/20

### **Humber Safeguarding Annual Report 2019/20**

An overview of the Humber Safeguarding achievements, developments, objectives and assurance reporting for the year ahead was presented by Mrs Gledhill.

The report demonstrated the breadth and complexity associated with safeguarding. The team is embedded within clinical practices to support staff and patients and advised on patient safety processes which is not common in most organisations. Dr Byrne commended the safeguarding team for bringing to the forefront issues such as modern slavery and

domestic abuse and approach taken by the team to help others understand the issues.

From Mr Baren's perspective the report gave a significant amount of assurance. He asked that with Covid 19 how information is being captured given people are self isolating, working virtually and may be at home more. Mrs Gledhill reported that the national picture around safeguarding is one of concern especially around children with school closures and being at home more. Some of the concerns have been eased and normal reporting is being seen.

The team has worked with staff around awareness and produced a checklist that can be used for digital contact. The team also joins multi-disciplinary meeting virtually which has given them more access due to the remote working. Contact with individuals has been made digitally, however to give further assurance, Mrs Gledhill and the Head of Safeguarding have started to visit patients on units adhering to social distancing and the appropriate personal protective equipment.

The Chair thanked the team for the report and noted that the annual report will be added back to the Board workplan.

**Resolved:** The Board ratified the report

167/20

### **Waiting Times Update**

The report provided an update on waiting times and the plans in place to address the problems. Mrs Parkinson explained that the report gave the position on waiting times for over 52 weeks in the memory assessment service, Child and Adolescent Mental Health Services (CAMHS) for development assessments and autism and ADHD. The CAMHS issues have been discussed previously by the Board and the position has been further impacted due to Covid 19 and the inability to adapt all pathways despite efforts to work across digital platforms. Some progress has been made to undertake assessments, but for some young people with more complex issues a digital approach is not clinically appropriate to reach a safe diagnosis. School closures and the inability to collaborate with educational partners added to the issues and the service was not in a position to make physical space available to see some of the young people.

Lack of access to imaging with the acute hospital impacted on the memory service at the start of Covid 19, however some access is now available but at a reduced level. Work is taking place to resolve this with the acute hospital.

For Psychological medicine some additional resource has been made available.

The Waiting Times Policy states that a Standard Operating Procedure is in place for each area which requires daily monitoring, weekly oversight of the waiting times and regular contact with services users and their families to prevent clinical risk. An updated report with additional detail is going to the Quality Committee meeting for a deeper discussion. Professor Cooke looked forward to seeing the report and the discussion. He asked if there were any implications for the provider collaborative in this area. Mrs Parkinson said the view would be that the provider collaborative is a specialist area of commissioning. For CAMHS work is underway to see how this can be developed across the pathways and geographical patch to manage the demand with more freedoms through the mental health and learning disability programmes around autism.

The Chief Executive clarified that discussions have been held with Clinical Commissioning Groups (CCGs) about seeing children and young people earlier in the process. Joint working is taking place with CCGs and Local Authorities around developing pathways for children and young people with a commitment to redesign and redevelop pathways with some changes already made. It is getting to the point that some young people are reaching the threshold for assessment but if more was in place at school and home some referrals may not happen and this needs to be an area of focus. Further investment has been given but there is more work to do.



The Chair asked in terms of the trajectories which were of the most concern. Mrs Parkinson said that in her view it was the CAMHS element as the other two were due to the impact of Covid 19 whereas CAMHS was an area of focus before the pandemic.

**Resolved:** The update was noted

168/20

### **Yorkshire and Humber Care Record (YHCR)**

The report provided a summary of the progress to date and the plan for the next year for the Yorkshire & Humber Care Record. Mr Rickles explained that Dr Byrne is the Senior Responsible Owner (SRO) for this project which is one of five exemplars. Mr Beckwith has the lead for the financial aspects of the project.

Yorkshire and Humber Care Record (YHCR) left the NHS X LHCRE programme at the end of March 2020. NHS X completed an assurance of the YHCR and was rated an Green/Amber with the summary statement that it continued to make good progress this quarter with all major milestones on track. A YHCR Population Health Academy for a mix of 40 clinical, Business Intelligence experts and managers was run during 2019/20. A meeting is planned with Health Education England regarding a second cohort.

Details of the pipeline for future organisations to join YHCR were included in the report with sharing of transfer of care information taking place between Yorkshire Ambulance Service, Leeds A&E and Rotherham A&E. Bradford, Macmillan and Cancer data sets have been added to the population health system.

The Chair asked what difference this project will make to patients in the future. Dr Byrne explained that the system wanted health and care records to be linked to improve patient experience as they would not have to repeat information. It is important that clinical services see what has been done and the patient will have control over their own healthcare. The care records need to include a care plan which would show who the person has come into contact and what care is required. Dr Byrne thanked Mr Rickles for driving this work forward and having the required discussions across the system.

Mr Patton asked who could see the information currently. He was informed that 52% of GPs in the Humber Coast and Vale (HCV) area can see information on cancer patients. Leeds has access to transfer of care data from the ambulance service. Rotherham and Leeds can access emergency care data and also GP and community data. Emergency care access will be provided to Hull University Teaching Hospitals, York and North Lincolnshire and Goole shortly. The technical work that is being done is new and creates challenges in ensuring that the clinical and technical aspects are linked.

Dr Byrne informed the Board that the work has created additional interest from Wales and other systems asking for support is due to the expertise within the team and the reputation for delivery.

**Resolved:** The report was noted.

169/20

### **Board Assurance Framework**

The Q2 2019/20 Board Assurance Framework (BAF) was presented. The report provided an update on progress against the six strategic goals and reviewed the position against the previous quarter. Regular review of the BAF takes place and an area of focus has been on the gaps which have been aligned to the risk register.

**Resolved:** The Board noted the report

170/20

### **Risk Register**

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 June

2020. Nine risks are currently held on the Trust-wide Risk Register and included Covid 19 risks.

Mr Baren commented that at the Audit Committee it was suggested that the cyber security risk be reviewed to ensure it was at the appropriate level given the receipt of the CORs report. The Finance and Investment Committee also reviewed the report and suggested the inclusion of some additional actions.

Mr Royles suggested that the staff burn out risk was a more long term risk rather than short term given the current situation and wondered how this can be captured on the register. Mrs Gledhill said the risks are reviewed weekly in Silver and Gold command and any changes required are made. The Chief Executive agreed with this approach as they are consistently being reassessed and the messages around taking breaks and leave are promoted.

**Resolved:** The report was noted.

171/20

### **Winter Plan 2020/21**

This year's winter plan has been developed and formulated within the context of the ongoing expectation that the Covid 19 pandemic will continue throughout the winter months. The plan is overseen by the Emergency Preparedness, Resilience and Response (EPRR) command arrangements and the remit of the command structure has been expanded to include winter planning due to the interdependencies between the ongoing response to Covid 19 and winter pressures.

A review of Business Continuity Plans is being undertaken to ensure they are fit for purpose. As previously discussed a number of peer flu vaccinations have been trained and it is hoped that uptake will be higher than previous years. In the planning there is the EU exit to consider which the Emergency Planning team are also involved with.

Mr Royles appreciated the update noting that the planning for this year will be more significant than previously experienced with the additional areas of Covid and Brexit. Mrs Parkinson explained there is a system approach with others across the system with North Yorkshire and York around physical community work around discharge as there is the expectation that pressure will increase across community services. Primary Care in North Yorkshire is already under pressure and the Trust is feeling this in its community services. There are mechanisms in place around mutual aid, emergency planning, and the Gold North Yorkshire meetings with system arrangements are working as well as they can. Any learning from the first wave is being worked through. There is a focus on mental health as part of the ICS work for example access to secure Forensic beds and staff. Keeping services open is the aim but is impacted on by local lockdowns. Having seats on the local Outbreak Boards is helpful.

In terms of Brexit the Chief Executive said that more detail on the implications for the Trust and the system are needed. Worst case scenario planning has been included in the planning.

Mr Baren asked when the Inspire Unit would be fully open given the pressures on beds. Mrs Parkinson said that this is continually being reviewed and a recommendation would be made to the Executive Management Team (EMT) on when the Psychiatric Intensive Care (PICU) beds on Inspire Unit would be opened. Once agreed the decision will be shared with the Board.

A session with the Governors on winter planning is taking place at the next Governor development day.

**Resolved:** The report was noted by the Board

172/20 **Managing Ligature and Other Environmental Risks: Updated Guidance from the Care Quality Commission (CQC)**

Mrs Parkinson explained that the report provided an update on the Trust requirements in relation to reducing harm associated with ligature and other environmental risks based on the recent correspondence received from the CQC Deputy Inspector of Mental Health services. The Deputy Inspector acknowledged in the report that good progress has been made in reducing ligature risks, but that some organisations still had low level anchor points risks that have been on their risk registers for some time which needed actioning.

The Trust has continued to undertake ligature anchor points risk assessments in line with the guidance and with the focus on changes made on wards during Covid 19. Reassurance has been gained that any points raised in the guidance have been addressed. To ensure there is Non Executive Director oversight, ligature anchor reports will go to the Quality Committee and to the Finance and Investment Committee. This will also be an area of focus for the CQC peer reviews ensuring that staff are aware,

**Resolved:** The report was noted

173/20 **Board Quality Improvement (QI) Project Report**

The report summarised the work of the Board QI projects and its outcomes. The project has followed the QI processes and flows and has strengthened the governance processes. The project has taken time to complete as during the course of the work other linked areas of work were identified. Actions identified from the work have been put in place including informing Board members of any deviation from the Board workplan and monitoring receipt of Board reports.

Dr Byrne commented that Quality Improvement is not easy and the amount of work involved should not be underestimated. There are over 100 projects underway which will improve quality if they are done right.

The Chair thanked Mrs Jones and Mrs Hunter for their support in this project. The Chief Executive suggested wider communication to staff acknowledging that the Board had undertaken a Quality Improvement project and suggested the Communications Team discuss further with Mrs Hunter regarding the process.

**Resolved:** The report was noted

174/20 **Items for Escalation**

No items were raised

175/20 **Any Other Business**

**Preceptorship Celebration**

It was noted that the celebration for newly qualified staff took place on 17 September 2020. The video from the event will be circulated to the Board. Dr Byrne thanked Mrs Gledhill and her team for their work in highlighting the work of nurses.

176/20 **Exclusion of Members of the Public from the Part II Meeting**

It was **resolved** that members of the public would be excluded from the second part of the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.

177/20 **Date and Time of Next Meeting**

Wednesday 28 October 2020, 9.30am by Microsoft Teams

Signed ..... Date .....

Chair

**Agenda Item 4**

**Action Log:  
Actions Arising from Public Trust Board Meetings**

<b>Summary of actions from September 2020 Board meeting and update report on earlier actions due for delivery in October 2020</b>						
<i>Rows greyed out indicate action closed and update provided here</i>						
<b>Date of Board</b>	<b>Minute No</b>	<b>Agenda Item</b>	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Update Report</b>
30.9.20	160/20	Audit Committee Assurance Report	Cyber Security report to be brought to the October Board meeting	Director of Finance	October 2020	Item on the agenda
30.9.20	175/20	Any Other Business - Preceptorship Celebration	The video from the event will be circulated to the Board	Director of Nursing, Allied Health and Social Care Professionals	October 2020	E mailed 2.10.20
<b>Outstanding Actions arising from previous Board meetings for feedback to a later meeting</b>						
<b>Date of Board</b>	<b>Minute No</b>	<b>Agenda Item</b>	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Update Report</b>
29.1.20	11/20(a)	Quality Committee Assurance Report and 9 October 2019 Minutes	High reliability organisations discussions to be continued at a future Board Time Out	Medical Director	June 2020	Due to Covid 19 the June Board Time Out has been cancelled and rearranged for September. <b>Revised to December</b>
29.1.20	11/20(b)	Quality Committee Assurance Report and 9 October 2019 Minutes	Quality Improvement and Patient Safety Board Development Session to be arranged	Medical Director	June 2020	Due to Covid 19 the June Board Time Out has been cancelled and rearranged for September. <b>Revised to December</b>



25.3.20	53/20(b)	Operational Plan 2020/21	Draft 18 month plan to come to the Board in October, subject to any guidance issued before then	Director of Finance	October 2020	Planning update included on part II agenda
24.6.20	100/20	Patient Story – Accessing Volunteer Support Midst COVID-19	An update on the work of voluntary services and the proposed campaign around physical health to be provided through the Chief Executive’s report	Chief Operating Officer	September 2020	Included in Chief Executive’s Report
24.6.20	108/20	Quality Committee	The Quality Committee to review the quality, safety and impact during Covid 19	Director of Nursing, Allied Health and Social Care Professionals	October 2020	Completed
29.7.20	130/20(c)	Performance Report	The Quality Committee to review waiting list information to gain assurance	Director of Nursing, Allied Health and Social Care Professionals	October 2020	Completed

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

**New Proposed Format Board Public Workplan 2020/2021 – (no August or December meeting) (v12)**

**Chair of Board:** Sharon Mays  
**Executive Lead:** Michele Moran

Board Dates:-	Strategic Headings	LEAD	29 Apr 2020 (Strategy)	20 May 2020	24 June 2020 (Strategy)	29 Jul 2020	30 Sep 2020	28 Oct 2020 (Strategy)	25 Nov 2020	27 Jan 2021	24 Feb 2021 (Strategy)	31 Mar 2021
<b>Reports:</b>												
<b>Standing Items - monthly</b>												
Minutes of the Last Meeting	Corporate	SM	x	x	x	x	x	x	x	x	x	x
Actions Log	Corporate	SM	x	x	x	x	x	x	x	x	x	x
Chair's Report	Corporate	SM	x	x	x	x	x	x	x	x	x	x
Chief Executives Report includes:- Policy ratification, Comms Update, Health Stars Update, Directors updates	Corporate	MM	x	x	x	x	x	x	x	x	x	x
Publications and Highlights Report	Corporate	MM	x	x	x	x	x	x	x	x	x	x
<b>Monthly Items</b>												
Performance Report	Perf & Del	PBec	x	x	x	x	x	x	x	x	x	x
Finance Report	Perf & Del	PBec	x	x	x	x	x	x	x	x	x	x
<b>Bi Monthly Items</b>												
Finance & Investment Committee Assurance Report	Committees	FP	x mtg canc		x		x	x		x	x	
Charitable Funds Committee Assurance Report	Committees	MC		x		x	x		x	x		x
Workforce & Organisational Development Committee	Committees	DR		x		x	x		x	x		x
<b>Quarterly Items</b>												
Quality Committee Assurance Report	Committees	MC	x mtg canc				x	x		x		
Mental Health Legislation Committee Assurance Report	Committees	MS		x			x		x		x	
Audit Committee Assurance Report	Committees	PB		x			x		x		x	
Board Assurance Framework	Corporate	MM			x		x		x			x
Risk Register	Corporate	HG			x		x		x			x
<b>6 Monthly items</b>												
Trust Strategy Refresh/Update	Strategy	MM						X update				x
Freedom to Speak Up Report <b>def from April 20 due to Covid</b>	Quality & ClinGov	MM	x						x			
MAPPA Strategic Management Board Report <b>inc in CE report</b>	Strategy	LP					x					x
Safer Staffing 6 Monthly Report	Quality & ClinGov	HG				x				x		
Research & Development Report	Quality & ClinGov	JB				x				x		

Board Dates:-	Strategic Headings	LEAD	29 Apr 2020 (Strategy)	20 May 2020	24 June 2020 (Strategy)	29 Jul 2020	30 Sep 2020	28 Oct 2020 (Strategy)	25 Nov 2020	27 Jan 2021	24 Feb 2021 (Strategy)	31 Mar 2021
<b>Reports:</b>												
<b>Annual Agenda Items</b>												
Review of Strategic Suicide Prevention Strategy	Strategy	JB										x
Recovery Strategy Update <b>def from April 20 due to Covid</b>	Strategy	LP	x									
Mental Health Managers Annual Progress Report <b>inc in Assurance Report</b>	Quality&ClinGov	LP		x								
Patient & Carer Experience Strategy <b>Not due in 2020</b>	Quality &ClinGov	JB			x							
Presentation of Annual Community Survey – Quality Health	Quality &ClinGov	JB								x		
Guardian of Safeworking Annual Report	Quality &ClinGov	JB					x					
Patient & Carer Experience (incl Complaints and PALs) Annual Report	Quality &ClinGov	JB			x							
Quality Accounts	Reg.Comp	HG		x							x	
Risk Management Strategy	Strategy	HG							x			
Infection Control Strategy Not due in 2020	Strategy	HG				x						
Infection Prevention Control Annual Report	Quality &ClinGov	HG					x					
Safeguarding Annual Report <b>added Sept 2020</b>	Quality &ClinGov	HG					X					
Annual EPRR Assurance Report	Quality &ClinGov	LP	x									
EPRR Core Standards	Corporate	LP					x					
Patient Led Assessment of the Care Environment (PLACE) Update – was Sept 18, but 2019 visits took place Oct	Quality &ClinGov	LP										
Health Stars Strategy Annual Review <b>def from March 20 due to Covid</b>	Strategy	MM				x						x
Health Stars Operations Plan Update <b>def from March 20 due to Covid</b>	Perf & Delivery	MM				x						x
Annual Operating Plan	Strategy	MM									xdraft	x
Report on the use of the Trust Seal	Corporate	MM	x									
Review of Standing Order Scheme of Delegation and Standing Financial Instructions	Corporate	MH							x			
Annual Fire and Health and Safety Report <b>def from May due to Covid</b>	Corporate	PBec		x								
Annual Declarations Report <b>def from May due to Covid</b>	Corporate	PBec		x								
Charitable Funds Annual Accounts	Corporate	PB/ MC							x			
Equality Delivery Scheme Self Assessment	Corporate	SMcG							x			
Gender Pay Gap <b>included in EDI report June</b>	Corporate	SMcG			x							
WDES Report – added after July 19 meeting – reports into Workforce & Organisational Development Committee , but separate report to the Board <b>included in EDI report June</b>	Reg. Compl	SMcG			x							
Equality Diversity and Inclusion Annual Report	Corporate	SMcG			x							
Board Terms of Reference Review	Corporate	SM		x								
Committee Chair Report	Corporate	SM										x
Annual Committee Effectiveness Reviews & Terms of Reference (one paper)	Corporate	MH		x								
Workplan for 2020/21: To agree	Corporate	SM/ MM		x								
<b>Deleted /Removed Items</b>												
Digital Plan Annual Update – reports into Finance and Investment		PBec		x	x	x						



Board Dates:-	Strategic Headings	LEAD	29 Apr 2020 (Strategy)	20 May 2020	24 June 2020 (Strategy)	29 Jul 2020	30 Sep 2020	28 Oct 2020 (Strategy)	25 Nov 2020	27 Jan 2021	24 Feb 2021 (Strategy)	31 Mar 2021
<b>Reports:</b>												
Committee												
Estates Strategy Review –reports into Finance and Investment Committee		PBec				x				x		
Estates Annual Update - reports into Finance and Investment Committee		PBec				x						
Procurement Strategy Annual Review – reports into Finance and Investment Committee		MM				x				x		
Workforce & OD Strategy including an Annual Refresh – reports into Workforce & Organisational Development Committee		SMcG		x					x			
Guardian of Safeworking Quarterly Report – reports into Workforce & Organisational Development Committee		JB	x			x		x		x		
Sustainable Development Management Plan Update –reports into Finance and Investment Committee		PBec										
Equality Diversity and Inclusion Public Sector Duties- reports into Workforce & Organisational Development Committee		SMcG										
Safeguarding Annual Report (internal) – reports into Quality Committee		HG					x					
Internal Audit Annual Report – reports into Audit Committee		PBec										
Review Risk Appetite moved to July as per previous year and moved to part II July		HG				x						

**Agenda Item 5**

Title & Date of Meeting:	Trust Board Public Meeting – 28 October 2020			
Title of Report:	Staff Story – Kerry Todd, Service Manager, West Hull CMHT			
Author/s:	Name: Rachel Kirby / Steve McGowan Title: Marketing and Communications Manager / Director of Workforce and OD			
Recommendation:	To approve		To receive & note	√
	For information		To ratify	
Purpose of Paper:	To showcase a staff story for Board.			
Governance: <i>Please indicate which group or committee this paper has previously been presented to:</i>	Name of group (please list all)	Date	Name of Group (continued)	Date
	A meeting took place between the Marketing and Communications Manager and staff member during the creation of the Join Humber website	10.07.20		
Key Issues within the report:	<p>The key messages of the Board story are:</p> <ul style="list-style-type: none"> <li>Note the fantastic staff we have working for our trust;</li> <li>Note the development programmes we have in place to help our staff;</li> <li>Note how we are using 'humblebelievable' staff stories to promote recruitment and retention of staff in the trust.</li> </ul>			

**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		√			Values Based Recruitment will be realised by implementation of the



				framework.
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	

## **Staff Story**

### **Introduction**

The purpose of this update is to share a staff story with the Board. These stories will be shared regularly to demonstrate how our PROUD organisational development programme is helping develop our people. Many of these stories will be part of our 'Humbelievable' recruitment campaign, showcasing what it is like to work for the trust. These stories will aim to:

- Share inspirational career journeys;
- Demonstrate how internal support can nurture talent and inspire staff to reach their potential;
- Showcase our staff and the role they play in delivering our services.

### **Attendance at the Board meeting**

In attendance will be Kerry Todd, Service Leader, West Hull Community Mental Health Team.

### **Key Messages**

Kerry would like to share the following messages to the Board:

- To share her staff journey;
- Demonstrate how the right support can develop staff and support recruitment objectives;
- Share the importance of training and development in her journey and that of those she support;
- Discuss how the West Hull CMHT support their teams to reach their potential.

Kerry is one of our 'Humbelievable' members of staff that has chosen to share her story for us to share as part of our recruitment campaign to showcase what it is like to work for the trust.

**Agenda Item 7**

Title & Date of Meeting:	Trust Board Public Meeting – 28 October 2020			
Title of Report:	Chief Executive's Report			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	To provide the Board with an update on local, regional and national issues.			
<b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Monthly report to Board	✓
Key Issues within the report:	<ul style="list-style-type: none"> <li>Identified within the report</li> </ul>			

**Monitoring and assurance framework summary:**

**Links to Strategic Goals** (please indicate which strategic goal/s this paper relates to)

✓ Tick those that apply

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

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



## **Chief Executive's Report**

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

### **Around the Trust**

#### **1.1 Clinical Involvement with NICE**

Dr Soraya Mayet has been involved with the development of the Low back pain and sciatica in over 16s: assessment and management protocol.

#### **1.2 Capital Bid**

I am in the process of lobbying the system regarding the recent announcement that our bid for infrastructure capital wasn't supported (no mental health Trusts were)

#### **1.3 Emma Hardy MP**

The Trust supported a conversation with Emma on Mental health, our clinicians supported the evening which was a great success and reached over 2000 people.

#### **1.4 Volunteers**

Congratulations to the Trust's Volunteer Driver team. They were the proud winners of the Volunteer Team category in the Smile Proud to Be Awards, against some very worthy competition. Our volunteers are truly amazing and make a real difference to people's lives on a daily basis.

#### **1.5 Remembrance**

Though the formal remembrance service have been cancelled this year due to Covid we will still be a laying a wreath in Beverley.

#### **1.6 Annual Members Meeting (AMM)**

The virtual AMM was successful with 60 people joining us on the day,

#### **1.7 Humberbelievable**

Our recruitment and marketing campaign is progressing and links well into the sSSh campaign which is the Hull and East riding recruitment drive that we are a key part of, which launched during the month (more in the Communications section below)

#### **1.8 Brexit**

Our Brexit planning continues. The Brexit group continues to meet on a monthly basis with the leads from each area providing the current position against each of the work streams. The Trust's Business Continuity Plans are still in progress and are currently being updated in terms of COVID. Assurance is given monthly, in terms of an update report, to the Executive Management Team on the areas being reviewed by the Group and to raise any issues that it feels need escalating for further discussion.

#### **1.9 Voucher**

All staff received a tax free £10 voucher in their wages this month as an expression of our gratitude and thanks for all their continued hard work.

## **2 Around the Region**

### **2.1 SSh Campaign**

The SSh campaign was launched during the month which the Trust has a larger part. A recruitment campaign which will build on our own #Humberbelievable, the themes included:

- This is a region that typically shout about itself. That's changed.
- We have a campaign, it's up to our partners and region to run with it.
- We plan a rolling programme of follow-up stories.

- A different case study from public sector organisations around the region.
- Opportunity to focus on different regions, sectors, themes in a joined-up way
- Piggy-back on major local events, or key events in the national diary with one voice.
- Roll out through our own social media, comms and recruitment activity
- Raise our profile, improve perceptions and attract the best talent.
- Take this on the road. Take advantage of changing attitudes. Turn heads in bigger cities
- Be ambitious. Expand the organisations we represent: charity sector/private sector.

## **2.2 HCV Oversight and Assurance Group**

There is a developing assurance group with a small membership looking at how the partnership assures itself of the system and how we can provide support. It will have oversight of the geographical partnerships and establish a process. This is just part of the developing governance processes taking shape.

## **2.3 Main Headlines from the Regional Meeting and Integrated Care Service (ICS)**

- Strong acknowledgement and thanks for everybody's commitment to the cause
- Sustain and improve restoration plans and be clear and evidence based around triggers to change any Phase 3 plans
- Focus down hard on delivering emergency care plans - particularly 'talk before you walk'
- Improve 52 week wait position - very pertinent to HCV although our current position has moved from 39 thousand to around 22 subject to some investment. 22 still a very big number though compared to other ICS and are our worse in the country
- Pay attention to public engagement and messaging. Specifically in relation to the NHS being open for business, Face to Face GP appointments and allowing spouses to attend both maternity visits and births.
- Concern about high levels of staff absence in some parts of the Region (not with Humber)
- Recognition of the fragility of plans particularly in relation to workforce
- Assurance was sought about the robustness of our wave 2 planning recognising some of the risks.
- A plea to dedicate as much lab capacity as possible to test NHS staff

## **People's Lead**

Steve Russell, Chief Executive of Harrogate and Rural District NHS Foundation Trust has agreed to undertake the role of Workforce Lead for the ICS. Steve has a leadership role with the Partnership on inclusivity of Black, Asian and Minority Ethnic work, therefore Steve is ideally placed to extend this role.

## **3 National**

National news continues in the publications and Covid update reports

## **4 Director's Updates**

### **4.1 Chief Operating Officer Update**

#### **4.1.1 Emergency Preparedness, Resilience and Response (EPRR) Core Standards**

NHS Trusts have been required to undertake an annual self-assessment against the Emergency Preparedness, Resilience and Response (EPRR) core standards, as set out in the NHS England and NHS Improvement Core Standards Matrix. Due to the Covid- 19 emergency the standards

were not published this year (2020/2021) and instead the Trust has been asked to provide assurance to NHS England/Improvement North East & Yorkshire region.

All organisations (both providers and commissioners) have been asked to confirm responses to the following via email by 31<sup>st</sup> October 2020:

- That where relevant your EPRR assurance action plans have been reviewed in order to improve your level of compliance against the 2019/2020 EPRR Assurance Core Standards, and where you have previously reported partial or non-compliance as your overall assurance rating that you provide an updated assurance level following review and delivery of your ongoing action plans.
- That you have undertaken, or plan to undertake, a formal review process on your response to the COVID-19 pandemic to date, and have associated plans to ensure that the lessons and recommendations from that review are embedded as part of your ongoing EPRR work programme, and
- That you have reviewed your response to the COVID-19 pandemic and taken steps to embed key lessons and actions in your planning for winter and associated system response arrangements.

The Trust proposed responses are set out below.

*That where relevant your EPRR assurance action plans have been reviewed in order to improve your level of compliance against the 2019/2020 EPRR Assurance Core Standards, and where you have previously reported partial or non-compliance as your overall assurance rating that you provide an updated assurance level following review and delivery of your ongoing action plans.*

#### 2019-20 Submission

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

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

<b>Total</b>	<b>20</b>	<b>12</b>	<b>8</b>	<b>0</b>
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<b>Overall assessment:</b>	<b>Substantially compliant</b>			
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## 2020-21 Updated Actions

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

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

<b>Total</b>	<b>20</b>	<b>16</b>	<b>4</b>	<b>0</b>
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<b>Overall assessment:</b>	<b>Fully compliant</b>			
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Improvement from the 'substantial' core compliance standards submitted against the 2019/2020 requirements to 'full' compliance is a result of on call teams undertaking Joint Decision Model training during August and September 2020 as well as the testing and application of command and control arrangements during the Covid19 pandemic.

The deep dive component of severe weather and long term adaptation has improved from eight partially compliant standards to just four standards that are outstanding as partially compliant, these are:

### Deep Dive

Domain - Severe weather response - standards 10 and 14

- Communications Strategy with key messages is being developed, 1<sup>st</sup> draft to be completed by 27.10.20
- Exercising on a severe weather response was paused due to Covid19. Services Business Continuity Plans (BCP) are being reviewed in light of Covid19 and ahead of winter preparedness. Testing of these will be localised to ensure they are robust and fit for purpose for this winter

Domain - Long term adaptation planning - standards 16 and 17

- Long term adaptation planning risk assessment – evidence of entry on organisation risk register detailing climate change risk and any mitigating actions. To be addressed at the Health & Safety Group in October 2020

- Overheating risk. Organisations record areas exceeding 27 degrees and risk register entries for these areas with actions. To be addressed at the Health & Safety Group in October 2020.

*That you have undertaken, or plan to undertake, a formal review process on your response to the COVID-19 pandemic to date, and have associated plans to ensure that the lessons and recommendations from that review are embedded as part of your ongoing EPRR work programme, and*

The Trust has implemented a schedule of staggered debriefs as part of the review process since the pandemic commenced and will continue to do so for as long as the incident response to the emergency is in place. Thus far three debriefs have been undertaken, covering the periods 16 March until 10 April 2020, 11 April until 31 May and 1 June until 31 July. Each debrief covers a variety of topics and we have produced reports from each detailing lessons learned, recommendations and actions taken.

The EPRR team are actively engaged with the operational teams in reviewing all of our BC Plans to ensure that the lessons learned from the debriefs are being incorporated and that they are robust and fit for purpose going into winter/EU exit as well as continuing to manage the Covid-19 emergency. We continue to reflect on EPRR practises during the initial phase and have built on our action plan of works which will inform our ongoing EPRR work programme taking us into 2021.

*That you have reviewed your response to the COVID-19 pandemic and taken steps to embed key lessons and actions in your planning for winter and associated system response arrangements.*

The covid-19 pandemic has changed the way in which we are operating as a Trust and these changes have made service planning an even higher priority to ensure our services are as resilient as possible, that they can manage demand and provide high quality care to our patients, service users and carers whilst protecting the health and wellbeing of our teams. In order to address the impact and recovery from Covid-19 a Continuity of Service Sustainability Plan has continued to be progressed at pace. This plan has utilised the NHS/I table for the management of the covid-19 pandemic which has 4 phases as its underpinning framework. We are now well progressed with Phase 3 planning, which focussed on embedding the improvements that were made to services during the initial phases of the pandemic and are now developing an operating model for future service delivery for Phase 4, this work is undertaken by our Continuity and Operational Sustainability Planning steering group. This work is overseen by our EPRR command arrangements and the remit of our command structure has been expanded to include winter planning due to the interdependencies between our ongoing response to Covid-19 and winter pressures. The planning assumptions which underpin the Phase 3 element of our service plan have therefore fully incorporated the impact of the winter pressures.

In setting out the plan and undertaking our preparations for winter, other factors have also been taken into account:

- Contingencies in the event of a serious flu outbreak
- Exiting the European Union
- Sustaining our trajectories to meet service demand effectively and achieve access and waiting time requirements.
- Adverse Weather

The Trust continues to work closely with our system partners across a wide range of forums and the work is now focusing generally on our plans to achieve an ongoing Covid-19 response, restoration of all usual activity and the anticipated usual winter pressures.

#### **4.1.2 Update on the Voluntary Services telephone befriending service**

The Board requested an update on the Voluntary Services telephone befriender service following a patient story which was presented to the Board in June 2020. As part of our response to Covid- 19

the Voluntary Services team, an element of our Prevention, Recovery and Wellbeing Service commenced a new telephone befriending service supported by volunteer befrienders. The intention was to provide this service as an enhancement to the offer from the social prescribing service already in place.

The key aims and objectives of this new service were:

- To provide a telephone befriending service for a limited time (initial phase of the pandemic), supported by volunteer befrienders and coordinated by the Voluntary Services team; as part of the Prevention, Recovery and wellbeing service.
- To reduce loneliness and social isolation of service users who access our mental health services.
- To identify social support requirements and signpost appropriately, such as the Prevention, Recovery and Wellbeing teams, welfare and housing support and partner organisations support services.
- To support service users to access other activities or support within their local community, which will provide a longer term solution to their loneliness and isolation.
- To improve the feeling of social inclusion and wellbeing for our service users
- That by reducing social isolation and loneliness, and supporting service users to access other pastoral services, the demands on mental health services, community and primary care teams is likely to decrease.
- To ensure volunteers are adequately trained and supported to provide a safe and good quality service.
- To provide a positive experience that supports the wellbeing and aspirations of our volunteers.

At present over 70 people are receiving a befriending call two or three times every week. Although it is difficult to predict the demand, service managers indicate that the service is highly valued and will continue to be well utilised. Take up for the service has particularly been high by the Older Peoples Mental Health Community teams. This demand is expected to rise further as staff become more aware of the service.

Whilst mental health teams have expressed a strong interest in this service, there is a request for befriending and peer support groups from primary care and community services, particularly in the Scarborough and Ryedale area. A monthly newsletter is produced for the service users and volunteers involved in the befriending service. This provides signposting to community events and resources, fun activities and conversation starters to support the phone calls. The newsletter has been very well received and is a useful tool as part of this project.

As the running of an expanded telephone befriending service requires additional resources to ensure that training, governance and adequate volunteer recruitment and engagement are achieved, an options paper to address this is currently being finalised. The options are likely to include delivery through the Trust, delivery by one of our partners, or joint delivery between the Trust and partners. Given the ongoing Covid- 19 pandemic and its restrictions on social activity, the Trust is committed to continuing to support this important new scheme.

#### **4.1.3 Mental Health Inpatient Redesign Development**

The project is progressing well and the draft Outline Business Case (OBC) will be completed by the end of October. The draft economic assessment undertaken by KPMG shows a good societal benefit /cost ratio across all of the 4 shortlisted options. The shortlist of options includes land owned and occupied by Hull University Teaching Hospitals (HUTH) and the Trust has been working closely with them to explore the options on the Castle Hill site. The Trust has also been working with HUTH to understand the options for emergency and crisis services. The project has now also:-

- Developed and agreed a new clinical model
- Undertaken a significant level of activity and bed modelling - which incorporates an ICS wide approach

- Commenced work to model workforce options
- Undertaken work on our financial and economic models
- Reviewed funding options and potential procurement routes

The architectural designs for both of the shortlisted sites are progressing well but are still at a high level of design. Work will commence shortly on the detailed design and schedule of accommodation which will be co-produced with stakeholders. Following internal scrutiny it is expected that the OBC will be signed off by the Trust Board by the end of January 2020. We are working closely with the Humber Coast and Vale ICS and the NHSE/I Strategic Estates Team to obtain feedback throughout the development of the OBC. This should minimise the time it takes to obtain approval. Once approved by the Trust Board and the ICS the OBC will be submitted to NHSE/I for approval. The Trust will start to develop the Full Business Case (FBC) in January 2021.

The governance and approval timeline for the OBC will be that it is taken to the Trusts Finance and Investment Committee in December 2020 and to the Trust Board for approval in January 2021.

## **4.2 Director of Nursing, Allied Health and Social Care Professionals**

### **4.2.1 National and Local Patient Safety Strategy Update**

#### **Patient Safety Specialists**

The NHS set out its ambition for the new role of patient safety specialist to be introduced in every NHS organisation in England in the NHS Patient Safety Strategy which was launched in the summer of 2019. The Trust Patient Safety Strategy also identifies these roles as being instrumental in the delivery of our strategy.

National guidance states specialists are required to work full time as patient safety experts; providing dynamic, senior leadership, visibility and support. In addition, they will support the development of a patient safety culture, safety systems and improvement activity. They will have sufficient seniority to engage directly with their executive team. Reporting directly to an executive is proposed. Ultimately each Patient Safety Specialist will be fully trained in the national patient safety syllabus once developed.

All organisations are required to nominate patient safety specialists. Colette Conway, the newly appointed Assistant Director of Nursing and Patient Safety has been put forward as one of our Patient Safety Specialists. Tracy Flanagan, Deputy Director of Nursing has also been identified as a Patient Safety Specialist for the Trust as Tracy's portfolio is also heavily focused on patient safety.

Both meet the person specification outlined in '*Identifying Patient Safety Specialists*', August 2020 and report directly to the Executive Director of Nursing, Allied Health and Social Care Professionals who is the executive lead for patient safety.

#### **Patient Safety Partners (PSPs)**

A key element of both the national and local patient safety strategy is the involvement of patients, their families and carers in the NHS patient safety agenda. Potential roles for PSPs in NHS organisations were presented in the National Patient Safety Strategy which described their involvement in safety, incident reporting, service design pathways, governance, oversight, strategy and policy. Every organisation will be required to have at least two PSPs on their safety related clinical governance committees. In lieu of further national guidance at this time the Patient Safety Specialists in the Trust have been working with the Head of Patient and Carer Experience to design these roles specifically for the Trust. A national framework providing more detail on establishing PSPs, including a job description is due in March 2021.

## **Patient Safety Training**

The national patient safety syllabus has been developed by Health Education England and is due to be piloted in 2020/21. The Patient safety Syllabus includes training for staff and for the PSP's.

The Trust has commenced implementation of the Trust patient safety training plan with root cause analysis training in October delivered by an external provider. Twenty staff attended the training which was delivered on Microsoft teams. More sessions are planned in November and December due to large numbers of staff requesting to access the training.

### **4.2.2 Quality Update – Inspire CAMHS Inpatient Unit.**

NHS England undertook a quality review of Inspire in patient CAMHS unit on Friday 9<sup>th</sup> October. The visit was scheduled for the full day and the unit received excellent feedback from the reviewers. The headlines were as follows;

- The strong clinical leadership on the ward was recognised
- The young people felt the best thing about the unit is the staff
- The environment was thoughtful, and clearly well used and they were pleased to see the ongoing investment in involving young people in future building design
- Pleased to see that the voice of the young people was ever present and they could see how their voice was used in the governance of the service
- Recognised the units efforts to involve the community systems in all aspects of the patient journey
- Strong safeguarding presence acknowledged.
- Outstanding risk reporting, open, transparent and clear evidence of MDT decision making. This was applied to the whole governance structure. Recognising the value of the weekly incident huddle and the services attendance at the wider trust huddle
- Felt that each young person having a key worker and a lead MDT worker was gold standard
- High standard of care planning and risk assessment/ management- described as a pleasure to read.

The visiting team shared an aspiration that other service could learn from Inspire

## **4.3 Medical Director**

### **4.3.1 Psychology Trainee Update**

We have 19 new trainees as the numbers have increased this year and plans are currently in development in the University to see if that can be expanded further over the next few years. That will be a challenge initially with regard to placement provision, especially with the COVID impact and may require changes to the model of delivery. The team is mindful that we go the extra mile to endeavour to support this year's cohorts but anecdotal feedback so far has been very positive.

### **4.3.2 Medical Education.**

The Medical Education team led by Dr Stella Morris and Gillian Hughes helped to deliver a hugely successful 'Murder in Mind' which was broadcast from our own lecture theatre. We had nearly 300 virtual attendees for an event that we led on, but co-produced with our colleagues from Health Education England. The team are considering how we can do similar events moving forward in addition to the planned return of a Medical Conference to next year's educational calendar.

### **4.3.3 Medical Staffing**

The Team have worked with our colleagues in operations and communications to participate in the years BMJ recruitment affair which was held virtually over 3 days. Initial feedback on our content such as the #Humbelivable work has been incredibly positive as we now have a bespoke

consultant Psychiatrist and Gp offering. The challenge of recruiting into our medical workforce remains, however a pipeline is in place with regard to Gp and Consultant recruitment.

#### **4.3.4 Research Department.**

The research team are in the final stages of preparation for our 'Humber, City of Research IV' virtual conference in early November which will be held over 2 days. There have been over 200 invitations requests received and this is anticipated to grow as we extend our final marketing plan over all social channels over the next week. We are pleased that we have been able to retain all the keynote speaker's that had previously agreed to support the conference.

The research department has also completed its annual Clinical Research Network review (CRN). The feedback we have received was universally positive with regard to how the team adapted to COVID, managed to maintain critical research projects but also undertook mission critical urgent public health COVID related projects. In addition the refreshed research strategy was well received. The team and the CRN have agreed to explore some preliminary proposals to see how we can develop and embed a research based focus in our primary care teams. If successful this would build on the ongoing work with regard to developing our medical educational offering in those teams.

#### **4.3.5 Patient and Carer Experience**

Mandy Dawley and the team recently participated in a check and challenge event with NHSE with regard to our work. As previously discussed the Trust has been identified as an exemplar of good practice which led to the co-production of previously shared videos. NHSE have completed a further deep dive and will be shortly circulating a national document which will hopefully capture some examples of our work

### **4.4 Director of Workforce & Organisational Development**

#### **4.4.1 Flu**

The Trust received its first batch of vaccines on 28<sup>th</sup> September and its second on 9<sup>th</sup> October, 1350 in total. A further 1,200 vaccines are due to be delivered in November 2020 (w/c 9 November). This will provide a total of 2500 Quadrivalent vaccines and 50 Trivalent adjuvant vaccines for the over 65s. As of 8<sup>th</sup> October 2020 a total of 42 staff members have received a vaccine from the Trust and an additional 22 staff members have been vaccinated at their local GP surgery.

#### **4.4.2 Staff Survey**

The staff survey went out on 5<sup>th</sup> October. As of the 8<sup>th</sup> October 11% have been returned, this compares to 9% at the same time last year. Communications have gone out and will continue to do so for the duration that the survey remains open.

#### **4.4.3 Leadership Programmes**

Both the Leadership Programme and Senior Leadership Programmes commenced again during September following the delay as a result of COVID. A key part of the PROUD programme, the intention is for all managers to have been on a programme during the next two years.

#### **4.4.4 Workforce Race Equality Standards (WRES) Expert Programme**

Claire Jenkinson, the new Deputy COO, has been accepted on the WRES experts' programme, commencing in January.

#### **4.4.5 Black History Month**

A programme of events was agreed with the staff BAME network and these have been rolled out during October. These include talks about the WRES, what we can do to challenge racism, creating a fair and inclusive work environment as well as other topics.

#### 4.4.6 Bluestream

A project to transfer all learning from bluestream (primary care managed learning system) to ESR is now complete. This means a licence saving for Primary Care, and immediate real time access to primary care staffs learning and development records.

#### 4.4.7 Business Partner Development

Part of our PROUD programme was development for the trust business partners to help them effectively support operational senior managers in a collaborative consulting approach. Business partners from both Finance and Workforce and OD commenced their programme in October.

#### 4.4.8 Chair Recruitment

The process has commenced to select a recruitment partner to work with us to help fill the Chair role from September 2021. Governor Appointment Group will select a recruitment partner on 19<sup>th</sup> November. It is anticipated interviews will take place in March 2021.

### 4.5 Director of Finance Update

#### 4.5.1 Position statement for Donning, Doffing & Changing

A joint report in relation to donning, doffing and changing requirements for all in-patient estate has been produced by Estates and IPC; all recommendations from this report have been agreed at HAHG; and capital funding to the value of circa £450,000.00 (inc VAT) has been allocated. This is to enhance our current arrangements

### 5 Trust Policies

No policies have been presented to sub committees of the Board for approval since the last report to Board in September that require ratification by Board.

### 6 Communications Update

- **Humbelievable – recruitment campaign**

The recruitment campaign is continuing to build momentum. The site is receiving high referral rates from other sources that include media outlets, social media, and third-party recruitment websites demonstrating that our marketing activities are being successful in drawing traffic to the platform.

Since last month, the join.humber.nhs.uk website has received the following results:

Users	Page views	Avg Session Duration	Most viewed page
1,829 (102% Increase in new visitors)	3,475	01:16 mins	/jobs/ (2,798 views)

We continue to work with services to promote newly available and upcoming roles under the new recruitment brand #Humbelievable. We have released a number of posts on social media to promote the website itself, as well as specific roles that have been difficult to recruit for in the past, as part of the overall campaign. The team continue to promote these roles throughout our Trust social media channels. Examples of these ads include:

- Mental Health Practitioner / Clinical Lead – advertised on the Trust's LinkedIn channel for a duration of 14 days – receiving a total of 3,805 impressions. The role has received several applications. Appointments have been made another round of interviews has been completed and further interviews planned.
- Medicine Optimisation Technician – This role has been difficult to recruit for organically and is now being promoted on the Trust's social media platform. Recently launched, this targeted advert is expected to reach 2k-6.5k per day and received between 336 and over 1,000 clicks at the end of the 20 day period, leading viewers to learn more about the role and apply through the dedicated website.

Throughout September we have worked with Medical Education to run a dedicated for GP and Psychiatry recruitment campaign through attendance at the British Medical Journal Live conference. The team created a branded recruitment platform including two new 'Destination Humber' magazines focused on the GP and Psychiatry recruitment.

We are also working with the Recruitment and Workforce teams on a dedicated Winter Pressures recruitment plan with an initial focus on nurse recruitment. We have created new generic nurse job descriptions which we driving traffic to via social media and press advertising.

- **Brand Project**

Following the completion of the research an updated timeline has been produced for this project with the aim of launching our new visual identity in January 2021.

Following the research a Creative Brief has been put together and three potential visual routes for the brand have been put together. These routes respond to the creative brief and reflect the newly defined core of our brand which is made up of our vision, mission, values (brand and corporate) and personality.

These routes will be shared with a wide range of stakeholders throughout October to understand reactions to each and how different groups connect to them. A final visual route will be created from which the corporate visual identity will be designed around. The launch remains on track for January 2021.

- **'Together We Can' Book Launch**

'Together We Can' launched on 7th October 2020. The book is available to order on the Trust website, with two options: electronic copy (free – with an optional £1 donation to Health Stars via text message) and physical copy (£6+ donation to Health Stars via JustGiving).

The book comprises of 12 chapters, covering positive news stories during COVID-19, from all around the Trust. These accounts were put together by various teams and individuals who worked in collaboration with the Communications Team to tell their story. It also includes illustrations from staff, their patients and families and many photographs from across the patch, during this time.

We hope this book brings joy to our staff and their relatives, as a momentum and token of appreciation for their continuous hard work at this time.

### **Patient Information Portal**

One of the projects identified in the Marketing and Communications Plan for 2021 was to develop a new online Patient Information Portal. The aim of this was to:

- Improve patient communication and ensures that everyone has access to a range of useful health and wellbeing information resources.
- Ensure consistency of patient information across services
- Streamline and digitise the process of approving and publishing content
- Enable the creation of a single online patient information centre for all Trust information resources
- Allows staff to share patient information across services
- Improve accessibility of patient information

We are pleased to have been able to move this project forward earlier than planned by working with the University of Hull to access their Computer Science Masters programme.

We have been successfully matched with a team of five Masters students who are now working on the project one day a week. Internally we are working with the digital and patient and carer experience team to deliver the project by May 2021.



## **External Communications**

- **Awareness Dates**

### **World Mental Health Day, 10 October**

The aim of this year's campaign was to acknowledge the impact of the COVID pandemic on the mental health of our communities and to provide a simple and engaging mechanism that anyone could engage with, to see if they would benefit from extra support.

Our simple traffic light graphic encouraged everyone to recognise (red) if they are feeling different, use the NHS self-assessment (amber) tool to understand if they would benefit from extra help and get (green) support with via their GP or by viewing self-referral options a [humber.nhs.uk/checkin](https://www.humber.nhs.uk/checkin). Assets including a video animations, gifs, social media graphics and business cards have been created and shared with partners including the CCG, Hull and East Riding Council and Humberside Police so they can share the campaign across their channels. Business cards carrying the message have also been inserted into a safety package created and distributed to all University of Hull students.

Alongside this, two panels of mental health experts shared their insight, information and help members of the public understand how they can access support or support themselves or someone they are concerned about in pre-recorded video panels streamed on our facebook page. The first panel will focus on Children and Young People a group who are known to have struggled with the changes to their lives during COVID-19. The second panel will focus on support and information for those supporting Older Adults, a group who have been hugely impacted by lockdown and shielding measures.

The campaign had a reach of over 22,000 on our channel with over 1500 individual engagements (click, likes, visits to the self-referral page). The campaign also reached many more through partners such as CCGs, Hull University Hospital Trust and more sharing it across their platforms.

### **Dementia Awareness Week, 21-25 September**

Dementia Awareness Week took place 21 – 25 September, to coincide with World Alzheimer's Month (September) - the international campaign which occurs annually, to raise awareness and challenge the stigma that surrounds dementia.

Our aim with this year's campaign was to create and share supportive content that contributes to positive dementia awareness. The topics covered ranged from highlighting our memory services, to lived experiences from our Patient and Carer Champions. As part of this, we held 6 virtual events throughout the week which were attended by 23 people per session on average with over 100 individual attendees.

The campaign was well received on social media. The campaign has a reach of over 11,353 with over 300 individual engagements (likes, share, comments). We also used this opportunity to support our staff and communities by reinforcing our commitment to dementia support and research.

### **Black History Month (October)**

October is Black History Month in the UK, an event that has been celebrated nationwide for more than 30 years. We have worked with the Equality, Diversity and Inclusion Lead to promote events and activity both internally and externally, including promoting the new BAME network and a series of virtual events.

### **Speak Up Month (October)**

Speak Up Month is hosted every October by The National Guardian and is a chance to raise awareness of Freedom to Speak Up and the work which is going on in organisations to make speaking up business as usual.

We have worked with our Freedom to Speak Up Guardians to improve knowledge and awareness of the role of the Guardians play at our Trust ensuring all staff know who they were and how they could support them if and when they choose to speak up. Assets included articles, blog posts, a Trust desktop image and a survey.

**Domestic Abuse Awareness Month (October)**

Domestic Violence Awareness Month is designed to unify women and men all across the world who have been victims of domestic violence.

We have worked with the Safeguarding Team to remind people of the role we all play to make victims and allies feel recognised and supported. We have also used our internal channels to reinforce important the key message that domestic abuse is a real and modern issue in today’s society that needs to be tackled and recognised.

The focus of content has changed weekly and has covered children living with domestic abuse, coercive control, child on parent abuse and diversity issues.

**Stoptober (October)**

Stoptober aims to encourage the nation’s smokers to make a quit attempt for the month of October and beyond.

We have worked with the Health Trainers team to develop external communications around Stoptober, Better Health and Smokefree Generation campaigns. All of these campaigns work towards one central goal: a healthier Hull and East Riding community by 2023. Work on this included articles and press releases which have been covered across print and radio.

- **Media Coverage**

Positive new stories published		Negative new stories	
Local media	10	Local media	0
Website/Social Media	8		
<b>TOTAL</b>	<b>18</b>		<b>0</b>

- **Website**

Since the relaunch of our website our site performance is improving. Over September and October we saw a 10% increase in users from 2019, the bounce rate has also reduced by 5% year on year and we are seeing more users spending longer on the site looking at more pages.

	Target (2021)	Performance over period
Bounce Rate	50%	63%
Social Referrals	12% (a 10% increase in 2019 position)	3%

- **Social media**

	Target (2021)	Performance over period
Engagement Rate	4%	3.3%
Reach	+50,000 p/m	116,383
Link Clicks	1500 p/m	576

We have used our social media platforms to post positive and supportive content and to celebrate staff and volunteers. These platforms are also used to share messages from partner organisations, as well as national NHS and PHE campaigns including the ‘Just’ the Flu campaign.

The team support services to place bespoke and targeted promotional adverts on our Facebook page. Including those as part of the #Humbelievable recruitment campaign shown above, the team have also organised and launched paid promotion for:

- Quit Smoking for COVID –. Since launching at the end of September the ad has seen a reach of 13,712 and engagement of 520. 457 of these have clicked to learn more about the service that is offered by the Health Trainers.

- **Service Support**

The team continues to provide support to services by communicating important messages through our Trust website, social media platforms and PR. As part of this, we have worked closely with the Safeguarding Team to provide support around Domestic Abuse Awareness Month. The Team have also supported in the promotion of key messaging including:

- Allied Health Professionals Day
- Murder in Mind live event
- GP Practice information
- Whitby virtual Involvement & Engagement event
- SilverCloud mental and behavioural health platform
- Governor Elections
- The Trust Annual Members' Meeting
- Community Mental Health Transformation

The team are continuing to work with Primary Care management to ensure clear and timely communication of the ongoing Chestnuts and Hallgate Surgery development to patients and staff.

### **Campaign Resource Portal**

The team have designed, developed and launched a new campaign resource portal with the objective of sharing campaign assets with Trust services and partner organisations in order to take collaborative approach to sharing important messages with our communities. The platform was used for the first time during World Mental Health Day and was well received by partners. The portal can be viewed here: <https://comms.humber.nhs.uk/campaign-resources/>

### **Internal Communications**

#### **National NHS Staff Survey**

The National Staff Survey was launched to all staff on Monday, 5 October. We are working closely with Employee Engagement to roll out the communications plan and provide all design assets to ensure staff are aware of the survey, its purpose and how they can take part.

#### **Flu Vaccination Campaign**

Our flu campaign was launched on Wednesday, 23 September. The flu vaccine is an important part of protecting our staff and the people we care for. This year it is even more important due to Covid-19 and as last year will be offering the flu vaccination to all our staff.

We have developed a marketing campaign which encourages all staff to LOOK out for details of when and where their Peer Vaccinator is holding their clinics and BOOK in directly with them. This includes bespoke graphics and an animation to be used across our social channels.

#### **Annual Members' Meeting**

Due to the COVID-19 restrictions we held our Annual Members' Meeting virtually on Thursday, 17 September. The event was promoted on our intranet, website and social media channels and an invite has been sent to our stakeholders. A total of 60 people attended the event.

#### **Poppulo**

Since we launched Poppulo to all staff on Wednesday, 9 September we have now issued 24 staff communications using this platform. The platform allows us to target and measure internal communications for the first time. Reassuringly our initial measures are showing that we are in line with national averages for internal communications for both open rates and engagement.

	<b>Target (2021)</b>	<b>Actual</b>
Open Rate	65%	59%
Click Through Rates	15%	10%

### **Intranet**

Current performance:

	<b>Target</b>	<b>Performance over period</b>
Bounce Rate	40%	60.95%
Visits	+20% on 2019 average	+253%

## **7 Health Stars Update**

### **Christmas**

Health Stars are keen to start thinking about Christmas. Whilst it will be a little different this year Health Stars are keen to make it as special as possible. Health Stars would like to ask that any Christmas related wishes are submitted by the 30<sup>th</sup> November to ensure they can process these with extra safety measures in place due to COVID19.

### **NHS Charities Together Stage 1 – BAME Funding**

Following on from the successful grant of which Health Stars received £50,000.00 to support the BAME community. Health Stars in partnership with Health Tree Foundation have advertised for a BAME Wellbeing Coordinator and are interviewing this week. They are hopeful to have someone in post prior to the end of the year.

### **NHS Charities Together Stage 2**

The teams of Health Stars, HEY Smile Foundation and The Health Tree Foundation attended a scoping session held on the 12<sup>th</sup> October 2020 to discuss ideas and to develop a potential project of how the funding of £623,000.00 could be used collaboratively to make the biggest impact on all areas involved. There is a full partnership meeting scheduled on the 20<sup>th</sup> October 2020 to discuss this further with all HCV ICS members. Health Stars would welcome any thoughts or ideas for projects for Stage 2. Please get in touch [hello@healthstars.org.uk](mailto:hello@healthstars.org.uk)

### ***Full details of the Stage 2 grant guidance is listed below:***

Stage 2 is the community partnerships grant round. This is a grant across the Humber Coast and Vale Integrated Care System (HCV ICS) area. All charities in the ICS will need to work together to put in a grant in partnership as well as working with community partners. The grant is for £623,000. A lead charity has been agreed for this phase which is the Health Tree Foundation at Northern Lincolnshire and Goole NHS Foundation Trust. This charity is also managed by HEY Smile Foundation similar to Health Stars.

The criteria for the grant are listed below. Health Stars are working with the Charitable Funds Committee to share ideas from our trust to the group.

- a) Preventing admission to NHS facilities, for example by early intervention programmes
- b) Facilitating discharge from NHS facilities, for example with end of life care or community health projects
- c) Supporting patients to recover more quickly in the community after leaving hospital
- d) Supporting initiatives that seek to remove health inequalities and disparity in health outcomes with a focus on diversity in the population

### **NHS Charities Together Stage 3**

Health Stars have been working closely with Trust leads and Directors to discuss and explore any opportunities of which the grant allocation of £66,000.00 could be used to support staff of Humber

Teaching NHS Foundation Trusts general health, well-being and mental health post COVID19. Health Stars are inviting thoughts and feedback for projects for Stage 3.

The deadline for application is 31<sup>st</sup> March so there is plenty of time but the sooner we put projects forward the sooner we can apply and get the funds in place to make them happen. They are awarding the funds each month rather than at the final deadline.

[hello@healthstars.org.uk](mailto:hello@healthstars.org.uk)

***Full details of the Stage 3 grant guidance is listed below:***

Stage 3 is the recovery grant aimed at support staff. This is being given out based on £22 per person employed by each NHS Trust.

Health Stars grant allocation is £66,000. Unlike the previous grants given based on staff numbers, this grant is not given automatically and we need to apply for the money. As a result Health Stars need support to come up with ideas for staff projects.

The NHS Charities website states the following about the stage 3 grants

“Use of the funds for recovery projects can take a number of forms; these could include, but are not limited to, the following examples; adjustments and resumption of normal services; longer-term plans to support staff health; projects that improve well-being and mental health; plans to support specific staff cohorts reducing disparity and focussing on diversity; plans that have a role to play in wider economic or social recovery, for example through employment or training; projects that may dovetail with social prescribing plans that will support staff.”

**Whitby Appeal**

Health Stars are excited to get their next major appeal launched and begin fundraising. The target proposed is an ambitious yet achievable £200,000 which will support by adding the “extra sparkle” to the hospital rebuild which is currently underway. Health Stars are keen to engage with the local community and are in regular attendance of the Whitby Hospital Appeal group along with the Whitby Community Engagement forums, the first virtual meeting took place on the 1<sup>st</sup> October 2020 and was very successful with a follow on meeting scheduled for the 21<sup>st</sup> October 2020.

Health Stars will be recruiting a part time fundraising admin assistant based in Whitby. The role will be temporary to support the appeal and importantly be located within the local community to stimulate fundraising on the ground. The role will go to advert at the end of the month.

**Michele Moran  
Chief Executive  
October 2020**

**Agenda Item 8**

Title & Date of Meeting:	Trust Board Public Meeting – 28 October 2020			
Title of Report:	Publications and Policy Highlights			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To receive & note	
	For information	x	To ratify	
Purpose of Paper:	To update the Trust Board on recent publications and policy.			
<b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	15/10
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	
<b>Key Issues within the report:</b>  <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<ol style="list-style-type: none"> <li>I. Care Quality Commission (CQC) outlines plans to monitor infection prevention and control (IPC) over winter CQC</li> <li>II. Workforce Race Equality Standard 2020</li> <li>III. Joint statement from CQC's Chief Inspectors, and Deputy Chief Inspector and lead for mental health services CQC</li> <li>IV. NHS Reset: a new direction for health and care NHS Confederation</li> <li>V. Safety Update NHS National Patient Safety Team</li> <li>VI. Safety Update NHS National Patient Safety Team</li> <li>VII. State of Care</li> </ol>			

**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	

## Publications and Policy Highlights

The report provides a summary on recent publications and policy.

### **1. CQC outlines plans to monitor infection prevention and control (IPC) over winter** CQC 9 October 2020

We, the CQC, will continue to regulate care and hospital locations over the coming months to support organisations as they prepare for winter and provide assurances to the public that locations are safe and well prepared, including for people who are discharged from hospital with a Covid-positive status.

Our infection prevention and control (IPC) inspections are already being rolled out across care locations in England and we will share the results of those inspections on our website in a simple and easy to access layout so that the public can be assured across a number of key criteria that a care location has an effective approach to infection prevention control. Over 400 IPC inspections reports have now been published on our website and from today the public will be able to have an accessible overview. In our IPC inspections we look to see that:

- Adequate PPE is available for staff and residents to control infection safely
- Staff are properly trained to deal with outbreaks and the proper procedures are in place
- Shielding and social distancing is being complied with
- Layout of premises, use of space and hygiene practice promote safety.

We have completed over 400 IPC inspections in Adult Social Care (ASC) already both to capture good practice and to follow up in places where we believe there may be risks to residents. We will also be conducting IPC checks on all inspections in future and are committed to another 500 care home IPC inspections by the end of November. We will be carrying out further inspections in Hospitals in addition to those in ASC which have already begun.

Most care providers that we have inspected have demonstrated good practice which we will continue to highlight through regular publications - however where we have concerns, we can and will take swift action. This could include publicly giving a provider actions that they must take, restricting a service's operation or in cases of significant concern, taking action which would lead to the closure of a service. All of these are designed to ensure providers act quickly to improve the quality of care they are delivering. We recognise that many families and people will have had a terrible time, being unable to visit and spend important time with their loved ones for many months, and how this has had a significant impact on mental health for many people. When thinking about visiting (both people coming in and going out), providers must follow Government guidelines, give sufficient weight to local risks and advice from their Director of Public Health, give consideration to the home environment and all decisions stay under review as circumstances change.

However, we do expect care homes to discuss visitation as part of individual care plans including considering whether residents have exceptional circumstances to consider in those plans, and we will look for these on inspection. Person centred care has never been more important and recognising that part of people's identity and wellbeing comes from their relationships is critical. Meeting people's holistic needs means an individualised approach. Many of the challenges faced by care locations are at system level, and we will continue, through our Provider Collaboration Review (PCR) programme, to review how



people move between services and identify where there are blockages in the system so that issues are explored nationally and locally.

We will continue to publish a regular update through our insight reports and develop our approach, including the development of our new strategy, in line with new research and evidence to ensure that people receive high quality, safe care.

As well as sharing best practice through Provider Collaboration Reviews, we are encouraging innovation in controlling infections and providing safe, quality care.

We will prioritise registration of providers who are able to raise the bar in the quality of care and in finding ways to protect those in care, whilst adhering to the criteria for safe infection control.

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

**Plans noted. CQC inspection reports focussed on infection control are being reviewed as they are released to ascertain whether there is any learning for the Trust. Any actions will be shared with the Quality Committee.**

## **2. Workforce Race Equality Standard 2020 CQC 1 October 2020**

We are pleased to publish our Workforce Race Equality Standard (WRES) report for 2020. This is our fourth year of reporting on the experiences of BME staff to ensure equal access to career opportunities and fair treatment in the workplace.

[https://www.cqc.org.uk/sites/default/files/20200929\\_WRE\\_Report\\_2020\\_FINAL\\_for\\_publication\\_%28003%29.pdf](https://www.cqc.org.uk/sites/default/files/20200929_WRE_Report_2020_FINAL_for_publication_%28003%29.pdf)

We still have lots of work to do in other areas such as ensuring BME representation at senior levels and reducing the gap in bullying and harassment. We will be developing a robust action plan with the Race Equality Network and other colleagues to raise and accelerate our ambition in achieving a fair and inclusive workplace.

**Lead: Director of Workforce & Organisational Development**

**The Trust submitted its WRES data in August and the report is on the October Board agenda.**

## **3. Joint statement from CQC's Chief Inspectors, and Deputy Chief Inspector and lead for mental health services CQC 16 September 2020**

This statement sets out how we will regulate during the next phase of the coronavirus (COVID-19) pandemic. From 6 October, we will begin to roll out our transitional regulatory approach, starting with adult social care and dental services.

Throughout the pandemic, our regulatory role did not change. Our core purpose of keeping people safe was always driving our decisions. However, as the risks from the pandemic change, we're evolving our approach in a way that is both sensitive to the changing circumstances of providers, and that also puts people who use services at the centre of what we do. Our transitional regulatory approach is flexible and builds on what we learned during the height of the pandemic. The key components are:

- A strengthened approach to monitoring, with clear areas of focus based on existing Key Lines of Enquiry (KLOEs), to enable us to continually monitor risk in a service
- Use of technology and our local relationships to have better direct contact with people who are using services, their families and staff in services

- Inspection activity that is more targeted and focused on where we have concerns, without returning to a routine programme of planned inspections. We will continue to adapt our transitional regulatory approach, and remain responsive as the situation changes. We'll also be considering longer-term changes to how we regulate, which we'll explore through engagement on our future strategy.

The full statement is available on the CQC website here:

<https://www.cqc.org.uk/news/stories/joint-statement-cqc%E2%80%99s-chief-inspectors-deputy-chief-inspector-lead-mental-health>

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

**Transitional arrangements noted. We continue to meet with regularly with our CQC Relationship manager. Peer review process has commenced across services to determine compliance with the CQC key lines of Enquiry (KLOE).**

**4. NHS Reset: a new direction for health and care** NHS Confederation 29 September 2020

COVID-19 is the greatest challenge we have faced as a country for more than two generations. As we head towards what could be one the deepest recessions, its impact will be felt for years to come. So many have already lost friends, colleagues and family members, and our families and communities have experienced unprecedented changes in the way we lead our lives. With a potentially difficult winter on the horizon, and as the service prepares to tackle a second surge, what lessons can be learned from how the health and care sector has responded so far? Bringing together NHS Confederation members and partners, the [NHS Reset campaign](#) has convened the health and care system to reflect on the learning from the last six months and what it means for the future. In doing so, we have identified five factors we believe will help to fundamentally reset the way health and care is planned, commissioned and delivered.

- Honesty and realism
- Extra funding
- A lighter, leaner culture
- Integrating health and care
- Tackling health inequalities

The scale and pace of innovation has been one of the unexpected consequences of the pandemic. Our work with NHS leaders shows clearly their determination to seize the opportunity to sustain these positive changes and deliver services in new and better ways to the public. From GP surgeries to outpatient clinics, from intensive care to virtual speech therapy, there has been one change after another and widespread adoption of new technology. These have been combined with real advances in partnership working at local level, with NHS leaders being empowered to find the right solutions working with their clinicians, their partners and their communities.

No one can be in any doubt that the road to recovery for the health and care system will be long and challenging, and we face the real prospect of a second surge. We have learned much and are in a better position to manage this than first time round, but the strain will be felt across the country. However, the pandemic presents an opportunity to re-cast services. This report reflects our members' views and sets out a possible direction for the NHS and a future which should lead to improving health for individuals, families and communities. [Download the report.](#)

**Lead: Chief Executive**

**The Integrated Care System is using this work to underpin the Phase 3 planning work that is in progress.**

**5. Safety Update NHS National Patient Safety Team 29 September 2020**

Two reports have recently been published by the Healthcare Safety Investigation Branch.

- Giving families a voice: HSIB's approach to patient and family engagement during investigations is a national learning report which has been developed through close collaboration with families who have been involved in HSIB's investigations.
- Investigation into the role of clinical pharmacy services in helping to identify and reduce high-risk prescribing errors in hospital focusses on the role of ward-based clinical pharmacy services and how they work within the multidisciplinary teams (MDTs) that administer care to a patient.

**Lead: Medical Director**

**Dr Liat Chong the Trust's Chief Pharmacist has reviewed the report and will be sharing contents and findings with the relevant clinical networks. It's worth highlighting that the Trust's recent innovations such as rolling out an electronic prescribing on our inpatients units (following successful awarding of NHSE innovation funding in 2019). In addition, increasing numbers of pharmacists and pharmacy technicians within our workforce means the Trust) as part of ongoing programs with regard workforce skill mix) is well placed with regard to the HSIB suggestions for improvement with regard to safety practice and culture.**

**Mandy Dawley , Head of Patient and Carer experience will review the HSIB report with regard to our patient engagement work which is part of the broader Trust patient safety strategy work. A key point is is how we can upskill our investigators to support this work and Mandy will endeavour to link up with HSIB who have been at the forefront of this work.**

**6. Safety Update NHS National Patient Safety Team 29 September 2020**

To demonstrate the significant progress made since the NHS patient safety strategy was launched in July 2019, we have published our first annual NHS Patient Safety Strategy progress report.

The report provides updates on each of the strategy's workstreams, including;

- creating patient safety specialists
- developing the new national patient safety incident management system
- introducing the national medical examiner system
- work of the national patient safety improvement programmes
- creation of the first NHS patient safety syllabus
- piloting the new Patient safety incident response framework
- introduction of National Patient Safety Alerts
- developing a framework for involving patients in patient safety improvement.

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

**Update noted by the Trust Executive Lead for patient safety. Progress regarding**

**Patient Safety Specialists for the Trust reported to October Quality Committee with a more general update from the report to the October Board in the Chief Executive report.**

## **7. State of Care**

<https://www.cqc.org.uk/publications/major-report/state-care>

### **Lead: Chief Executive**

**We welcome this report and note that its captured the operational context of which all health and care services have operated with regard to the COVID pandemic .This report will be shared with the relevant chairs and executive directors of the Quality Committee and The Mental Health legislation Committee. In addition the Head of Corporate Affairs will feed this report into the work of the CQC compliance group for detailed assessment and understanding with regard to implications for our services.**

**Agenda Item 9**

Title & Date of Meeting:	Trust Board Public Board Meeting– 28 <sup>th</sup> October 2020																			
Title of Report:	Performance Report - Month 6 (September)																			
Author/s:	Name: Peter Beckwith/Richard Voakes Title: Director of Finance/Business Intelligence Lead																			
Recommendation:	To approve		To receive & note	✓																
	For information		To ratify																	
Purpose of Paper:	<p>This purpose of this report is to inform the Trust Board on the current levels of performance as at the end of August 2020.</p> <p>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.</p>																			
<p><b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i></p>	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Finance &amp; Investment Committee</td> <td></td> <td>Executive Management Team</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Mental Health Legislation Committee</td> <td></td> <td>Operational Delivery Group</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Charitable Funds Committee</td> <td></td> <td>Other (please detail)</td> <td></td> </tr> </tbody> </table>		Date		Date	Finance & Investment Committee		Executive Management Team	<input checked="" type="checkbox"/>	Mental Health Legislation Committee		Operational Delivery Group	<input checked="" type="checkbox"/>	Charitable Funds Committee		Other (please detail)				
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Charitable Funds Committee		Other (please detail)																		
<p><b>Key Issues within the report:</b> <i>Please ensure you also complete the monitoring and assurance framework summary below:</i></p>	<p>Commentary is included below for those indicators that have fallen outside of the normal variation range.</p> <p><b>Safer Staffing Dashboard (Sickness)</b> - The sickness absence indicator has not been met across some of our inpatient wards. Reducing sickness absence remains a very high priority for managers in these services to address, supported by their HR business partners. Targeted action is being taken across all of these areas to support reduction in absence, supportive measures are being put in place where these are required particularly for absence relating to stress, mental health wellbeing and Musculoskeletal (MSK). Sickness absence rates are monitored via the operational delivery group and through accountability reviews. Managers have been asked to prioritise return to work interviews due to the evidence that when these are done well attendance improves.</p> <p><b>52 Week Waiting Times</b> - In common with the National picture, the Trust's performance on waiting lists has been affected by the impact of changes in services as a result of the response to the COVID19 pandemic. Whilst this has impacted on all services it has been particularly noticeable in CAMHS areas, specifically for the autism diagnosis service which has been effected by school closures leading to inability to access critical information to support making a diagnosis, older</p>																			



	<p>peoples memory assessment service and our department of psychological medicine service. As set out in the waiting times paper presented to the September board meeting, each service has developed plans as part of the Trust's Continuity of Operations and Sustainability Plan (Phase 3) to address the waiting list position. Achievement against these plans is monitored by the operational delivery group and via the divisional accountability review. The data is demonstrating some improvement in October.</p> <p><b>EIP (14 Days)</b> – The 14 day access standard was not met in September. This has occurred due to a cumulative increase in the number of referrals during July, August and September, this is likely to be due to the impact of Covid- 19 on mental health and wellbeing. This increase in demand has also been impacted by reduced staff availability due to vacancies, long term training and absence. A recovery plan is in place which is focussed on increasing the available staffing resource through use of additional hours, use of bank staff and recruitment to vacancies. The expectation is that the recovery plan will recover performance during October.</p> <p><b>Staff Turnover</b> –.September is the month when trainee clinical psychologists leave the trust after the end of their fixed term contract, this increases the September figure.</p> <p><b>Cash in Bank</b> - The cash balance at the end of June was £27.7m, this exceeds the upper control limit and is influenced by the fact the position is inclusive of the September Block payment (£9.8m).</p>
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**Monitoring and assurance framework summary:**

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



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



Financial Year  
2020-21

# INTEGRATED BOARD REPORT

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

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



Reporting Month:  
Sep-20

Caring, Learning and Growing

Chief Executive: Michele Moran  
Prepared by: Business Intelligence Team





# Humber Teaching NHS Foundation Trust

## Integrated Board Report

For the period ending:

**Sep 2020**

**Purpose**  
This paper provides a summary on the progress being made against a basket of NHS performance indicators together with executive summary and underpin the Trust's Strategy 2017-2022. A sample of the strategic goals are represented in this report. Particular attention is drawn to the new format and the use of Statistical Process Control (SPC) in the following charts. SPC charts contain upper and lower control limits which are based on 2 standard deviation points above and below the 2 yearly average.

**What are SPCs?**  
Statistical process control (SPC) charts can help us understand the scale of any problem, gather information and identify possible causes when used in conjunction with other investigative tools such as process mapping.  
SPC tells us about the variation that exists in the systems that we are looking to improve:  
  
S – statistical, because we use some statistical concepts to help us understand processes.  
P – process, because we deliver our work through processes ie how we do things.  
C – control, by this we mean predictable.  
  
SPC should be used to help to get a baseline and evaluate how we are currently operating. SPC will also help us to assess whether service changes have made a sustainable difference. They give an indication as to whether there is relatively stable variation over time or whether there are special causes creating exceptional variance. This is done by analysing the chart looking at how the values fall around the average and between or outside the control limits. The average and control limits do not indicate whether the indicator is achieving the target that has been set, but they allow us to better understand how stable the performance is and whether or not it is changing.

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

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

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

# Humber Teaching NHS Foundation Trust

## Integrated Board Report

For the period ending:

**Sep 2020**

Goal 2	RTT - Completed Pathways	Based on patients who have commenced treatment during the reporting period and seen within 18 weeks of their referral
Goal 2	RTT - Incomplete Pathways	Based on patients who have been assessed but continue to wait more than 18 weeks for treatment
Goal 2	RTT - 52 Week Waits	Number of patients who have yet to be seen for treatment and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - Adult ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Adult and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - Paediatric ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Children and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks
Goal 2	RTT - Early Interventions	Percentage of patients who were seen within two weeks of referral
Goal 2	RTT - IAPT 6 Weeks and 18 weeks	Percentage of patients who were seen within 6 weeks and 18 weeks of referral
Goal 3	Recovery Rates - IAPT	Recovery Rates for patients who were at caseness at start of therapeutic intervention
Goal 3	Out of Area Placements	Number of days that Trust patients were placed in out of area wards
Goal 4	Delayed Transfers of Care	Results for the percentage of Mental Health delayed transfers of care
Goal 4	Staff Sickness	Percentage of staff sickness across the Trust (not including bank staff)
Goal 4	Staff Turnover	Percentage of leavers against staff in post
Goal 5	Finance - Cash in Bank	Review of the cash in the Bank (£000's)
Goal 5	Finance - Income and Expenditure	Review of the Income versus Expenditure (£000's) by month
Goal 6	Complaints	Two charts showing the number of Complaints Received (1) and the number of Complaints Responded to and Upheld (2)
Goal 6	Compliments	Chart showing the number of Compliments received by the Trust by month

# PI RETURN FORM 2020-21

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Sep 2020**

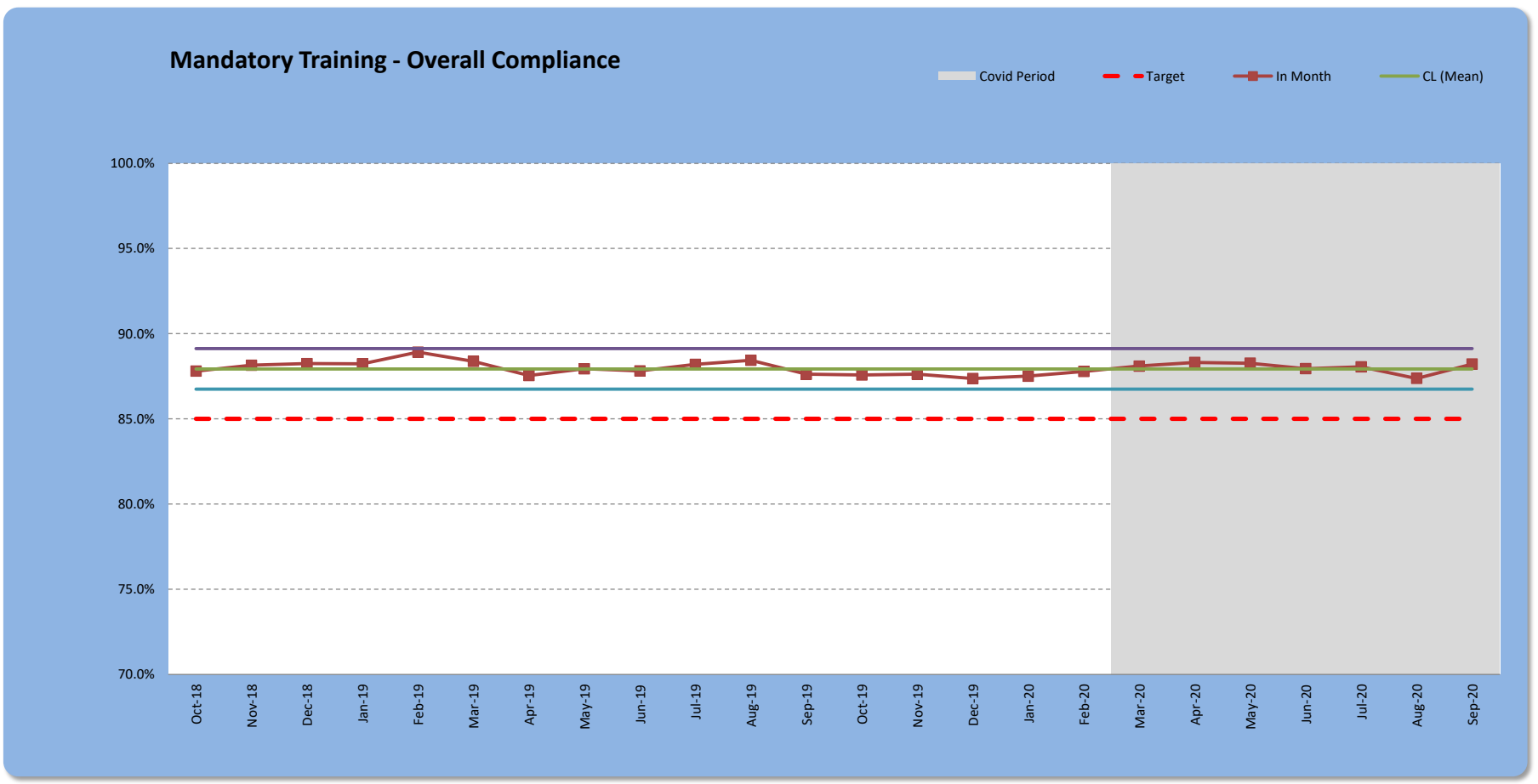
Indicator Title	Description/Rationale	Executive Lead
Mandatory Training	A percentage compliance based on an overall target of 85% for all mandatory and statutory courses	Steve McGowan

KPI Type
WL 5

**Narrative**

Above Target, 0.5% increase on last month.

Target: 85%  
 Amber: 75%  
 Current month stands at 88.2%



# PI RETURN FORM 2020-21

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Sep 2020**

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

KPI Type
WL 2 VAC

**Narrative**

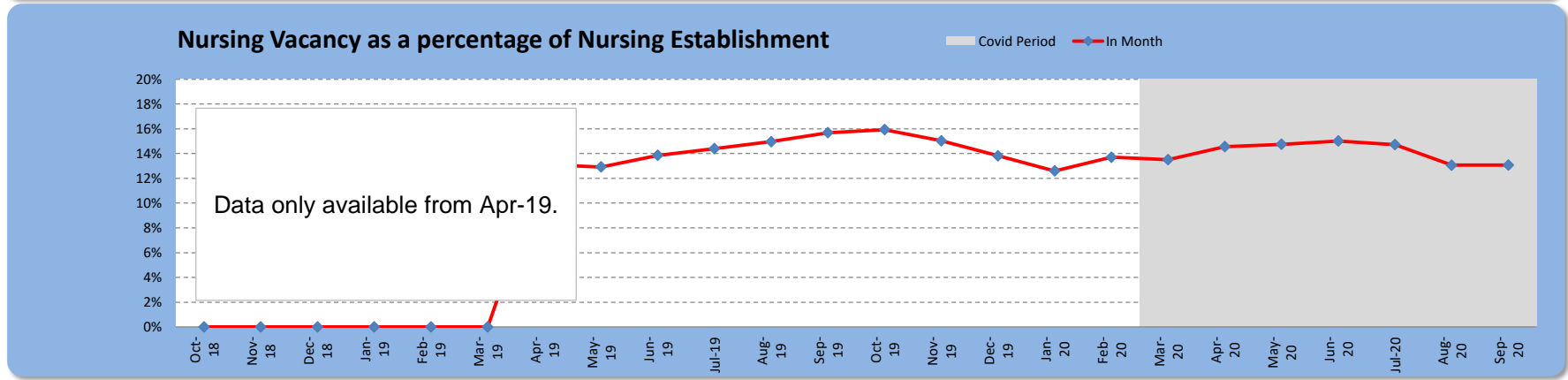
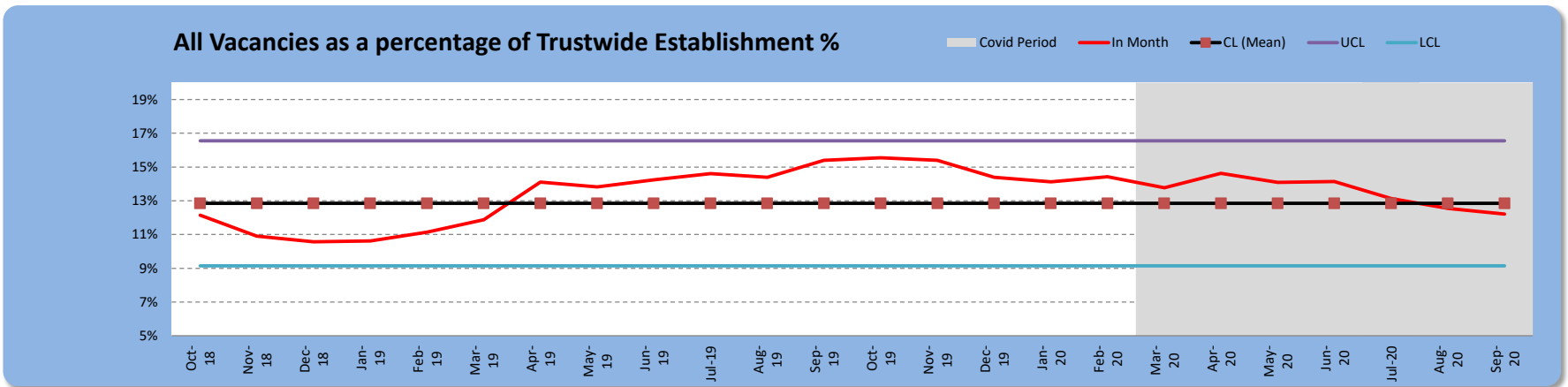
Vacancies dropped by 0.3% when compared to the previous reporting period.

Nursing Vacancy rate has remained the same as the previous month.

**Breakdown for Month**

	Trustwide	Nursing
Est	2948.4	819.5
Vac	360.1	107.1
	12.2%	13.1%

Current month stands at 12.2%



# PI RETURN FORM 2020-21

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Sep 2020**

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

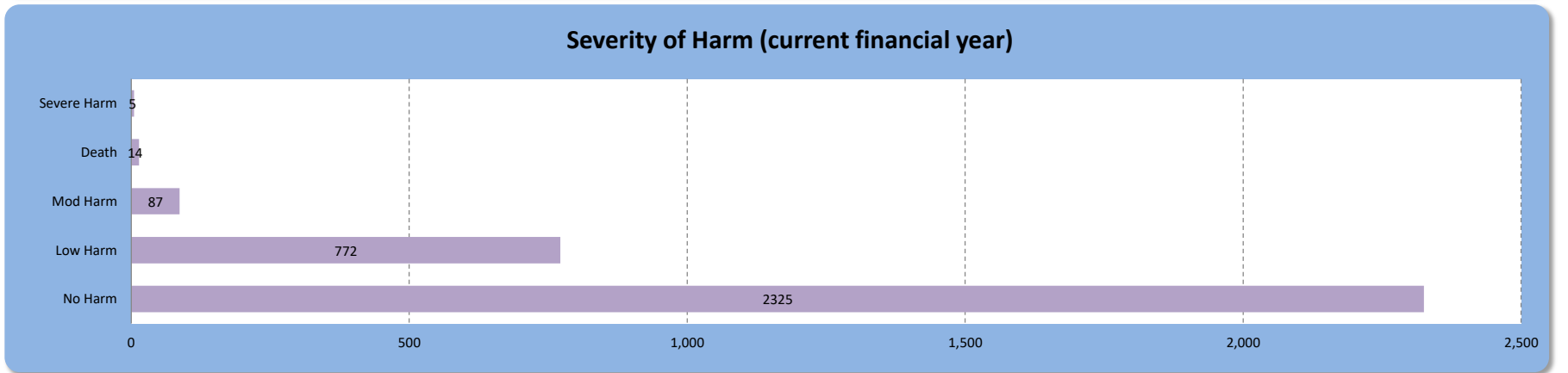
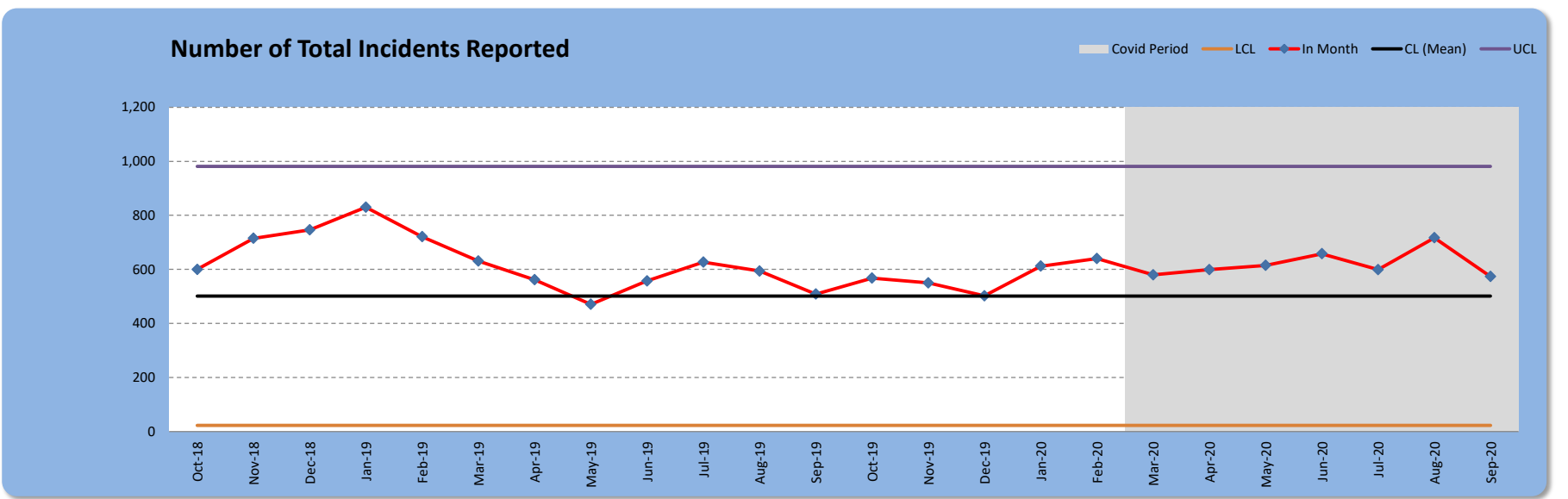
**Narrative**

Reduction of 143 when compared to the previous month.

UCL: 981  
LCL: 23

Current month stands at 574

Severity of incidents reported in the current financial year (YTD)



# PI RETURN FORM 2020-21

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Sep 2020**

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

KPI Type
WL 9a

**Narrative**

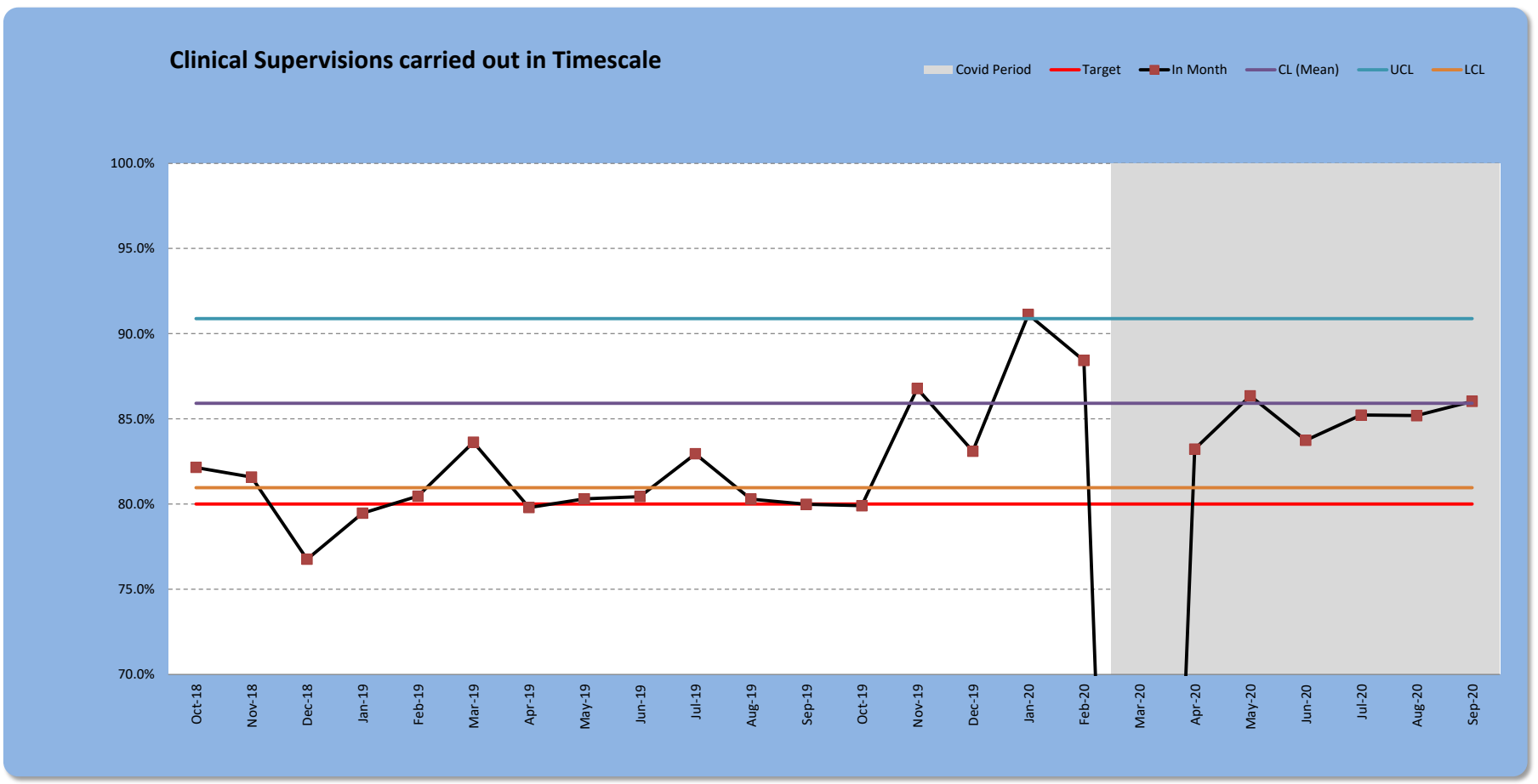
Performance has increased in September by 0.8%

No data for Mar-20 for any teams as the data collection was suspended due to COVID-19 planning.

Target: 80%

Amber: 75%

Current month stands at 86.0%



# HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING QUALITY DASHBOARD

Contract Period: 2020-21  
Reporting Month: Aug-20



Shown one month in arrears

Speciality	Units		Bank/Agency Hours				Average Safer Staffing Fill Rates				High Level Indicators													
			WTE	OBDS (inc leave)	CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Day		Night		QUALITY INDICATORS (Year to Date)				STAFF QUALITY INDICATORS					Indicator Totals	
										Registered	Un Registered	Registered	Un Registered	Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ partly upheld) relating to Staff Availability	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	Sickness Levels (clinical)	WTE Vacancies (RNs only)	Jul-20
Adult MH	Avondale	Adult MH Assessment	32.6	69%	21.34	18.6%	0.0%	0.0%	76%	78%	95%	104%	0	9	0	0	87.9%	93.8%	81.8%	95.2%	4.4%	2.2	0	0
	New Bridges	Adult MH Treatment (M)	35.0	92%	9.30	5.2%	7.3%	69%	112%	90%	104%	0	0	0	0	87.8%	97.1%	88.9%	100.0%	7.9%	3.4	5	2	
	Westlands	Adult MH Treatment (F)	31.1	92%	9.25	32.8%	8.6%	73%	103%	97%	136%	3	36	0	0	90.0%	89.5%	87.5%	87.0%	12.0%	5.0	3	3	
	Mill View Court	Adult MH Treatment	26.4	91%	11.04	0.0%	0.0%	67%	87%	67%	98%	0	19	0	0	100.0%	93.2%	76.9%	93.8%	5.9%	3.8	2	3	
	STARS	Adult MH Rehabilitation	REPORTING IN DEVELOPMENT																					
OP MH	PICU	Adult MH Acute Intensive	25.8	72%	32.28	35.2%	15.8%	77%	192%	98%	161%	1	82	0	0	100.0%	87.6%	83.3%	100.0%	9.8%	9.0	1	1	
	Maister Lodge	Older People Dementia Treatment	35.4	80%	15.44	17.3%	0.0%	63%	118%	100%	113%	0	35	0	0	85.0%	91.7%	81.8%	92.3%	6.8%	0.0	2	2	
	Mill View Lodge	Older People Treatment	24.0	24%	17.40	116.0%	0.0%	66%	72%	80%	96%	0	2	0	0	60.9%	92.3%	90.9%	93.3%	4.7%	2.9	1	3	
Specialist	Pine View	Forensic Medium Secure	26.7	65%	9.18	4.8%	0.0%	86%	69%	100%	72%	0	0	0	0	100.0%	95.4%	100.0%	100.0%	10.6%	2.0	2	4	
	Derwent	Forensic Low Secure	24.2	88%	13.31	33.7%	0.3%	78%	82%	100%	116%	1	9	0	0	82.5%	89.5%	100.0%	88.9%	9.9%	3.4	1	1	
	Ouse	Forensic Low Secure	24.2	90%	9.52	13.3%	0.0%	85%	100%	100%	111%	0	1	0	0	100.0%	98.2%	90.0%	100.0%	9.9%	1.4	2	1	
	Swale	Personality Disorder Medium Secure	25.3	60%	14.18	42.5%	1.5%	75%	94%	101%	126%	0	2	0	0	100.0%	89.2%	90.0%	100.0%	8.3%	0.0	1	2	
	Ullswater	Learning Disability Medium Secure	27.9	55%	19.03	24.8%	0.0%	85%	85%	97%	70%	1	4	0	0	93.3%	92.1%	72.7%	100.0%	12.8%	0.0	3	2	
Child & LD	Townend Court	Learning Disability	31.8	50%	23.69	29.9%	0.0%	48%	91%	52%	124%	0	9	0	0	63.6%	91.8%	54.5%	100.0%	4.1%	5.9	4	4	
	Inspire	CAMHS	45.9	63%	27.58	0.0%	0.0%	72%	74%	77%	92%	5	6	0	0	91.1%	88.2%	85.0%	100.0%	1.8%	3.0	1	0	
	Granville Court	Learning Disability Nursing Treatment	48.8	Not Avail	n/a	25.5%	0.0%	99%	96%	100%	99%	0	0	0	0	93.2%	83.1%	100.0%	75.0%	8.8%	1.4	1	1	
CH	Whitby Hospital	Physical Health Community Hospital	33.5	82%	11.52	0.0%	0.0%	103%	89%	96%	103%	1	0	0	n/a	83.3%	94.7%	88.9%	70.0%	2.4%	0.8	0	0	
	Malton Hospital	Physical Health Community Hospital	25.5	89%	9.82	Not on eRoster	Not on eRoster	87%	106%	100%	100%	1	5	0	n/a	95.0%	81.7%	75.0%	50.0%	11.8%	5.7	2	2	

### Exception Reporting and Operational Commentary

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

Please note, Hawthorne court has been removed as its no longer an active ward, instead the facility has been assigned to be COVID ward as and when required. STARS (Specialist Treatment and Recovery Service) has opened during August, the reporting is still in development.

The CHPPD RAG ratings are based on the National Average Benchmark of 8.9. More than 8.9 = Green, 8.0 to 8.9 = Amber, Less than 8.0 = Red  
Community Hospitals are NOT RAG rated currently

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

### Registered Nurse Vacancy Rates

Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
16.80%	18.60%	16.11%	15.70%	15.00%	13.10%	13.90%	12.80%	12.64%	12.50%	9.60%	9.10%

### Slips Trips and Falls

	Apr	May	Jun	Jul	Aug	Sep
Maister Lodge	7	4	3	7	1	1
Mill View Lodge	1	0	0	1	2	7
Whitby	1	9	1	2	1	1
Malton	4	1	3	3	7	0

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

# PI RETURN FORM 2020-21

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Sep 2020**

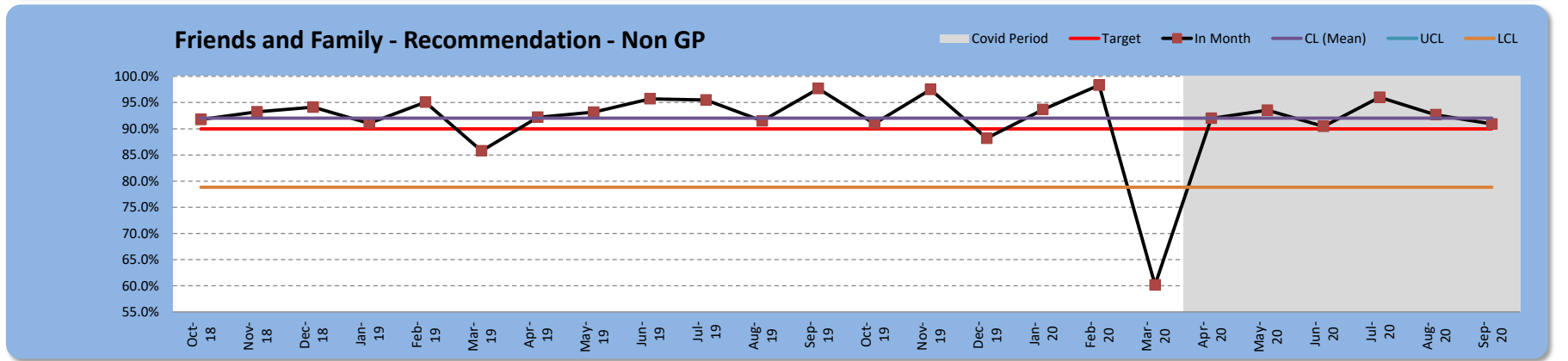
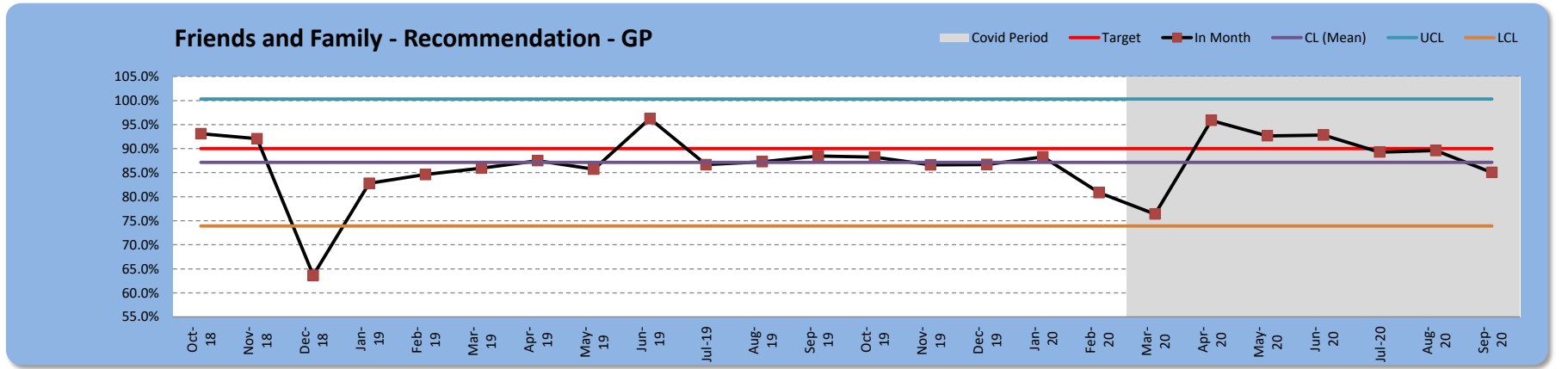
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Friends and Family Test	Results of the overall surveys completed where patients would recommend the Trust 's services to their family and friends	John Byrne	FFT %

**Narrative**

GP Recommendation is below target for Sep-20 at 85%, a drop of 4.6%

Non GP is above target at 90.9% for September.

Target: 90%  
 Amber: 80%  
 Current month stands at 85.2%





# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Sep 2020**

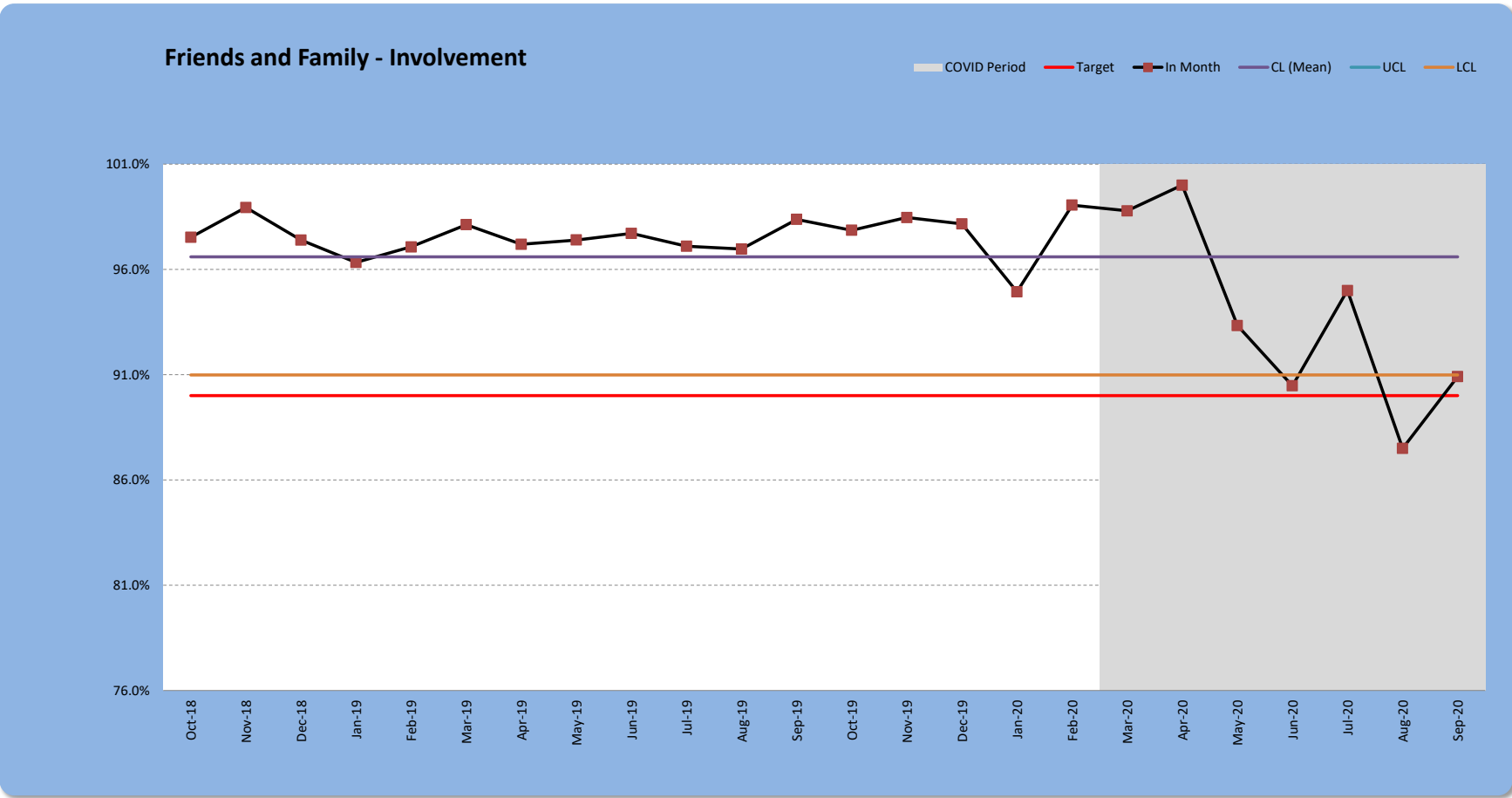
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Friends and Family Test	Results of the overall surveys completed where patients felt they were involved in their care	John Byrne	CA 3c %

**Narrative**

Performance has increased by 3.5% when compared to the previous month.

Target: 90%  
Amber: 80%

Current month stands at 90.9%



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Sep 2020**

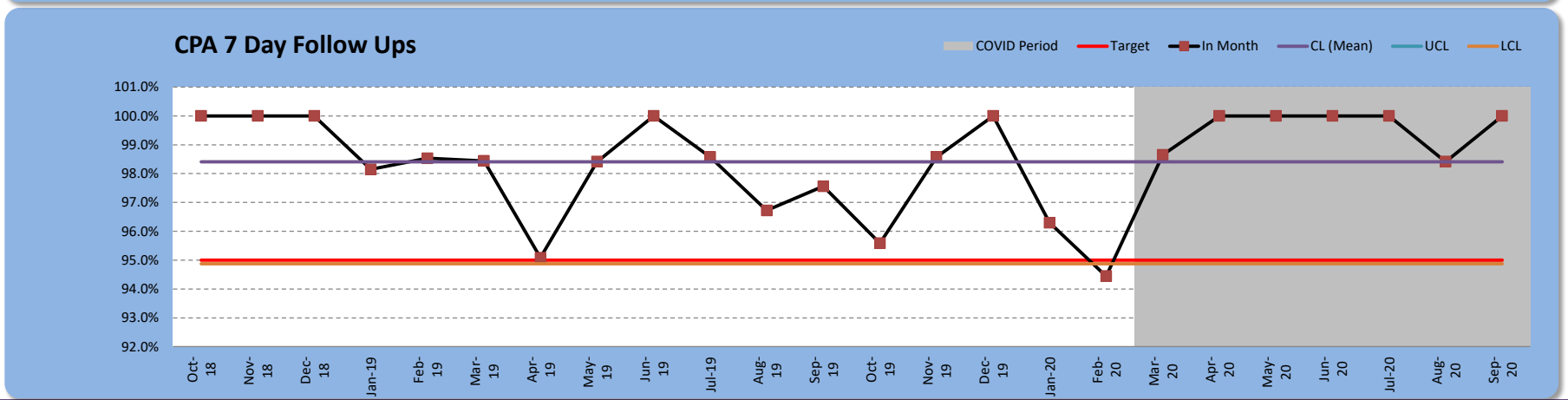
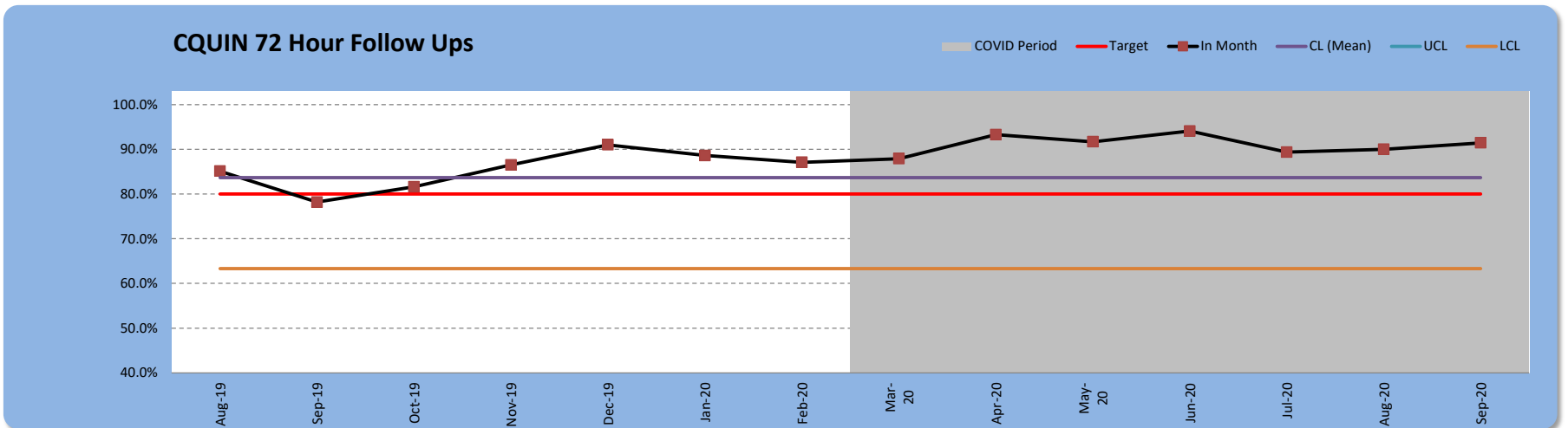
Indicator Title	Description/Rationale	Executive Lead
72 Hour Follow Ups	This indicator measures the percentage of patients who were in the CQUIN scope and had a follow up within 72 hours of discharge	Lynn Parkinson

KPI Type
OP 12

**Narrative**

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

Target: 80%  
 Amber: 60%  
 Current month stands at 91.4%



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Sep 2020**

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

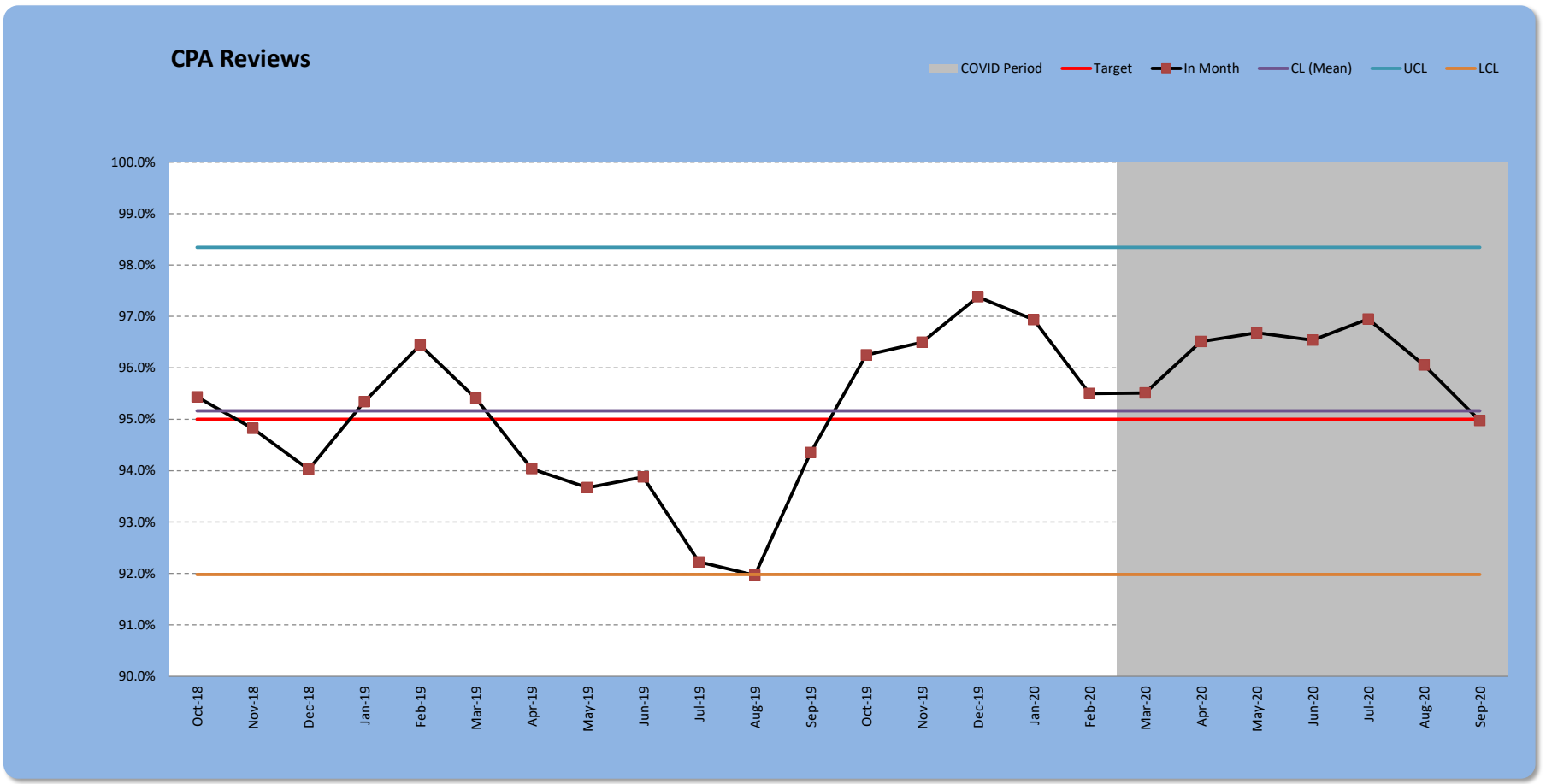
KPI Type
OP 7

**Narrative**

Performance has reduced by 1.5% when compared to the previous month but remains on target at 95%.

Target: 95%  
Amber: 85%

Current month stands at 95.0%



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Sep 2020**

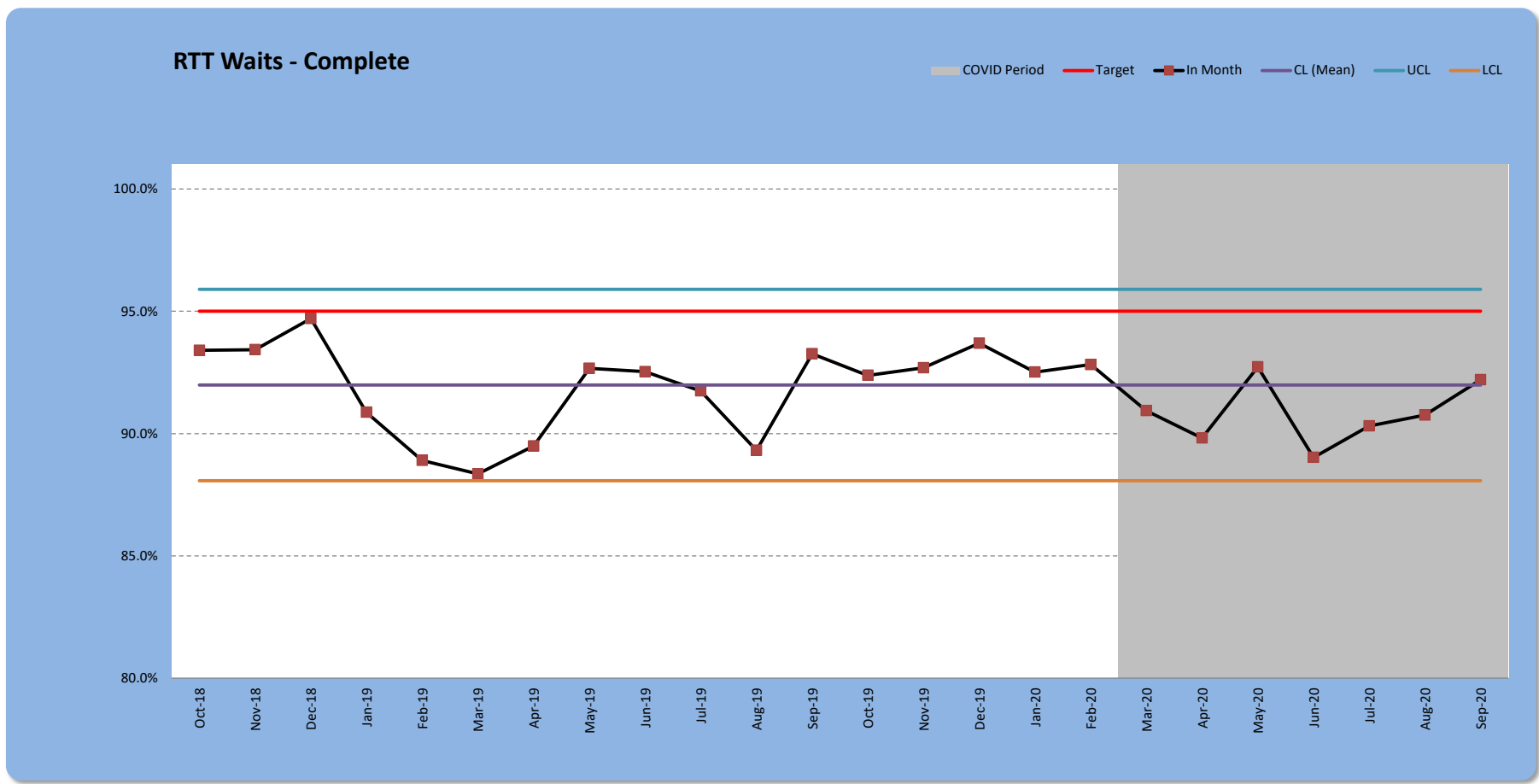
Indicator Title	Description/Rationale	Executive Lead
RTT Experienced Waiting Times (Completed Pathways)	Referral to Treatment Experienced Waiting Times (Completed Pathways) : Based on patients who have commenced treatment during the reporting period and seen within 18 weeks	Lynn Parkinson

KPI Type
OP 20

**Narrative**

Increase of 1.4% when compared to the previous month.

Target: 95%  
 Amber: 85%  
 Current month stands at 92.2%



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Sep 2020**

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

KPI Type
OP 21

**Narrative**

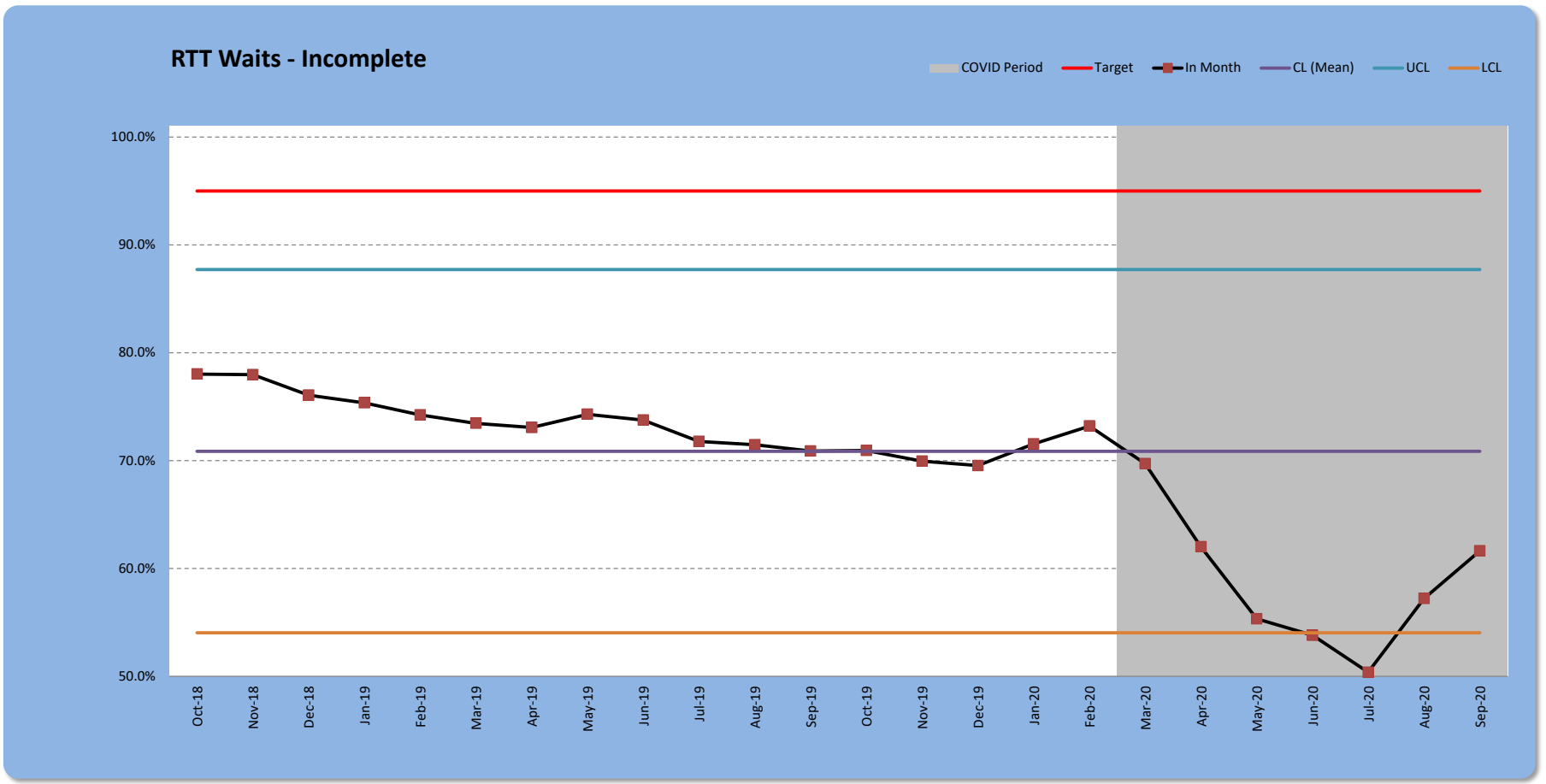
Low performance is Good.

Increase (Deterioration) of 4.4% when compared to the previous month but remains within the Control Limits

Target: 95%

Amber: 85%

Current month stands at 61.6%



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Sep 2020**

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

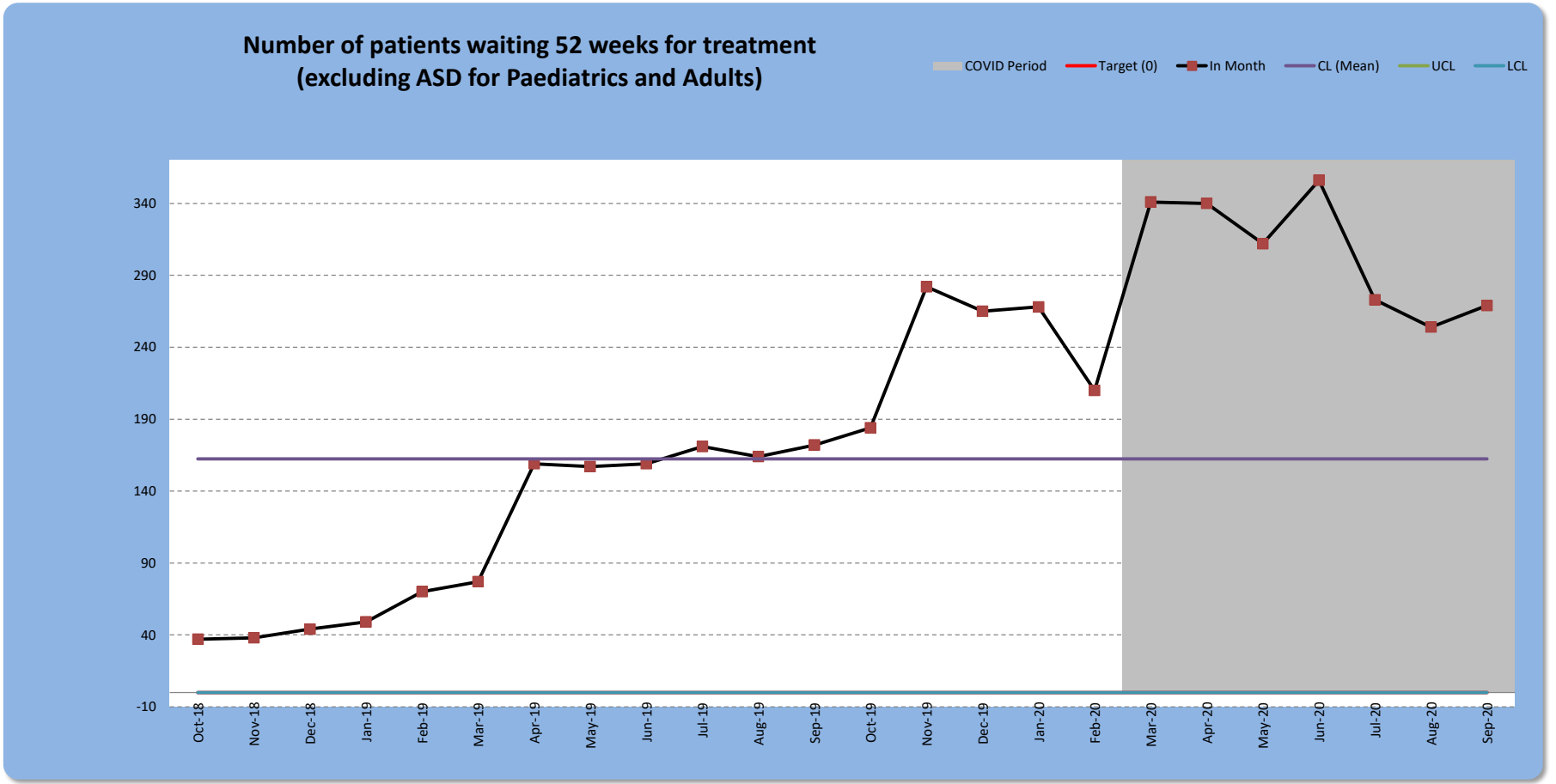
KPI Type
OP 22x

**Narrative**

Increase of 15 when compared to the previous month.

Target: 0  
Amber: 0

Current month stands at 269



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Sep 2020**

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

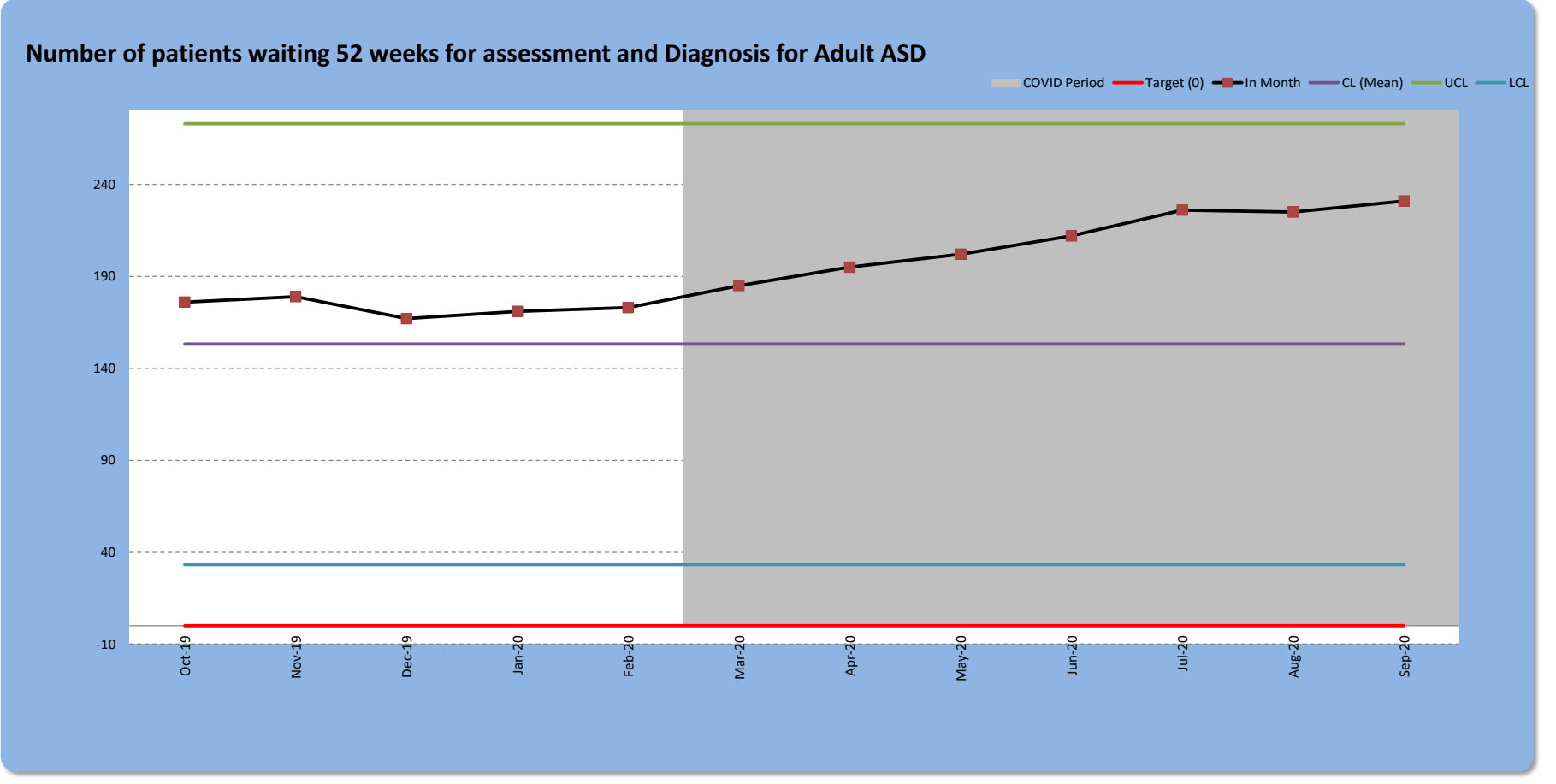
KPI Type
OP 22u

**Narrative**

Increased by 6 when compared on the previous reporting period.

Target: 0  
Amber: 0

Current month stands at 231



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

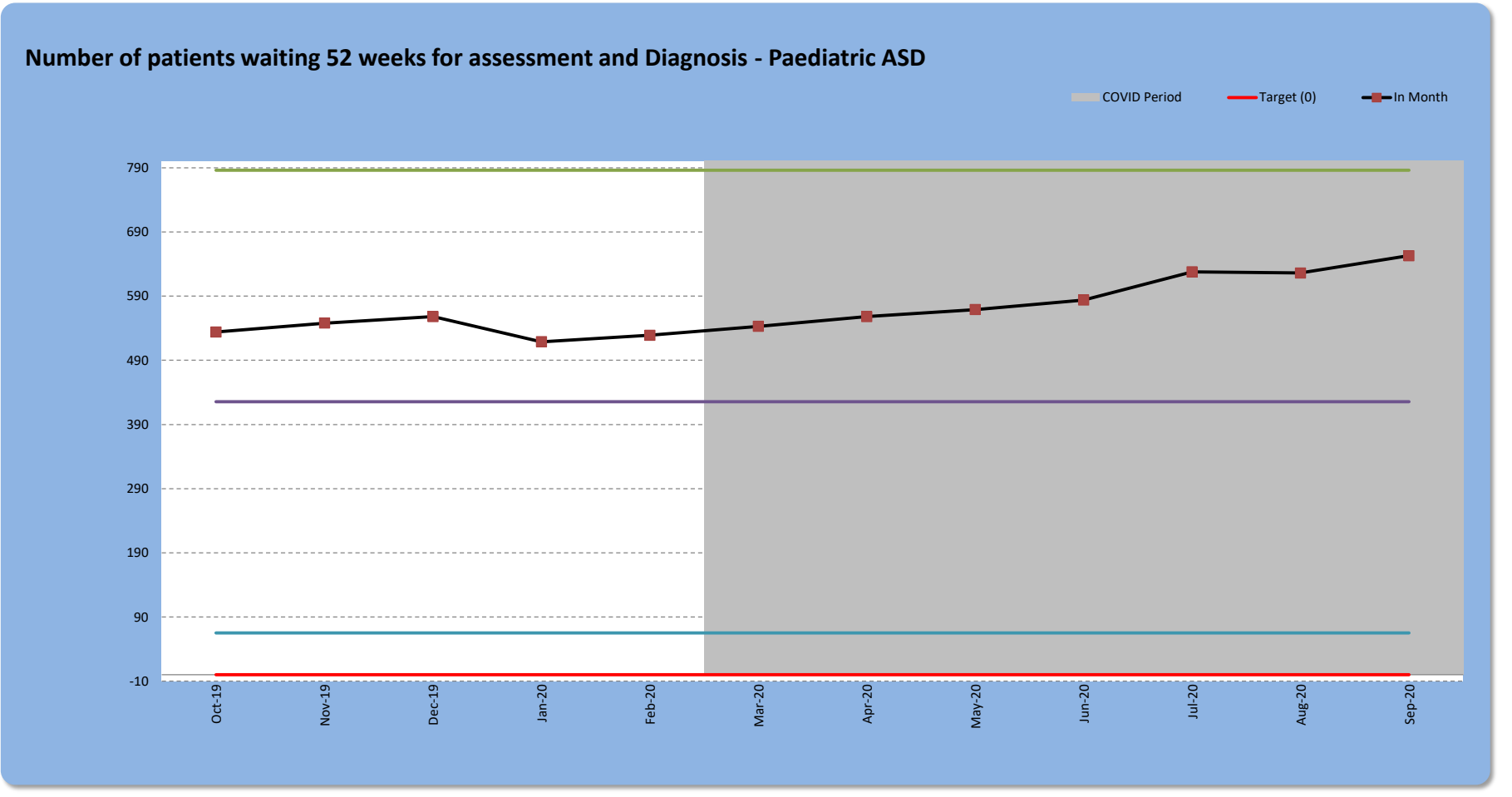
For the period ending: **Sep 2020**

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

**Narrative**

Increase of 27 when compared to the previous reporting period.

Target: 0  
 Amber: 0  
 Current month stands at 653





# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Sep 2020**

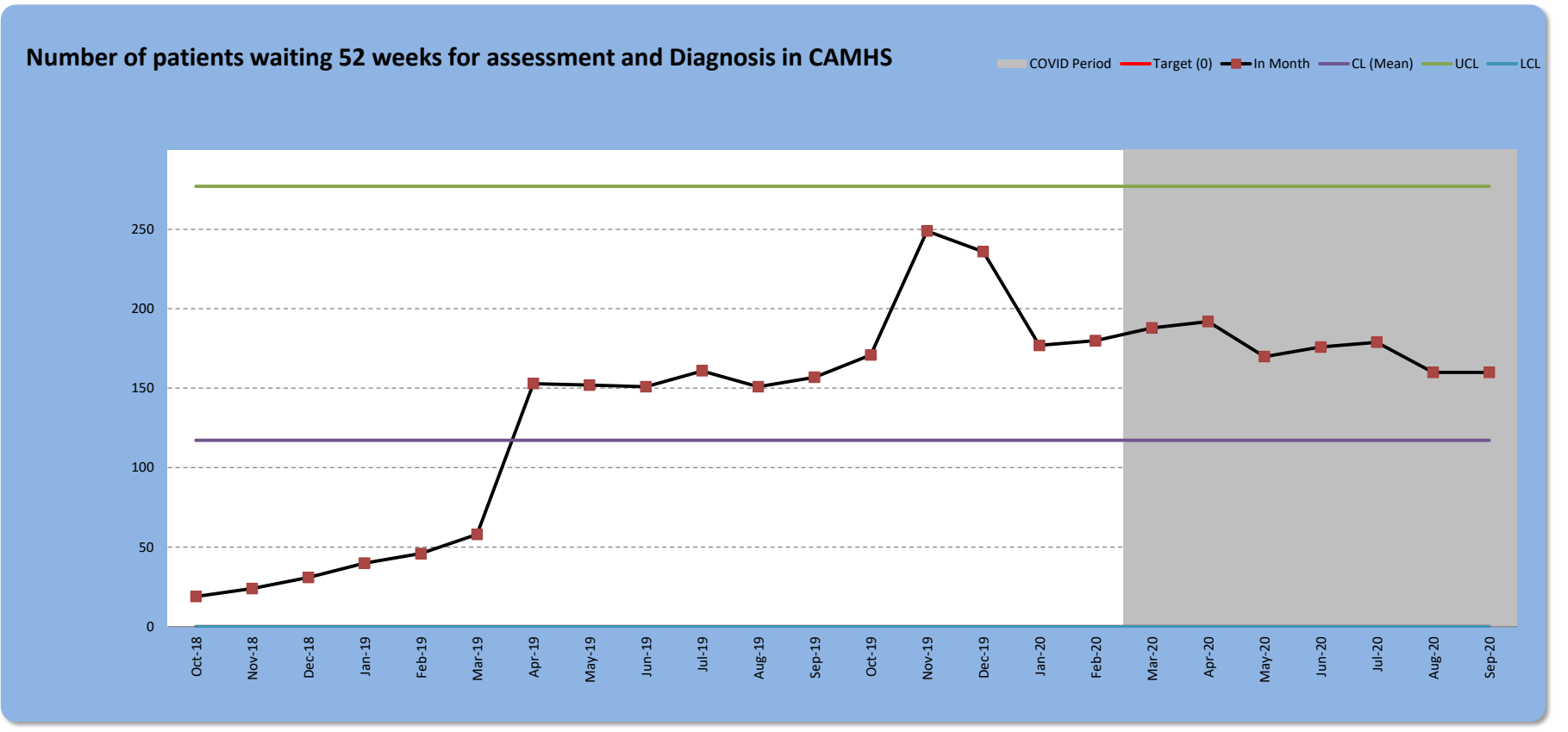
Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks (excluding paediatric ASD)	Lynn Parkinson	OP 22j

**Narrative**

N change when compared to the previous month.

Target: 0  
Amber: 0

Current month stands at 160



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Sep 2020**

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

**Narrative**

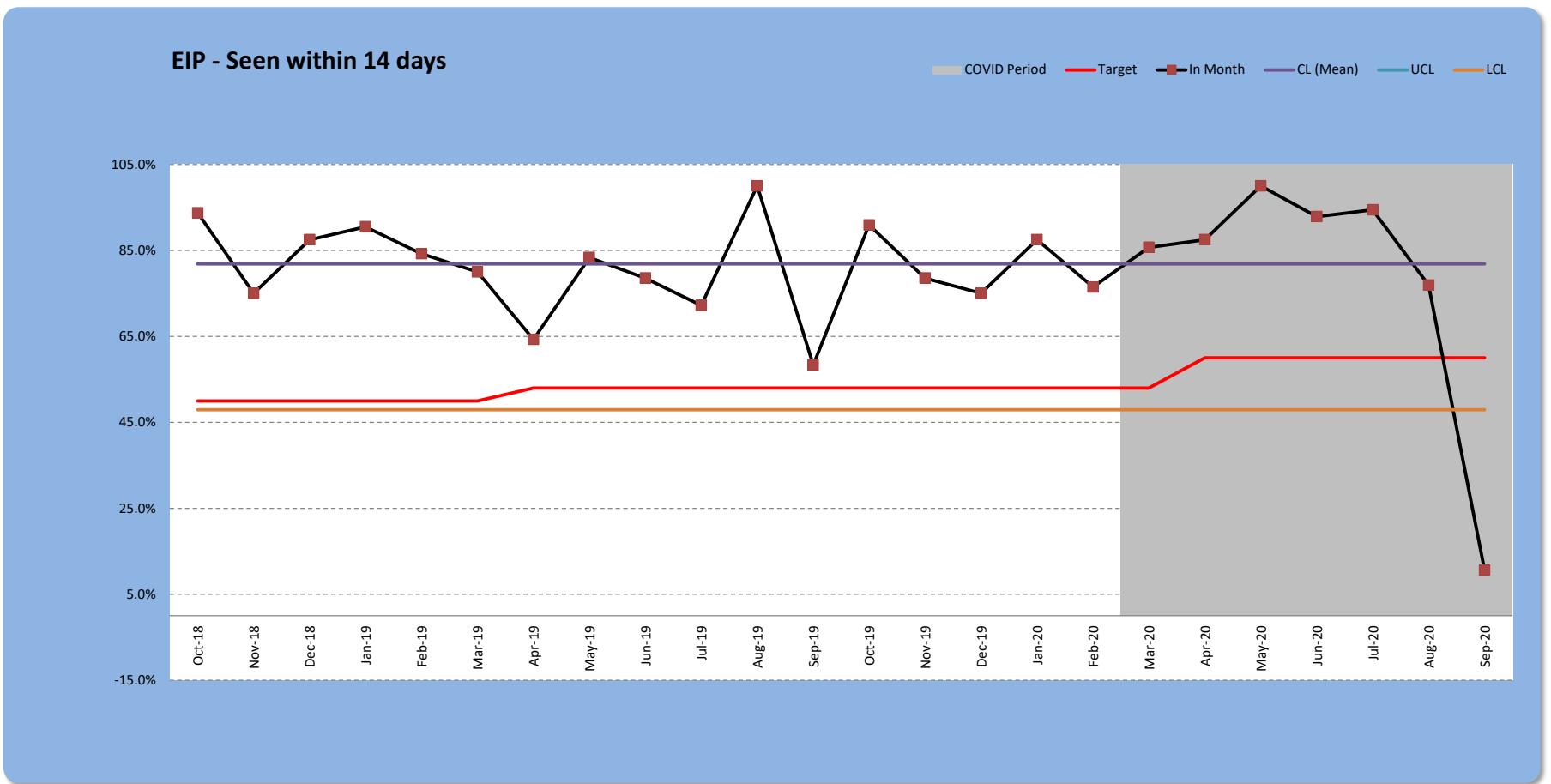
Reduced by 66% when compared to the previous month and is now below target.

Target has increased to 60% in 2020/21.

Reduction is staff levels in August and September is the main factor for drop off in performance.

Target: 56%  
Amber: 51%

Current month stands at 10.5%



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

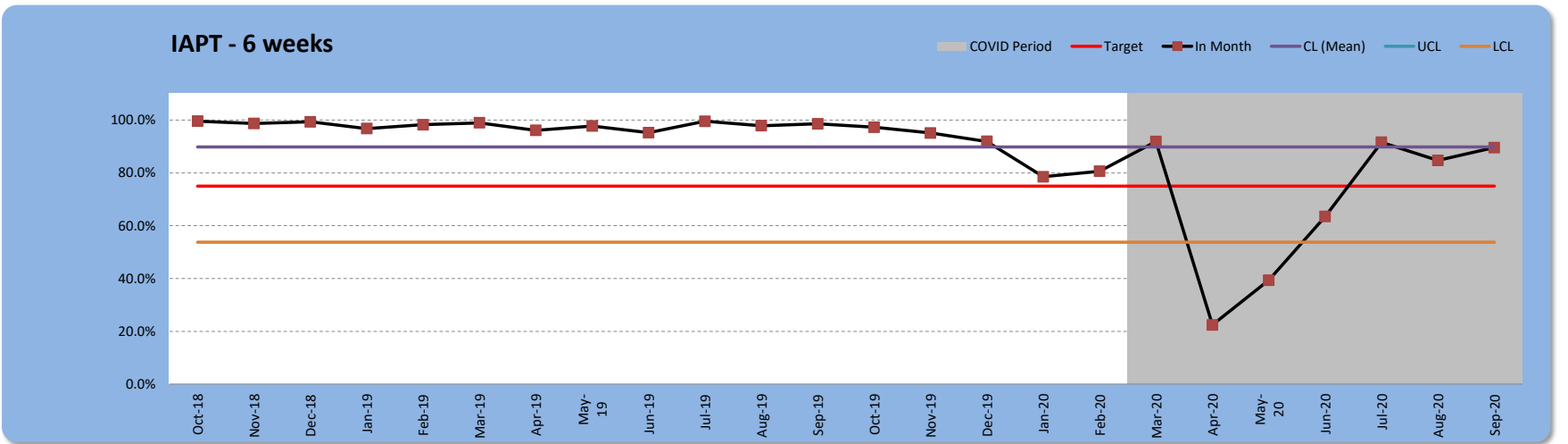
For the period ending: **Sep 2020**

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

**Narrative**

Performance has increased by 4.9% and remains above the target of 75%

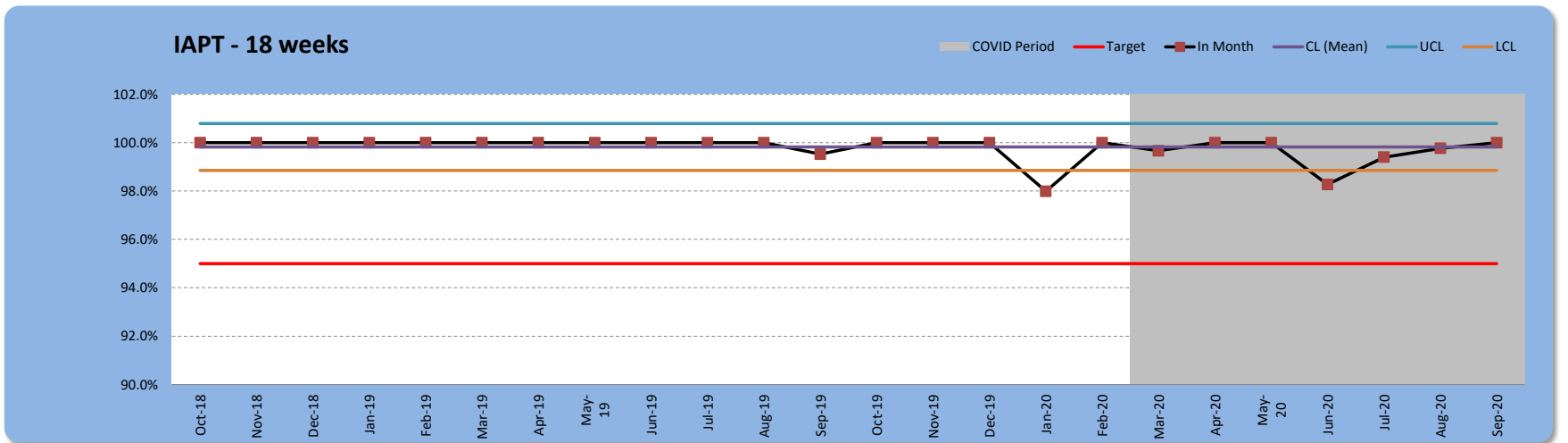
Target: 75%  
 Amber: 70%  
 Current month: 89.6%



**Narrative**

Performance stands at 100% for September.

Target: 95%  
 Amber: 85%  
 Current month: 100.0%



# PI RETURN FORM 2020-21

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Sep 2020**

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

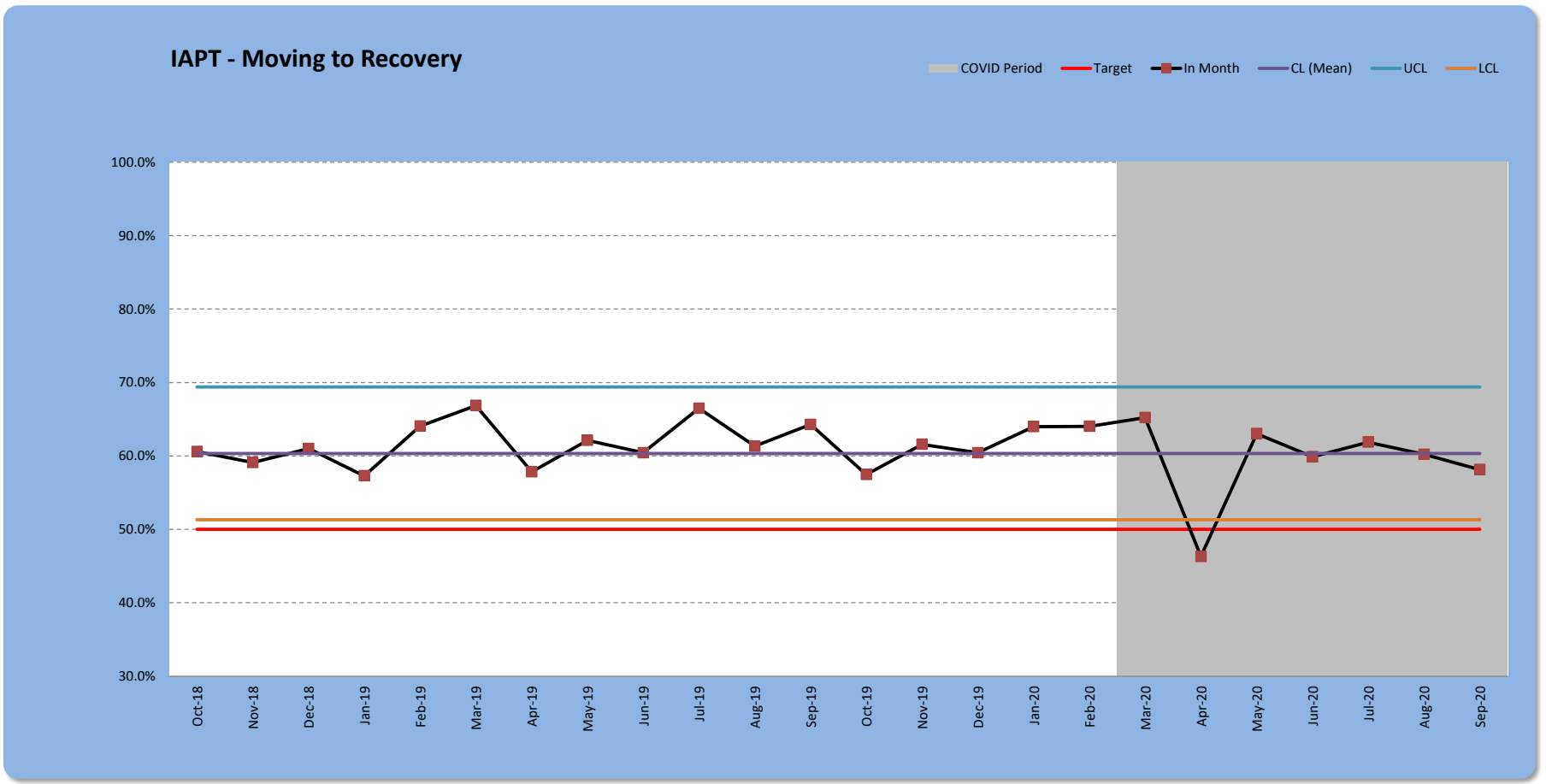
KPI Type
OP 11

**Narrative**

Performance has reduced by 2.1% when compared to the previous month. Performance remains above the 50% target.

Target: 50%  
Amber: 45%

Current month stands at 58.1%



# PI RETURN FORM 2020-21

## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Sep 2020**

Indicator Title

Description/Rationale

Executive Lead  
Lynn Parkinson

KPI Type

Out of Area Placements

Number of days that Trust patients were placed in out of area wards

ST 4b

### Narrative

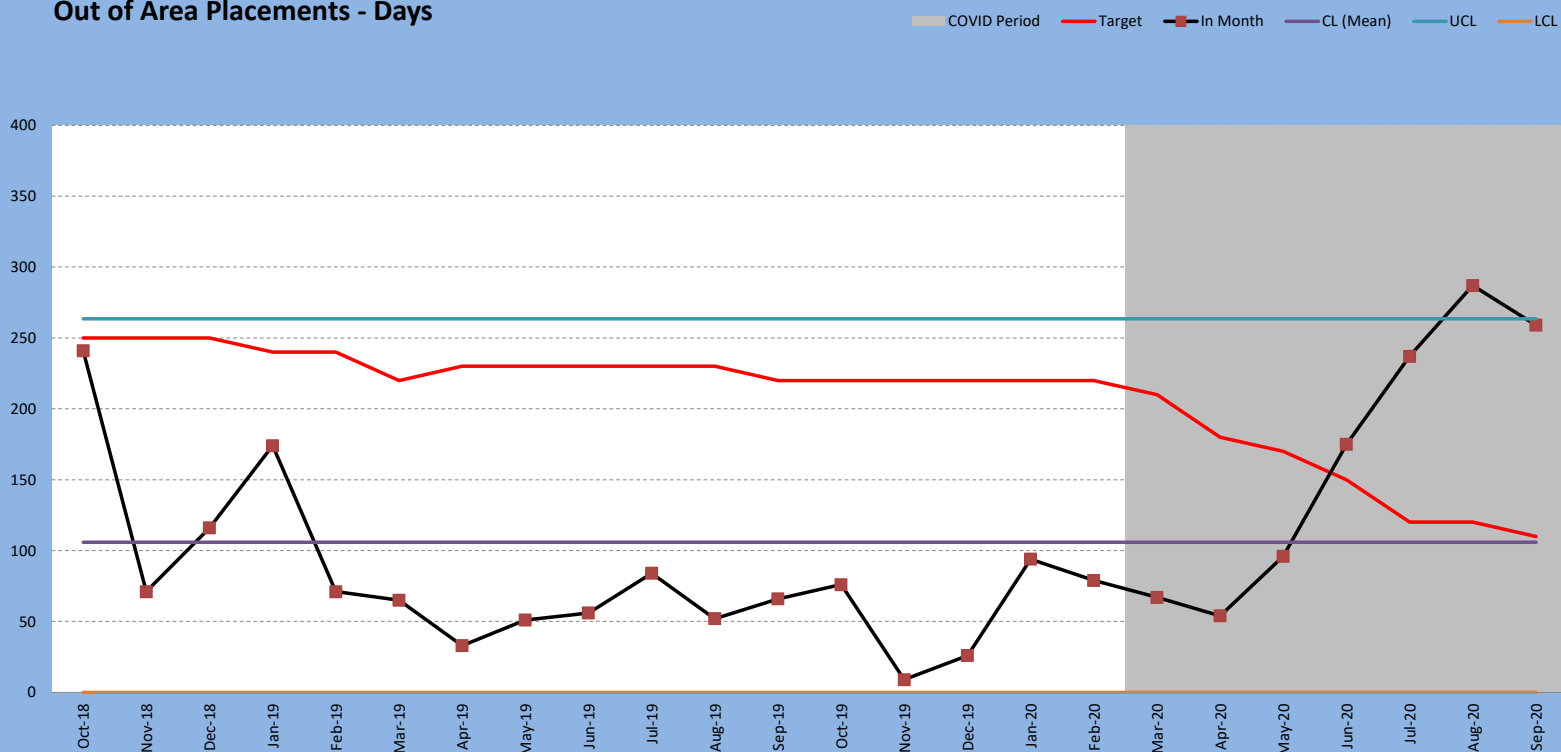
Out of area days remain high but September has seen a reduction of 28 days when compared to the previous month.

Target: 110

Amber:

Current month stands at 259

### Out of Area Placements - Days



# PI RETURN FORM 2020-21

## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Sep 2020**

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

KPI Type
OP 14

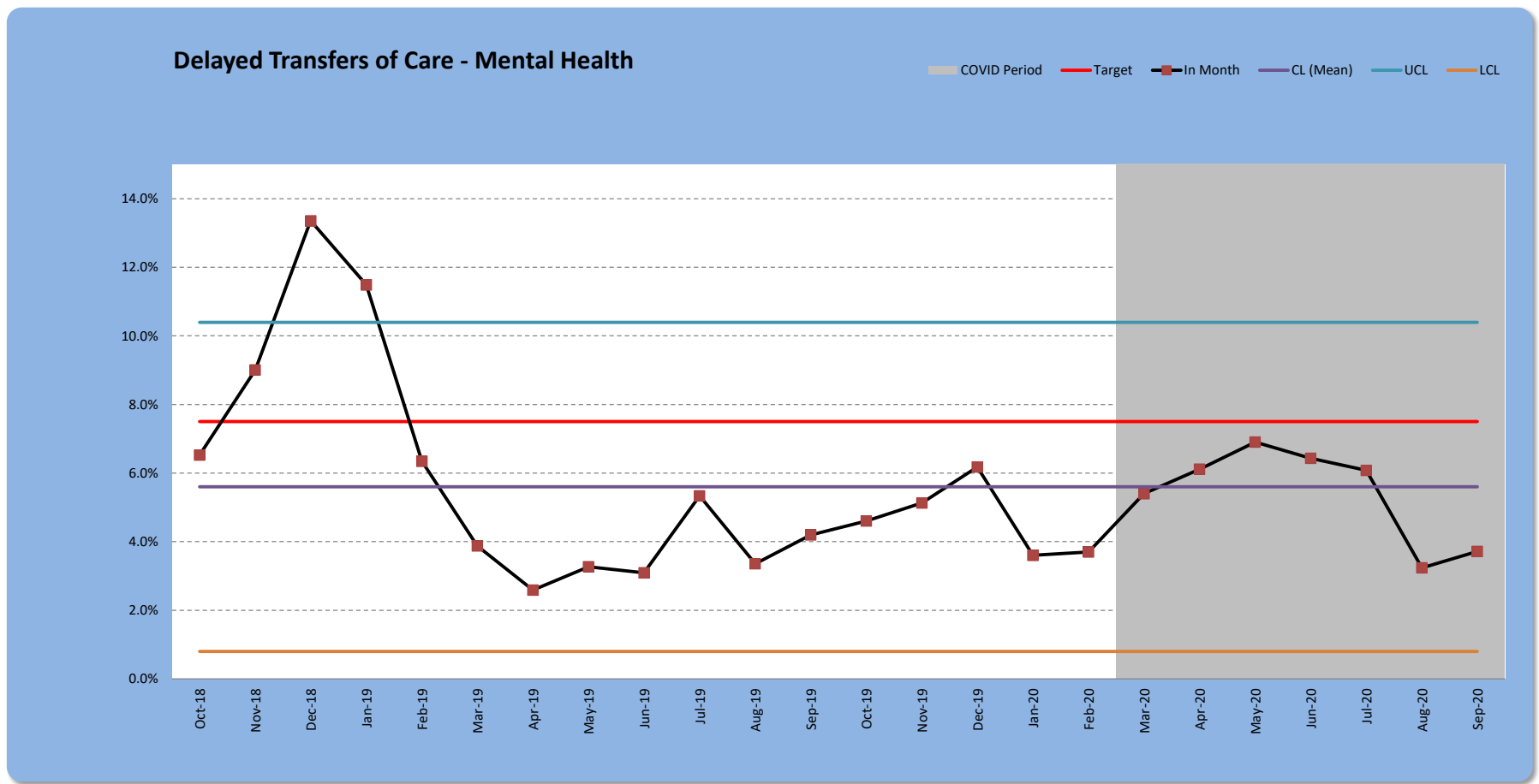
**Narrative**

Performance has increased (Deterioration) by 0.5% compared against previous month but remains within target.

Low performance is Good.

Target: 7.5%  
Amber: 7.0%

Current month stands at 3.7%



# PI RETURN FORM 2020-21

## Goal 4 : Developing an Effective and Empowered Workforce

For the period ending:

Sep 2020

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

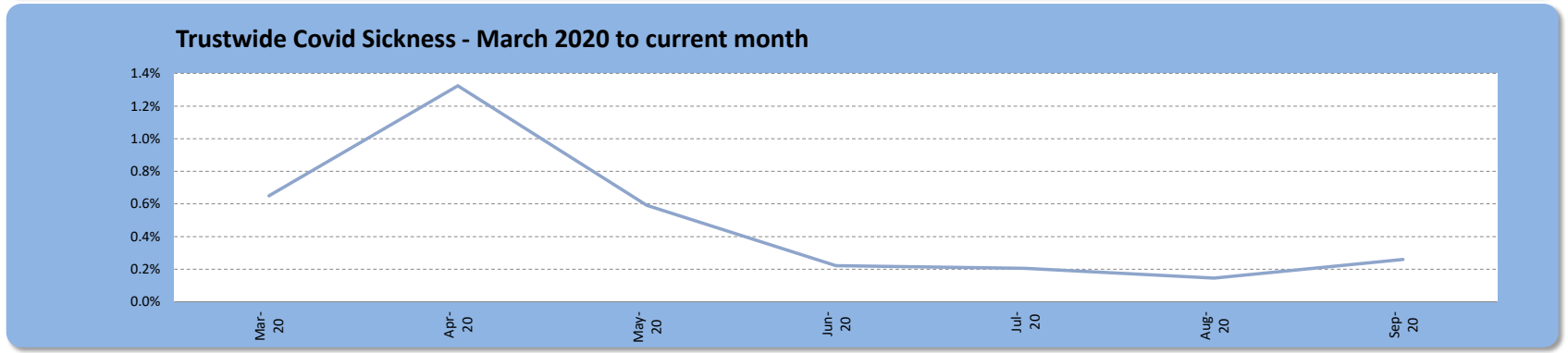
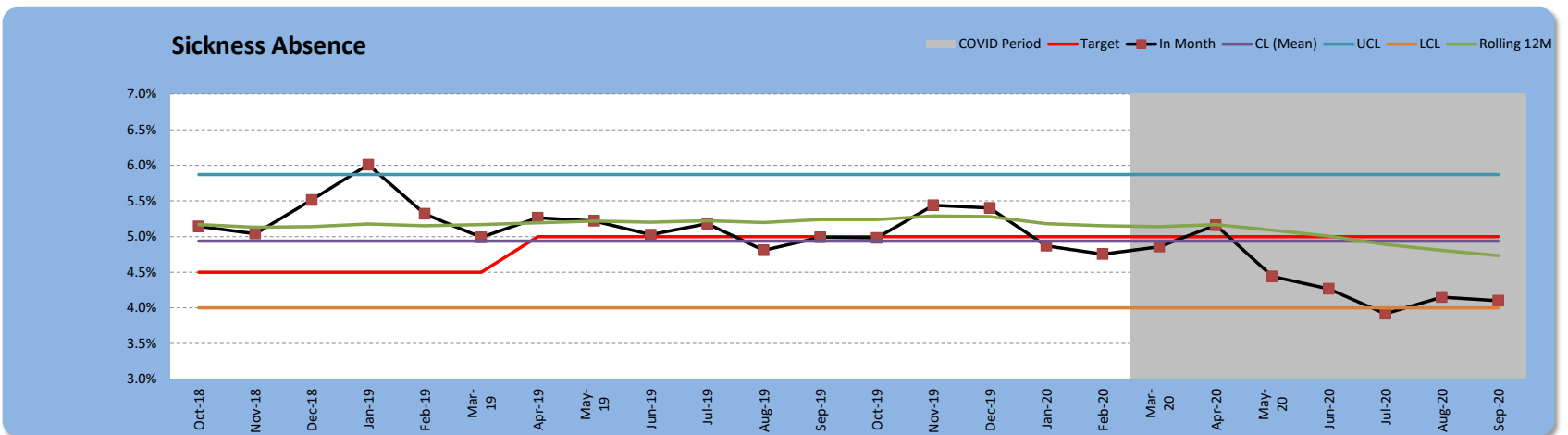
KPI Type
WL 1

**Narrative**

Sickness/Absence Rate for Sep-20 is 4.0%. Final position for Aug-20 was finalised at 4.1%.

Sep-20 Rolling 12 month figure is within target reporting at 4.7%

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



# PI RETURN FORM 2020-21

## Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Sep 2020**

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

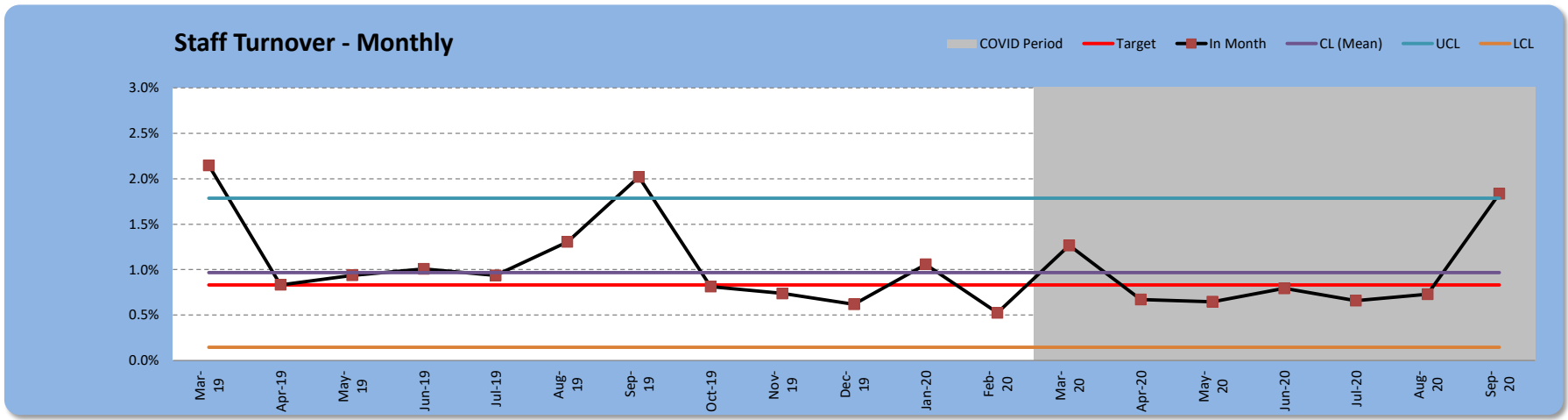
**Narrative**

Below Target

Target: 0.83%

Amber: 0.70%

Current month stands at 1.8%



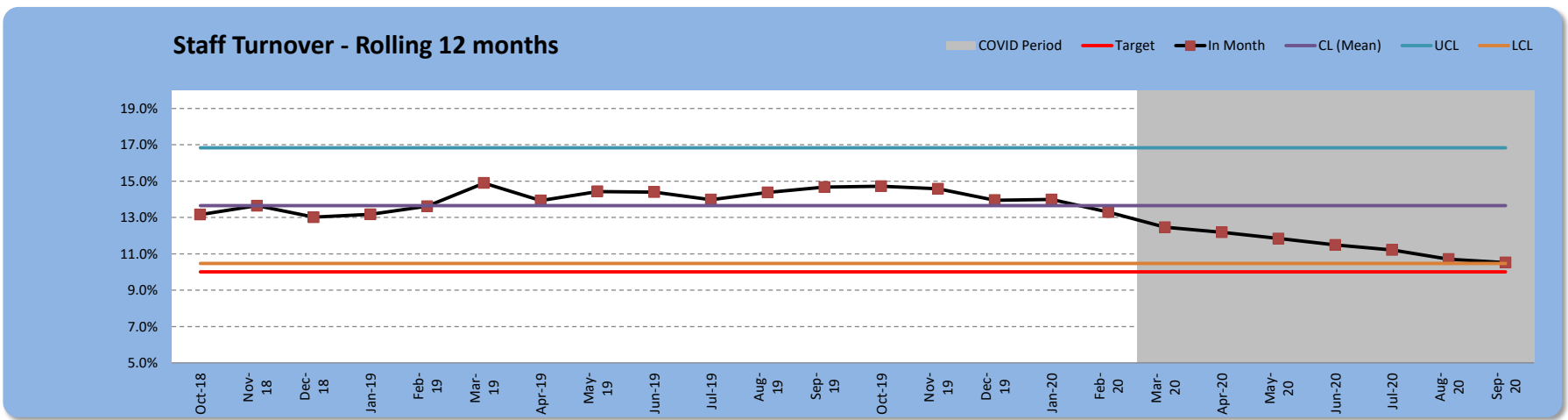
**Narrative**

Below Target

Target: 10%

Amber: 9%

Current month stands at 10.5%





# PI RETURN FORM 2020-21

## Goal 5 : Maximising an Efficient and Sustainable Organisation

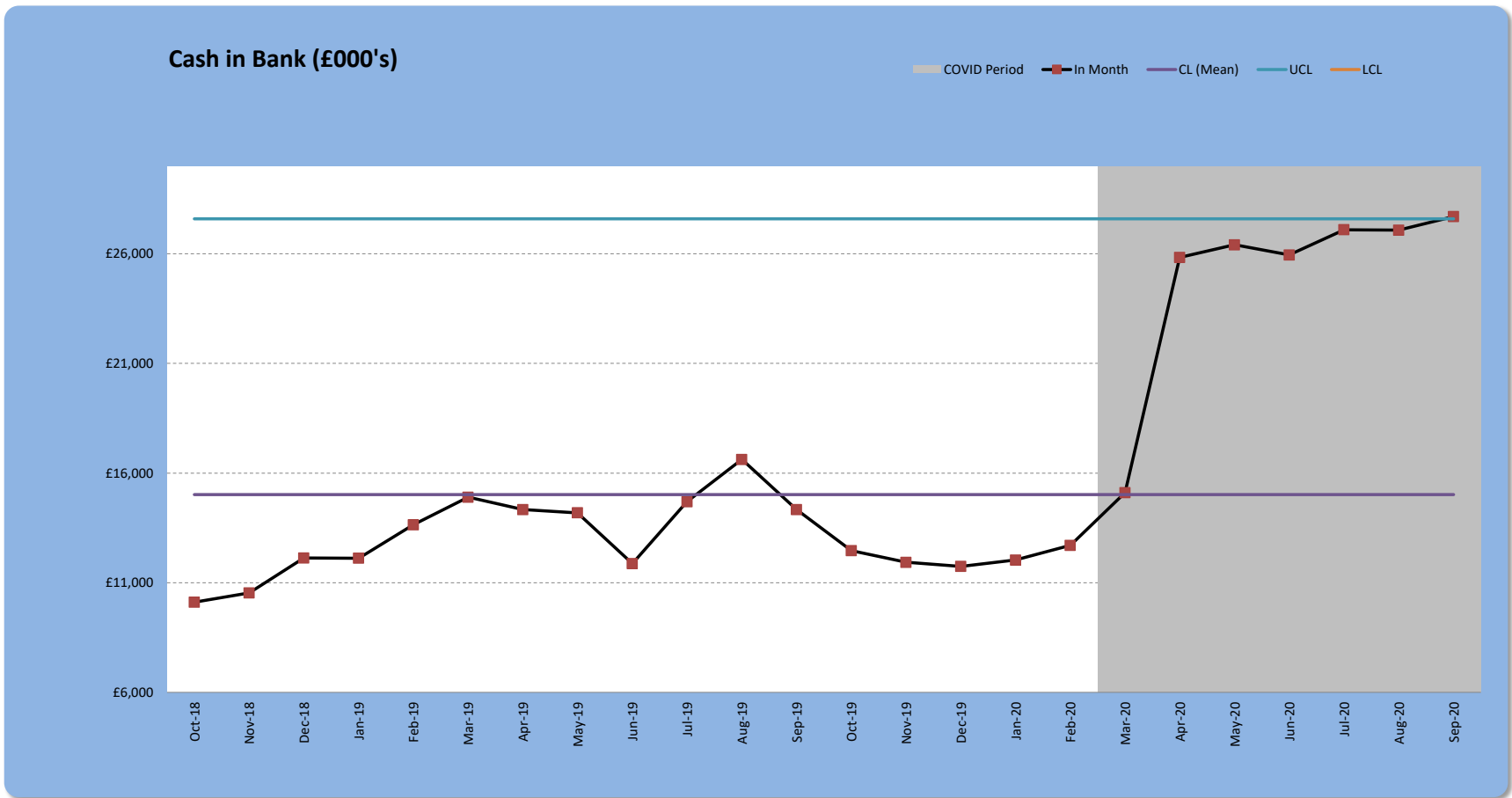
For the period ending: **Sep 1905**

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

**Narrative**

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

Current month stands at £27,702 ,000



# PI RETURN FORM 2020-21

## Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Sep 1905**

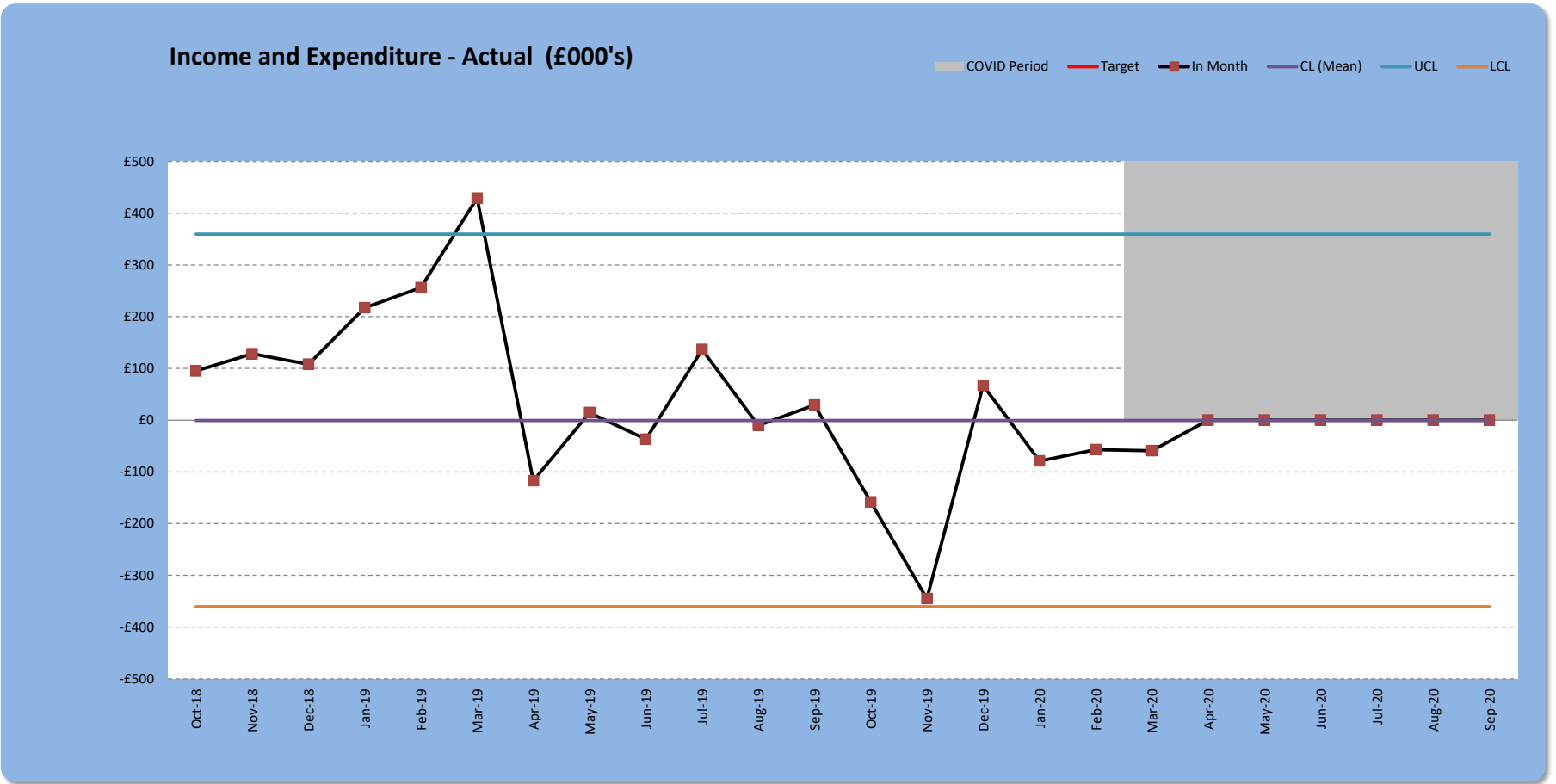
Indicator Title	Description/Rationale	Executive Lead
Income and Expenditure (£000's)	Review of the Income versus Expenditure (£000's) by month	Peter Beckwith

KPI Type
F 4b

**Narrative**

The Trust is at break even status

Target:  
Amber:  
Current month stands at £0 ,000



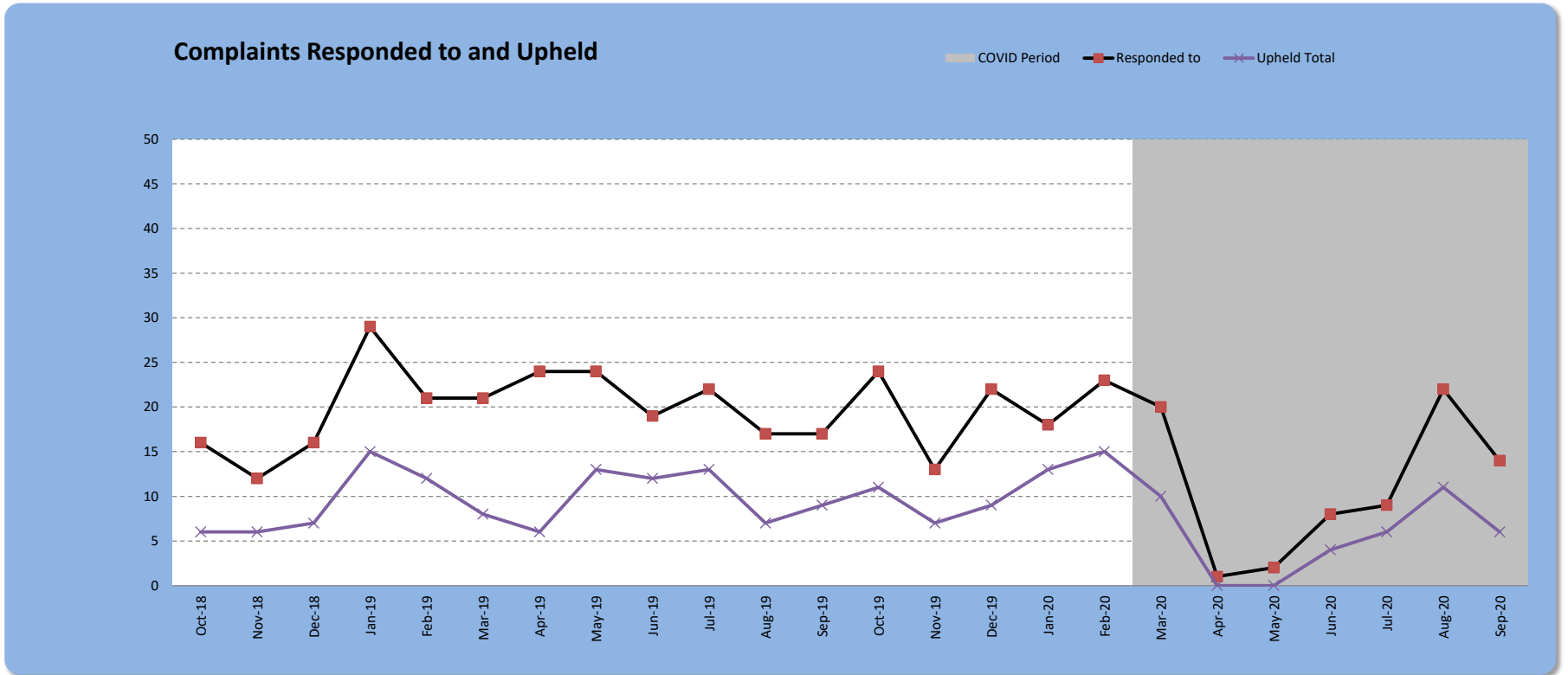
# PI RETURN FORM 2020-21

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

For the period ending: **Sep 2020**

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

Narrative
<b>Upheld Results</b>
During the month, the following number of complaints was responded to <b>14</b>
Of the number of complaints responded to in the month 6 were upheld which equates to <b>42.9%</b>
<b>YTD Upheld</b>
<b>47.4%</b>



# PI RETURN FORM 2020-21

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

For the period ending: **Sep 2020**

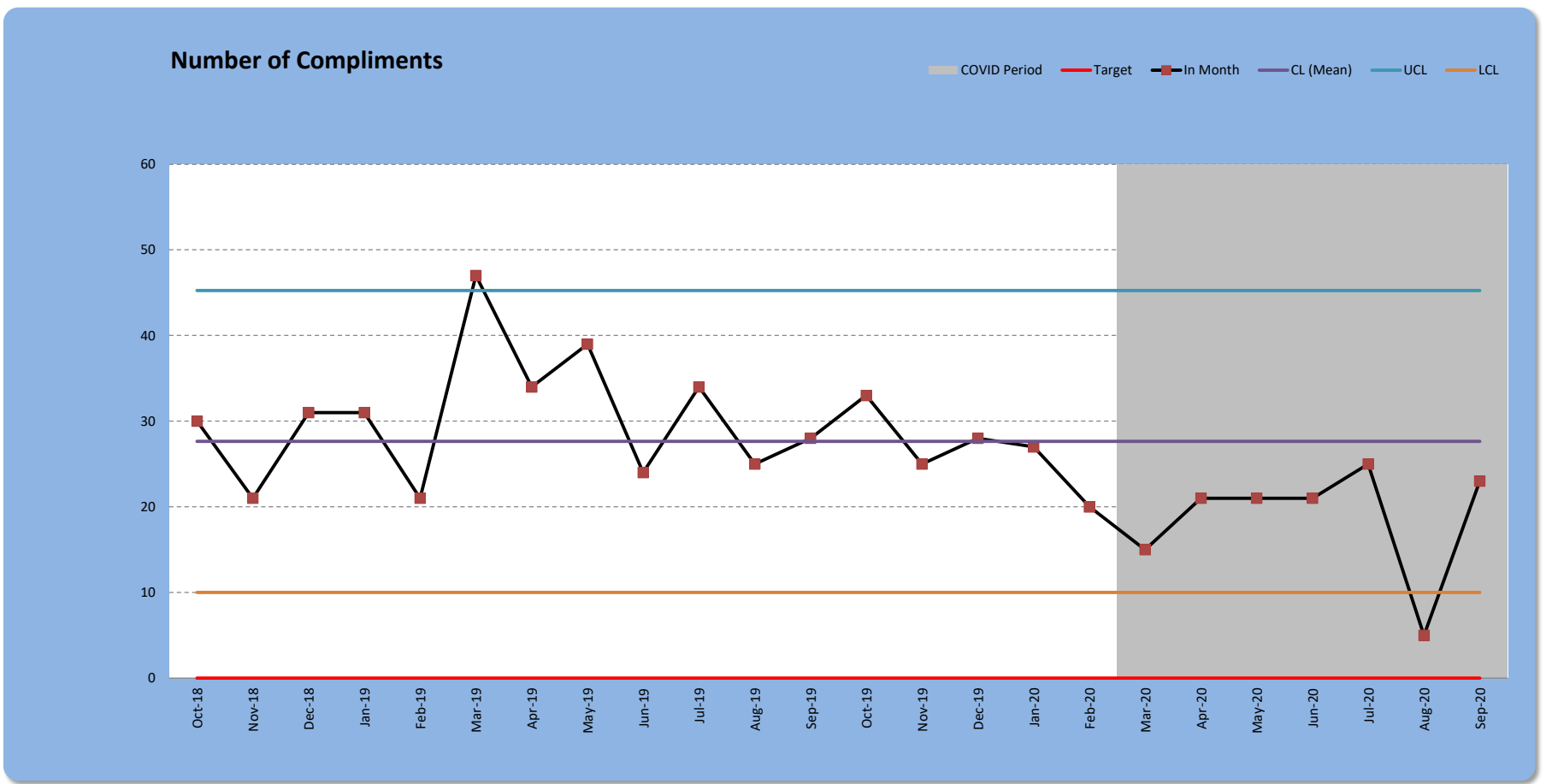
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Compliments	Chart showing the number of compliments received into the Trust	John Byrne	IQ 7

**Narrative**

23 compliments received in the month

Target: 0  
Amber: 0

Current month stands at 23





Executive Team:

Chief Executive: Michele Moran

Chairman: Sharon Mays

Chief Operating Officer: Lynn Parkinson

Director of Finance: Peter Beckwith

Director of Workforce and Organisational Development: Steve McGowan

Medical Director: John Byrne

Director of Nursing: Hilary Gledhill

Issue Date: 19/10/2020



**Agenda Item: 10**

Title & Date of Meeting:	Trust Board Public Meeting– 28 <sup>th</sup> October 2020																											
Title of Report:	Finance Report 2020/21: Month 6 (September)																											
Author/s:	Name: Peter Beckwith Title: Director of Finance																											
Recommendation:	To approve		To receive & note	X																								
	For information	X	To ratify																									
Purpose of Paper:	<p>This report is being brought to the Trust Board to present the draft financial position for the Trust as at the 30<sup>th</sup> September 2020 (Month 6).</p> <p>The report provides assurance regarding financial performance, key financial targets and objectives.</p> <p>The Board are asked to note the financial position for the Trust and raise any queries, concerns or points of clarification.</p>																											
Governance:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%;">Date</th> <th style="width: 20%;"></th> <th style="width: 10%;">Date</th> </tr> </thead> <tbody> <tr> <td>Audit Committee</td> <td></td> <td>Remuneration &amp; Nominations Committee</td> <td></td> </tr> <tr> <td>Quality Committee</td> <td></td> <td>Workforce &amp; Organisational Development Committee</td> <td></td> </tr> <tr> <td>Finance &amp; 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>Other (please detail)</td> <td></td> </tr> </tbody> </table>					Date		Date	Audit Committee		Remuneration & Nominations Committee		Quality Committee		Workforce & Organisational Development Committee		Finance & Investment Committee		Executive Management Team		Mental Health Legislation Committee		Operational Delivery Group		Charitable Funds Committee		Other (please detail)	
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Mental Health Legislation Committee		Operational Delivery Group																										
Charitable Funds Committee		Other (please detail)																										
Key Issues within the report:  <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<ul style="list-style-type: none"> <li>A break even operational position was recorded to the 30<sup>th</sup> September 2020</li> <li>Within the reported position is year to date covid expenditure claims of £9.077m, details of which are included in the report.</li> <li>Cash balance at the end of September was £27.702m, which is inclusive of an additional Block payment of £9.8m.</li> </ul>																											

**Monitoring and assurance framework summary:**

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



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



## **FINANCE REPORT – September 2020**

### **1. Introduction and Purpose**

This report is being brought to the Trust Board to present the financial position for the Trust as at the 30<sup>th</sup> September 2020 (Month 6). The report provides assurance regarding financial performance, key financial targets and objectives.

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

### **2. Income and Expenditure**

For the period April to September the normal contracting arrangements between NHS organisations have been ceased and the Trust will receive a block income allocation.

For the purpose of Month 6 reporting all NHS clinical income has been grouped together with expenditure for clinical services reported as Gross.

Expenditure for corporate services continues to be reported as net, and provider to provider income arrangements continue to be in operation.

Income for covid claims included in the position has been allocated across the divisions and corporate areas to enable the non-covid underlying position to be reported.

The Trust reported a year to date break even position for September, after £0.036m of donated asset depreciation and an impairment charge of £0.554m (which does not count against the Trust's Control Total), the Trust reported a deficit of £0.590m, details of which are summarised in the following table.

The impairment charge reported at month 6, relates to the revaluation of Westend and Hallgate to market value valuations.





2020/21 Income and Expenditure

	20/21 Net Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
<b>Income</b>							
Trust Income	119,839	9,941	10,191	250	60,527	61,076	548
Clinical Income	15,819	1,100	1,035	(65)	7,223	7,260	37
<b>Total Income</b>	<b>135,658</b>	<b>11,042</b>	<b>11,226</b>	<b>185</b>	<b>67,751</b>	<b>68,335</b>	<b>585</b>
<b>Expenditure</b>							
<b>Clinical Services</b>							
Children's & Learning Disability	27,548	2,450	2,231	219	14,095	13,614	481
Community & Primary Care	30,035	2,457	2,513	(56)	15,490	15,422	68
Mental Health	43,981	3,806	3,605	201	22,820	21,362	1,458
Secure Services	9,979	817	860	(43)	4,962	5,291	(330)
	<b>111,543</b>	<b>9,530</b>	<b>9,208</b>	<b>321</b>	<b>57,367</b>	<b>55,689</b>	<b>1,677</b>
<b>Corporate Services</b>							
Chief Executive	1,901	160	154	6	1,001	1,010	(9)
STP Office	298	29	34	(5)	2	59	(57)
Chief Operating Officer	6,623	595	655	(60)	3,468	3,809	(140)
Finance	10,230	908	897	12	5,445	5,263	182
HR	2,915	264	289	(25)	1,549	1,562	(13)
Director of Nursing	2,148	182	160	22	1,169	1,096	73
Medical	1,772	154	133	21	893	808	85
Finance Technical items (including Reserves)	(6,255)	(1,168)	(650)	(519)	(5,397)	(3,036)	(2,360)
	<b>19,634</b>	<b>1,125</b>	<b>1,672</b>	<b>(547)</b>	<b>8,130</b>	<b>10,370</b>	<b>(2,240)</b>
<b>Total Expenditure</b>	<b>131,178</b>	<b>10,654</b>	<b>10,880</b>	<b>(226)</b>	<b>65,497</b>	<b>66,060</b>	<b>(563)</b>
<b>EBITDA</b>	<b>4,480</b>	<b>387</b>	<b>346</b>	<b>41</b>	<b>2,254</b>	<b>2,276</b>	<b>(22)</b>
Depreciation	2,942	245	252	(7)	1,471	1,519	(48)
Interest	148	12	9	3	74	70	4
PDC Dividends Payable	2,341	195	193	2	1,171	1,161	10
PSF Funding	(951)	(79)	(79)	(0)	(476)	(474)	(2)
<b>Operating Total</b>	<b>-</b>	<b>14</b>	<b>(30)</b>	<b>44</b>	<b>14</b>	<b>0</b>	<b>14</b>
<b>Excluded from Control Total</b>							
Impairment	-	-	554	(554)	-	554	(554)
Donated Depreciation	220	18	6	12	110	36	74
<b>Ledger Position</b>	<b>(220)</b>	<b>(4)</b>	<b>(590)</b>	<b>586</b>	<b>(96)</b>	<b>(590)</b>	<b>494</b>
EBITDA %	3.7%	3.9%	3.4%		3.7%	3.7%	
Surplus %	0.0%	0.1%	-0.3%		0.0%	0.0%	

## 2.2 Trust Income

Trust income year to date was £0.585m ahead of budget. The income is based on a block allocation calculated by NHS England based on previous income figures.

## 2.3 Clinical Services

### 2.3.1 Children's and Learning Disability



Year to date expenditure of £13.614m represents an underspend against budget of £0.481m

### **2.3.2 Community and Primary Care**

Year to date expenditure of £15.422m represents an underspend against budget of £0.068 m

### **2.3.3 Mental Health**

An underspend of £1.458m was recorded year to date for Mental Health. Budget pressures in Mental health unplanned care due to additional staffing costs, has been offset by the underspend in Mental Health planned care from current vacancies and profiling of transformation funding which is due to be fully expended by the end of the financial year but is currently behind profile.

### **2.3.4 Secure Services**

An overspend of £0.330m was recorded YTD for Secure Services. The main reasons for this is the use of Agency Staff (£0.183m), to which the Service are actively recruiting and an unfunded Enhanced Package of Care on Ullswater (£0.121m). The remaining balance relates to a number of less material issues which are being monitored closely.

## **2.4 Corporate Services Expenditure**

The overall Corporate Services expenditure was £2.240m overspent. The main pressure sits within Finance Technical, when this line is excluded corporate services are reporting a £0.120m underspend.

- The Finance directorate is reporting a year to date underspend of 0.182m.
- The Human Resources directorate has a year to date underspend of £0.013m.

## **2.5 COVID Expenditure**

At the end of September 2020 the Trust recorded £9.077m of Covid related expenditure, details of which are summarised below. Claims have been submitted for all the expenditure, of which £5.194m has been received.

The remaining £3.833m is due for payment in November as the month 6 returns are due additional validation by NHSI/E, in the month 6 position the Trust has accrued up to match SDF transformation funding that has been identified in CCG baselines. The income claim has been included within Finance Technical.

**COVID Claims**



COVID 19 Revenue Claim	April £m	May £m	June £m	July £m	Aug £m	Sept £m	Total £m
Pay Costs	0.258	0.414	0.397	0.183	0.162	0.227	1.641
Non Pay Costs	0.281	0.302	0.201	0.302	0.436	0.875	2.397
Income Top Up	0.100	0.399	0.317	0.576	0.444	0.384	2.220
SDF M1-6 Top up						2.318	2.318
Syringe Drivers			0.027				0.027
<b>Total Costs in Position</b>	<b>0.638</b>	<b>1.115</b>	<b>0.942</b>	<b>1.061</b>	<b>1.042</b>	<b>3.804</b>	<b>8.603</b>
PSF Claim	0.079	0.079	0.079	0.079	0.079	0.079	0.474
<b>Total Claim</b>	<b>0.717</b>	<b>1.194</b>	<b>1.021</b>	<b>1.140</b>	<b>1.121</b>	<b>3.883</b>	<b>9.077</b>
Claim Confirmed	0.618	1.295	0.995	1.140			4.048

### 3. Statement of Financial Position

The Statement of Financial Position in Appendix 4 shows the Trust's assets and liabilities as at 30th September 2020. In month, the net current asset position increased by £0.010m to £6.730m. This was related to a decrease in trade debtors in month due receipts received in June and an increase in other current assets due to accrued income related to the outstanding June and July Covid claims.

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

#### 3.1 Cash

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

Cash Balances	£000s
Cash with GBS	27,473
Nat West Commercial Account	178
Petty cash	51
<b>Total</b>	<b>27,702</b>

**Cash Balance**

As part of the national response to the COVID pandemic the Trust received two Block income receipts in April (£9.8m) and therefore the reported cash position is significantly higher.

#### 3.2 Capital Programme

Year to date the capital expenditure spend is £2.851m comprising of expenditure for IT services (£0.413m), Informatics (£0.245m), LHCRE (£1.021m) and Property Maintenance (£0.755m).

£0.417m of Covid related capital expenditure has been recorded year to date. £0.243m relates to Estates projects and £0.173m on IT related projects. £0.117m of capital funding has been received year to date for Video conferencing and laptops.

### 4. Recommendations



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



Appendix 1  
 Statement of Financial Position

	SEPT-20 £000	AUG-20 £000	Movement £000	COMMENTS
Property, Plant & Equipment	109,959	110,482	(523)	
Accumulated Depreciation	(26,010)	(25,763)	(247)	
<b>Net Property, Plant &amp; Equipment</b>	<b>83,949</b>	<b>84,719</b>	<b>(276)</b>	
Intangible Assets	10,978	10,996	(18)	
Intangible Assets Depreciation	(1,937)	(1,926)	(11)	
<b>Net Intangible Assets</b>	<b>9,041</b>	<b>9,070</b>	<b>(7)</b>	
<b>Total Non-Current Assets</b>	<b>92,990</b>	<b>93,789</b>	<b>(282)</b>	
Cash	27,702	27,079	623	Additional Block payment received in April
Trade Debtors	5,394	6,204	(810)	Receipt from Health Educaiton England, East Riding Council and NHS England
Inventory	150	150	0	
Non Current Asset Held for Sale	1,543	990	553	Westlands reclassified as AHFS
Other Current Assets	1,162	1,574	(412)	
<b>Current Assets</b>	<b>35,951</b>	<b>35,997</b>	<b>(46)</b>	
Trade Creditors	3,436	3,007	429	
Accrued Liabilities	25,785	26,270	(485)	Additional Block payment received in April
<b>Current Liabilities</b>	<b>29,221</b>	<b>29,277</b>	<b>(56)</b>	
<b>Net Current Assets</b>	<b>6,730</b>	<b>6,720</b>	<b>10</b>	
Non-Current Payables	1,216	1,216	0	Local Government Pension Scheme Liability
Non-Current Borrowing	3,981	4,170	(189)	Loan interest payment .
<b>Long Term Liabilities</b>	<b>5,197</b>	<b>5,386</b>	<b>(189)</b>	
Revaluation Reserve	18,558	18,568	(10)	
PDC Reserve	62,499	62,499	0	
Retained Earnings incl. In Year	13,467	14,056	(590)	
<b>Total Taxpayers Equity</b>	<b>94,523</b>	<b>95,123</b>	<b>(600)</b>	
<b>Total Liabilities</b>	<b>128,941</b>	<b>129,786</b>	<b>(845)</b>	



**Agenda Item 11**

Title & Date of Meeting:	Trust Board Public Meeting – 28 <sup>th</sup> October 2020			
Title of Report:	Quality Committee Assurance Report			
Author/s:	Name: Mike Cooke Title: Non-Executive Director and Chair of Quality Committee			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	<p>The Quality Committee is one of the sub committees of the Trust Board</p> <p>This paper provides an executive summary of discussions held at the meeting on 7<sup>th</sup> October 2020 with a summary of key issues for the Board to note. The approved minutes of the meeting held on 5<sup>th</sup> August 2020 are presented for information</p>			
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) QC Assurance Report prepared for the Board	✓
Key Issues within the report:	<p>The following items were noted for highlighting to the Trust Board</p> <ul style="list-style-type: none"> <li>• The chair formally commended the work of the ethics advisory group</li> <li>• The committee commended the patient safety dashboard presentation recommending its links to patient satisfaction, the performance quality report and quality improvement</li> <li>• It was agreed to escalate to the Board the Covid 19 Insight Report which has been included as an appendix to this assurance report</li> <li>• The Committee noted the good discussion on the provider collaborative and waiting list report</li> </ul>			

**Monitoring and assurance framework summary:**

**Links to Strategic Goals** (please indicate which strategic goal/s this paper relates to)

✓ Tick those that apply

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

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

### Executive Summary - Assurance Report:

#### Key Issues

The key areas of note arising from the Quality Committee meeting held 5 August 2020 are as follows:

The minutes of the meeting held 7<sup>th</sup> October were agreed, noting all actions closed on the action tracker.

The chair noted the recent positive development visit from Peter Wyman, the CQC Chair on the 20<sup>th</sup> August 2020 along with the upcoming research conference booked in November and formally commending the work of the ethics advisory group thanking everyone who was involved stating this has been very helpful to gold command. An update was given regarding a patient who had recently been in the media with good assurance.

#### Discussion item – Provider Collaborative and Quality Assurance process

A good discussion was held on the provider collaborative with details including the composition and structure, draft business cases, and the governance framework. Queries raised were noted and responded to and the chair thanked Mel Bradbury for the presentation, wished the collaborative good luck for the future with the four elements. The Quality Committee looks forward to supporting and participating in the quality assurance /quality development role as required.

#### Patient Safety Dashboard

A demonstration of the patient safety dashboard was given to show the committee how the organisation is using the data from the datix incidents reports to enable teams to see live data and use this information to inform quality improvements. The chair thanked the team for the presentation and commended and recommended the dashboard with its links to patient satisfaction, the performance quality report and quality improvement noting the current ongoing development of the dashboards.

#### Covid-19 Focussed Insight Report

The committee noted a good report which brought all aspects together concisely. The report was commended and recommended to the Board and is included as appendix two in this assurance report.

#### Quality Insight Report

The report gave an overview of the current situation updating the committee on the trust patient safety specialist role, healthcare acquired infection BAF and the quality dashboard information along with an update on the preparation for future CQC inspections linking to the Trust Peer Review process. It was noted the annual ligature report will be presented to the December Quality Committee meeting.

#### **Waiting list Assurance Report**

The assurance report highlighted the action of the three main areas of psychological medicine, the memory clinic and CAMHS with the current actions being taken. It was agreed that this was good report which stimulated a good discussion and the Quality Committee will continue to review the risk associated with long waiting lists as well as the progress on the waiting lists in the future.

#### **Quality Committee Risk Register**

The quality risk register was reviewed noting the inclusion of the silver command risks and the latest Q3 working version of the BAF. Queries on risks were responded to, noting some risks had been reviewed recently and the register was being updated. The committee noted a good risk register, dynamic and moving.

#### **Policies reporting to Quality Committee**

It was noted there were no policies for approval this month.

#### **Minutes from reporting groups**

It was noted the scheduled Quality and Patient Safety Group meeting in August was cancelled and had met the previous week. The minutes would be included at the next Quality Committee. The Drugs and Therapeutics Group minutes were noted with no queries raised, and assurance received from summary report.

The approved minutes from the August meeting are attached below as appendix one





Humber Teaching  
NHS Foundation Trust

# Quality Committee

## Minutes

For a meeting held on Thursday 5<sup>th</sup> August 2020  
2.00pm – 4.00pm (Virtual meeting via MS Teams)

<b>Present</b>		
Mike Cooke	Non-Executive Director and Chair	MC
Mike Smith	Non-Executive Director	MS
Dean Royles	Non-Executive Director	DR
Francis Patton	Non-Executive Director	FP
Michele Moran	Chief Executive	MM
Hilary Gledhill	Director of Nursing, Allied Health & Social Care Professionals	HG
Tracy Flanagan	Deputy Director of Nursing, Allied Health & Social Care Professionals	TF
John Byrne	Medical Director	JB
Trish Bailey	Clinical Lead, Children and LD Services	TB
Oliver Sims	Corporate Risk Manager	OS
Patti Boden	Clinical Lead, Secure Services	PB
Lynn Parkinson	Chief Operating Officer	LP
Rachael Sharp	Head of Safeguarding	RS
In attendance		
Colette Conway	Nurse Recruitment Project Lead	CC
Samantha Jacques-Newton	Head of Allied Health Professionals and Practice Development	SJN
Su Hutchcroft	Compliance Officer (minutes )	SH

36/20	<p><b>Apologies for Absence</b></p> <p>It was noted Michele Moran would be joining the meeting later Apologies were received from Peter Baren.</p> <p>MC welcomed everyone to the meeting noting SJN who has joined as Head of Allied Health Professionals and Practice Development, and CC who starts in role as the Assistant Director of Nursing on 17<sup>th</sup> August 2020 as observers.</p>
37/20	<p><b>Minutes of the Last Meeting</b></p> <p>The minutes of the meeting in June accepted as a true record, following an amendment to the PACE section (28/20).</p>
38/20	<p><b>Action List and Matters Arising</b></p> <p>The action list was noted with all actions closed. Following a discussion, it was agreed the Controlled Drugs six monthly report would go to QPaS and only report to Quality Committee by exception if required.</p> <p><b>ACTION The work plan will be updated (SH)</b></p>
39/20	<p><b>Quality Committee Board Assurance Report</b></p> <p>The report was noted. MC confirmed this report has been to the Trust Board in July for assurance purposes. The Board have asked the Committee to review the impact of COVID</p>

	<p>on quality for the Trust. After discussion it was agreed the insight report for October would focus specifically on this topic with a look back, in regards to any quality issues and quality improvements during the covid period. Suggestions were received regarding the report format to cover what we changed, what went well and we are proud of, any risks and anything we are looking to embed in service redesign following the changes- locking in the good practice. The Phase 3 NHS letter was discussed, along with a suggestion of the stop, start, continue approach. DR suggested this could also stimulate some areas for research.</p> <p>JB like the stop start and continue idea, and enquired regarding asking the NEDs on their thoughts on what they have seen over the period. MC commented he would have to talk to SM but could discuss the possibility of discussion in the next Board development session regarding quality improvement.</p> <p><b>ACTION – It was agreed for a Covid focused insight summary report to come to the October Quality Committee (LP/HG/JB)</b></p>
40/20	<p><b>Presentation - Clinical Supervision (TF)</b></p> <p>It was noted the presentation was circulated prior to the meeting. TF took the members through the presentation explaining as a group of clinicians and clinical leads they were asked to think about where we were with clinical supervision and compliance with the adjustments to reporting, but also to look at how we can improve the quality of supervision, ensure it is meaningful, supporting clinical development whilst critically helping staff to translate the opportunity to reflect and learn from other into really good patient care</p> <p>The key points were highlighted</p> <ul style="list-style-type: none"> <li>• June overall position 83.7% with a current target of 80%, noting there was a discussion on whether this needs now to be altered slightly</li> <li>• ESR potentially allows us to look at a team level and where individuals are at with supervision, following the pilot which had shown a few teething problems</li> <li>• Accountability reviews are picking up where teams have low compliance.</li> <li>• Work is being completed to capture group supervision to allow team leaders etc. to see their dashboards moving forward</li> <li>• Noted there are different type of supervision offered which have different functions including reflective practice which brings a number of professional together for facilitated sessions when there are more complicated individuals</li> <li>• The functions of supervision include the formative, normative restorative element</li> <li>• For some professions, it is a requirement that they maintain their clinical supervision,</li> <li>• There is an opportunity for development of skills and knowledge through live supervision</li> <li>• Frameworks were discussed and development to provide training or a policy to reflect a particular model with examples showing how quality of supervision can relate to quality of practice with the various models shown</li> <li>• Explanation of the link between good supervision and good quality outcomes for service users</li> <li>• Challenges include <ul style="list-style-type: none"> <li>• Managing the relationship between management supervision versus patient focus supervision and what people may expect</li> <li>• Ways of managing expectations about what supervision can provide and people being clear of what they will get out of supervision</li> <li>• Some professions align their professional accountability and registration to having supervision, following the notion that you cannot practice without getting supervision, some areas already do this and some areas are moving towards but there is still a struggle to locate the responsibility for getting good clinical supervision as this is about good clinical practice</li> <li>• Capacity and time to prioritise supervision</li> </ul> </li> </ul> <p>TF explained some areas that were identified going forward that may assist improving the quality of supervision including</p> <ul style="list-style-type: none"> <li>• A launch of supervision week by going into team meetings and sharing learning and different approaches for different teams, as well and acknowledging teams are a different stages with their use of supervision along with engagement through social</li> </ul>

	<p>media</p> <ul style="list-style-type: none"> <li>• Training for both supervisors and supervisees , ensuring the content is right for both</li> <li>• A survey across the workforce asking about the quality of supervisors and challenges or improvements</li> <li>• Having a directory of supervisors to align with the professions</li> <li>• Relaunch of the supervision passport during supervision week</li> </ul> <p>Comments and feedback included</p> <ul style="list-style-type: none"> <li>• The presentation was welcomed and valued as a really good approach</li> <li>• It was good to see the acknowledgement that supervision means different things to different teams and different professions, and noted the risk of hitting as compliance target but missing the point of supervision, highlighting how do we focus on improving the quality of supervision rather than just meeting a target</li> <li>• The link between quality supervision, quality appraisal and how this relates to the other quality measures are key elements of the quality approach and felt this was set out well. It was noted the professions have a huge part to play in this, with some areas having a very effective framework around clinical supervision</li> <li>• It was noted this process was started in January of this year but Covid stopped the work and we really need to get the traction behind this now and focusing on the quality of the conversations</li> <li>• It was felt it would be good to see the presentation rolled out to teams across the trust</li> <li>• A suggestion was made regarding group supervision and particularly interdisciplinary and involving the doctors and patients</li> <li>• To involve the comms team following the work they have done recently on recent areas. To look at a 5 minute version of the presentation to launch this with some additional information aids</li> <li>• A suggestion of including patient feedback, and also include training on skill sets to giving quality feedback and ways of measuring staff are getting quality feedback</li> <li>• The idea of supervision week to launch this was very well received</li> </ul> <p>TF thanked everyone for the feedback and endorsement of ideas. The next stage is to move forward with planning the supervision week and the strategies for re-engaging people, share the work with them and emphasise that it is about the quality of experience and how it translates to patient care. Following the comment about bringing the service user to the fore, to look at the possibility of whether something similar to the medic's 360 degree service user feedback can be linked in.</p> <p>MC thanked TF for the presentation and asked if she would come back in six to nine months' time to update how it was going and see how the Quality Committee could support her further.</p> <p><b>ACTION: Add clinical supervision to the Committee work plan (SH)</b></p>
41/20	<p><b>Quality Insight Report</b></p> <p>HG updated the meeting on the key items in the report</p> <ul style="list-style-type: none"> <li>• Focus on CQC and the closed cultures work, which has just been announced, with the inspectors guide available via the internet. This work is also being built into the Peer Review process, so staff will be looking at this whilst going round the services</li> <li>• The Peer Reviews are starting again following the pause for Covid and has been reviewed with multi-disciplinary teams being involved this year. Reviews are starting in September, using a template pulling in the CQC KLOEs and the Closed culture work, with this session of reviews planned to complete by February 2021</li> <li>• Update on the Learning Disability Mortality programme (LeDeR) annual report, which started a few years ago, with all deaths for learning disability patients reported into a national programme being reviewed locally by structured judgement methodology. We have 3-4 people trained in this type of review and we get asked to review other provider's deaths</li> <li>• Feedback from the CQC on our infection prevention and control processes with positive feedback and noted some outstanding practice from us.</li> </ul>

	<ul style="list-style-type: none"> <li>• An update on the Infection Prevention Control BAF actions noting only 2 remain open in relation to site visits which are expected to be closed next week.</li> <li>• Healthwatch annual report which gives feedback with links to the work of the Patient and Carer Experience team and picked up the area of equality and diversity as an issues and links closely with the work we are taking forward with Mandy Dawley working with them</li> <li>• Update on safeguarding referrals following last month's report, which are increasing and the team are now receiving more referrals. These are being monitored going forward</li> </ul> <p>MC noted a really helpful report pulling across a number of important issues and noted well done on the CQC infection prevention and control assurance work.</p> <p>MS commented this was a really interesting report, with particularly interest in the Healthwatch report and the theme of equality, diversity and inclusion, overlaid with the human rights concentration from CQC and can see this becoming a golden thread running through the organisation. Noted there is an item on BAME at tomorrow's MHLC, but there are actually nine protected characterises and feel we need to push forward with the inclusiveness agenda that takes them all into account of them all. He felt it was good to see the commonality and something that shows this is cross cutting our plans.</p> <p>FP agreed it was a really interesting report especially regarding the closed cultures, well done on the IPC assurance and the read write service. FP enquired requiring the Trust quality priority three on skills and wondered if there had been any better feedback from the recirculated questionnaire. HG confirmed she will be following this up soon and will feedback to FP after the meeting.</p> <p><b>ACTION: Feedback to members re priority 3 after the meeting (HG)</b></p>
42/20	<p><b>Review of Long Term Segregation (LTS) and Cared Away From Others (CAFO) – a trust prospective</b></p> <p>JB explained the paper was written following a request from the Trust Board. It was timely to think about the CQC closed cultures report together with this update about the patients we have in our care, with a caveat that the report has brief pen pictures which gives information to show we are touching key points with regard to patient quality and patient safety feedback but also regulatory areas. The information has been drawn together by Michelle Nolan and is a precis of what would be seen and discussed regularly at the weekly CRMG. All the patients are also discussed on a regular basis amongst senior clinicians, together with clinical governance roles including Safeguarding and our Legal team.</p> <p>Both LTS and CAFO are described in the trust policy which defines the difference between them. JB explained CAFO sits mainly with learning disability patients, with most of the patients living in CAFO whilst waiting for community placements, as this is the best solution with them living in a suite of 2 or 3 rooms, like living in their own community whilst waiting for the right environment. This is different to LTS which is mainly for areas such as PICU and the Humber Centre and has a different level of clinical exposure where people are acutely sick. We have responsibilities to ensure the correct level of input into people's care both in CAFO and LTS and the key area to this is developing the exit plan as soon as CAFO or LTS starts. It was noted that CQC would see us as having ownership of the exit plan although this may be outside our control this may be dependent on other providers.</p> <p>MC enquired how we compared to other trusts. TB confirmed information is collected routinely and doesn't feel we are an outlier. TB explained that we are demonstrating the least restrictive practice by applying the principles and being less reliant on seclusion which is an environmental change. In terms of CAFO, the individual chooses to take themselves away from others so it's the choice of the user, if they don't want to engage but can confirm the door is always open so they can come into the mainstream areas of the services when able to manage this.</p> <p>TB also noted a recent situation regarding a recent patient on Willow ward, whose area urgently required redecoration. He was moved across the building into the ward next door,</p>

	<p>to allow for decoration and restoring the area he had been living in. His behaviour deteriorated within hours which underpins the environment has to be right for the individual. He was moved back before all decoration was finalised due to clinical need and he settle straight back in. A recent independent review of the patient showed the CAFO was working, with the patient on hardly any medication and showing this is a really good clinical model.</p> <p>MC felt the report was very helpful and great case studies noting the weekly review being very person centred with good independent review showing a dynamic way of handling this.</p> <p>MS commented a long discussion was held at MHLC, in terms of good governance, noting he has not seen a CAFO policy anywhere else. He doesn't feel we are an outlier unless this is as a positive outlier. He stated he was impressed on the comments about redecoration and noted the phrase in the report "care to suit the patient, not the diagnosis". From a MHLC they are assured that CAFO is the best way of a least restricted option.</p> <p>MC thanked TB and JB for the information given, which give assurance to the Board on how this is handled, through reassessing and involving the service user in those decisions, building on the challenge of the restrictive practices work some four years ago, and shows we are continuing the journey</p>
43/20	<p><b>Divisional Quality Improvement Plans</b></p> <p><b>Secure Services</b></p> <p>PB introduced the plan confirming she had now picked up the QIPs fully as part of her role noting that the Humber Centre with both clinical lead and general manager in post, following the work Caroline Johnson had done with the governance work. PB commented on RAG ratings in the Children and LD QIP and will look at this in the future. It was noted PB work which stopped due to Covid has restarted again.</p> <ul style="list-style-type: none"> <li>• Work is ongoing around the governance structures and workforce areas have been pulled together, this includes presenting the staff survey to the Workforce and OD Committee and holding a workshop last week with another one planned next week via MS Teams.</li> <li>• The clinical model, which had a planned roll out Jan/Feb/March was delayed due to Covid, This has now been completely written up and looking at a really structured implementation plan concentrating on the service user prospective and co-production element first.</li> <li>• Physical Health, Mark Preston has completed the actions in this area working with the modern matrons. PB noted the work he had also done through covid. Two more health champions on each ward have been appointed.</li> <li>• Clinical Audit strategy - this is now being picked up in the divisional governance meeting.</li> </ul> <p>MC thanked PB for her update, and noted both PB and Paula Philips being new in post, now building on the work already completed. PB noted she is attending the MH Services meeting to see if there is any idea sharing she can pick up from their plan. PB commented the work is about creating the environment for continually improvement, acknowledging where we were and looking at moving forward in the journey.</p> <p>MC suggested to LP a review across all four plans following on from Quality Committee seeing the individual plans.</p> <p><b>Children and Learning Disability Services (TB)</b></p> <p>TB updated the meeting on the core improvement plan which serves the four services in division, explaining this is a long standing plan with the focus pulled from CQC actions, accountability reviews, staff survey service delivery and now leading into the covid sustainability and restoration plans. The next stage for the division is all four services have been tasked to create their own service specific quality improvement strategies to embed quality improvement across all the services. Patient strategy and QI approach are two key areas to be embedded in all plans and then a focus on service specific areas they feel are a priority. These include refocus on MDT meetings to be more patient focus positive and</p>

	<p>behaviour support for LD services. Paediatric therapies picked embedding the telehealth work which has been successful in the covid recovery plans and are linking with Sheffield university to look use of speech and language therapy with children using digital technology. ISPHNS (integrated Public Health Nurses, School Nurses and Health Visitors) are looking at the single point of contact and the division is discussion whether there should there be a single point of contact for all children's services. CAMHS are looking at their challenges in patient notes and record keeping and focusing on this area. TB also noted the need to look at changing of the risk management tool to a more child approachable and this is being picked up through the Inspire unit.</p> <p>MC thanked TB for the report and leadership in this area, noting the approach being deployed appropriately in context of the services being delivered, showing some really good practice.</p> <p>The following comments were received from the non-executives:</p> <ul style="list-style-type: none"> <li>• Two excellent reports, very helpful and useful</li> <li>• Noted the awareness of sharing ideas.</li> <li>• Access to physical health care being an inequality for mental health patients, noting in the report the audit on physical health done last year and suggested another audit may be helpful when the division is ready for it.</li> <li>• It was agreed it would be helpful pulling them into a common template to compare across the divisions</li> </ul> <p>LP acknowledged the differences across all the plans including the level of maturity noting clinical leads have been working very closely with Kwame Fofie in his new role as clinical director with a clear focus on quality, are working collectively and sharing practice with a new structure which supports the direction of travel.</p> <p>JB noted the positivity of the diversity of work going on in the different areas, some of which has been going on for quite a while. One challenge around is there is a lot of national drivers including CQC and information from the Trust e.g. the patient survey annual report, complaints, SI's and datix giving us a lot of information to look at, so now the structure is in place in the divisions we can be really clear what is the 'bottom up' driven work that teams, patients and carers want to redesigns for themselves and the pieces of work the organisation would like to see improved relating to the important regulatory work, whilst having an understanding of the reasons behind what we are doing and what is being prioritised.</p> <p>HG commented it was great to see both plans and echoed the comments on the difference of LD services to secure services but also great to see the work in secure services on physical health which put the service in a great position when covid hit. HG noted when she first came to the Trust, QIPs didn't exist, the process was started and it is great to see these embedded within the divisions, being owned and services engaged in the process.</p> <p>TB noted the LD standards were included with the QIP is an national annual audit, and noted the position a year further on being proud to report there has been no seclusion at Townend Court for two years, along with seclusion has not been used at Inspire since this has opened.</p> <p>MC welcomed both approaches and thanked everyone for the good discussion, having now seen the four QIPs from each of the areas in the Trust.</p>
44/20	<p><b>Quality Committee Risk Register (including COVID Quality Risk and BAF)</b></p> <p>OS updated the key elements of the report</p> <ul style="list-style-type: none"> <li>• The Quality Committee risk register has 14 risks scoring 9 or above from the divisional registers</li> <li>• Quality Risks on the Silver Command register included as agreed at the last meeting and these will continue throughout the covid period.</li> <li>• The BAF section includes the areas where Quality Committee is the assurance committee, is the working version for Q2, noting this will change as we move towards</li> </ul>

	<p>the Board meeting in September and included today to allow Quality Committee the opportunity to give comments.</p> <ul style="list-style-type: none"> <li>The highest quality related risk is SS48 regarding the current patient alarm system in Humber Centre. This was discussed at the last secure services governance meeting. It was noted this risk has been live for some time and has not had any type of closure yet. Another capital bid as been submitted to replace the alarms with an update not yet received. OS confirmed the risk is regularly reviewed through the governance arrangements.</li> </ul> <p>Questions on the registered were discussed as follows:</p> <ul style="list-style-type: none"> <li>Quality risk register summary with four initial red items, noted items 1, 2 and 4 are related to children. Many areas are mitigated with discussions with commissioners but it might be worth stating the type of discussion with the commissioners to give more depth on the action. OS noted he meets with TB regularly and there is work ongoing with the service managers to update the risk registers with the covid-19 situation, but agreed it was worth looking at the commissioner discussions and will get these the next time it is reviewed.</li> <li>LDC20 and LDC32, (autism waits) requesting explanation how this had dropped from 20 to 12 whilst still ongoing issues with demand and capacity.</li> </ul> <p>LP responded noting the courtyard has been on the register a long time and has been delayed by covid. There is good mitigation by the division with procedures in place to manage this, but does require the capital bid and will ensure this is addressed at the next capital meeting. Regarding the Autism waits, additional income was received, and we were in the progress before covid of ensuring this was deployed creating a reduction in waiting times in relation to the investment. TP and LP are currently looking at the impact covid has had particularly in this area, as there are reasons why some elements of the service can be reinstated but some areas it will be difficult due to the diagnostic process and access to areas such as education in relation to this. TB has a detailed plan in place to address this.</p> <p>MC stated the committee can escalate the capital bid if required, wanting to know what restrictions have been created to service users not being able to access the courtyards. LP thanked MC but noted she didn't anticipate this was required as it is well understood this work needs completing.</p> <p>OS presented the covid risks. These are updated on a weekly basis, updates since the paper was submitted include</p> <ul style="list-style-type: none"> <li>CR49 maintains it score recognising the issues with the infection control team as the situation may change</li> <li>CR34 following escalation to the trust wide risk register has been reduced to a 12 following review last week due to recognition of the positive controls in place which is having an impact on this.</li> </ul> <p>MC welcomed MM to the meeting.</p>
45/20	<p><b>Annual Clinical Audit Report (TF)</b></p> <p>TF explained the report format has been revised focusing on the level of reporting to allow us to communicate clearly with the divisions in terms of what their location actions may need be to improve their clinical audit activity, whilst demonstrating the complete audit recycle process with action plans completion and re-audit showing an improvement in compliance. The report looks at the compliance for both the local and national audits undertaken with a breakdown of activity and completed reports and we will now focus on the action plans and driving up of compliance reporting available.</p> <p>MC enquired if there was any areas in the organisation where clinical audit it not yet at the required level as well as any areas of good practice.</p> <p>MM commented it was good to see the report and picking up on the other comments, agreeing it is really important to identify those areas which need more support, and important that we keep a focus on this as clinical audit has always been an area that has</p>

	<p>needed work. It will be good to see progress through Quality Committee, identifying any areas that need more support to enable the pace to increase in this area.</p> <p>HG noted a good report, giving a good baseline identifying areas where more work is required and the clinical leads are aware. The report gives a good snapshot of the current status and the areas we need to target and support.</p> <p>JB agreed it was a positive read, showing activity going on. Following the helpful conversation regarding the QIP plans going forward, wondered how this could be simplified to ensure it includes audit and research building in from both the bottom up and top down approach, to cover the compliance based work as well.</p> <p>MC thanked TF for the good overview.</p>
46/20	<p><b>Research and Development – six monthly update report</b></p> <p>It was noted this report has been taken to the last Board meeting so will have been read before. It would normally have been brought to Quality Committee first but meetings had fallen out of cycle at the current time. MC noted the report was welcomed at the Trust Board especially the recruitment into trials, and the infographics which were recommended, and thanked Cathryn Heart and JB for the work in the report.</p> <p>This year’s annual conference has been rescheduled and is being held virtually on the 17<sup>th</sup> and 18<sup>th</sup> of this month.</p>
47/20	<p><b>Annual Zero Events Report (HG)</b></p> <p>HG explained that zero events were started around four years ago in the Trust, looking at the intelligence to drive quality improvement in patient safety. Where patient safety themes are arising from incidents the approach looks at undertaking quality improvement work to reduce the number of incident themes to zero. Once the quality improvement approach is embedded in practice and a down turn in the incident themes is noticeable the work becomes part of normal working practice and the zero event is removed from the zero events list.</p> <p>HG presented the annual report which focused on zero events from last year and includes the zero events agreed in EMT for the next year starting in September. HG noted the process has shown that zero events cannot be completed in 12 months and can take two to three years, as we learn more about the reasons behind the events, which can change the focus and way we measure, as well as the quality improvement required.</p> <p>HG explained that for the coming year, four of the current zero events are proposed to continue:</p> <ul style="list-style-type: none"> <li>• No category 3 (or above) pressure ulcers acquired in our care</li> <li>• No failure to recognise and escalate the deteriorating patient in line with Trust policy with no failure to correctly record, calculate and appropriately escalate using the NEWS2 tool</li> <li>• No avoidable incident of harm associated with falls</li> <li>• No patients in our care will have an avoidable catheter.</li> </ul> <p>Three new zero events have been added based on intelligence of patient safety which include:</p> <ul style="list-style-type: none"> <li>• No failure to complete an initial risk assessment at the first planned visit within the community nursing teams (NCS and CMHT) without clear documented rationale.</li> <li>• No under reporting of the level of harm in relation to sexual safety, BAME, or LGBTQ+ incidents relating to staff or patients. These areas have been identified as requiring improved reporting through a review of the reported incidents.</li> <li>• No patient in our MH and LD inpatient services will come to moderate harm (or above) as a result of a self-harm incident where there is an absence of a documented MDT discussion and plan in relation to risk.</li> </ul> <p>These are all areas found through investigation and will get the extra focus as zero events, monitored through our existing governance frameworks.</p>



	<p>HG confirmed the Trust had 60 zero events in 2019/2020 and with no 'never events', explaining there is a suite of national never events which would ensure these would be picked up immediately.</p> <p>MC noted there have been more zero events this last year than prior, but this has a developmental approach to it and feels right, and was good to hear about the deteriorating patient and NEWS 2 with the work to get this moving forward along with the PURL progress on pressure ulcers.</p> <p>Comments received included the following:-</p> <ul style="list-style-type: none"> <li>• DR enquired regarding section 3.7 on sexual safety and linking with BAME and LGBTQ and the link between the issues. TF confirmed the focus is on getting the category and the level of harm correct for some of those incidents and explained datix has categories which allows us to record a sexual safety incident or an incident in relation to BAME or LGBTQ, but we not seeing these codes used as often as we would expect so this focus is to ensure the incidents are completed under the correct coding for reporting accuracy and to promote staff discussions at the safety huddle to ensure we are reporting correctly</li> <li>• JB noted the sexual safety piece is really important and reminded the meeting this was part of a landmark CQC report last year.</li> </ul> <p>MC thanked the team for the report and noted the really good progress on this approach. Non-execs felt assured regarding moving this agenda forward on safety.</p>
48/20	<p><b>Annual Safeguarding Report</b></p> <p>RS explained this is her first annual report being new to the role</p> <p>Key highlights include</p> <ul style="list-style-type: none"> <li>• Last year saw the implementation of the Safeguarding strategy which encompasses the work around the integration for the child and adult safeguarding processes</li> <li>• The team has continued to maintain the links with local safeguarding children partnerships and the local adult safeguarding boards, CCGs and other statutory agencies</li> <li>• Noted the earlier concern regarding the decrease in safeguarding concerns for adults and children and have work on this, looking at the reasons as well as the local context working with the safeguarding adult and children partnership to gain insight into this. It was noted there were also some covid implications</li> <li>• Achievements over the year include <ul style="list-style-type: none"> <li>○ Integrated training to Level 3</li> <li>○ Supporting implementation of the CAMHS unit</li> <li>○ Focus on offering mental capacity act and self-neglect workshop to services</li> <li>○ Implementation of neglect, self-neglect and hoarding policy which was adopted by one of the adult safeguarding board</li> <li>○ Work around domestic abuse and safeguarding supervision</li> <li>○ Starting to build links with local authorities in preparation for the covid delay work around liberty protection safeguards</li> </ul> </li> <li>• Looking ahead at the coming year noting how covid will have a massive impact on these areas, including domestic abuse, hidden harm for children and self-neglect of those who have not left home or maintaining social inclusion, priorities include <ul style="list-style-type: none"> <li>○ Raising the profile of safeguarding with a good clear communications plan in place to support this</li> <li>○ A domestic abuse plan, noting this increased through covid, which incorporates 55 domestic abuse champions across the trust and holding some joint training with the strategic lead for Hull Domestic Abuse Partnership</li> </ul> </li> </ul> <p>MC noted a very good report, well aligned and changed over the years HG agreed and noted the fantastic safeguarding team, who have had a couple of new staff join recently have a lot of skill and expertise and the report shows the breadth of safeguarding, with them doing an excellent job supporting staff and working with our partners for the communities</p> <p>It was agreed it was again a great report, well detailed, well laid out and easy to read, providing good assurance</p>

	<p>MM agreed a good report, noted well done to the team, and enquired regarding the North Yorkshire and York relationships and if the team needed any further support to assist this. RS confirmed the relationship was much better and has received invites to the local safeguarding boards attended a couple of meetings and been invited to a number of adult sub-groups building links up with the safeguarding adults team and safeguarding adults review group which has been beneficial.</p> <p>JB enquired if a staff or patient story could be taken to the board to bring highlight safeguarding so everyone could see the importance. MC felt this would be a good idea and would be useful to show what the team have to deal with.</p> <p>RS also noted that the team works closely with the LTS and CAFO and Michelle Nolan in Mental Health Legislation and for safeguarding the work is about offering and having that independent review noting the care the patients receive are really good and the staffs do a great job with really complex patients.</p>
49/20	<p><b>Annual Infection Prevention Control Report</b></p> <p>HG noted Debbie Davies; the IPC lead has been stood down from the meeting as she was needed in practice. HG noted the key areas:</p> <ul style="list-style-type: none"> <li>• Agreed contractual thresholds for MRSA clostridium difficile achieved.</li> <li>• Only one E.coli case reported</li> <li>• Links to zero events with no inappropriately placed catheters within community inpatient wards</li> <li>• Good hand hygiene compliance</li> <li>• Links with the IPC Board Assurance Framework</li> </ul> <p>HG remarked the main risk is there are 2.4 practitioners in the team for an incredible amount of work. One additional member of staff has been recruited but one member of staff may be leaving soon, this is a risk that is being managed but need to increase the capacity, as both Infection Control and Safeguarding work has increase dramatically through the covid period.</p> <p>MC thanked HG for her leadership on Infection Prevention Control and Safeguarding over the time and the response from operational colleagues which has been excellent, as well as thanking the IPC team for their hard work and expertise. FP agreed another great report, a fantastic achievement from the team and the Trust with great assurance again. MM thanked the team for the excellent work done.</p> <p>Assurance was received assurance from the report.</p>
50/20	<p><b>Summary list and status of policies (requiring approval of Quality Committee)</b></p> <p>HG explained the summary list was presented for noting, showing a good position statement with all policies in date with those due to expire in the next few months currently under review, to give assurance on the policies. HG noted the clinical advisory group which was put in place for Covid is now being used to give the clinical oversight on policies which has strengthened the review process.</p> <p>The report was noted and commended</p>
51/20	<p><b>Policies for approval from QPaS</b></p> <p>There were no policies requiring approval this month</p>
52/20	<p><b>Quality and Patient Safety Group minutes</b></p> <p>HG noted the report shows the work QPaS is undertaking and how this reports into the Quality Committee with the detailed work being contained in QPaS and escalated to Quality Committee as required. The report noted the polices approved with minor amendments through QPaS.</p> <p>MC thanked HG for chairing the group</p>
53/20	<p><b>Quality &amp; Patient Safety Group Effectiveness Review and Terms of Reference</b></p> <p>The annual review was noted</p>

54/20	<p><b>Drugs and Therapeutics Group minutes</b></p> <p>JB noted one meeting was cancelled due to Covid. A meeting was held yesterday and covered any backlog, so the approved minutes will be included at the next Quality Committee.</p>
55/20	<p><b>Items Arising from the meeting requiring Communication, Escalation or Risk Register consideration and any lessons learnt</b></p> <p>It was agreed to commend and recommend all the work and assurance received through the covid period</p>
56/20	<p><b>Any Other Business</b></p> <p>Nil this month</p>
57/20	<p><b>Date and time of next meeting</b></p> <p>The next meeting will be held on Wednesday 7th October 2020 with further meeting details confirmed nearer the date.</p> <p>MC thanked everyone for a good meeting, with lots of annual reports and assurance and thanked everyone for all the work done, every day for patients and front line staff to keep them safe and this is appreciated.</p>

Title & Date of Meeting:	<b>Quality Committee Wednesday 7 October 2020</b>			
Title of Report:	COVID-19 Quality Insight Report			
Authors:	Name: Lynn Parkinson, Chief Operating Officer Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals John Byrne, Medical Director			
Recommendation:	To approve		To note	
	To discuss	x	To ratify	
	For information		To endorse	
Purpose of Paper:	The report provides an overview of key quality issues during the COVID pandemic and the impact on Trust services. The Quality Committee are requested to discuss and seek further assurances as required.			
Governance		Date		Date
	Quality & Patient Safety Group		Clinical Network	
	Drugs & Therapeutics Group		Divisional Governance meeting	
	Research and Development Group		Operational Delivery Group	
Other (please details	EMT 28.09.20			
Key Issues within the report:	The report provides information in relation to the Trust response to the COVID pandemic.			

**Monitoring and assurance framework summary:**
**Links to Strategic Goals**

✓	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 been considered?	Yes	Yes Detail in report	N/A	Comment
		Any Action Required?		
Risk	✓			To be advised of any future implications as and when required by the author
Legal	✓			
Compliance	✓			
Communication	✓			
Financial	✓			
Human Resources	✓			
IM&T	✓			
Users and Carers	✓			
Equality and Diversity	✓			
Report Exempt from Public Disclosure?			No	

## COVID 19 Quality Insight Briefing to the Quality Committee

This report provides an overview of key quality issues specifically in relation to the impact of the COVID pandemic on Trust services.

It is not proposed to provide detailed narrative on each area but to provide an overview on key areas for the Quality Committee to seek further discussion and assurance on any area.

### Maintaining a focus on Quality and Patient Safety during the pandemic

#### ***What did we do?***

- Instigated our Emergency Preparedness, Resilience and Response Framework to include the establishment of Risk Registers specific for COVID-related risks for reporting to Silver Command with escalation to Gold Command.
- Increased capacity in the infection control team
- Produced clinical pathways for COVID positive patients in line with national guidance
- Established a PPE store to include stock control and ordering processes.
- Created two COVID-specific ward for patients in our secure services and patients in mental health and learning disability services
- Pulled none frontline registered general nurses and paramedics from across Trust services to form a COVID Rapid Response Team to support Mental Health/Secure and Learning Disability Services to care for patients with COVID
- Set up a COVID-specific section on the intranet to ensure staff could easily access related guidance and Standard Operating procedures
- Increased meeting frequency of the Trust Infection Control Group and the Safeguarding Forum
- Established daily COVID specific staff communications
- Established a Clinical Advisory Group chaired by the clinical director to review guidance/develop standard operating policies/review and amend existing clinical policies for review and approval by the Clinical Executives prior to submitting to Silver Command.
- Kept a log of everything we had stepped down/changed for reporting to and monitoring by the Executive Management Team
- We set up a multidisciplinary Ethics Advisory Group chaired by Professor Mike Cooke which provided advice and guidance to Gold command on strategic issues such as resuscitation, visiting, location of cohort wards

### Changes to Service Provision

#### ***What did we temporarily stop?***

##### **Divisions**

- Visiting across all in patient services ceased in line with national guidance. Contact maintained with families via the telephone and SKYPE.
- Reduction in face-to-face contacts. On-site office-based working ceased immediately with a directive for staff to establish their continuation of support to patients working from home
- Staff attending in person team meetings or wider strategic meetings across services. Initially SKPE used for meetings then moved to micro soft teams. Some divisional meetings were paused.
- Reduction in minor injuries opening hours
- Cardiac and pulmonary rehab and patient education classes temporarily suspended.
- Patients' visits
- Temporarily ceased memory assessments to safeguard the vulnerable population who access this service
- Temporarily suspended patient leave arrangements
- Medical Appraisal and Revalidation in line with national guidance.

##### **Corporate**

- Some planned estate maintenance
- Complaints
- FOI request response
- Subject Access Requests unless required for a serious incident/Police request.
- Quality Improvement projects

- Research Activity
- Board sub-committees
- PROUD programme

## ***What did we do differently?***

### **Children's and Learning Disability**

- The way we work with patients and carers has changed. Digital First – improved use of technology for offering choice and improving quick access to direct clinician support for patients and their relatives
- Moved to Microsoft Teams for team meetings
- Changed the pathway for young people attending A&E who required MHA assessments and facilitated transfer away from the risk of remaining in the acute hospital to Miranda House to reduce potential exposure the of the virus in the acute hospital

### **Community and Primary Care**

- Community and Primary Care services fully embraced the digital solution to consultations and patient contacts. All staff equipped to work remotely to facilitate virtual consultations where applicable
- Development of the Hospital Discharge Service (HDS) to provide one single point of contact for step-up and step-down referrals. Facilitated clinical triage to determine clinical pathways for discharge and admission avoidance as part of the wider system work. Care provision determined in the right place delivered by the right professional
- Seven-day therapy services introduced

### **Addictions Services**

- Naloxone kits are being given out widely. Taken to patients' homes and being left at pharmacies for patients to collect when they go collect Opiate Substitute Treatment (OST)
- Locked boxes are been given to patients who have children/dependents etc. living with them (safeguarding)
- New patients are coming into treatment for titration onto OST. Also prison releases are being picked up and prescribing OST
- Staff are delivering OST where required to patients homes who are self-isolating with COVID-19 symptoms

### **Secure Services**

- Set up a COVID ward (Darley) which could take actual and suspected positive patients in secure services. This was needed as not all beds are en-suite at the Humber Centre
- Physical health staff worked across the service including the Rapid Response COVID Team (RRCT)
- Maintained therapies and offered specific psychological support to patients due to the direct and indirect impact of COVID on them.
- Implemented daily sit rep meetings, which then became bronze command
- Extended existing duty manager rota to 24/7 (Band 6 or above)
- Significantly increased use of technology to maintain contact with families.
- Increased use of telephone contact by the Community Forensic Team

### **Mental Health Services**

- Arranged a private, rapid response transport provision to support the movement of potential and confirmed COVID-positive service users to the appropriate inpatient facility
- Introduced a 24-hour support and signposting service in collaboration with third sector partners
- Introduced mental health streaming, in collaboration with third sector partners, out of the acute trust. This reduced the burden on ED and improved service user experience
- Extended the Care Home Liaison service to cover Hull
- Introduced telemedicine and use of video conferencing to all community-facing services
- Delivery of liaison services which involved phone consultations to all acute wards and streaming of all medically fit presentations in ED to a mental health base

## ***Embedding the Changes in Practice (what we are going to keep)***

### **Children's and Learning Disability**

- Clinical support can be delivered digitally to patients and will continue to be expanded to include routine reviews and 1:1 consultations for advice and support enabling and supporting rapid access to services and reduction in waiting times .Reduced travelling to and from clinic bases particularly an issue for families residing in East Riding.
- Acknowledge and learn that we can make quick changes and deliver safe services
- Maintaining the system calls will help promote integrated care delivery in the future
- Adult Autism diagnosis services has developed an approach using digital technology and will develop the offer more widely to help reduce waiting times

### **Community and Primary Care**

- Hospital Discharge Service now becoming part of normal business and is continuing to evolve as part of the new discharge to assess guidance
- Digital and virtual consultations will become part of the ongoing care of patients where this is safe and clinically effective

### **Secure Services**

- Continued use of technology
- Maintaining focus and discussions around COVID at our bronze command meetings (for guidelines that affect patients)
- Utilised enhanced skills in relation to Physical Health

### **Mental Health Services**

- The main focus, supported by commissioners and the Acute Trust is the development of MH streaming into a Mental Health Walk-In Centre, utilising Gladstone Street as the base.
- Embedding a blended model of face to face and tele medicine across the division to meet the needs of our patients.

## **What Went Well?**

### **Children's and Learning Disability**

- Delivering the message 'We Are Open 'across the services leaflet and press release
- Regular partnership system calls across health and social care providers and commissioners has prompted live updates not just on the needs of high risk patients but quickly sharing good practice, ideas and information to support the wider community

### **Community and Primary Care**

- Looking at innovative approaches to recruitment, use of head hunters, considering overseas recruitment, exploring numbers for apprenticeships and access to support and further education to access career pathways to future proof services
- All GP practices remain open; all clinical pathways remain in place with telephone/digital triage prior to assessment/treatment
- All service changes are aligned to NHSE released guidance. Hot and cold areas within each practice
- The inpatient wards remained opened and responded well to a rapidly changing environment, supporting step down from the acute trust and step up from community
- The use of digital and virtual approaches has resulted in increased attendance rates in services, for example the addiction services experienced an increased level of engagement from patients. See Analysis of COVID-19 Patient, Service User and Carer Survey which includes three service areas from community and primary care. It showed positive responses from patients who had accessed care via virtual/digital methods

### **Secure Services**

- Getting aspirant nurses to increase the work force
- Closer working with physical health team
- Smooth running of the COVID ward
- Staff really working together as a team

## **Mental Health Services**

- The early arrival of 18 aspirant nurse into the divisions inpatient units reducing the pull on bank and agency.
- Mobilisation of Emotional Wellbeing Service to provide remote therapy who have consistently achieved the national key performance target for recovery
- The safe provision of a cohort ward within the mental health inpatient estate
- Third sector integration into streaming, MHRS and the provision of a 24/7 support and signposting telephone line
- Collaboration with silver cloud to provide a number of digital packages

## **Research Opportunities**

Profile of research has been raised. COVID-19 has highlighted the importance of research, with Downing Street briefings regularly making reference to the importance of research and to the key discoveries this has brought. Studies mandated as 'Urgent Public Health Research' by the Chief Medical Officer for England to inform fast effective responses to COVID-19 have been prioritised by the research team and initially most non-COVID-19 studies suspended.

Rapid adaption of remote working enabled the research team to continue to 'meet' and connect with those taking part in research; patients and carers reported really valuing this as they felt isolated due to services and social groups being suspended.

Some key areas of research the Trust is involved with is as follows:

- Increased collaboration with Hull University Teaching Hospitals (HUTH) on urgent COVID-19 research. HUTH awarded UK Vaccine Task Force funding to establish the Hull City Region Vaccine Delivery Hub, with our research team as part of this bid and providing funded research staff support, enabling additional infrastructure in readiness for future COVID-19 vaccine trials and need for vaccine preparedness during 2020/21.
- Participant identification centre (PIC site) for the Oxford vaccine trial, feeding into HUTH as the lead research site; over 300 NHS staff in Hull participating in the trial.
- PIC site for Public Health England's SIREN antibody study (investigating previous exposure to COVID-19 and prevention of future infection), feeding into HUTH as the lead research site.
- Trials of new therapies available to Trust patients and carers due to adapted ways of working, e.g. NIDUS trial; psychological intervention adapted to enable remote delivery via phone/video, whereas previously unavailable as experimental intervention delivered face-to-face by practitioner in Bradford.
- Contributing to the national effort to enhance the recruitment of members of BAME communities into COVID-19 studies, which longer term will also aid other research.
- New opportunities to work across services and for clinical staff to develop new skills – e.g. new urgent public health study due to commence late Oct with participants identified in primary care. YourHealth staff delivering intervention and local Principal Investigator in Older People's Mental Health service.
- We are working with Sheffield University on a proposal on how the use of IT and digital solutions can support the delivery of speech and language intervention to children.

A virtual research conference is scheduled to deliver the annual research conference giving an opportunity to reach a wider audience.

## **Current Risks**

### **Children's and Learning Disability**

- Surge in contact within CAMHS on the return of children into school
- Increase in referrals into LD services due to individuals not coping with loss of routine and structure
- Carer and family fatigue
- Waiting lists deteriorating as referrals across services increase includes many new referrals into services
- Demand in inpatient requests for CAMHS and LD inpatient services



### **Community and Primary Care**

- Increased activity for community services as a direct result of referrals from other stakeholders who may not be back to providing full services creating additional pressures
- Discharge to assess agenda will create increased activity on community services due to expectation that assessments will occur once discharged, effectively shifting activity from acute trusts to community services
- The ability to continue to offer services such as HDS and seven-day therapy without further investment or resource due to this being implemented within existing resources
- Recruitment and staff availability remains a challenge across community and primary care
- Management of waiting lists due to the temporary cessation of services (suppressed demand) will be an ongoing challenge across a number of services, in particular, diabetes education recovery and dietetics

### **Secure Services**

- Staffing levels have seen a recent rise in pressures as the cases of COVID increase
- Movement of patients between services (external) from prison and other hospitals (testing arrangements are in place to support this)
- Impact of increased local/national restrictions impacting on patients leave

### **Mental Health Services**

- Anticipated increase in demand
- Impact on staff wellbeing through COVID and during current mental health surge

### **Community and Primary Care**

- Expected increase in demand as acute hospitals restore elective activity and prevalence of COVID rises. Phase 3 planning in place and areas requiring additional staffing resources have been identified
- Impact on staff wellbeing through COVID and during current mental health surge

## **Going Forward – how will we meet the requirements of Phase 3?**

Sir Simon Stevens, NHS Chief Executive and Chief Operating Officer Amanda Pritchard from NHS England wrote again to Chief Executive Officers on 31st July 2020 following their letter on 29th April 2020 to set out the priorities for the Third Phase of the NHS response to Covid- 19.

In summary this letter required that the systems:

- Accelerate the return to near-normal levels of non-Covid health services, making full use of the capacity available in the 'window of opportunity' between now and winter
- Prepare for winter demand pressures, alongside continuing vigilance in the light of further probable Covid- 19 spikes locally and possibly nationally.
- Do the above in a way that takes account of lessons learned during the first Covid- 19 peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention.

Since early April all of the divisions have been preparing surge and Phase 3/4 plans to address the challenges described above. This work has been supported by the business development team and finance. The Trust has now made submissions via the Humber Coast and Vale Integrated care System (ICS) for both the impact we expect to see on service activity and the finance required to achieve this. The resulting financial allocations are still being finalised.

The Trust continues to work closely with our system partners across a wide range of forums and the work is now focusing generally on our plans to achieve an ongoing Covid-19 response, restoration of all usual activity and the anticipated usual winter pressures. Specific system recovery workshops and planning sessions have been held at HCV Partnership and subsystem levels. The Trust has participated and shaped the plans that have been developed to date. Whilst our planning is robust, demand and activity pressures are already occurring in our services, particularly in mental health unplanned care. Mental health bed numbers are slightly reduced due to COVID safe requirements and COVID isolation beds still being required. This rise in demand is specifically being seen for older peoples beds and this is being addressed by making arrangements to increase bed capacity and increase resource into the older peoples crisis team.

## **Recommendations**

The Quality Committee is requested to discuss the content of the report and agree areas where further assurance may be required.

**Agenda Item 12**

Title & Date of Meeting:	Trust Board Public Meeting – 28 October 2020			
Title of Report:	Finance and Investment Committee Assurance Report			
Author:	Name: Francis Patton Title: Non-Executive Director and Chair of Finance Committee			
Recommendation	To approve		To note	
	To discuss	√	To ratify	
	For information	√	To endorse	
Purpose of Paper:	<p>The Finance and Investment Committee is one of the sub committees of the Trust Board</p> <p>This paper provides an executive summary of discussions held at the meeting on 21<sup>st</sup> October 2020 and a summary of key points for the Board to note.</p>			
Governance		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee	21.10.20	Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	
Any Issues for Escalation to the Board:	<p>The committee recommends that the Board: -</p> <ul style="list-style-type: none"> <li>• Notes the strong month six performance.</li> <li>• Notes the update on the Operational and Corporate Services Budget Reduction Strategy performance.</li> <li>• Notes the Mid-Year review and planning update and forecast yearend breakeven position.</li> <li>• Notes the issues flagged by the committee over the Lead Provider Collaborative business case</li> </ul>			



### **Executive Summary - Assurance Report:**

The aim of this report is to provide assurance to the Board on the financial and investment performance of the Trust and raise any issues that it feels need escalating to the Board for further discussion.

A summary of the key areas discussed are that Month six performance showed that the Trust had recorded a year to date break even position for September inclusive of £0.575m reserve for BRS risk.

The Trust has a strong cash position and is controlling creditors and debtors well.

A review of Primary Care showed the position had remained consistent since the August meeting, but the committee asked for further work on future projections.

In terms of BRS the committee received assurance that the Divisions and Corporate were on plan and that whilst the major schemes looked to be behind much had either been delivered elsewhere or was due to be delivered shortly.

A detailed capital and disposals review showed the Trust to have a clear capital programme with mitigations planned for any slippage and a planned communications plan to staff

The mid-year review and planning update demonstrated that the Trust had delivered a half year breakeven position.

The committee received the Business Case for the Lead Provider Collaborative which they supported in principle but flagged several concerns for Board to consider.

The committee also received risks appertaining to FIC and assurance reports from Digital Delivery and Capital and Estates Group.

### **Key Issues:**

The key areas of note arising from the Committee meeting held on 21<sup>st</sup> October were:

- In terms of the Insight report the key issues raised were: -
  - HC&V recorded a breakeven position at the end of Month 5, after inclusion of £76.523m of Covid-19 retrospective top up.
  - The national position at month 4 showed that Clinical commissioning groups reported a year-to-date overspend of £1.414bn and £1.040bn of this related to COVID; the overall commissioning overspend at Month 4 was £4.959bn; providers identified £3.1bn of COVID expenditure and reported a £91m adverse variance (breakeven v planned surplus); year to date the overall combined year to date deficit was £5.050bn
  - Changes have been made to the annual allowance charges for pension calculations to address issues identified earlier in the year details of which are included in the report
  - Hospital Building Plans have been confirmed with further competition for another 8 hospitals which include Mental Health, and we will be looking to see if we can access this.
  - The Government has announced that Mental health trusts will receive more than

- £400m over the next four years to eradicate dormitory wards
- The financial arrangements for the 2nd half of 2020/21 have been announced. The new arrangements cover the period from 1 October to 31 March 2021 and systems will be given fixed funding envelopes with systems expected to break-even within these allocations. Individual organisations within a system can deliver surpluses or deficits by mutual agreement with the other bodies in the system, but overall, the system must achieve financial balance.
  - HMRC have announced they are looking at simplifying VAT rules with proposals to move to a full refund model for those public sector bodies, including all NHS bodies, that are subject to section 41 of the VAT Act 1994 (s41). This will broadly align the treatment of VAT for central government departments, Highways England, as well as NHS bodies in all four nations, with that for local authorities.
- In terms of the month six financial performance the Trust reported a year to date break even position for September. After £0.036m of donated asset depreciation and an impairment charge of £0.554m (which does not count against the Trust's Control Total), the Trust reported a deficit of £0.590m.

Within the reported position is year to date Covid-19 expenditure claims of £9.077m. Claims have been submitted for all the expenditure, of which £5.194m has been received. The remaining £3.833m is due for payment in November as the month 6 returns are due additional validation by NHSI/E, in the month 6 position the Trust has accrued up to match SDF transformation funding that has been identified in CCG baselines. The income claim has been included within Finance Technical. Year to Date staff costs of £60.157m are £0.351m below budget.

The Children's and LD Division has a year to date expenditure underspend of £0.481m and a net underspend of £0.352m; the Community and Primary Care Division has a year to date expenditure underspend of £0.068m and an overall division underspend of £0.368m; the Mental Health Division has a year to date expenditure underspend of £1.458m and an overall underspend of £1.289m; the Secure Services Division is showing a year to date division net overspend of £0.295m. Corporate (excluding Finance Technical) is showing a year to date underspend of £0.116m

The committee discussed agency costs which are high compared to last year. The year to date spend to September is £3.638m, which is higher than the same period last year where the costs were £1.494m. Year to date spend is above the annual ceiling. Work is ongoing to encourage agency workers to move onto agency direct employment which would give a VAT saving and the committee supported this approach.

Cash at the end of September stood at £27.702m due to the Trust receiving two Block income receipts in April (£9.8m) meaning that the underlying cash balance was £16.506m

The aged debtors outstanding at the end of September were £5.394m. This is a reduction of £0.810m compared to the August Aged Debt balance of £6.203m. NHS outstanding debt reduced by £0.492m and non-NHS debt by £0.317m. Trade Creditors stood at £3.436m of which £0.985m have been approved and can be paid on the system, £2.451m are awaiting approval on the Trusts Financial system. The committee had a detailed discussion around aged debtors over 120 days and were assured that work was ongoing to bring this down.

Performance against the better payment practice code for NHS and Non-NHS are currently 90.27% and 95.42% respectively. This performance is compared to the national target of 95% of invoices being paid within 30 days of the invoice date.

- The committee continue to receive a detailed report on Primary Care and flagged some concerns over a couple of practices. The committee asked for some changes to the report structure including more work on the ongoing year end trajectory which will be undertaken between committee meetings. That said the performance continues to be better than last year with a year-end forecast of a £0.097m deficit versus £0.5552m last year.
- The committee received an update on BRS delivery which showed continued good work at Divisional and Corporate level (an underachievement against the profiled savings of £0.032m) but concerns were raised about what appeared to be a lack of progress on Major Schemes. Following a detailed discussion the committee felt they had a better level of assurance that some of this had been achieved in other ways or that work was about to come to fruition (LA Pay Award and 2020/21 Inflation for example). Therefore the committee asked that the section on Major Schemes be reviewed to better present the position. that the Major Schemes target saving position is £4.516m.
- The committee received a detailed report highlighting that of the £8.257m of capital resource for 2020/21 spend as at the end of September was £2.847m, which reflects 34% of the capital programme. The committee expressed some concern that this seemed low and particularly focused on what mitigation there was for any potential slippage, were there some “off the shelf” schemes if successful with the dormitory monies and about communications to staff on money spent to date and planned going forward. Assurance was given in all three areas.
- The committee received the section of the Board Assurance Framework (BAF) for Quarter 3 2020/21 relating to Trust finances and sustainability and reviewed the 5 key risks and overall BAF. The overall assurance rating against Strategic Goal 5 - Maximising an efficient and sustainable organisation - currently remains at ‘yellow’ for the Quarter 3 2020/21 position which is representative of the challenges and uncertainty linked to the national COVID-19 situation.
- The committee received the Mid-Year Review and Planning Update which outlined that for months 1-6 the Trust has recorded a financial breakeven position. The year to date position includes £9.089m of COVID funding (Expenditure and Top Up) which is a good position.

The update also proposed an approach to Phase 4/Service Planning that builds on the framework in place for Phase 3/Continuity of Operations and Sustainability Planning that is already in place.

- The committee received an update on the Lead Provider Collaborative that outlined that the Business Cases were ready to be circulated to partner Boards for agreement and attached the Business Case. Feedback from NHSE had complimented the Trust on being patient focused in their approach as well as being aspirational and having a strong partnership approach. The business case is due to come to Trust Board for sign off next week but does not commit the Trust if submitted. The paper further explained that the key financial information had only just been received so due diligence needed undertaking on the figures. The committee complimented the team on work to date in such a short space of time but raised concerns about signing off a business case without key financial information. Whilst accepting that the Trust could pull out the committee pointed out that this would lead to reputational damage for the Trust. The committee also asked about the detailed governance arrangements which were not in the business case. Overall the

committee were very supportive of what the Trust are looking to deliver but asked for their concerns to be flagged in the cover document coming to Board with the business case. On that basis the committee were supportive of the business case.

- The committee received assurance reports from Digital Delivery and Capital and Estates Group. The committee also received and signed off the Gas Safety Policy.

**Agenda Item 13**

Title & Date of Meeting:	Trust Board Public Meeting – 28 <sup>th</sup> October 2020			
Title of Report:	Covid-19 Response – Update (October)			
Author/s:	Name: Lynn Parkinson Title: Chief Operating Officer			
Recommendation:	To approve		To receive & note	√
	For information		To ratify	
Purpose of Paper:	This report provides an overview of the ongoing arrangements and continuing work in place in the Trust and with partner organisations to manage the Covid-19 emergency during the last month. The paper provides and update on the planning in place to address the NHS Response to Covid-19 as set out in the letter to Chief Executive Officers from Sir Simon Stevens and Chief Operating Officer Amanda Pritchard from NHS England in April 2020 and the approach we are taking to address the requirements of phase 3 and 4 recovery planning.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Monthly report	√
Key Issues within the report:	The report provides an update on the Trusts Emergency Preparedness, Resilience and Response (EPRR) and command arrangements in place to respond to the Covid-19 emergency during the last month. It gives an overview of the key issues relating to patient and staff testing, personal protective equipment (PPE), staff health and wellbeing, service changes and the approach we are taking to plan for phase 3 and 4 (recovery and restore) of the pandemic.			

**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	

## Covid- 19 Summary Update October 2020

### 1. Introduction

This report provides an overview of the ongoing arrangements and continuing work in place in the Trust and with partner organisations to manage the Covid- 19 emergency. Sir Simon Stevens, NHS Chief Executive and Chief Operating Officer Amanda Pritchard from NHS England wrote again to Chief Executive Officers on 31<sup>st</sup> July 2020 following their letter on 29<sup>th</sup> April 2020 to set out the priorities for the Third Phase of the NHS response to Covid- 19.

In summary this letter required that the systems:

- Accelerate the return to near-normal levels of non-Covid health services, making full use of the capacity available in the ‘window of opportunity’ between now and winter
- Prepare for winter demand pressures, alongside continuing vigilance in the light of further probable Covid- 19 spikes locally and possibly nationally.
- Do the above in a way that takes account of lessons learned during the first Covid- 19 peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention.

The Trusts response work has continued to focus in these areas.

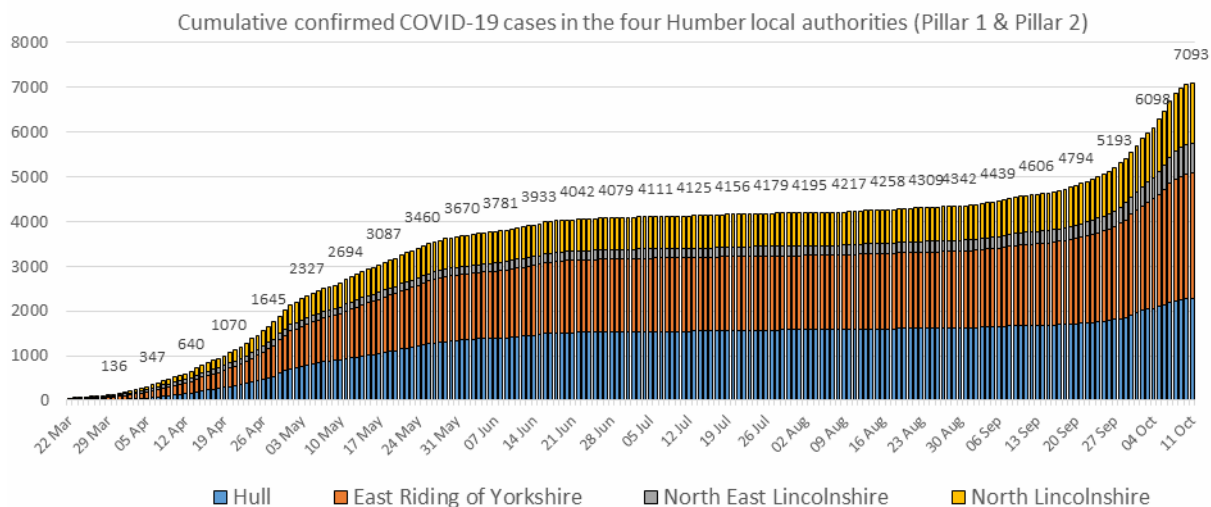
As of the 15<sup>th</sup> October 2020 the confirmed cases of covid- 19 for Yorkshire and the Humber are:

#### Yorkshire and Humber Update:

UK Government Daily Coronavirus Figures – Case numbers as of 14 October 2020		
Area	Cumulative cases to date (pillar 1 and pillar 2)	Rate per 100,000
East Riding of Yorkshire	2,924	857
Kingston upon Hull	2,336	899.2
North East Lincolnshire	727	455.6
North Lincolnshire	1,395	809.7
Yorkshire and the Humber	78,022	1,417.8
England	556,528	988.7

This represents a rise when compared to the last report to the Board which in September was 740.4 per 100,000 resident population.

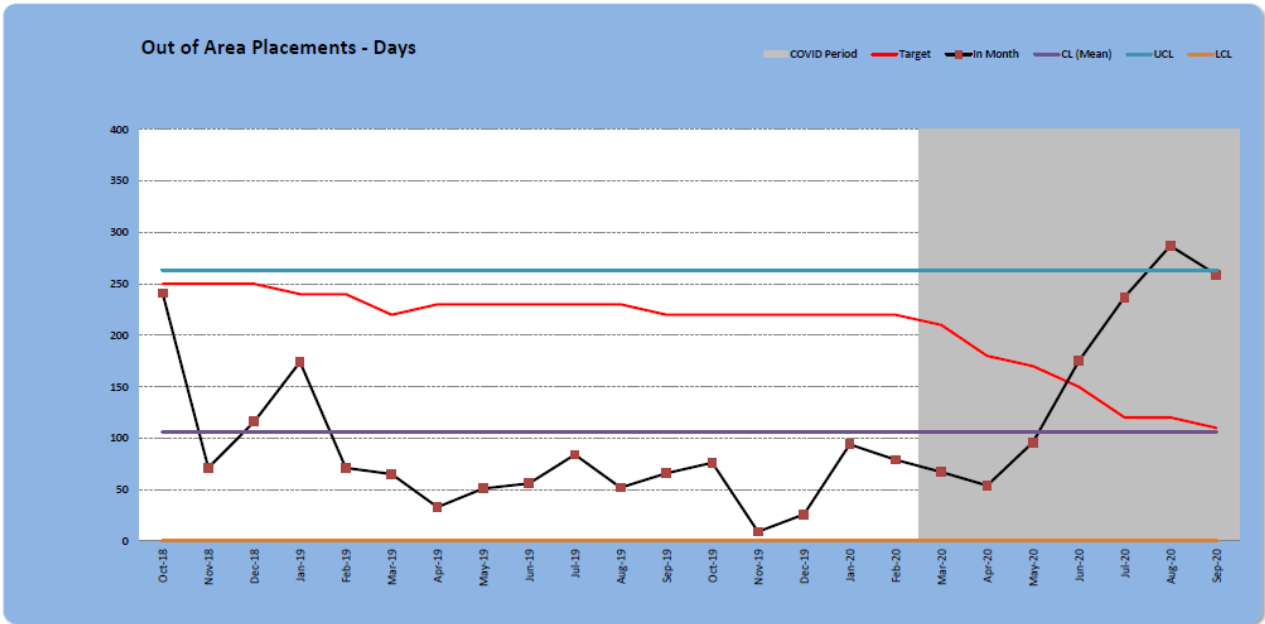
As of 15 October 2020, there have been 358 hospital deaths due to COVID-19 across the Humber area. This includes 219 deaths registered by HUTH, 123 deaths registered by NLAG, 15 deaths registered by CHCP (East Riding Community Hospital) and 1 death registered by HTFT. York Teaching Hospitals NHS Trust recorded 221 deaths over the same period.



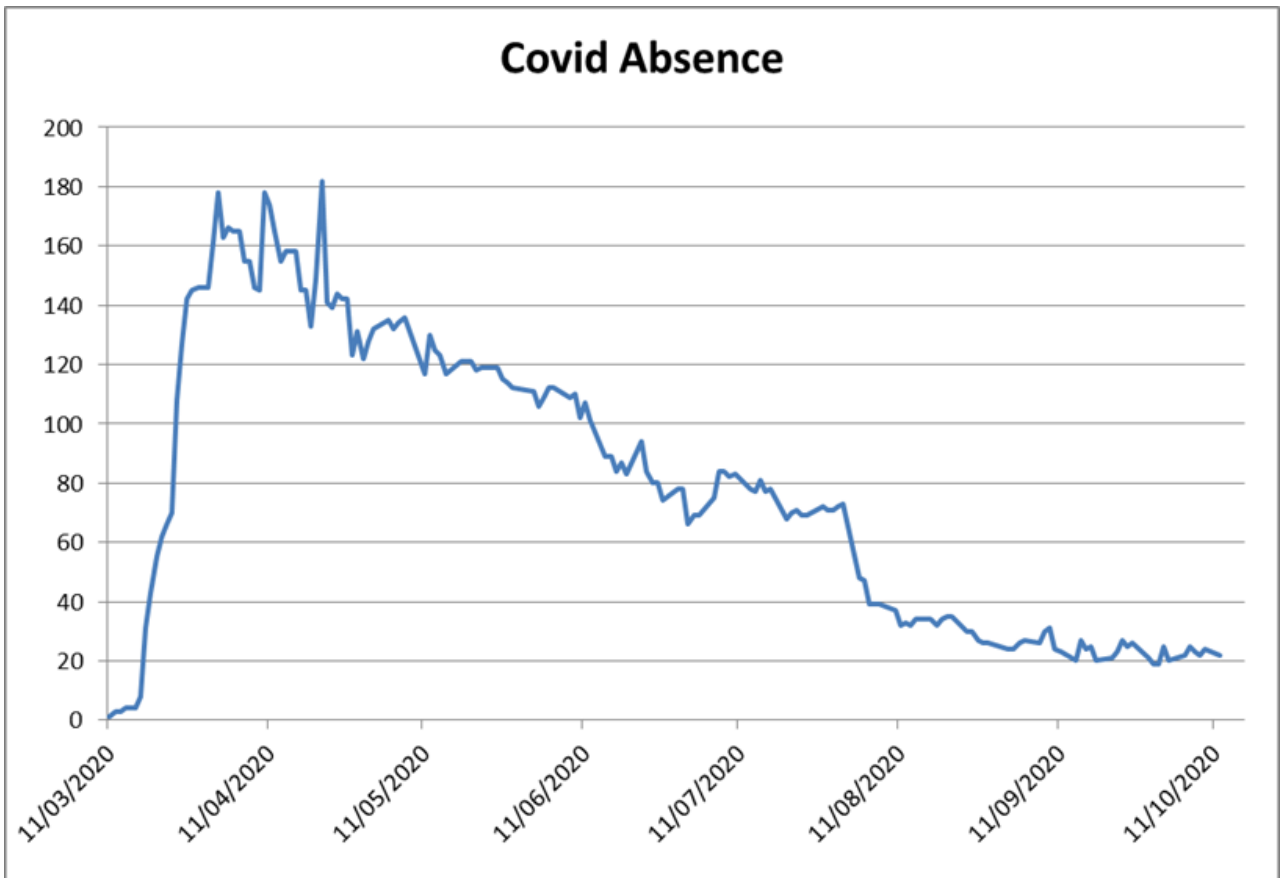
## 2. Emergency Preparedness, Resilience and Response (EPRR) and Command Arrangements in response to Covid- 19-19

The letter also set out that NHS EPRR incident level moved from Level 4 (national) to Level 3 (regional) with effect from 1<sup>st</sup> August, however, NHS organisations were required to retain their EPRR incident coordination functions given the uncertainty and ongoing need. The Trust therefore continues to maintain business continuity and EPRR command arrangements. Through our Gold Command the remit of our command structure was expanded to include winter planning due to the interdependencies between our ongoing response to Covid- 19 and winter pressures. The arrangements are being kept under continual review by Gold and Tactical Silver command. Sitrep reporting remains in place and is provided to Gold command daily. The frequency of our bronze and silver command sitrep meetings was increased at the end of September due to the rise in prevalence of the virus.

Operational service pressures have risen but have remained manageable over the last month with the highest pressure seen in unplanned care within the mental health division due to an increase in demand, this is most evident in increase in demand for older people’s acute beds. This led to the Trust raising its overall operational pressures escalation level (OPEL) to 3 intermittently during September and October. Capacity and demand modelling work demonstrates that our shortfall of older people’s beds is likely to persist through winter and therefore we have put short term additional beds in place and are pursuing medium term contingencies to enable us to access more beds. Our overall bed occupancy has remained above its usual level in October but continues to be good and is between 70-75%. Whilst we had not had any Covid-19 positive patients in our inpatient beds since 6<sup>th</sup> June 2020, in October we have had three covid positive patients. Our use of out of area mental health beds has reduced slightly in September but remains under close monitoring.



Our surge plan is in place and sets out how the Trust will respond to significant rise in service demand as a direct result of the Covid-19 outbreak. Key to assessing the position against our business continuity plans continues to be the availability of staff, the chart below sets out the number of instances of Covid-19 related absence and this has remained stable during the last month.



### 3. Testing and Isolation Arrangements

The Trust continues to carry out swab or polymerase chain reaction (PCR) tests for any patients in our inpatient beds that have symptoms of Covid-19. Isolation areas remain in place for all of our inpatient services. Hawthorne Court is now our Covid-19 positive isolation cohort ward for our mental health and learning disability patients and operational plans are in place to stand this service up within an hour of a patient receiving a positive test result. This configuration optimises the use of our mental health beds and available staffing particularly as we prepare to manage Covid-19 alongside the expected winter pressures. Isolation beds remain available on Darley ward at the Humber Centre should any of our secure service inpatients require them. Due to the redevelopment work taking place at Whitby Hospital our ward there will not be required to manage patients who are Covid-19 positive whilst it has been decanted to a temporary ward. We are continuing to await confirmation from North Yorkshire and York Clinical Commissioning Group whether they require Fitzwilliam Ward at Malton hospital to be a Covid-19 cohort ward. Our Covid-19 Rapid Response Team is still available to support any patients in mental health or learning disability beds with Covid- 19.

In line with national guidance, testing continues to take place for all patients on admission to an inpatient bed and on transfer between units. Weekly testing of our residents and staff at Granville Court continues as this unit falls within the national care home guidance. Coronavirus tests for all of our symptomatic staff or symptomatic members of their households have continued via our pillar 1 and pillar 2 testing arrangements. Now that schools have reopened we have instances of staff absences due to leave required to care for children with covid symptoms and local school/year group closures as an outbreak precaution. We experienced a rise in staff requiring testing during September which correlates with schools re-opening, this has reduced during October.

Through our command arrangements we have continued to consider the impact on our services of staff absences due to contact tracking and tracing, lack of access to testing and staff absence due to child care requirements and our business continuity plans remain robust. Sickness absence is monitored daily across all of our services.

#### Tiered Covid Alert Levels

On 12<sup>th</sup> October the government set out a new three tiered system of local covid alert levels for England. The alert levels are:

- Tier 1 (medium)
- Tier 2 (high)
- Tier 3 (very high)

The areas in which we operate our services in are currently in Tier 1 (medium). Within our Integrated Care System footprint only York is in Tier 2, high alert. Each of these alert levels has a described set of restrictions which will be applied in the areas they relate to. Whilst an alert level of Tier 1 does not require any changes to the Trusts current covid guidelines and arrangements, work has taken place to assess the impact if this were to change to Tier 2 and 3. The areas that are being considered are:

- Inpatient visiting arrangements.
- Inpatient leave arrangements.
- Essential and non-essential activity.
- Staff travel and remote working.

When this assessment is complete it will be communicated to our staff and service areas through our usual routes.

#### **4. Personal Protective Equipment (PPE) and Infection Prevention and Control (IPC)**

Our established robust systems to ensure that staff have access to the appropriate Personal Protective Equipment (PPE) remain in place. Stock continues to be received via a PUSH delivery system from the NHS Supply chain and daily SITREPS are used to determine the content and frequency of deliveries. Currently, the supplies of PPE are at good levels and we have not had any shortages of equipment during the last month. The Department of Health published a “Personal protective equipment (PPE) strategy: stabilise and build resilience” This strategy sets out how the UK government is moving beyond the emergency COVID-19 response to stabilise and build resilience. It details how government is preparing for a second wave of COVID-19 or concurrent pandemic alongside usual seasonal pressures and that it has secured enough supply for this winter period and that the processes and logistics are in place to distribute PPE to where it is needed.

Our infection control team continues to support all areas, clinical and corporate to ensure that PPE is used in line with PHE guidelines and that staff are effectively trained and competent to do so. Revised national infection prevention and control (IPC) guidance was issued 20<sup>th</sup> August 2020. The guidance outlines the IPC measures to be taken in an effort to support the remobilisation of our healthcare services. The guidance was applicable to all our clinical settings including mental health and learning disability services, community services and primary care areas. All inpatient areas have been assessed and categorised (high, medium or low risk) in accordance with the guidance and this has been communicated to all areas. All of this is predicated on the importance of maintaining the focus on our “back to basics” and “stop, think, socially distance” campaigns. There is recognition that staff have been following this guidance for several months now and that we need to continue to be vigilant and put supportive measures in place to maintain compliance such as ensuring that breaks are taken regularly.

#### **5. Safe Working in our Environments**

In accordance with the Government published guidance ‘Working safely during coronavirus (COVID-19)’ which included recommended measures to be carried out to minimise the risks associated with the transmission of the virus within the workplace. The estates safety team have completed a programme of site visits and assessments across all trust sites and immediate remedial works have been undertaken to ensure that all of our sites are compliant with the requirements.

A separate exercise has been undertaken in conjunction with the Infection Prevention and Control team to assess inpatient donning and doffing of PPE facilities. Whilst these are in place across the estate, adaptations have been identified to facilitate the provision on a longer term basis, in some instances we are procuring mobile units to accommodate space shortages. This exercise has now been completed and a plan to undertake further remedial works to improve donning and doffing facilities has been agreed.

Our Clinical Risk Environment Group (CERG) continues to be focussed on ensuring that clinical areas are optimised further where necessary to meet and comply with infection control requirements being in place over the longer term, it is supported by clinical staff, infection control and estates advice. By putting all of these measures in place this has resulted in reduced office and clinical space being available. To assist with this, safe bookable space has been made available as we understand the importance of staff coming together for some activities i.e. appraisals, clinical supervision, however this needs to be balanced with the need to maintain infection control requirements. During October the safe bookable space has been utilised for these purposes.

## 6. Covid-19 Risk Register

The operational risk register developed to support the Trust's business continuity arrangements during the Covid-19 emergency situation remains in place. The risk register is maintained by the Corporate Risk Manager and is reported to the Trust Silver Command meetings (Operational and Tactical) at a command meeting each week to ensure that it is representative of key operational risks that the Trust is facing and that it adequately captures the mitigations in place, as well as further actions required to support service delivery at this time. Gold Command receives the full Covid-19 operational risk register on a fortnightly basis to provide assurance on the management of the Trust's key risks at this time. The highest-rated risks held on the Covid-19 operational risk register are described below:

### COVID- 19-19 Risk Register (current risk rating 15+)

As a result of COVID-19 related absences included sickness and staff being in isolation, there may be staffing level shortfalls which could impact on patient and staff safety and continued delivery of services.	16	16
Increased levels of anxiety, fatigue and potential mental health impact to staff working across Trust staff as a result of the COVID-19 national emergency and the implemented changes / different ways of working adopted by the organisation which could impact on the quality and sustainability of services.	16	16
Reduced bed base both nationally and locally leading to mixed population of patients, including age, sex or diagnostic group and resulting in increased use of out-of-area beds.	16	16

## 7. Staff Health and Wellbeing

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

Whilst our Covid-19 related sickness absence has been stable and our non-Covid-19 related absence is below 4%, during October our staff are continuing to tell us that they are feeling fatigued. The executive management team, our senior managers and clinical leaders remain focussed on this issue and continue to take steps to address this. The importance of rest breaks and taking annual leave has been stressed repeatedly and managers are ensuring that this is taking place. A continuing rise has been seen in numbers of referrals to our occupational health department for staff experiencing stress and anxiety (this has been reflected again this month in the risk level of command risk 34 on our risk register). Staff continue to have daily access to our psychologists for support and the Trust continues enhance its offer of support via the "ShinyMind" app. A plan to introduce a Resilience Hub to support frontline staff has now been supported by the Humber Coast and Vale Integrated Care System and will be mobilised over the next two months, this will provide an increased offer of psychological and emotional wellbeing support for our staff.

Our communications team have continued their efforts to maintain a focus on staff health and wellbeing . A daily Covid-19 update continues to be issued to all staff Monday to Friday. This daily newsletter contains guidance from the Trust and Government, also relevant updates from our

stakeholders. The next "Ask the Exec" session will be held on 22<sup>nd</sup> October and these continue to be received well with around one hundred staff attending

Work has continued to be undertaken to support those staff who are working from home. Our remote working policy has been revised and approved. It includes a risk assessment that is being offered to all staff who are working from home. Arrangements are already in place for staff to be supported with equipment if they need it and the importance of contact with managers and other team members is vital.

Focus has been maintained on those groups of staff that are more vulnerable to Covid-19, such as those with underlying health conditions, older staff, shielded staff, pregnant women and, people from Black, Asian and Minority Ethnic (BAME) backgrounds and men. The guidance requires managers to liaise frequently with staff in any of the increased risk groups in order to support them to consider adaptations to their roles. Feedback from staff and managers is that the guidance in place is working well and roles have been adapted. Uptake of the use of the risk assessment continues to be monitored closely to ensure that it has been offered to all vulnerable staff, this is a dynamic process and reviews of completed assessments are required to ensure that mitigation being taken to reduce risks and work role adaptations are effective. The group in place to support our BAME staff as a vehicle to raise and address any concerns, chaired by Grace Gava (one of our matrons) has now been launched and commenced.

## **8. Covid-19 Clinical Advisory Group**

The Covid-19 clinical advisory group continues meet weekly to consider and address any clinical implications of the impact of the pandemic on our services. In September and October the group has focussed on:

- Providing clinical leadership to our flu campaign and promoting the need for peer vaccinators
- Continuing to ensure that our covid related changes and interventions do not increase restrictive practices.
- Ensuring that our visiting guidelines are aligned with national guidelines.
- Reviewing learning from covid- 19 outbreaks in healthcare settings, e.g. the recent CQC report following an incident at Hillingdon Hospital.

This group reports to tactical silver command and items are escalated to gold command as necessary.

## **9. Phase 2, 3 and 4 Planning - Recovery and Restore**

Our Covid-19 Continuity of Service and Sustainability Plan has continued to be progressed at pace. This plan has utilised the NHS England/Improvement plan (NHS E/I) below for the management of the Covid-19 pandemic which has 4 phases as its underpinning framework.



	Phase 1	Phase 2	Phase 3	Phase 4
Phase	Covid-19 level 4 incident response	Covid-19 level 4 incident response and critical services switch-on	Ongoing covid-19 management and NHS open for business	New NHS
Timeframe	March 2020 – April 2020	May 2020 – July 2020	August 2020 – March 2021 May need to be broken into shorter periods, or reviewed at the end of the calendar year	April 2021 onwards 1 to 24 year time horizon for some elements
Purpose	Enable NHS to deal with peak covid-19 demand	Enable NHS to deal with covid-19 demand Start to deliver a range of routine services	Ensure capacity in place for ongoing covid-19 activity Return critical services to agreed standards Begin to address backlog of services Retain changes from pandemic we wish to keep	BaU covid-19 service in place including sufficient critical care Continued action on backlogs and unmet need/ inequalities impacts Resume LTP/ manifesto delivery Inform SR positioning
Planning	CEO/COO letter to NHS issued 17 March 2020	Letter to NHS planned for issue late April 2020	Letter to NHS / light touch planning guidance planned for issue late May 2020	Planning guidance planned for issue December 2020

During September and October as part of the NHS North East and Yorkshire Phase 3 Covid-19 planning and preparation the Humber Coast and Vale Integrated Care System (ICS) has participated in further work to assess and understand what capacity is available and what activity this could deliver for the remainder of 2020/21. Central to this request is ensuring local health and care systems remain ready and resilient for the predicted and ongoing Covid-19 response requirements in this period. We have made submissions to NHSE/I to set out our expected activity across our services and related financial submission have been made too.

The Trust continues to work closely with our system partners across a wide range of forums and the work is now focusing generally on our plans to achieve an ongoing Covid-19 response, restoration of all usual activity and the anticipated usual winter pressures. Specific system recovery workshops and planning sessions have been held at HCV Partnership and subsystem levels, the Trust has participated and shaped the plans that have been developed to date. Our services continue to support the care home sector across our patch by working closely with our local authority partners. The community services in Scarborough, Ryedale and Whitby remain focused on effectively supporting the acute hospitals to achieve timely discharge in line with the updated national guidance which was published last month.

Local Outbreak Control Plans, led by Directors of Public Health working with Public Health England local health protection teams and working with Local Resilience Forums are now in place. These plans have been tested through EPRR scenario planning events and the Trust is participated in those. Outbreak Engagement Boards have been established in local authority areas.

The Humber Coast and Vale ICS Mental Health and Learning Disability programme is undertaking a programme of work as part of the recovery planning process, significantly progress has been made to develop Covid-19 resilience hubs which will coordinate the emerging mental health demand and need, initially these will be focussed on supporting frontline health and social care staff.

## 10. Conclusion

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

colleagues and themselves safe remains highly impressive and we need to continue as an organisation to demonstrate how much this is appreciated.

Title & Date of Meeting:	Trust Board Public Meeting - 28 <sup>th</sup> October 2020			
Title of Report:	Mortality Report Update for the Covid to July 2020			
Author/s:	Name: John Byrne Title: Medical Director			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	To present an update on mortality during Covid			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report:  <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<ul style="list-style-type: none"> <li>• During the COVID Period there has been a nationally reported excess mortality (death within 28 days of a positive COVID Test) of above 42,000.</li> <li>• The risk factors for premature death with COVID are well established and include Age over 50, underlying physical health conditions, male gender and BAME background.</li> <li>• Humber Teaching NHS FT saw a rise in its mortality during this period in physical health services (community and inpatient) as well as in community mental health services.</li> <li>• As testing was not universal or accessible in the early stages of the pandemic it's not possible to confirm whether this rise was all COVID related in community (outpatient) physical health services.</li> <li>• Community Mental Health also saw an increase in mortality during this period.</li> <li>• The average age for deaths was 75 in Mental Health Planned services, 58 in unplanned services 80 and 78 respectively in community physical health inpatient and community environments and 49 in addictions.</li> </ul>			

**Monitoring and assurance framework summary:**

**Links to Strategic Goals** (please indicate which strategic goal/s this paper relates to)

✓ Tick those that apply

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

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

Report Exempt from Public Disclosure?			No
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### National Context

It has been well established that during COVID that has been a significant increase in excess deaths during the period March to August 2020. The current figure is close to 42,000 and is defined as any death within 28 days of a positive test. There is clear evidence that the condition disproportionately effects the elderly, those with underlying conditions, males, the elderly and BAME population with younger people apparently being spared with regard to mortality, however resulting long term outcomes (morbidity) with regard to physical and mental health are poorly understood but is likely to generate a health burden across all cohorts moving forward.

The Health foundation have reviewed the national data, explored the UK position with regard to the international trends but also the regional variation within the UK and this data can be accessed here:

<https://www.health.org.uk/news-and-comment/charts-and-infographics/understanding-excess-deaths-countries-regions-localities>

### Humber Position

Datix reports were used as the primary source for this analysis. All Datix-reported deaths are included, not only those where COVID-19 was a factor.

Interpretation: The average time from infection to death for Covid-19 is around 23 days, though this varies widely (5 days from infection to symptoms, 18 days from symptoms to death in those who die). Based on this average period, service users who died during the 'pandemic' phase may have been infected between early to late March (Where COVID is an identifiable cause);

During the COVID period the Humber approaches to capturing mortality remained consistent and in line with Trust policy. This requires all deaths on caseloads across all services to report to the governance team via Datix, every death is reported daily at a safety huddle where further information is collated and further clarification is sought as required. All deaths are then collated and reviewed at the weekly Clinical Risk Management Group (CRMG) where final decision are taken with regard to what next steps if any or required. Over the past 18 months particular emphasis has been placed on increasing reporting of deaths in our community services in Scarborough and Rydale (this had not been standard procedure under the previous provider). As a result the underlying mortality figures had increased between April 19 and December 19 as these practises were embedded.

In Table 1 below this underlying mortality trend for 8 consecutive quarters is represented. The increase in mortality between Q2 and Q3 in 18/19 has been previously reported to board and is attributable to increased reporting in Scarborough in Rydale. In addition, there is a clear increase in mortality beginning with the end OF Q4 in 19/20 and continuing into Q 1 of 20/21. This would be in line with the national picture with regard to overall increases in mortality (excess deaths) but not all necessarily attributable to COVID.

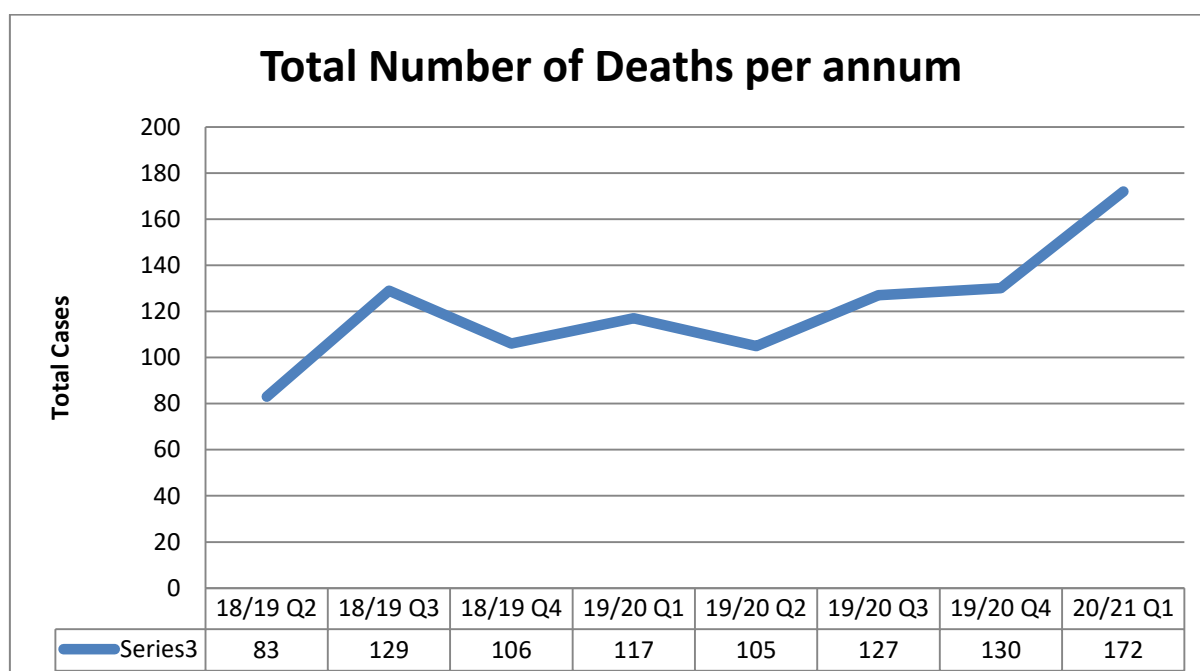


Table 1

This data in its raw form is highlighted in Table 2 with red being used to highlight areas where numerical rises have occurred.

	2019	2019	2019	2019	2019	2019	2019	2019	2019	2020	2020	2020	2020	2020	2020
Deaths by Division	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6
Description	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Number of Deaths - MH Planned	4	8	17	12	8	3	15	12	15	16	11	10	23	24	7
Number of Deaths - MH Unplanned	3	2	4	5	3	0	3	5	2	3	4	6	6	8	2
Number of Deaths in Inpatients - MH Unplanned	0	0	0	1	1	0	0	2	2	2	2	2	2	0	1
Number of Deaths - Secure Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of Deaths in Inpatients - Secures	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of Deaths - Primary Care & Community	24	26	25	24	17	30	25	20	25	23	29	28	55	24	21
Number of Deaths in Inpatients - Primary Care & Community	10	6	11	10	6	12	9	10	14	11	10	17	21	10	7
Number of Deaths - Child & LD	4	3	1	1	2	1	3	7	2	1	0	0	1	1	3
Number of Deaths in Inpatients - Child & LD	0	0	0	1	0	1	1	3	0	0	0	0	0	0	2

**Conclusion:**

The excess mortality experienced by Humber Teaching NHS FT service-users during the Covid-19 pandemic occurred during relatively narrow ‘pandemic’ windows, the timing of which suggest that most people who died were likely to have been infected prior to rigorous infection prevention and control measures being implemented nationally.

The pattern of mortality in the Mental Health cohort were community based and not inpatients which suggests infection control procedures in the inpatient setting were successful. However, due to the absence of testing we are not able at this stage to confirm what excess community death was related to CODID infection or deterioration in underlying conditions.

The excess death rate in the Scarborough and Ryedale community cohort would be in line with the national picture with regard to the frail elderly cohort, however the inpatient deaths based on initial review by the division, bearing in mind the challenges with testing in the early days of the pandemic can’t necessarily be fully attributable as directly COVID related

- The average age for deaths was 75 in Mental Health Planned services, 58 in unplanned services 80 and 78 respectively in community physical health inpatient and community environments and 49 in addictions. There is a disparity in age of death between planned an unplanned mental health care which can’t be attributed alone to deaths in Older Peoples mental Health services. Its historically acknowledged that people with serious and enduring mental health do die younger than the general cohort of the population for a number of reasons. The early age of mortality in addictions would also be reflective of the fact that many patients will have dual diagnoses and as such fall into a higher risk category.

This suggests many of the excess deaths among our service users may have been people who had been infected before control measures, such as community social distancing and/or routine PPE within healthcare settings, were in place. Social isolation measures for symptomatic individuals in the community (without Travel history) began to be implemented from mid-March. Testing prior to 27th March was limited to hospital inpatients; this was expanded to cover symptomatic care home residents from 15th April. Throughout March there were logistical problems across health and social care in accessing sufficient PPE however Humber in collaboration with its colleagues in the system managed this through a mutual aid program.

There is clearly learning to be taken from the management of Covid-19 at a national and organisational level. The increase in mortality and morbidity, from the direct and indirect impacts of Covid-19, has been and will continue to be seen for many months and years ahead.

## Reducing the impact of future communicable diseases and Covid-19 for Humber Teaching NHS FT Patients:

- Access to appropriate PPE, infection control and social distancing should remain in place. This is especially important for all service users. The Trust has undertaken significant work in this regard, we have developed guideline in line with national protocols and there has been significant input from our infection control team throughout the pandemic. In addition we have run continuous communications updates for staff including the *Back to Basics* and *Stop, Think, Socially Distance* campaigns.
- A continued, renewed focus on improving the management of underlying health conditions could be an area of focus. During the pandemic the Trust establishes a COVID response Physical Health team which supported the cohort ward which was initially situated in Mill View Lodge. In addition to developing updated physical health guidelines the Medical workforce was offered enhanced physical health training in collaboration with our colleagues in Hull University Teaching Hospitals.
- Continued testing and working with clinical and care teams on infection prevention and control (IPC) measures should be a priority. Safe discharge policy and practice into Care Homes is also in place. In addition all admissions are screened for COVID with appropriate risk assessments now in place.
- There have been no confirmed mortality cases amongst staff due to COVID. However, we are mindful that 10% of our staff have had positive serology confirming COVID exposure. As asymptomatic staff testing was limited during the early stages of the pandemic it's impossible to say whether this was occupational health exposure or infection picked up within the community. However the low rate of nosocomial infection on our wards would suggest that early adoption of isolation of potentially symptomatic staff was a cautious but prudent approach. In addition the Trust has undertaken all staff risk assessment's with regard to COVID in line with national guidance in addition to a comprehensive estates program aimed at reducing ongoing risk.

John Byrne  
Medical Director  
28<sup>th</sup> October 2020



**Agenda Item 15**

Title & Date of Meeting:	Trust Board Public Meeting – 28 October 2020			
Title of Report:	Trust Corporate Visual Identity Update			
Author/s:	Name: Rachel Kirby Title: Marketing and Communications Manager			
Recommendation:	To approve		To receive & note <input checked="" type="checkbox"/>	
	For information		To ratify	
Purpose of Paper:	<p>To inform Board members of:</p> <ul style="list-style-type: none"> <li>• The progress of the brand work</li> <li>• Share research outcomes and creative brief</li> <li>• Share the three routes developed from the brief</li> </ul>			
<b>Governance:</b> <i>Please indicate which group or committee this paper has previously been presented to:</i>		Date		
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	28.9.20
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report:	<p>The key messages of the report are:</p> <ul style="list-style-type: none"> <li>• A reminder of progress to date and timeline to launch</li> <li>• Our brand values and brand personality</li> <li>• How our creative brief responds to the research and the newly defined core of our brand</li> <li>• How we engage staff and stakeholders in next steps</li> </ul>			

**Monitoring and assurance framework summary:**

Links to Strategic Goals <i>(please indicate which strategic goal/s this paper relates to)</i>				
<i>√ Tick those that apply</i>				
<input checked="" type="checkbox"/>	Innovating Quality and Patient Safety			
<input checked="" type="checkbox"/>	Enhancing prevention, wellbeing and recovery			
<input checked="" type="checkbox"/>	Fostering integration, partnership and alliances			
<input checked="" type="checkbox"/>	Developing an effective and empowered workforce			
	Maximising an efficient and sustainable organisation			
<input checked="" type="checkbox"/>	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	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	



## Corporate Visual Identity Update

### Brand Creation Process

The process to update a corporate visual identity must go through a number of stages to ensure its success - both as a final identity that connects with our stakeholders and communities as well as its practical usage by and connection with our staff.

The below table summarises the steps and the outcomes of each stage so far.

Stage	Dates (2020)	Purpose
Research	Jan-Feb	Brand Analysis – establishing where we are now, how we are perceived by our stakeholder groups  Brand Positioning – identifying where we want to be moving forward
Development	June	Analysis and interpretation of research and report created.
	August	Development of creative brief – using research to define the core of our brand  Brand values Brand personality
	September	Creation of potential routes and vision boards
Engagement and Route testing	October/November	Vision board feedback (survey) from staff and stakeholders
Creative	November	Visual Identity development – informed by chosen route vision board
Engagement and testing		Virtual brand panels – to narrow down final choices and approach
Pre-Launch	December	Final sign off  Presentation at Board timeout  Brand Guardians recruited  Staff brand portal and assets created
Launch	January 2021	Launch events

### Research

The purpose of the research was to:

1. To define our brand values: These values at the core of our brand and dictate our brand message, look and personality. They are different from our corporate values.

2. Understand current brand perceptions: Also known as brand image, this is the collective perception of the Trust in the eyes of our stakeholders. It is important to know where we are now before we try to move perceptions on.
3. Understand our brand personality:

The full research report is attached.

### **Creative Brief**

Once the core of our brand is defined we are able to write a creative brief. This document defines what we need from our final corporate visual identity considering our staff, patients and stakeholders.

Informed by the research it presents our final brand values and brand personality. This completes the core of our brand meaning that we are now able to start to consider what our final identity will look like.

This full document is attached.

### **Visual Routes**

In response to the creative brief we have developed three brand vision boards. Each board responds to the creative brief in a different way. They all embody the core of our brand but each bring out different elements more strongly and show how we can use the elements of the national identity to create our own unique look.

These boards will be shared at the meeting for a response and discussion.

A short survey has been created to share these boards with staff and stakeholders to help us understand how they communicate our brand values and bring our brand personality to life. Once a final route has been chosen we can progress with developing our visual identity.

The final corporate visual identity will include:

- Individual brand elements e.g. vision mark, colours, patterns, shapes, illustrative style
- Brand Application - The essential resources, templates and tools needed to rollout our corporate identity on all of our marketing materials and 'customer' touchpoints e.g. leaflet templates, powerpoints, digital graphics
- Technical Guidelines The guides that will support our teams to apply our brand. E.g. brand style guide, patient information toolkit, tone of voice guidelines, digital resources toolkit

# Corporate Visual Identity Refresh

## Stakeholder Research

- **Contents**
- 1. **Executive Summary**
- 2. **Background**
  - Why are we doing this now?
  - What is the scope of the work?
  - What are we trying to achieve?
- 3. **Research Objectives**
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  - Who are we as an organisation?
  - What does the organisation want others to think about the organisation?
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  - What do stakeholders actually think of the organisation?
- 6. **Next Steps**

## 1. EXECUTIVE SUMMARY

This research was carried out to assist in refresh of the Trust corporate visual identity. The Trust has been on a journey over the past four years and the current use of the brand no longer reflects who we are and or our vision for the future.

The Communications Team has also undergone significant change and is now a full service Marketing and Communications service. A new Marketing and Communication Plan reinforced the importance of brand in the delivery of our strategic objectives.

In the past the Trust's ability to uphold the national NHS brand and the Trust brand has been challenged by an identity that has developed organically overtime, a lack of understanding of or ability to prioritise good brand management and capacity of the communications team to uphold corporate standards over the large numbers of trust services and wide geography.

Staff do not always understand why consistent branding is important and want to take ownership of their own service brand as an identifier of who they are and what they do. The process of defining and launching our new corporate visual identity must educate staff as to why correctly and consistently applying NHS and Trust branding is important to those that use our service, stakeholders and the Trust as a whole and provide tools for them to take ownership of the brand for it to be successful.

The focus of this research has been:

- 1) **To define our brand values:** These values at the core of our brand and dictate our brand message, look and personality. They are different from our corporate values.
- 2) **Understand current brand perceptions:** Also known as brand image, this is the collective perception of the Trust in the eyes of our stakeholders.
- 3) **Understand our brand personality:**

The next steps are to work with the Trust board to agree these guiding principles and create a brief for the new corporate visual identity.

### 1) Brand Values

Values extend in two directions: Inward to influence and guide our culture and outward to communicate to our external stakeholders. Whilst we have defined and embedded our corporate values with our teams our brand values (those that communicate with our external stakeholders) have not been checked in with since they were first developed in 2013.

The experience of and interaction with our staff and services by those that use them or work with them determine their perception of our brand values. If those perceived values are consistent with their own, they are more likely to connect with us – whether that's in terms of what they say about their experience with us or whether they make the choice to commission our service. If, however, those perceived values are in discord with their own, they may actively dislike our brand and to share that feeling with others. Once our brand values are defined then they must be brought to life with consistent branding and marketing to be successful and to continue to resonate.

The Executive Management Team, Trust board and stakeholders were much more likely to feel that our current use of the NHS brand reflected our corporate values. Both staff and Trust leadership agreed that our value of caring came across strongly in our brand but overall felt that there was more that we could do to make our other values of 'learning' and growing' some through strongly.

Our brand values were defined in 2013 by research conducted by Eskimo Soup. We can influence our brand values but ultimately they are determined by our stakeholders so it was important to understand if and how stakeholder perceptions have moved on.

Trust leadership and stakeholders were much more positive about the Trust's alignment with the previously chosen brand values. Whilst Trust staff were less likely to agree on how closely the brand met the brand values there was some agreement in the ranking of those values with all consulted feeling that the Trust did not strongly convey the value of choice and was most likely to align with the values of community, hope and positivity. As these values still resonate they should be considered when defining a new set of brand values for the Trust.

Elements of the old identity including the Trust heart are seen as a signifier of the past and there is no strong connection to it as an identifier of who we are and all that we stand for. The development of a new visual identity offers the opportunity to emphasis our strengths and values today - this may mean moving away from old graphic devices such as the heart and choosing something else that is more connected with our new brand values.

When defining brand values it is also important to understand what the vision for the future is from the point of view of our leadership and from staff themselves. The key themes that were consistent across all groups were:

- Caring – compassionate, supportive
- Innovation – been forward thinking, brave inspirational and a leader.
- Connection – partnership, collaboration open and inclusive.
- Reliable – consistency, organised and efficient (this is specific to stakeholders)

## **2) Brand Perceptions**

Brand perception is not about the actual service that we deliver or its quality. These responses help us understand what we are currently portraying to the outside world and how that aligns with our own view of ourselves.

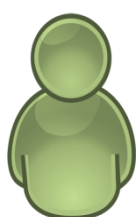
Overall perceptions were good across the stakeholder group surveyed. 64% had extremely/very favourable perception of the Trust. Comments in the stakeholder groups used language like optimism, growth and reflected that they had seen a change over the last several years. Significantly, 71% of respondents indicated they had a more favourable or much more favourable perception of the Trust over the last three months. This research was carried out after the Trust won the HSJ awards in October 2019 so this could be a reflection of that national award. 85% of those surveyed described their last experience with the Trust as good or excellent (21%).

The positive overall perception of the Trust offers an excellent platform to build on and there is a real opportunity to capitalise on this and use a new corporate visual identity to move this forward further.

### 3) Brand Personality

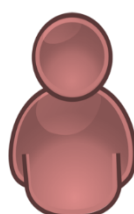
Brand personality refers to human characteristics associated with a brand. They're expressed as adjectives that convey how we want people to perceive you (e.g. dependable, friendly, and responsible).

Understanding our brand personality will help us create a consistent voice and style so people can understand what we are about and connect with us on a deeper level.



We are:

- Caring
- Patient Focused
- Friendly
- Diverse



We are not:

- Open
- Enthusiastic
- Inclusive
- Capable
- Genuine
- Compassionate

STAFF	STAKEHOLDERS
How <b>we</b> describe ourselves	How our stakeholders describe us
<p><b>Who we think we are:</b></p> <ul style="list-style-type: none"> <li>• Caring</li> <li>• Patient Focused</li> <li>• Friendly</li> <li>• Diverse</li> <li>• Compassionate</li> <li>• <span style="color: red;">Knowledgeable</span></li> <li>• <span style="color: red;">Dedicated</span></li> </ul>	<p><b>Who we are:</b></p> <ul style="list-style-type: none"> <li>• Caring</li> <li>• Patient Focused</li> <li>• Friendly</li> <li>• Diverse</li> <li>• Compassionate</li> <li>• <span style="color: red;">Determined</span></li> <li>• <span style="color: red;">Competent</span></li> </ul>
<p><b>We are not:</b></p> <p>Words that we are less likely to choose to describe ourselves</p> <ul style="list-style-type: none"> <li>• Open</li> <li>• Enthusiastic</li> <li>• Inclusive</li> <li>• Capable</li> <li>• Genuine</li> <li>• <span style="color: red;">Adaptable</span></li> <li>• <span style="color: red;">Serious</span></li> <li>• Responsible</li> </ul>	<p><b>We are not:</b></p> <p>Words that people are less likely to choose to describe us</p> <ul style="list-style-type: none"> <li>• Open</li> <li>• Enthusiastic</li> <li>• Inclusive</li> <li>• Capable</li> <li>• Genuine</li> <li>• Serious</li> <li>• Responsible</li> <li>• <span style="color: red;">Hopeful</span></li> </ul>

Figure 1 Who we are - comparison of staff to stakeholders

## 2. BACKGROUND

Organisations choose to start to look at their brand if they answer yes to one or more of the following questions:

- **Have we evolved beyond our previous identity?**

Our previous identity was created in 2013 and has developed organically overtime. Because of this the current use of the Humber brand within the updated guidelines of the NHS brand does not reinforce our values or make clear the unique personality of our Trust. The Trust itself has also been through significant change over the last four years both in terms of the services it provides and its strategic direction.

- **Is there a need to reposition ourselves to define who we are compared to other organisations in the same space?**

The NHS brand guidelines updated in 2017 offer an opportunity for individual Trusts to build on the trust and excellence the NHS brand represents and interpret it in a way that's relevant to their own ambitions. This is an opportunity not to be missed and is key for everything from the commissioning of services to recruitment of staff.

*“A strong brand can be immensely powerful in communicating values, reputation and reliability to patients, staff and referrers. Used wisely, along with the correct application of the NHS parent brand, your Trust brand can minimise patient anxieties at a time when they might otherwise be worrying needlessly. It can attract the best staff and help them hold each other to account on issues of quality, innovation and customer care.”*

**NHS Elect**

- **Do we need to reflect significant change to the organisation?**

Who we were as Trust in 2013 is very different from who we are now both in terms of our culture, our structure, and the services we deliver and how we deliver them.

- **Does our brand feel dated or not as contemporary as it should?**

As the brand is seven years old it does need updating to bring it in line with contemporary design standards.

The national guidelines are not widely understood by services many of whom have created their own identities over time further diluting the strength of the central brand. There is a

culture of desktop publishing with teams creating their own promotional materials using non-standard fonts, low quality images and layout choices that are not informed by design standards. Some templates are available but they are restrictive and do not always work for the individual services who have unique audiences that they want their materials to appeal to. As the brand has been developed by people who are not design or brand specialists it lacks strong, clean and consistent visual appeal.

### **What is the scope of the work?**

NHS guidelines were refreshed in 2017. They allow Trusts to create distinctive visual style to differentiate our NHS organisation from others. This is important to:

- Differentiate the trust in a competitive landscape
- Apply the NHS brand in a way that feels right for who we are today and in line with our values and vision for the future
- Emphasise the services we deliver
- Optimise the benefits of the NHS identity (logo, colour etc) in order to maintain the strength of such a recognisable and 'trusted' brand
- Make best use of the identity to ensure the patients, carers and their families have a consistent brand experience across our services
- Enable the development of a consistent and coordinated suite of branded materials
- Position the trust as a credible and recognisable provider amongst competition

### **What are we trying to achieve?**

Our corporate visual identity (CVI) should reflect our values, strategy, mission statement and characteristics. Our visual identity is more than just a logo. It symbolises our identity by communicating and maintaining a solid, sustainable reputation.

New Trust identity guidelines will deliver a framework for how we use:

- Graphic Devices (such as the Trust heart)
- Typography
- Straplines
- Imagery
- NHS colour palette
- Photographic style
- Illustrative Styles

The findings will allow us to progress towards this point by informing the development of our:

- Brand values.
- Brand personality
- Developing a creative brief



### 3. RESEARCH OBJECTIVES

In order to maximise the results of the development of a new corporate visual identity we must start with exploring our current corporate identity, culture, strategy, historical roots and and the perceptions and aspirations of our stakeholders.

When this work has been done and we know what we stand for and how we differ from others, a design process can start resulting in a new visual identity that fits who we are now and our future ambitions. Creating an authentic corporate visual identity will tell our story to our team, helping them understand what we stand for as well as providing them with the material they need to positively develop the corporate image to our external stakeholders.

Brown et al (2006) introduce four viewpoints that organisations use to evaluate their organizational identity, image and reputation. These four viewpoints are:

1. Who are we as an organisation?
2. What does the organisation want others to think about the organisation?
3. What does the organisation believe others think of the organisation?
4. What do stakeholders actually think of the organisation?

These are the questions that we have aimed to answer through this research.

## 5. RESEARCH METHODS

We may feel that we understand exactly what our brand represents. However, this image may be more reflective of our aspirations for our brand, rather than the reality of internal and external opinions. Brand Perception research helps us to understand how our brand is perceived in the mind of our employees, patients, service users carers and external stakeholders. It also helps to track how accepting these groups are of the ideas we have/would like to associate with our brand.

This is important to ensure that our final new visual identity connects with our stakeholders. By changing our image and positioning without understanding our history and identity in the minds of our stakeholders we risk alienating them and creating something that fails to resonate or connect. Internally it will mean that the beliefs, attitude and values of our staff do not support the new corporate brand promise. Externally this research will ensure that we bridge the gap between the strategy-determined brand identity and the stakeholders' expectation of the brand.

To achieve the objectives of the research summarised above brand perception research explores four key areas to help understand the cognitive, emotional, language and action factors of your brand and answer the question we posed when defining our objective.

<p style="text-align: center;"><b>Cognitive</b></p> <p>These questions should draw out the associations that consumers connect to our brand.</p> <p style="text-align: center;"><i>When you think of [your brand], what comes to mind first?</i></p>	<p style="text-align: center;"><b>Emotional</b></p> <p>These questions should attempt to identify the feelings connected to your brand, and if those draw them closer to the brand or pull them away.</p> <p style="text-align: center;"><i>What kind of feelings do you experience when you think of [your brand]?</i></p>
<p style="text-align: center;"><b>Language</b></p> <p>These questions teach you how consumers internalise and understand your brand by asking how they would describe it to others</p> <p style="text-align: center;"><i>Which three words would you use to describe [your brand]?</i></p>	<p style="text-align: center;"><b>Action</b></p> <p>These questions should answer how positive or negative a stakeholders previous experience has been with your brand.</p> <p style="text-align: center;"><i>How would you describe your last experience with [your brand]?</i></p>

### Participants

To begin to explore these questions we led seven workshops which featured a short presentation and a number of different interactive activities workshop style activities. Over 170 stakeholders, staff, patients and carers shared their thoughts and contributed the workshops.

### Qualitative (workshops)

Event	Number of Participants
Senior Leadership Forum/Leadership Forum (Bands 3-7)	80/70
Patient & Carer Forums - Whitby & District/Scarborough & Ryedale/Hull	35
Humber Co-Production Network	40
Staff Champions of Patient and Carer experience	30

### Quantitative (online surveys)

Following the workshops we used an online survey to further refine the responses. 81 individuals across a diverse cross section of groups completed the survey contribute to the brane refresh process.

Survey Type	Completions	Participant Type
Stakeholder	15	3 X NHS (other Trust/CCG), 1 X Community Group, 4 patient participation group (PPG), 3 x Patient/Service User
All staff	54 (Respondents were 27% clinical 63% non-clinical)	Corporate x 20, Children's and Learning Disabilities x 9, Community & Primary Care x 9, Mental Health Planned x 5, Mental Health Unplanned 7, Secure Services 4
Board/EMT/Governors	12	2 x EMT, 2 x Board, 8x Governors

## 6. RESEARCH FINDINGS

### 1. Who are we?

- **Brand History**

The Communications Team are the guardians of the Trust corporate visual identity and are responsible to protect the national NHS brand identity to ensure we are reaching the national standard that our patients expect from the NHS.

The brand appears to have grown organically over time and although research has been done at points the findings have not been embedded amongst the wider staff group meaning that there is a lack of understanding of how or why we should be applying it correctly and consistently and why it's the communications team responsibility to uphold that standard.

Important parts of the visual identity such as the heart icon which were well thought out at the time of launch in 2013 are no longer understood in the same way seven years later.



**Figure 2: Elements of Trust heart and alignment to brand values (Eskimo Soup 2013)**

Research and development that was started in 2017 began the process to do this but was not launched meaning that the current brand feels dated and out of touch with who we are as a Trust in 2020.

- **Alignment with National NHS Identity**

Since being introduced in 1999 the NHS trade mark is now one of the most recognised brands in the world and the NHS logo has come to represent high-quality care, free at the point of need. The consistent use of the NHS Identity:

- Helps signpost patients and the public to services, thereby supporting their appropriate use
- Helps patients and the public to hold the NHS to account – by making clear when individuals are accessing NHS services (and when they are not)
- Is an important way through which we seek to maintain patient and public confidence in the NHS.

A specialist agency was appointed in 2016 to support a review of the current NHS Identity guidelines and develop a new, detailed NHS Identity Policy. The research confirmed that the NHS Identity retains a powerful level of trust and respect amongst the public and patients.

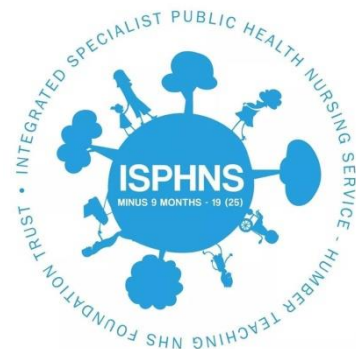
A majority of the public and patient sample were confused and unsettled by non-standard NHS branding; they clearly wanted to see the identity, particularly the NHS logo, retained and maintained. Therefore the 2017 outputs were strengthened brand identity guidelines ...

When this happened a review of current Trust branding took place to refresh brand guidelines, however a more wide reaching project would have ensured that we were making the best use of the opportunities of the refreshed guidelines and were adhering to all of the principles it outlines. This was a missed opportunity to reinforce our guidelines and make it clear why the communications team reinforce them. Many services and staff are unaware of the national brand identity update and why adhering to these guidelines is important for the Trust and those we care for.

The current use of the NHS brand guidelines does not maximise this opportunity and there are some areas in particular where using them would be beneficial. One example of this is that the identity allows service logos using the NHS lozenge. Many of our services over time have developed their own logos which have become identifiers of their service. They often do not have any reference to Humber or that it is an NHS service.

Just under a quarter (24%) of staff that responded said they have created their own bespoke designs within their services. This is potentially confusing for patients and means that we are not capitalising on the benefits that come with the NHS branding such as high levels of trust and reassurance. By utilising the NHS service branding we are allowing services to have an identifier that communicates their services effectively to their patients and service users and is also in line with Trust and national guidelines.

**Examples of current non-compliant service logos:**



There was also a previous lack of graphic design skill within the communications team which led to a culture of desktop publishing which produces lower quality design. Teams do see the benefit of being supplied with templates to support them to develop materials in line with Trust guidelines. Although over half (54%) of staff have used our templates available on the intranet. Creating high, quality templates that can be used by our teams to support their communication with patients and other stakeholders is important to embed the brand across our service. With the number of services we manage and the size of the Communications team is it important that we empower teams to create their own design but within the framework that we provide to them. To be open to this they must understand why it is important to 'play by the rules' and how this benefits the service, those that use that service

and the Trust as a whole. Part of the workshop at the Patient and Carer Experience forum aimed to understand the templates required by teams. Staff created maps of brand touch points for a patient in one of our services to help us understand the kinds of materials – print, digital and otherwise that are important to support services and ensure that the full patient service user experience is considered in this project. Once the touchpoints had been identified participants created a list of templates and assets that would best support their service to ensure we deliver an excellent patient and carer

### The Heart

The main connection to the heart amongst staff as a link to our value of ‘caring’. As the heart has been used by the Trust since it was under previous leadership it is in some cases seen as a connection to the past.

The heart was also incorporated into the Proud programme logo which has confused some staff as they now see it as a signifier of that internal initiative and not of the Trust as a whole.

There were also multiple comments by staff in the survey and at the workshops about the use of colour with many staff not having seen the coloured logo at all or sharing that as it relies on multiple colours it does not print well on black and white which the only way many staff can print it and therefore have seen it. This is an important thing to be considered for any future graphic devices.



Figure 3 2013 Heart & Strapline

Staff were divided over whether the heart was still relevant to the Trust today with 51% of staff feeling that it was and 48% either feeling it was not or unsure. The Executive Management Team and the Trust Board were more likely to say the heart was no longer relevant.

- **Staff perceptions research results**

### The Heart

**What does "The Heart" mean to you? (Open Question)**

Senior Leadership Forum	Leadership Forum (Bands 3-7)	EMT/Board Survey	All Staff Survey
Not Sure/Nothing	Not Sure/Nothing	Caring	Caring
Caring	Caring	Compassionate	Compassionate
Heart of Community	Logo for Proud Programme	Linked to the past (signifies old Humber)	Logo for Proud Programme
		Nothing – just a shape	Open/Inclusive

**Sample Comments**

**Staff**

*“this is a bad design as it has to be printed in black and white so doesn't show the different shades. When it spears in black it implies death and loss, it is also unclear why its different colours as it was chopped and changed with other logos. sometimes its with the caring learning growing, sometime with PROUD. It doesn't have its own identity its almost like the trust thinks just pop that on as well just in case we have to.”*

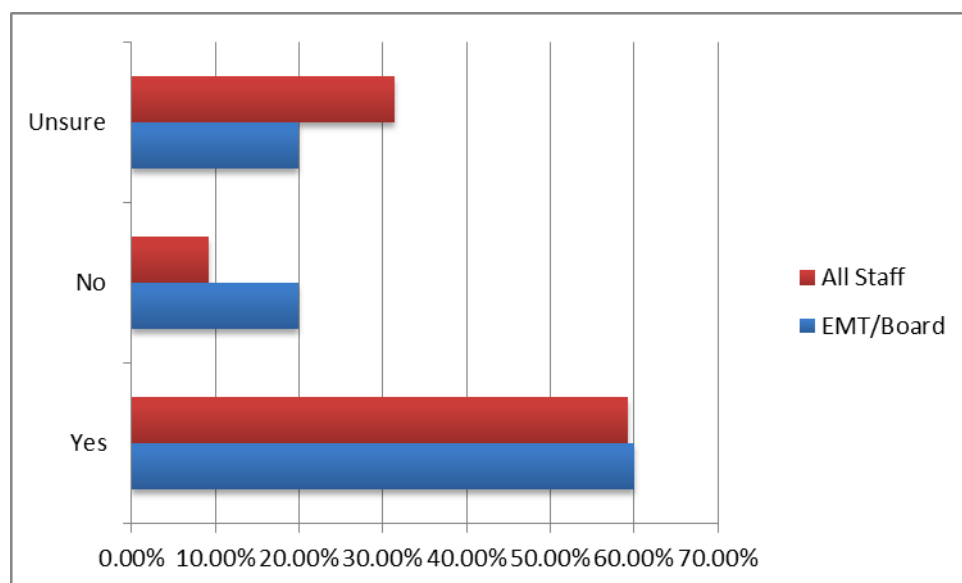
*“I see it as a U and not a heart / I don't recognise it as a heart”*

*“The heart means to me compassion, love and hope/I like the heart, it symbolises love and care to me”*

**EMT/Board/Governors**

**Is "The Heart" still relevant?**

51% of respondents are unsure if the heart is still relevant to the Trust Today. 29% of respondents feel that the heart is no longer relevant.



**Is 'The Heart' still relevant?**

## 2. What do we want others to think about us?

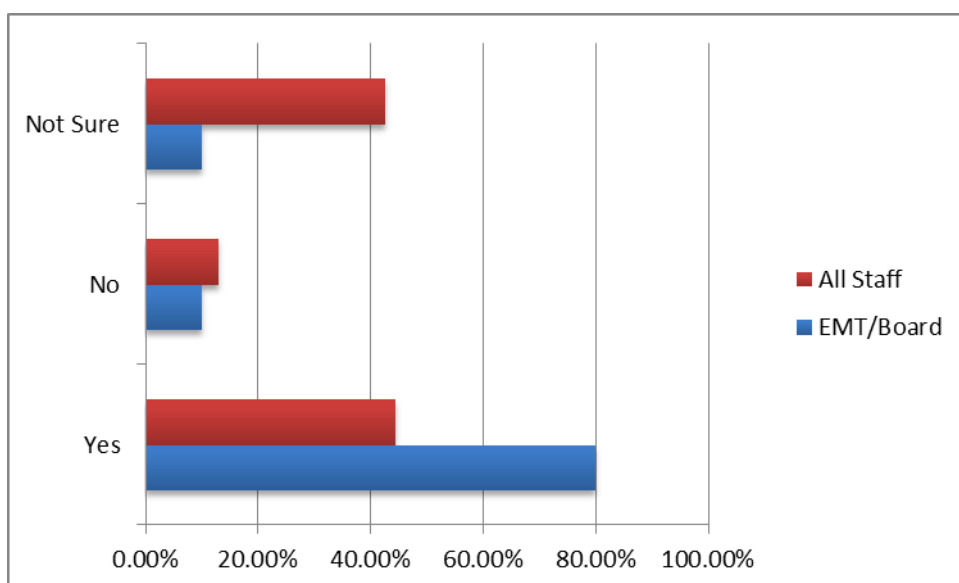
- **Corporate and Brand values**

Our current corporate values were launched in 2016. Staff were engaged and involved in the process and they are well embedded in the organisation. However they have not been connected to any brand work or purposefully incorporated into the current visual identity other than their use in the footer of documents.

Our brand values were defined by work to develop the brand in 2013 by Eskimo Soup. They engaged with staff at that time to create a set of values that were shared in their final presentation. They do not appear to have been embedded any further within the organisation and are not a part of current brand guidelines – however as they were developed by staff at the time it is important to ‘check in’ and see if they still resonate before moving forward.

- **Corporate Values**

**Does our current use of the NHS brand reflect the Trust values (caring, learning, growing)?**



Does our current use of the NHS brand reflect the Trust values?

Why do you feel that the brand does/does not reflect the Trust values?



Sample open responses

EMT/Board Survey		All Staff	
Does reflect values	Does not reflect values	Does reflect values	Does not reflect values
<i>I think the heart shape has both an emotional and a health meaning and I like that</i>	<i>The only one I am doubting a little is 'growing'</i>	<i>The heart denotes caring but where is the learning, growing?</i>	<i>The values do not jump to mind when I see the brand</i>
<i>Caring, learning &amp; growing is currently reflected throughout</i>	<i>Care focused</i>	<i>I get a sense of inclusion and continuity from the brand</i>	<i>No strong images come to mind, so it's clearly not obvious</i>

- **Brand Values**

Our current brand is aligned with a number of 'brand values'.

The question asked respondents to rank on a scale of 1-5 (strongly disagree/strongly agree) how much do you identify the Trust with the following values?

	EMT/Board Agree/Strongly Agree	All Staff Agree/Strongly Agree	Stakeholders Agree/Strongly Agree
Community	89%	61%	86%
Human	70%	65%	90%
Wellbeing	80%	59%	80%
Positive	80%	66%	80%
Hope	80%	58%	80%
Choice	40%	52%	40%

- **Our Future**

What do the leaders of the organisation want our future image to be?

**Share your vision of the Trust of the future with us. Ideally what would our Trust look like in five years?**

Key Themes		Stakeholders
EMT/Board Survey	All Staff Survey	
Leader, excellence	Innovative	Reliable – consistency, organised and efficient

Innovative, Inspirational, Brave	Forward Thinking	Inclusive/Open
Collaborative, partnership	Connected/Collaborative	Caring/Support
Improved staff engagement and retention	Inclusive of all staff and all services	Outstanding, well-known, best, leader
Improving health and wellbeing of communities	Honest, Open, Compassionate	Responsive/adaptable
Patients at the centre of everything we do.	Continue to grow and develop but keep excellent patients care at the heart	

**Comments**

**EMT/Board**

*I would like us to be an inspirational trust that others would aspire to be, incorporating our values alongside excellent professionalism and system leadership*

*Leading, caring, brave and determined to deliver the best for the patients, staff and all within the service*

*The trust would be at the forefront of standard setting being a bench mark for other trusts across the country.*

**Staff**

*Dynamic, innovative and forward thinking with the right knowledge and skills and flexible to keep up with the constant need to change*

*Valued part of an integrated system, recognised for its diverse skills and contribution to exceptional patient care. Working in partnership, not competition, across all system partner*

### 3 What do we believe others think of us?

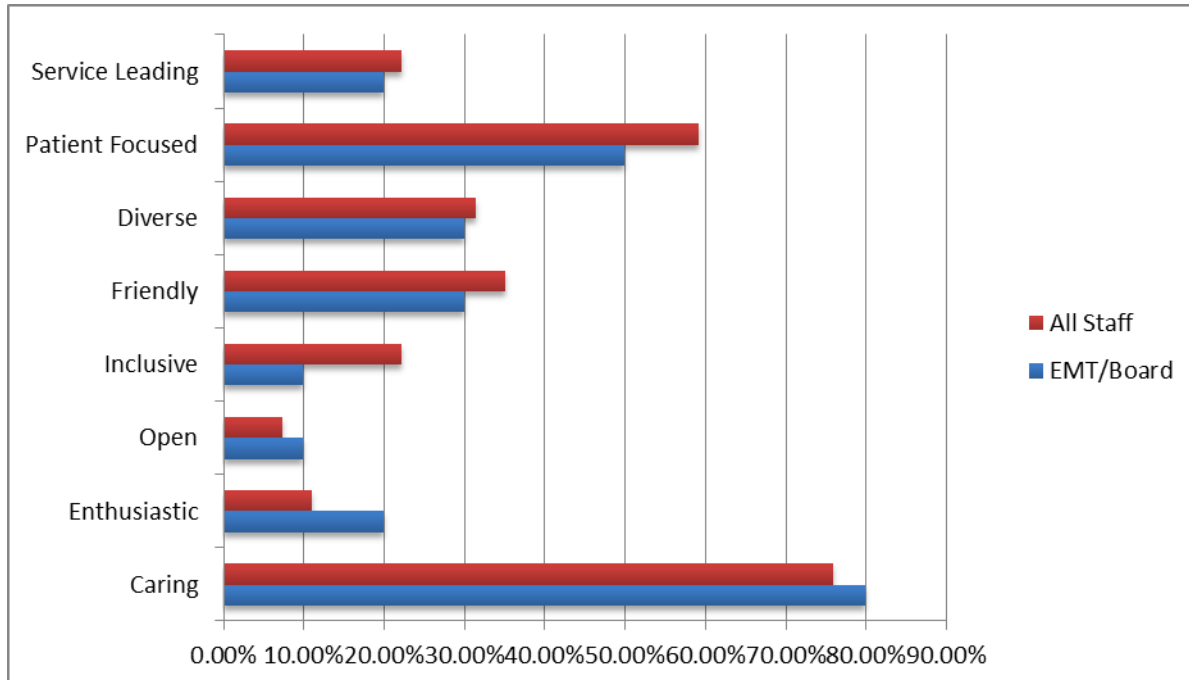
It's important to understand the diverse views of our staff groups to understand if the views of leadership are in line with those of all staff and to discover where there may be a disconnect. Ensuring that we reflect the opinions of staff in the brief will ensure that the final visual identity connect with staff and does not feel enforced or disconnected with the reality of the experience for staff.

**When you think of Humber Teaching NHS Foundation Trust what is the first thing that comes to mind.**

This question was asked in each of the Forums and in the surveys participants were asked to choose three that they most closely identified with from a shortlist of the most popular responses.

The most popular responses were:

- Caring
- Patient Focused
- Friendly
- Diverse



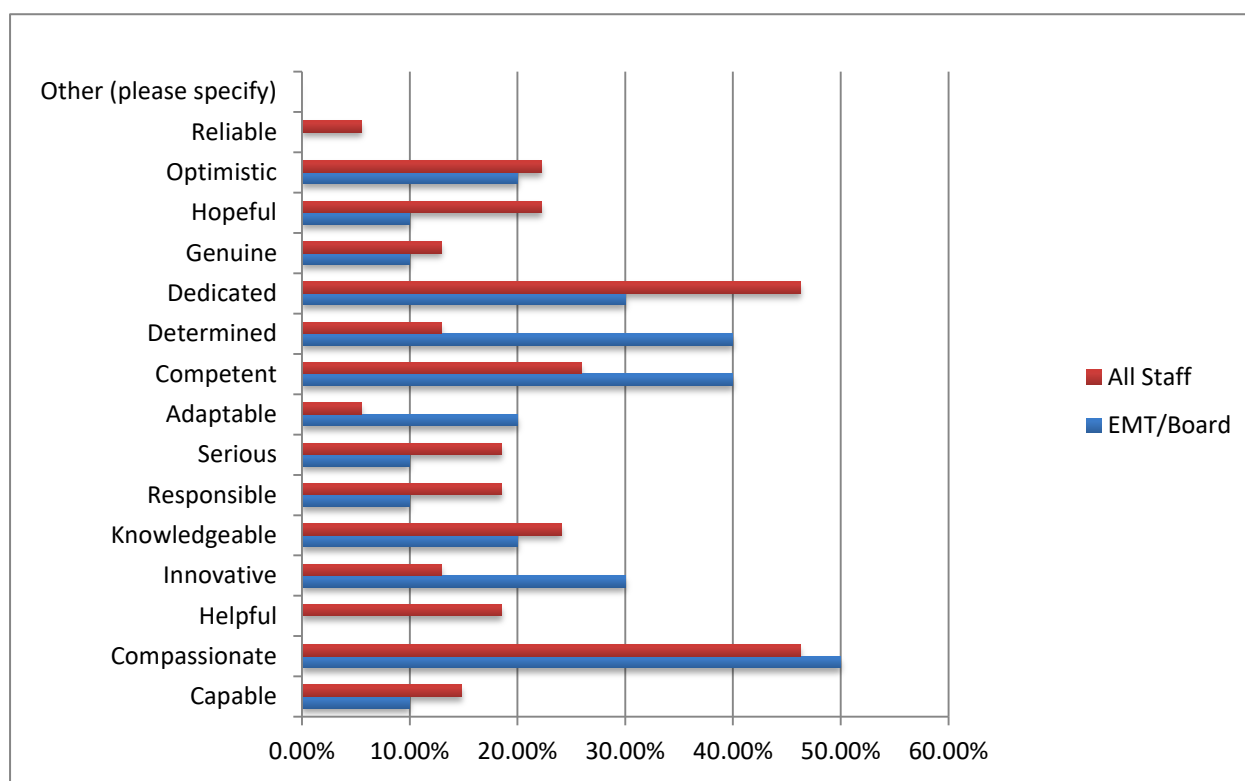
**If you were describing the Trust as a person today what words would you use to describe it?**

This question was asked in each of the Forums and in the surveys participants were asked to choose three that they most closely identified with from a shortlist of the most popular responses.

The most popular responses were:

- Compassionate
- Knowledgeable
- Dedicated

**If you were describing the Trust as a person today what words would you use to describe it?**



## 4. What do our stakeholders actually think of the us?

### Brand Perceptions

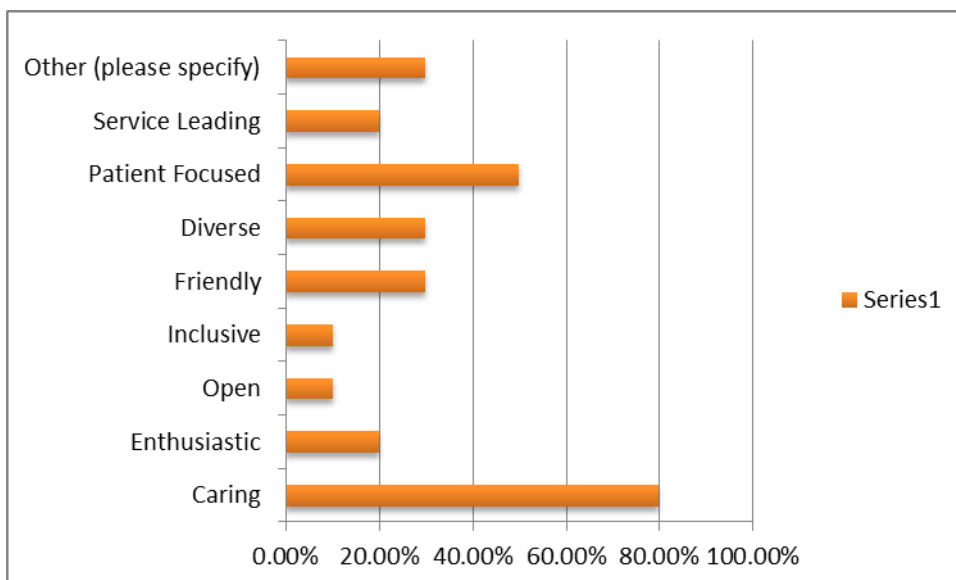
We used the stakeholder survey to gather some data on brand awareness, perception and experience.

How would you explain your overall perception of Humber Teaching NHS Foundation Trust?	In the past three months how often have you heard people talking about Humber Teaching NHS Foundation Trust?	How has your perception of Humber Teaching NHS Foundation Trust changed over the last three months?	How would you describe your last experience with Humber Teaching NHS Foundation Trust?
64% extremely/very favourable	57% often/very often	71% more favourable or much more favourable	85% good or excellent (21%)

### When you think of Humber Teaching NHS Foundation Trust what is the first thing that comes to mind.

This question was asked in each of the Patient and Carer Experience Forums at the Humber Co-Production Network. This developed the below long list of most popular answers. Surveys participants were asked to choose three that they most closely identified with. The most popular responses were

- Caring
- Patient Focused
- Friendly (joint)
- Diverse (joint)

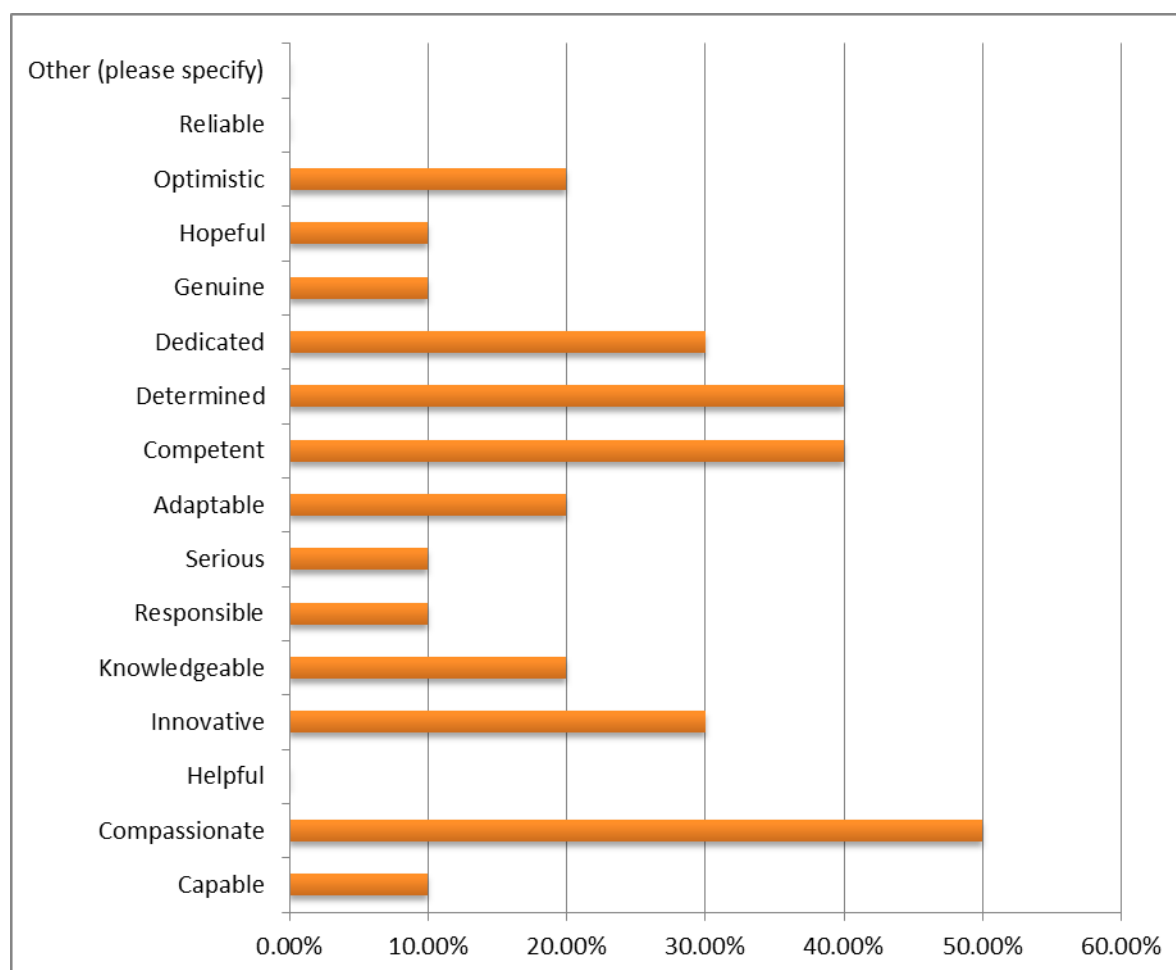


**CARING LEARNING GROWING**

**If you were describing the Trust as a person today what words would you use to describe it?**

This question was asked in each of the Patient and Carer Experience Forums at the Humber Co-Production Network. This developed the below long list of most popular answers. Surveys participants were asked to choose three that they most closely identified with. The most popular responses were:

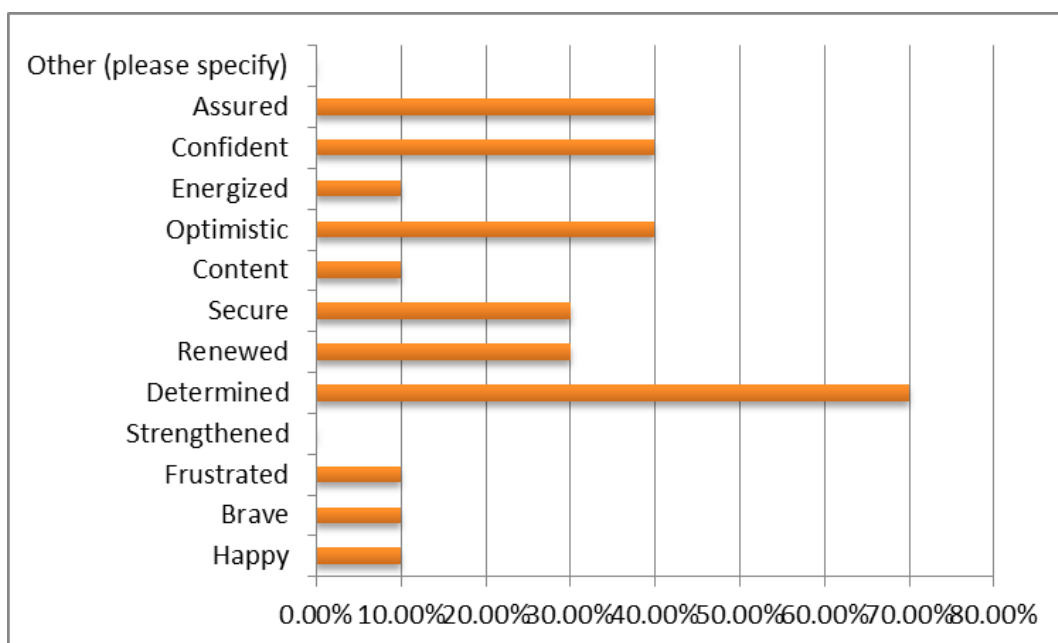
- Compassionate
- Determined
- Competent



**What kind of feelings do you experience when you think of Humber Teaching NHS Foundation Trust?)**

This question was asked in each of the Patient and Carer Experience Forums at the Humber Co-Production Network. This developed the below long list of most popular answers. Surveys participants were asked to choose three that they most closely identified with. The most popular responses were:

- Determined
- Optimistic
- Confident



**Other comments included**

- Hopeful, Uncertain, Cautious
- Forward Looking
- Experienced -- Highly Skilled
- Listening

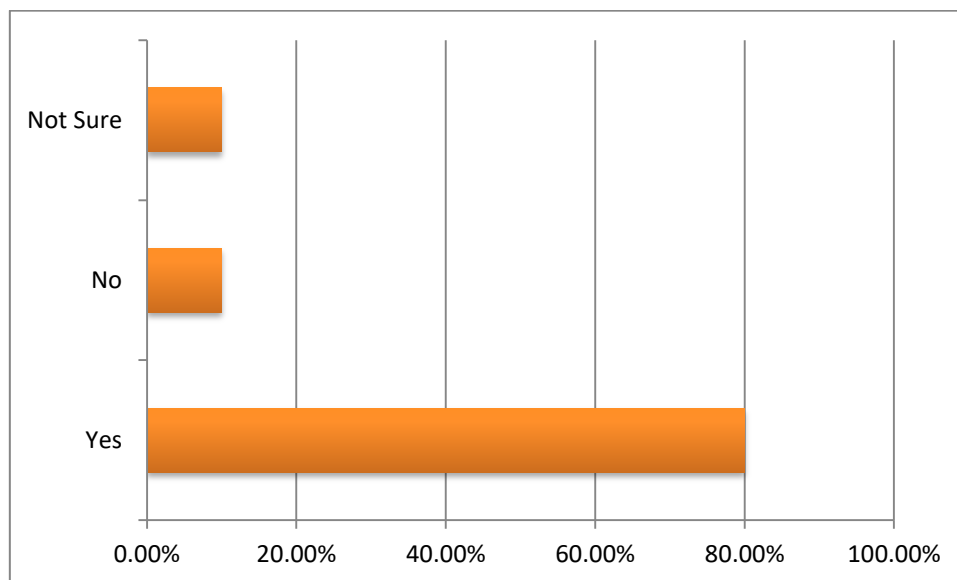
**On a scale of 1-5 how much do you identify the Trust with the following values?**

The question asked respondents to rank on a scale of 1-5 (strongly disagree/strongly agree) how much do you identify the Trust with the following values?

Values	Stakeholders
Community	86%
Human	90%
Wellbeing	80%
Positive	80%
Hope	80%
Choice	40%

**Does our current use of the NHS brand reflect the Trust values (caring, learning, growing)?**

80% of stakeholders surveyed thought that our current use of the brand did reflect the Trust values.



**Share your vision of the Trust of the future with us. Ideally what would our Trust look like in five years?**

Key Themes				
PACE forum Whitby	PACE forum Scarborough	PACE forum Hull	Humber Co-Production Network	Survey
Collaborative	Adaptable	Accessible		Leading
Innovative	Supportive	Consistent		Inclusive
Caring	Caring	Efficient		Grow and invest in staff
Leader	Leading	Outstanding/well-know/best		Open/Listening
Organised	Organised	Inclusive		Responsive



## Next Steps

### Phase Two

Development of:	
<ul style="list-style-type: none"> <li>• Brand Personality</li> <li>• Brand Values</li> <li>• Brand Promise</li> </ul>	August
Creative Brief agreed	September
Route Development & Testing	September

### Phase Three

Visual Identity Development & Testing	September/October – including Board Timeout
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### Phase Four

Visual Identity Guidelines & Assets Created	November
Feedback and Staff testing	December
Brand guardians recruited	December
Launch & Rollout	January 2021

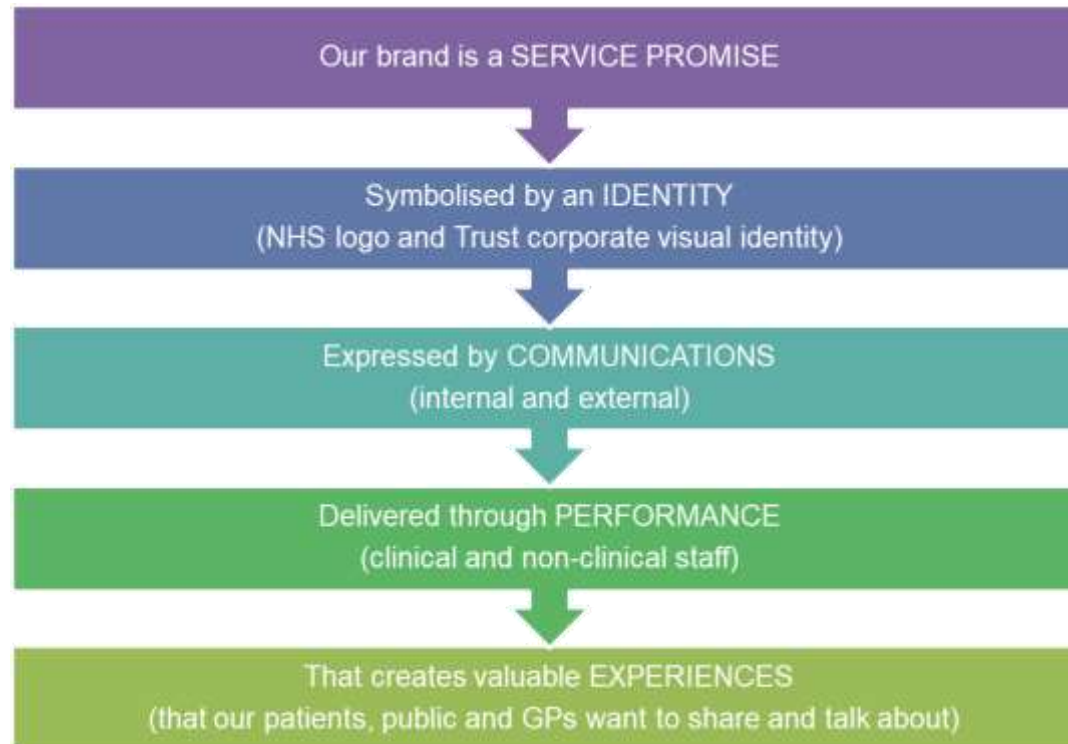
# Corporate Visual Identity - Creative Brief

## What is our Trust brand?

It's who we are. It's a feeling, memory or emotion that comes to mind when you think about us.

It's in all of our activities. It's the way we talk to one another, do things and interact with our patients, staff and each other.

Our brand is a reflection of our patients, our team and everything that we do.



# National Context

Branding has become increasingly important to both the NHS as a whole and individual organisations, as the context of NHS work has developed and the increasing number of partnerships between the NHS and Local Authority, private, charity or community voluntary sectors.

The aim of the single NHS brand is to:

- To signpost people to NHS organisations and services and to help them identify information which has come from an official NHS source.
- Do more with the NHS brand to inform lifestyle and treatment choices and promote health
- Support NHS organisations and partners to express the brand properly

The NHS brand is recognised spontaneously by over 95% of people and carries high levels of trust and credibility. It is essential therefore that the brand is used correctly as it helps to reassure people that services are part of the NHS family and are delivered in line with NHS values.

For Foundation Trusts, the approved NHS logotype is provided by the Department of Health Branding Unit and must be used in line with national guidelines. As a Foundation Trust our contracts with commissioners will be legally binding and include a clause in relation to abiding by the NHS brand guidelines. There is more information about the NHS national identity [here](#).

# Local Context

## Our Trust, Our Identity, Our Reputation

Research showed that there is a positive overall perception of the Trust with 64% of those surveyed saying that they had extremely/very favourable perception of the Trust. Significantly, 71% of respondents indicated they had a more favourable or much more favourable perception of the Trust over the last three months. This offers an excellent platform to build on and there is a real opportunity to capitalise on this and use a new corporate visual identity to move this forward.

The internal alignment around our values, mission and vision has been done and the new identity will be the cherry on top to signify this shift to the outside world.

## The 'Marketplace'

'Competitors'	Mental Health Trusts/Services	Collaborators	Other Trusts in the wider area:
<p><b>Local Trusts/providers</b></p> <p>Hull University Teaching Hospitals:  <a href="https://www.hey.nhs.uk/">https://www.hey.nhs.uk/</a> - strong recruitment identity which has become their external identity but not consistently applied  <a href="https://joinhullhospitals.co.uk/">https://joinhullhospitals.co.uk/</a></p> <p>City Health Care Partnership:  <a href="https://www.chcpcic.org.uk/">https://www.chcpcic.org.uk/</a>            strong brand and identity. Use external agency.</p>	<p><a href="https://navigocare.co.uk/">https://navigocare.co.uk/</a>            provider of NHS services</p> <p><a href="https://www.tewv.nhs.uk/">https://www.tewv.nhs.uk/</a></p>	<p><a href="https://www.heymin.org.uk/">https://www.heymin.org.uk/</a> -            Commissioned to provide services</p>	<p><b>Acute Trusts</b>  <a href="https://www.hdft.nhs.uk/">https://www.hdft.nhs.uk/</a>  <a href="https://www.yorkhospitals.nhs.uk/">https://www.yorkhospitals.nhs.uk/</a></p> <p>North Lincs <a href="https://www.nlg.nhs.uk/">https://www.nlg.nhs.uk/</a></p> <p><b>Mental Health &amp; Learning Disabilities</b>  <a href="https://www.leedsandyorkpft.nhs.uk/">https://www.leedsandyorkpft.nhs.uk/</a>  <a href="https://www.rdash.nhs.uk/">https://www.rdash.nhs.uk/</a></p> <p><a href="https://www.england.nhs.uk/north-east-yorkshire/ccgs-and-trusts/trusts/">https://www.england.nhs.uk/north-east-yorkshire/ccgs-and-trusts/trusts/</a></p>

# What Problems Are We Trying To Solve?

- **Improve brand momentum by resolving the disconnect between our current brand, our values and who we are as a Trust today.**

A new modern and creative corporate visual identity will make the best use of the NHS identity and bring our brand back into the spotlight.

The identity should be a fresh start and an opportunity to shake off any of the remaining connotations with 'old' Humber.

## What the research says...

Our staff understand our values and connect with the current heart icon but felt that there was more to be done to convey learning and growing. Our new look should convey our internal brand values and portray the external brand values that have been developed following the brand perception research

- **Services don't understand the brand and if it is reinforced they fight against it or they don't engage the communications team**

It must be simple and straightforward, clear to understand and easy to use. Staff should be able to see themselves in the identity and understand how it applies to them and will work for their service. It should embrace the diversity of our Trust whilst convey that we are one community united by our shared vision. It should provide useful templates that support and empower teams and be useful not restrictive.

- **Ensure we are recognised as an individual Trust and for our achievements and quality of care.**

Local and national media regularly includes negative stories about the NHS or poor quality care delivered by an individual Trust. Clear messaging which highlights our areas of expertise and quality will help cut through media noise, whilst also helping us earn the credit our work deserves.

- **'Improve brand differentiation' - help our leading care stand out from the crowd**

In Hull and East Riding there is still a lack of understanding that we are a different Trust from Hull University Teaching Hospitals NHS Foundation Trust and amongst our stakeholders there is still appreciation that we are a mental health Trust. The new identity should make the scale, diversity and quality of our services clear and allows us to tell a different story apart from our 'competitors'.

By leveraging our strengths we can also reassure patients, giving them the confidence that they'll receive the very best care when treated at our Trust.

## How are we going to solve them?

The new identity must:	The new identity must not:
<ul style="list-style-type: none"><li>• Differentiate the trust from our ‘competitors’ by developing a new ‘vision mark’ that sets the tone of our unique visual identity</li><li>• Optimise the benefits of the NHS identity (logo, colour, font etc) in order to maintain the strength of such a recognisable and ‘trusted’ brand</li><li>• Be fit for purpose and deliver a brand system that empowers our teams and supports the delivery of a consistent brand experience.</li><li>• Emphasise the range of services we deliver</li><li>• Connect the geographies across which we deliver our services</li><li>• Be true to the brand values, personality and other outcomes from the brand research to ensure it reflects the engagement process.</li></ul>	<ul style="list-style-type: none"><li>• Try to be too cool or trend driven – it must not date quickly to ensure longevity</li><li>• Be overly complicated or abstract</li><li>• Be risky or divisive</li><li>• Be too prescriptive. As the Trust brand incorporates the overall NHS brand, more items will be addressed within the overall NHS Brand Guidelines, than included in final brand guidelines. The Trust brand guidelines do not need to answer all the questions for a designer.</li></ul>

# What do we need?

Staff need to	Stakeholders need to	Patients need to
<p><b>See themselves in the project.</b> As mental health services are the original services provided by the Trust other members of staff feel like their work is not acknowledged. This is the same with geographical areas outside of Hull. The new identity can shine a light on areas of the Trust that have not had it previously.</p> <p><b>See that we've thought about how the brand will work in practice.</b> Staff need to feel that the work has been done to support them deliver information to our patients and their families and carers and that it's not just 'window dressing' without thought for how it will impact on the front line.</p> <p><b>See a Trust that they are proud to be a part of.</b> The new visual identity is an opportunity to build employee pride and by connect with our recruitment brand #humbelievable, help us to create a place that people want to build their careers.</p>	<p><b>Be clear about who we are today as a modern and successful Trust.</b> Stakeholders are still unclear about the range of services are areas in which we operate. The new visual identity should tell that story about the breadth of what we do and show how we are different from other providers.</p> <p><b>See us as a Trust that delivers high quality care.</b> As a CQC rated 'good' Trust we should be reinforce the quality of our care and our expertise to raise our profile.</p> <p><b>Be clear about unique place in the NHS</b> Through the creation of a new vision mark which draws upon the best of our teams work and feedback from our stakeholders we can create a positive powerful message which brings together our values and vision into a memorable image we can place on internal and external materials.</p> <p><b>Demonstrate our innovative and forward thinking attitude.</b> Our old identity looked tired and didn't showcase the energy and enthusiasm of our team for trying new things and being at the cutting edge.</p>	<p><b>Have confidence in our services.</b> A professional and modern identity will instil confidence at every touchpoint throughout their patient journey.</p> <p><b>Be able to recognise our Trust as an individual Trust</b> Clear messaging should highlight our areas of expertise and quality so that we are able to stand on our own merits.</p> <p><b>Be able to access consistent and clear visuals that support their care.</b> High quality patient information eases the anxiety and stress that can be caused by poor quality confusing displays of information.</p>

# Our Brand System

Our brand comes from within. Our vision, mission, values, brand identity and personality are at the centre of who we are.

They form the core of our Brand System - the skeleton that our visual identity is built around.

## Our Vision

Where we are going.

## Our Mission

Our mission is our purpose. It's why we exist and what we do every day.

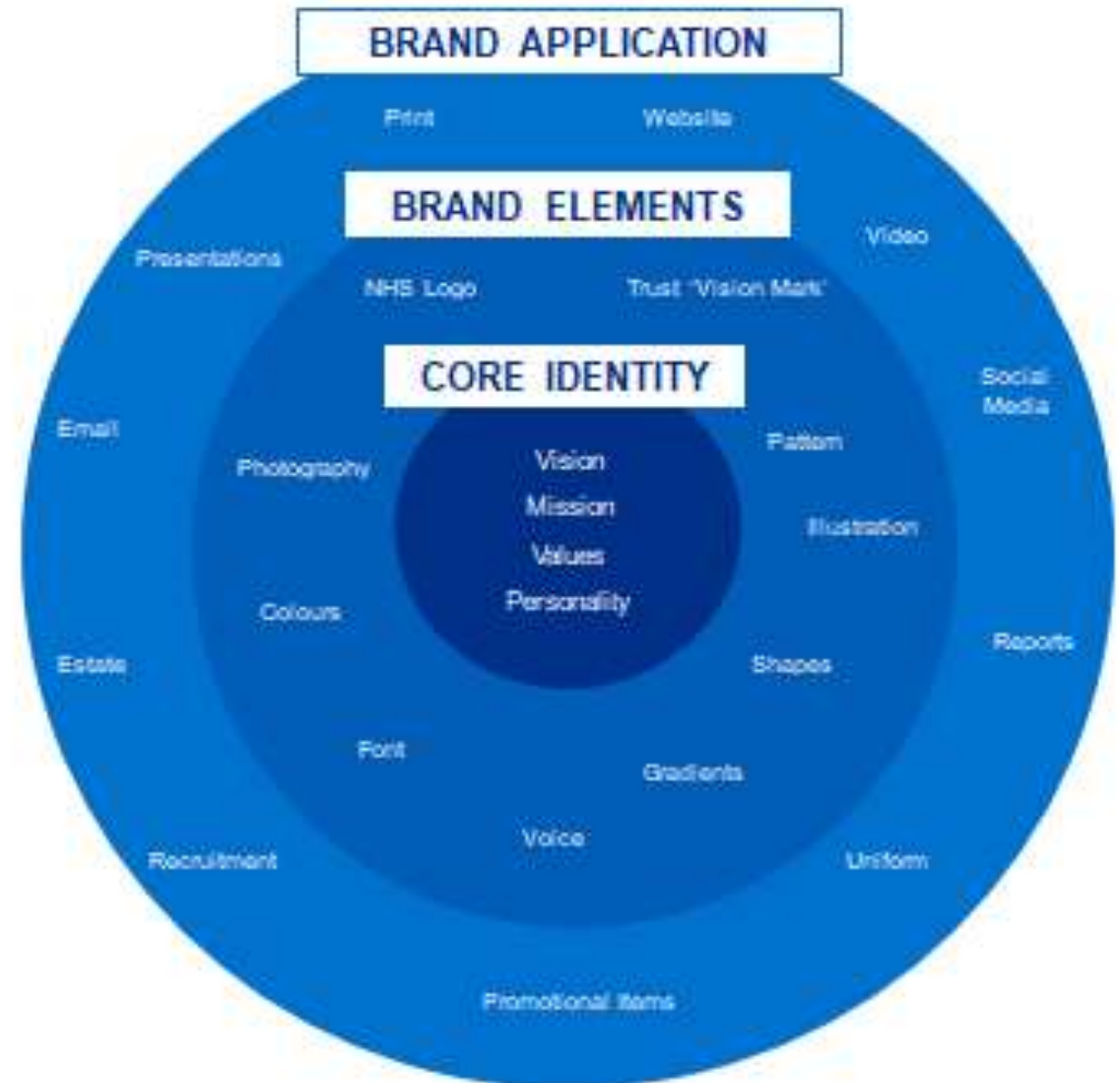
## Our Values – Internal & Brand

Our **internal values** shape our behaviours and guide the way we work with our patients, staff, partners, within our communities and with each other. It's what we say about ourselves.

Our **brand values** are the code by which the brand lives. It's what others say about us.

## Our Personality

Our personality is how we would be described if we were a person. It's what makes us unique and stand out.





# Our Brand System

## What We Do: Brand values

Our brand values are the code by which the brand lives. These values are at the core of our brand and dictate our brand message, look and personality. They are the words that our patients, GPs or the public would use to describe us and their experience of our Trust.

They will act as brand standards ensuring that we hold up anything that our brand is applied to against them so that it helping us to communicate our messages through what our audiences see

**What the research says...**

The key themes that were consistent across all research groups were:

- Caring** – compassionate, supportive
- Innovation** –forward thinking, brave, inspirational and a leader.
- Connection** – partnership, collaboration open and inclusive.
- Reliable** – consistency, organised and efficient (this is specific to stakeholders)

	Excellent	Connected	Supportive
<b>We are</b>	<ul style="list-style-type: none"> <li>• Innovative</li> <li>• A leader</li> <li>• Consistent/reliable</li> <li>• Passionate</li> <li>• #humbeliveable</li> </ul>	<ul style="list-style-type: none"> <li>• One community</li> <li>• Inclusive</li> <li>• Collaborative</li> <li>• Engaged</li> <li>• Innovation</li> </ul>	<ul style="list-style-type: none"> <li>• Motivating</li> <li>• Empowering</li> <li>• Enabling</li> <li>• Encouraging</li> <li>• Inspiring</li> </ul>

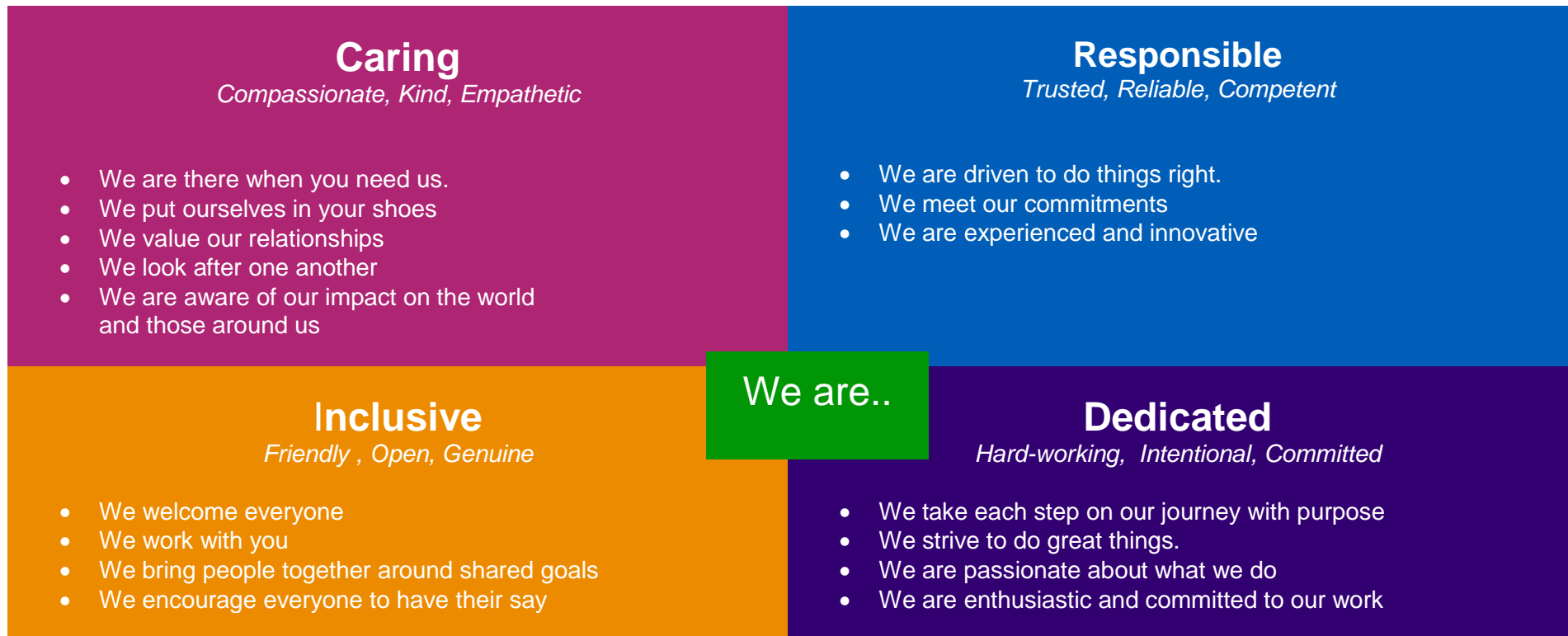
Our Brand Values mean for our target audiences?			
	Patients	Stakeholders	Our Staff (internal customer)
Excellent	<p>We are a highly successful, highly reliable multispecialty health and social care provider</p> <p>We deliver safe, effective and integrated health services in the areas we operate.</p>		
	<p>We are committed to delivering excellent care and to improving every day.</p> <p>We aim high and ensure that what we do, and how we do it has our patients and their families at the heart.</p>	<p>We have a reputation for outstanding and innovative practice, research and development.</p>	<p>We deliver on our Humbelievable promises and provide an excellent employee experience.</p>
Connected	<p>We listen to our patients, services users and their families to put ourselves in their shoes, understand their perspectives so that we can deliver the best possible care and support</p> <p>We work in partnership with our communities and commissioners to develop integrated healthcare services to improve the health outcomes and experiences for our communities.</p>		<p>We are one diverse Trust community connected by a shared goal.</p> <p>We respect and support each other.</p> <p>We seek out diversity of perspectives and ideas and collaborate across teams, divisions and services.</p>
	<p>Care is planned jointly between patients, their carers and the teams that support them.</p>	<p>Public and patient voices shape the provision of our care</p> <p>We are connected to what's going on at the forefront of healthcare developments and are ready to jump on the opportunity for the benefit of our patients.</p> <p>We work with our partners to ensure patients received joined-up care at the right time in the optimal care setting.</p>	
Supportive	<p>We provide you with the information, advice and support that you need to make decisions about your care.</p> <p>We give you the support you need to manage your health, wellbeing and care.</p> <p>We support your needs and rights</p>	<p>By supporting patients to be actively involved in their own care, treatment and support we improve outcomes and patients experience.</p>	<p>We support and develop our people and professionals so that they have the skills that they need to deliver and excellent patient experience.</p>

# Our Brand System

## How we do it: Our Personality

Brand personality refers to human characteristics associated with a brand. They're expressed as adjectives that convey how we want people to perceive us.

Understanding our brand personality will help us create a consistent voice and style so people can understand what we are about and connect with us on a deeper level.



# Our Vision Mark

Our current brand values are signified by the Trust heart. Our new 'vision mark' will bring our values into a visual style that signifies what drives us every day in pursuit of our vision.

**The Vision mark must be developed in line with NHS identity guidelines that state:**

*We understand that NHS organisations need to be able to differentiate themselves from each other. Differentiation can be expressed in a number of ways – reputation, quality etc. – not just through your visual style. The Identity guidelines provide enough flexibility to enable you to visually differentiate your NHS organisation from others, without visually differentiating it from the NHS.*

*Graphic devices, straplines and imagery can be used to create a distinctive visual style for your NHS organisation, partnership, service or campaign. Graphic devices and straplines should not be placed too close to, or incorporated into, your NHS logo or be positioned where you would expect to see your NHS logo or a partner logo.*

For more information <https://www.england.nhs.uk/nhsidentity/identity-guidelines/visual-styles-graphic-devices-and-straplines/>

# Building our Brand Toolkit

## Brand Elements

The individual parts that make up our brand.

- Logo
- Vision mark – used to create a visual style
- Voice
- Partnership Branding
- Patterns
- Shapes
- Gradients
- Colours – (inc neutrals)
- Typeface, font size
- Photographic style
- Illustrative Styles
- Paper Colour/Backgrounds

## Brand Application

The essential resources, templates and tools needed to rollout our corporate identity on all of our marketing materials and ‘customer’ touchpoints.

### Corporate Materials

- Letterhead
- Compliment Slip
- Pull up banners
- Report Cover
- Folders
- Presentation Resources

### Patient Information

- Leaflet
- Posters
- Newsletters

### Recruitment

- Promotional Items
- Corporate Reports
- Adverts

### Digital

- Social Media
- Website

## Technical Guidelines

The guides that will support our teams to apply our brand.

### Brand Style Guide

A rulebook that explains how an organization presents itself to the world

### Tone of Voice Guidelines

Describes how we communicate with our audiences through the words we use.

### Digital Resources Toolkit

Supporting service social media usage

### Patient Information Toolkit

Supporting our teams to develop high quality patient information

## CREATIVE BRIEF

**Agenda Item 16**

Title & Date of Meeting:	Trust Board Public Meeting - 28 <sup>th</sup> October 2020			
Title of Report:	Cyber Security Update			
Author/s:	Name: Peter Beckwith/Lee Rickles Title: Senior Information Risk Owner/CIO & YHCR Programme Director			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
The Trust Board are asked to note current Cyber Security Arrangements.				
Purpose of Paper:	This purpose of this paper is to provide the Trust Board with an overview of the progress which has been made to improve cyber security to ensure we achieve our organisational goal in maximising an efficient and sustainable organisation.			
Governance:		Date		Date
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report:	<p>Office of the Senior Information Risk Owner (SIRO) is now operating.</p> <p>We have actioned all CAREcerts.</p> <p>We detected and countermeasures prevented Distributed three Denial of Service during September and October.</p> <p>We are making good progress implementing the cyber operational readiness support (CORS) remediation plan.</p>			
<i>Please ensure you also complete the monitoring and assurance framework summary below:</i>				

**Monitoring and assurance framework summary:**

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



Risk	√			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	





# Cyber Security update for the October Board

## 1. Introduction and Purpose

This purpose of this paper is to provide the Trust Board with an overview of the progress which has been made to improve cyber security to ensure we achieve our organisational goal in maximising an efficient and sustainable organisation.

## 2. Governance

The office of the Senior Information Risk Owner (SIRO) been created and is meeting on a monthly basis. The focus of the office of the SIRO is to co-originate our organisations management of cyber security with input from corporate and clinical areas. It is also responsible for the implementation of the Cyber Operational Readiness Support (CORS) remediation plan and the achievement of cyber essential plus accreditation in 2021.

The Office of the SIRO is a subgroup of EMT with regular updates also provided to the Audit Committee. The Office of the SIRO also works closely with the Information Governance Group and the Digital Delivery Group.

## 3. Cyber security update

### 3.1 Care Certs

There are two types of CareCerts notifications, high priority notices and a general bulletin.

**High priority notifications** cover the most serious cyber security threats, these notifications are sent to the IT Service desk (cc'd to Heads of IT, CIO's and SIRO's) 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 our patching process has normally already deployed the updates required

Details of notifications received during 2020 are summarised in the table below:

	Issued	Deployed or no Action required
High Priority	7	7
CareCert Bulletins	36	36



### 3.1 Distributed Denial of Service

A distributed denial-of-service (DDoS) attack is a malicious attempt to disrupt the normal traffic of a targeted server, service or network by overwhelming the target or its surrounding infrastructure with a flood of Internet traffic.

The Trust has detected and with its countermeasures prevented DDOS against its internet connections as per below:

- DDOS Attacks targeted at Willerby: 2
- DDOS Attacks targeted at Whitby: 1

### 4. Cyber Operational Readiness Support (CORS) remediation plan.

The CORS assessment was completed earlier this year details of which have been reported to the audit committee, the assessment highlighted the cyber risk as medium which is not indifferent to other trusts assessed.

The CORS remediation plan is the output from the cyber assessment completed by Templar in 2019. The plan focuses on five themes, they are;

- Leadership and governance
- Operational
- Clinical
- Communication
- Procurement

The detailed plans are shown at appendix A

### 5. Recommendation

The Trust Board are asked to note current Cyber Security Arrangements.



**Appendix A**

**CORS Remediation Plan Progress – Leadership and Governance**

Leadership and Governance	Responsible Owner	Status	RAG Rating
<b>0-3 Months</b>			
Introduce Regular Threat Briefings customised for different levels	Peter Beckwith and Lee Rickles	Completed	
Formalise the SIROs roles and responsibilities and issue LoD	Peter Beckwith	Completed	
Develop and train upgraded IAO Team and issue LoDs	Lee Rickles	Completed	
CEO to champion Board endorsed Cyber Security messaging to all employees	Peter Beckwith	Completed	
<b>4-6 Months</b>			
Policy Suite rework in line with Common Best Practice	Peter Beckwith and Lee Rickles	Completed	
SIRO to lead Cyber Security culture and develop KPIs for Cyber Security reporting and begin regular reporting to the Board	Lee Rickles	Ongoing	
Complete initial risk Appetite work, cascade and train staff through IAO network and identify IAS, CIAs and BCIAAs	Lee Rickles	Ongoing	
<b>7-12 Months</b>			
Confirm Cyber Security meetings and Governance structure with "office of the SIRO"	Lee Rickles	Ongoing	
Initiate Acceptable Use Policy	Lee Rickles	Ongoing	
Resource, communicate and champion Digital and Cyber Security Strategies	Lee Rickles	Ongoing	
Complete refresh of BCO and DR plans, including ongoing exercises/testing programme	Lee Rickles	Ongoing	
<b>13-18 Months</b>			
Mature the Cyber Security Communications programme and test knowledge feedback	Lee Rickles	Ongoing	
Operations policies and mature metrics to enable oversight/measurement	Lee Rickles	Ongoing	
Confirm Board confidence with Organisations CORS programme progress	Lee Rickles	Ongoing	



Operational	Responsible Owner	Status	RAG Rating
<b>0-3 Months</b>			
Update all unsupported systems to a supported version - Desktop	Richard Brumpton	on going	Yellow
Change password policy in line with NCSC guidelines	Richard Brumpton	completed	Green
Establish enhanced network perimeter defences	Lee Rickles and Richard Brumpton	completed	Green
Increase security and checking for the end user RAS	Lee Rickles and Richard Brumpton	No further action	Green
Secure the Internal core network with appropriately segregated and segmented VLANs, with firewall protection	Lee Rickles and Richard Brumpton	completed	Green
Allow critical or high patches to be applied within 14 days	Lee Rickles and Richard Brumpton	Completed configuration - migration of devices to new system underway	Yellow
<b>4-6 Months</b>			
Update all unsupported systems to a supported version - Infrastructure	Richard Brumpton	Windows 10 completed. Additional security applied for software we are not able to patch.	Yellow
Initiate the deployment lockdown of port control across the Trust	Lee Rickles and Richard Brumpton	This is not needed for CE+	Yellow
Configure suitable ACLs with appropriate account management on all Trust switches	Lee Rickles and Richard Brumpton	Completed	Green
Review and remove the use of generic accounts where possible	Lee Rickles and Richard Brumpton	Ongoing	Yellow
Establish a staged approach to enable a federated organisational Protective Monitoring capability.	Lee Rickles and Richard Brumpton		Yellow
Improve the Trust DR capability and review processes	Lee Rickles and Richard Brumpton	This has been reviewed and no further	Green



Operational	Responsible Owner	Status	RAG Rating
		action needed at this time	
<b>7-12 Months</b>			
Consider forcing patching on devices when users have refused the update	Lee Rickles and Richard Brumpton	Completed	
consider implementing the MFA on the VPNs for administrative remote access	Lee Rickles and Richard Brumpton	Reviewed and completed	
Provide a strategic replacement for software distribution package deployments	Lee Rickles and Richard Brumpton	Completed	
<b>13-18 Months</b>			
Deliver a capability to enable regular searching of sensitive trust data	Lee Rickles and Richard Brumpton		
Implement a TDA capability to review all Trust network design implementation	Lee Rickles and Richard Brumpton		
Develop a Trust strategy and roadmap to move elements to the cloud	Lee Rickles and Richard Brumpton	Ongoing	
Actively manage the security configuration of EUDs and servers	Lee Rickles and Richard Brumpton		
Enable the implementation of MDM	Lee Rickles and Richard Brumpton		



## Clinical

Clinical	Responsible Owner	Status	RAG Rating
<b>0-3 Months</b>			
A robust training regime to upskill clinicians who are resistant and require further support with the correct safe use of Lorenzo	Adrian Elsworth	ongoing	
Staff need to understand their responsibilities of using systems appropriately	Adrian Elsworth	ongoing	
Have a strong knowledge of the Trusts current cyber security policies and procedures	Adrian Elsworth	Completed	
<b>4-6 Months</b>			
The trust should carry out a comprehensive review of their current systems and protocols for handling patient data, including electronic and paper records.	Adrian Elsworth	ongoing	
EPS must be implemented securely. This will allow the Trust to send prescriptions electronically to the local pharmacy	Weeliat Chong	ongoing	
<b>7-12 Months</b>			
The clinical Safety Officer should ensure the arrangements for an internal data security audit and external validation	Rebecca Wilson		
The Trust should document how they will transition to LHCRE system	Lee Rickles	Completed	
Members of Clinical Systems Team should be encouraged to work-shadow clinical Teams	Adrian Elsworth/Julie Crockett		
<b>13-18 Months</b>			
Carry out performance management process on Smartcard sharing and use	Lee Rickles	ongoing	
Ensure all publicly available information on the Trusts V-Drive is migrated to the appropriate folders produced by the IT Team Private, Public and Shared files	Adrian Elsworth	ongoing	



## Communications

Communications	Responsible Owner	Status	RAG Rating
<b>0-3 Months</b>			
Develop and launch a Cultural Transformation Cyber Security Communications Plan	Rachel Kirby	Completed	
Repeatable message from the CEO endorsing and promulgating the importance of Cyber Security and IG	Rachel Kirby	ongoing	
Develop a Cyber Security Crisis	Rachel Kirby	ongoing	
communications Plan for any eventual Cyber incident	Rachel Kirby	ongoing	
<b>4-6 Months</b>			
Conduct Training needs Gap Analysis: Information Asset Owners (IAOs), Clinicians and Cyber Security Awareness	HR	ongoing	
<b>7-12 Months</b>			
Develop a Reward and Recognition Scheme for Cyber Security and Information Governance which identifies Cyber Security Leads	Rachel Kirby	ongoing	
Build Cyber Security and Information Governance objectives into the annual Performance Development Reviews and include in on boarding and induction processes	Rachel Kirby	ongoing	
<b>13-18 Months</b>			
Continue to develop and implement sustainable and measureable Cyber Security campaigns using a range of channels and supported by the NHS Digital Cyber Security awareness campaign materials over an extended programme.	Rachel Kirby	ongoing	



## Procurement

Procurement	Responsible Owner	Status	RAG Rating
<b>0-3 Months</b>			
Create a procurement project procedure, provide training and implement	Mark Turner	Complete	Green
Get the web-based contact management portal up to date with all Trust contacts	Phillip Simmons	Complete	Green
Implement a contract summary handover document	Phillip Simmons	Complete	Green
Enhance Procurements page on the Trusts internet site	Mark Turner	Complete	Green
<b>4-6 Months</b>			
Provide procurement and commercial training for budget holders and managers	Mark Turner	ongoing	Yellow
Provide contract management training	Phillip Simmons	ongoing	Yellow
Provide BCP Training	Mark Turner	ongoing	Yellow
Ensure DDP's are detailed and completed properly	Mark Turner	Complete	Green
<b>7-12 Months</b>			
Manage supplier Business Continuity	Mark Turner	ongoing	Yellow
Manage contract exits with proactive plans in place	Mark Turner	Complete	Green
implement best practice opportunities to improve Cyber and information Security	Mark Turner	ongoing	Yellow
<b>13-18 Months</b>			
Validate CORS findings and recommendations	Mark Turner	ongoing	Green





**Agenda Item 17**

Title & Date of Meeting:	Trust Board Public Meeting - 28 October 2020			
Title of Report:	A Framework of Quality Assurance for Responsible Officers and Revalidation, Annex D – Annual Board Report and Statement of Compliance			
Author/s:	Name: Dr John Byrne Title: Executive Medical Director & Responsible Officer (RO)			
Recommendation:	To approve	X	To receive & note	
	For information		To ratify	
Purpose of Paper:	<p>This report summaries activity relating to appraisal and revalidation processes for 2019/20 The Annual Organisation Audit (AOA) data is also attached for information.</p> <p>NHSE have organisations for voluntary submissions this year, however if the Board are satisfied we will submit a statement of compliance signed by the Chief Executive in the normal manner</p>			
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Annual report	✓
Key Issues within the report:	<ul style="list-style-type: none"> <li>All appraisal and revalidation activity was suspended in line with GMC/NHSE guidance on March 16<sup>th</sup> and was recommenced on October 1<sup>st</sup>.</li> <li>This suspension had a limited effect on a small number of individuals but this will be addressed in the coming year in line with new guidance.</li> <li>The Trust's policy, process and procedure was subject to internal audit review and relevant actions have been taken (This was in line with the plan submitted for 18/19).</li> <li>The Trust Appraisal Lead has carried out 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, so that going forward it will be captured in the Annual Carer and Experience Patient Report</li> </ul>			



	<ul style="list-style-type: none"> <li>We are seeking to build on our internal Quality assurance process by doing some external peer review of our appraisals with neighbouring Trusts.</li> <li>The Trust Lead has undertaken feedback with appraisers and appraises which is positive and has been shared.</li> </ul>
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**Monitoring and assurance framework summary:**

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



**Annual Organisational  
Audit (AOA)  
End of year questionnaire  
2019-2020**

## HS England INFORMATION READER BOX

### Directorate

#### Medical

Commissioning Operations    Patients and Information  
Commissioning Strategy

Nursing

Trans. & Corp. Ops.

Finance

### Publications Gateway Reference: **000182**

<b>Document Purpose</b>	Resources
<b>Document Name</b>	Annual Organisational Audit Annex C (end of year questionnaire)
<b>Author</b>	Lynda Norton
<b>Publication Date</b>	21 March 2019
<b>Target Audience</b>	Medical Directors, NHS England Regional Directors, GPs
<b>Additional Circulation List</b>	
<b>Description</b>	The AOA (Annex C of the Framework for Quality Assurance) is a standardised template for all responsible officers to complete and return to their higher level responsible officer via the Revalidation Management System. AOAs from all designated bodies will be collated to provide an overarching status report of progress across England.
<b>Cross Reference</b>	A Framework for Quality Assurance for Responsible Officers & Revalidation April 2014 Gateway ref 01142
<b>Superseded Docs (if applicable)</b>	2017/18 AOA cleared with Publications Gateway Reference 07760
<b>Action Required</b>	
<b>Timings / Deadline</b>	
<b>Contact Details for further information</b>	Lynda Norton Professional Standards Team Quarry House Leeds LS2 7UE 0113 825 1463

### Document Status

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# Annual Organisational Audit (AOA)

## End of year questionnaire 2019/20

Version number: 1.0

First published: 4 April 2014

Updated: 24 March 2015, 18 March 2016, 24 March 2017, 23 March 2018, January 2019

Prepared by: Lynda Norton Project Manager for Quality Assurance, NHS England

Classification: OFFICIAL

**Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:**

Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and

Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

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## 1 Introduction

The Annual Organisational Audit (AOA) is an element of the Framework of Quality Assurance (FQA) and is a standardised template for all responsible officers to complete and return to their higher level responsible officer. AOAs from all designated bodies will be collated to provide an overarching status report of the responsible officer function across England. Where small designated bodies are concerned, or where types of organisation are small, these will be appropriately grouped to ensure that data is not identifiable to the level of the individual.

As the first cycle of medical revalidation is now complete, it is the right time to update the FQA and its underpinning annexes. The update started by reviewing the AOA and taking account of the feedback received at the beginning of this work, we have produced a slimmed down questionnaire for responsible officers to complete for the 2018/19 exercise.

In response to feedback from designated bodies, we have simplified the categories of appraisals in the 2018/19 AOA to:

- Category 1 - a single figure of completed medical appraisals
- Category 1a – fully compliant appraisal figure (optional)
- Category 2 – no change ('approved missed' e.g. maternity, sickness)
- Category 3 – no change ('unapproved missed')

This slimmed down AOA concentrates primarily on the quantitative measures of previous AOAs, the numbers of doctors with a prescribed connection and their appraisal rates. As the systems and processes that support medical revalidation are established, the emphasis has moved to reporting on how these should be developed year on year through the newly revised Board report instead. The Board report is also a component of the FQA. In time, we expect to introduce suitable quantitative measures about the remaining components of the responsible officer function, for example responding to concerns, monitoring of performance and identity checks.

The AOA 2018/19 questionnaire is divided into four sections:

Section 1: The designated body and the responsible officer

Section 2: Appraisal

Section 3: The Annual Board Report and Statement of Compliance

Section 4: Additional comments

The questionnaire is to be completed by the responsible officer on behalf of the designated body for the year ending 31 March 2019. Inputting the information can be appropriately

delegated. The completed questionnaire should be submitted before or by the deadline. The final date for submission will be detailed in an email containing the link to the electronic version of the form, which will be sent after 31 March 2019.

Whilst NHS England is a single designated body, for this audit, the national, regional and local offices of NHS England should answer as a 'designated body' in their own right.

Following completion of this AOA exercise, designated bodies should:

- Consider using the information gathered to produce a status report and to conduct a review of their organisations' appraisal developmental needs.
- Complete their Board report and submit it to NHS England by 27 September 2019. The Board report template has also been revised as described above and now includes the annual statement of compliance. The new version will enable designated bodies to review and develop their systems and processes. It will also enable them to provide assurance that they are supporting patient care by fulfilling their statutory obligations in respect of the responsible officer function.

For further information, references and resources can be found at page 16

[www.england.nhs.uk/revalidation](http://www.england.nhs.uk/revalidation)



## 2 Guidance for submission

Guidance for submission:

- A small number of questions require a 'Yes' or 'No' answer. To answer 'Yes', you must be able to answer 'Yes' to all the statements listed under 'to answer 'Yes''
- Please do not use this version of the questionnaire to submit your designated body's response.
- You will receive an email with an electronic link to a unique version of this form for your designated body.
- You should only use the link received from NHS England by email, as it is unique to your organisation.
- Once the link is opened, you will be presented with two buttons; one to download a blank copy of the AOA for reference, the second button will take you to the electronic form for submission.
- Submissions can only be received electronically via the link. Do not complete hardcopies or email copies of the document.
- The form must be completed in its entirety prior to submission; it cannot be part-completed and saved for later submission.
- Once the 'submit' button has been pressed, the information will be sent to a central database collated by NHS England.
- A copy of the completed submission will be automatically sent to the responsible officer.
- Please be advised that Questions 1.1-1.3 may have been automatically populated with information previously held on record by NHS England. The submitter is responsible for checking the information is correct and should update the information if and where required before submitting the form.

### 3 Section 1 – The Designated Body and the Responsible Officer

Section 1	The Designated Body and the Responsible Officer		
1.1	<b>Name of designated body: Humber Teaching NHS Foundation Trust</b>		
	Head Office or Registered Office Address if applicable line 1 Trust HQ		
	Address line 2 Willerby Hill		
	Address line 3 Beverley Road		
	Address line 4		
	City Willerby		
	County East Yorkshire Postcode HU10 6ED		
	Responsible officer: Title Dr GMC registered first name: John GMC registered last name: Byrne GMC reference number: 4231325 Phone Email: john.byrne1@nhs.net		
	Medical Director: Title Dr GMC registered first name: John GMC registered last name Byrne GMC reference number 4231325 Phone Email john.byrne1@nhs.net		No medical Director Yes/No
	Clinical Appraisal Lead Title Dr GMC registered first name: Srikanth GMC registered last name: Sajja GMC reference number 4291884 Phone Email: srikanth.sajja@nhs.net		No clinical lead Yes/No
Chief executive (or equivalent): Title Ms First name: Michele Last name: Moran GMC reference number (if applicable) N/A Phone Email: michele.moran@nhs.net			

1.2	Type/sector of designated body: (tick one)	NHS	Acute hospital/secondary care foundation trust	
			Acute hospital/secondary care non-foundation trust	
			Mental health foundation trust	X
			Mental health non-foundation trust	
			Other NHS foundation trust (care trust, ambulance trust, etc)	
			Other NHS non-foundation trust (care trust, ambulance trust, etc)	
			Special health authorities (NHS Litigation Authority (now NHS Resolution), NHS Improvement, NHS Blood and Transplant, etc)	
		NHS England	NHS England (local office)	
			NHS England (regional office)	
			NHS England (national office)	
		Independent / non-NHS sector (tick one)	Independent healthcare provider	
			Locum agency	
			Faculty/professional body (FPH, FOM, FPM, IDF, etc)	
			Academic or research organisation	
			Government department, non-departmental public body or executive agency	
			Armed Forces	
			Hospice	
			Charity/voluntary sector organisation	
			Other non-NHS (please enter type)	

1.3	<b>The responsible officer's higher level responsible officer is based at:</b> [tick one]	NHS England North	X
		NHS England Midlands and East	
		NHS England London	
		NHS England South	
		NHS England (National)	
		Department of Health	
		Faculty of Medical Leadership and Management - for NHS England (national office) only	
		Other (Is a suitable person)	
1.4	<b>A responsible officer has been nominated/appointed in compliance with the regulations.</b>  To answer 'Yes': <ul style="list-style-type: none"> <li>The responsible officer has been a medical practitioner fully registered under the Medical Act 1983 throughout the previous five years and continues to be fully registered whilst undertaking the role of responsible officer.</li> <li>The responsible officer has been formally nominated /appointed by the board or executive of the organisation.</li> </ul>		X Yes  <input type="checkbox"/>  <input type="checkbox"/>  No

## 4 Section 2 – Appraisal

Section 2		Appraisal					
2.1	IMPORTANT: Only doctors with whom the designated body has a prescribed connection at 31 March 2020 should be included. Where the answer is 'nil' please enter '0'.	Connections Number of Prescribed (1)	1	1a	2	3	Total
	See guidance notes on pages 12-14 for assistance completing this table		Completed Appraisal (1)	(Optional) Completed Appraisal (1a)	Approved incomplete or missed appraisal (2)	Unapproved incomplete or missed appraisal (3)	
2.1.1	<b>Consultants</b> (permanent employed consultant medical staff including honorary contract holders, NHS, hospices, and government /other public body staff. Academics with honorary clinical contracts will usually have their responsible officer in the NHS trust where they perform their clinical work).	35	29	0	3	3	35
2.1.2	<b>Staff grade, associate specialist, specialty doctor</b> (permanent employed staff including hospital practitioners, clinical assistants who do not have a prescribed connection elsewhere, NHS, hospices, and government/other public body staff) .	13	10	0	3	0	13
2.1.3	<b>Doctors on Performers Lists</b> (for NHS England and the Armed Forces only; doctors on a medical or ophthalmic performers list. This includes all general practitioners (GPs) including principals, salaried and locum GPs).	0	0	0	0	0	0
2.1.4	<b>Doctors with practising privileges</b> (this is usually for independent healthcare providers, however practising privileges may also rarely be awarded by NHS organisations. All doctors with practising privileges who have a prescribed connection should be included in this section, irrespective of their grade).	0	0	0	0	0	0
2.1.5	<b>Temporary or short-term contract holders</b> (temporary employed staff including locums who are directly employed, trust doctors, locums for service, clinical research fellows, trainees not on national training schemes, doctors with fixed-term employment contracts, etc).	0	0	0	0	0	0
2.1.6	<b>Other doctors with a prescribed connection to this designated body</b> (depending on the type of designated body, this category may include responsible officers, locum doctors, and members of the faculties/professional bodies. It may also include some non-clinical management/leadership roles, research, civil service, doctors in wholly independent practice, other employed or contracted doctors not falling into the above categories, etc).	0	0	0	0	0	0
2.1.7	<b>TOTAL</b> (this cell will sum automatically 2.1.1 – 2.1.6).	<b>48</b>	<b>39</b>	<b>0</b>	<b>6</b>	<b>3</b>	<b>48</b>

2.1	<p><b><u>Column - Number of Prescribed Connections:</u></b>  <b>Number of doctors with whom the designated body has a prescribed connection as at 31 March 2020</b>  The responsible officer should keep an accurate record of all doctors with whom the designated body has a prescribed connection and must be satisfied that the doctors have correctly identified their prescribed connection. Detailed advice on prescribed connections is contained in the responsible officer regulations and guidance and further advice can be obtained from the GMC and the higher level responsible officer. The categories of doctor relate to current roles and job titles rather than qualifications or previous roles. The number of individual doctors in each category should be entered in this column. Where a doctor has more than one role in the same designated body a decision should be made about which category they belong to, based on the amount of work they do in each role. Each doctor should be included in only one category. For a doctor who has recently completed training, if they have attained CCT, then they should be counted as a prescribed connection. If CCT has not yet been awarded, they should be counted as a prescribed connection within the LETB AOA return.</p> <p><b><u>Column - Measure 1 Completed medical appraisal:</u></b>  <i>A completed annual medical appraisal is one where either:</i></p> <ul style="list-style-type: none"> <li>a) All of the following three standards are met: <ul style="list-style-type: none"> <li>i. the appraisal meeting has taken place in the three months preceding the agreed appraisal due date*,</li> <li>ii. the outputs of appraisal have been agreed and signed-off by the appraiser and the doctor within 28 days of the appraisal meeting,</li> <li>iii. the entire process occurred between 1 April and 31 March.</li> </ul> </li> </ul> <p>Or</p> <ul style="list-style-type: none"> <li>b) the appraisal meeting took place in the appraisal year between 1 April and 31 March, and the outputs of appraisal have been agreed and signed-off by the appraiser and the doctor, but one or more of the three standards in a) has been missed. However, the judgement of the responsible officer is that the appraisal has been satisfactorily completed to the standard required to support an effective revalidation recommendation.</li> </ul> <p>For doctors who have recently completed training, it should be noted that their final ACRP equates to an appraisal in this context.</p> <p><b><u>Column - Measure 1a (Optional) Completed medical appraisal:</u></b>  For designated bodies who wish to and can report this figure, this is the number of completed medical appraisals that meet all <b>three</b> standards defined in Measure 1 a) above. This figure is not reported nationally and is intended to inform the internal quality processes of the designated body.</p>	
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**Column - Measure 2: Approved incomplete or missed appraisal:**

*An approved incomplete or missed annual medical appraisal is one where the appraisal has not been completed according to the parameters of a [Category 1 completed annual medical appraisal](#), but the responsible officer has given approval to the postponement or cancellation of the appraisal. The designated body must be able to produce documentation in support of the decision to approve the postponement or cancellation of the appraisal for it to be counted as an [Approved incomplete or missed annual medical appraisal](#).*

**Column - Measure 3: Unapproved incomplete or missed appraisal:**

*An Unapproved incomplete or missed annual medical appraisal is one where the appraisal has not been completed according to the parameters of a [Category 1 completed annual medical appraisal](#), and the responsible officer has not given approval to the postponement or cancellation of the appraisal.*

*Where the organisational information systems of the designated body do not retain documentation in support of a decision to approve the postponement or cancellation of an appraisal, the appraisal should be counted as an [Unapproved incomplete or missed annual medical appraisal](#).*

**Column Total:**

Total of columns 1+2+3. The total should be equal to that in the first column (Number of Prescribed Connections), the number of doctors with a prescribed connection to the designated body at 31 March 2020.

**\* Appraisal due date:**

A doctor should have a set date by which their appraisal should normally take place every year (the 'appraisal due date'). The appraisal due date should remain the same each year unless changed by agreement with the doctor's responsible officer. Where a doctor does not have a clearly established appraisal due date, the next appraisal should take place by the last day of the twelfth month after the preceding appraisal. This should then by default become their appraisal due date from that point on. For a designated body which uses an 'appraisal month' for appraisal scheduling, a doctor's appraisal due date is the last day of their appraisal month.

For more detail on setting a doctor's appraisal due date see the [Medical Appraisal Logistics Handbook: \(NHS England 2015\)](#).

2.2	<p><b>Every doctor with a prescribed connection to the designated body with a missed or incomplete medical appraisal has an explanation recorded</b></p> <p>If all appraisals are in Categories 1, please answer N/A.</p> <p>To answer Yes:</p> <ul style="list-style-type: none"> <li>• The responsible officer ensures accurate records are kept of all relevant actions and decisions relating to the responsible officer role.</li> <li>• The designated body's annual report contains an audit of all missed or incomplete appraisals (approved and unapproved) for the appraisal year 2019/2020 including the explanations and agreed postponements.</li> <li>• Recommendations and improvements from the audit are enacted.</li> </ul> <p><u>Additional guidance:</u> A missed or incomplete appraisal, whether approved or unapproved, is an important occurrence which could indicate a problem with the designated body's appraisal system or non-engagement with appraisal by an individual doctor which will need to be followed up.</p> <p><u>Measure 2: Approved incomplete or missed appraisal:</u> <i>An approved incomplete or missed annual medical appraisal is one where the appraisal has not been completed according to the parameters of a Category 1 completed annual medical appraisal, but the responsible officer has given approval to the postponement or cancellation of the appraisal. The designated body must be able to produce documentation in support of the decision to approve the postponement or cancellation of the appraisal for it to be counted as an Approved incomplete or missed annual medical appraisal.</i></p> <p><u>Measure 3: Unapproved incomplete or missed appraisal:</u> <i>An Unapproved incomplete or missed annual medical appraisal is one where the appraisal has not been completed according to the parameters of a Category 1 completed annual medical appraisal, and the responsible officer has not given approval to the postponement or cancellation of the appraisal. Where the organisational information systems of the designated body do not retain documentation in support of a decision to approve the postponement or cancellation of an appraisal, the appraisal should be counted as an Unapproved incomplete or missed annual medical appraisal.</i></p>	<input type="checkbox"/> X Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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## 5 Section 3 – Annual Board Report and Statement of Compliance

The last Annual Board Report was signed off on: [24<sup>th</sup> July 2019]

The last Statement of Compliance was signed off on: [24<sup>th</sup> July 2019]

## 6 Section 4 - Comments

Section 4	Comments	
4	<p>Measure 3 – x 3 missed appraisals - One appraisal was deferred due to maternity leave. Two appraisals where postponed were approved missed appraisals as advised by the RO due to COVID 19 guidance. Measure 2 – Approved Incomplete - x 4 New Starters, X 1 long-term sickness and x 1 leaver.</p>	

## 7 Reference

### Sources used in preparing this document include:

1. The Medical Profession (Responsible Officers) Regulations 2010 (Her Majesty's Stationery Office, 2013)
2. The Medical Profession (Responsible Officers) (Amendment) Regulations 2013 (Her Majesty's Stationery Office, 2013)
3. The Medical Act 1983 (Her Majesty's Stationery Office, 1983)
4. The National Health Service (Performers Lists) (England) Regulations 2013
5. *Revalidation: A Statement of Intent* (GMC and others, 2010)
6. *Guidance on Colleague and Patient Questionnaires* (GMC, 2012)
7. *Effective clinical governance for the medical profession: A handbook for organisations employing, contracting or overseeing the practice of doctors* (GMC 2018)
8. *The GMC protocol for making revalidation recommendations: Guidance for responsible officers and suitable persons* (GMC, 2012, updated in 2014)
9. *Providing a Professional Appraisal* (NHS Revalidation Support Team, 2012)
10. *Appraisal in the Independent Health Sector* (British Medical Association and Independent Healthcare Advisory Services, 2012)
11. *Joint University and NHS Appraisal Scheme for Clinical Academic Staff* (Universities and Colleges Employers Association, 2002, updated in 2012)
12. *Preparing for the Introduction of Medical Revalidation: a Guide for Independent Sector Leaders in England* (GMC and Independent Healthcare Advisory Services, 2011, updated in 2012)
13. *Medical Appraisal Logistics Handbook* (NHS England, 2015)



# **A Framework of Quality Assurance for Responsible Officers and Revalidation**

## **Annex D – Annual Board Report and Statement of Compliance.**

NHS England and NHS Improvement



# A Framework of Quality Assurance for Responsible Officers and Revalidation

## Annex D – Annual Board Report and Statement of Compliance.

Publishing approval number: **000515**

Version number: 3.0

First published: 4 April 2014

Updated: October 2020

Prepared by: Lynda Norton, Claire Brown, Maurice Conlon

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact Lynda Norton on [England.revalidation-pmo@nhs.net](mailto:England.revalidation-pmo@nhs.net).

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## 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 annexes A – G. Included in the seven annexes is the Annual Organisational Audit (annex C), Board Report (annex D) and Statement of Compliance (annex E), which although are listed separately, are linked together through the annual audit process. To ensure the FQA continues to support future progress in organisations and provides the required level of assurance both within designated bodies and to the higher-level responsible officer, a review of the main document and its underpinning annexes has been undertaken with the priority redesign of the three annexes below:

- **Annual Organisational Audit (AOA):**

The AOA has been simplified, with the removal of most non-numerical items. The intention is for the AOA to be the exercise that captures relevant numerical data necessary for regional and national assurance. The numerical data on appraisal rates is included as before, with minor simplification in response to feedback from designated bodies.

- **Board Report template:**

The Board Report template now includes the qualitative questions previously contained in the AOA. There were set out as simple Yes/No responses in the AOA but in the revised Board Report template they are presented to support the designated body in reviewing their progress in these areas over time.

Whereas the previous version of the Board Report template addressed the designated body's compliance with the responsible officer regulations, the revised version now contains items to help designated bodies assess their effectiveness in supporting medical governance in keeping with the General Medical Council (GMC) handbook on medical governance<sup>1</sup>. This publication describes a four-point checklist for organisations in respect of good medical governance, signed up to by the national UK systems regulators including the Care Quality Commission (CQC). Some of these points are already addressed by the existing questions in the Board Report template but with the aim of ensuring the checklist is fully covered, additional questions have been included. The intention is to help designated bodies meet the requirements of the system regulator as well as those of the professional regulator. In this way the two regulatory processes become complementary, with the practical benefit of avoiding duplication of recording.

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<sup>1</sup> Effective clinical governance for the medical profession: a handbook for organisations employing, contracting or overseeing the practice of doctors GMC (2018) [[https://www.gmc-uk.org/-/media/documents/governance-handbook-2018\\_pdf-76395284.pdf](https://www.gmc-uk.org/-/media/documents/governance-handbook-2018_pdf-76395284.pdf)]

The over-riding intention is to create a Board Report template that guides 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, and
- c) act as evidence for CQC inspections.

- **Statement of Compliance:**

The Statement Compliance (in Section 8) has been combined with the Board Report for efficiency and simplicity.

# Designated Body Annual Board Report

## Section 1 – General:

The board / executive management team – [*delete as applicable*] of [*insert official name of DB*] can confirm that:

1. The Annual Organisational Audit (AOA) for this year has been submitted.

Date of AOA submission: October 2020

Action from last year: No actions from 2019/20

Comments: The organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013). The RO as Executive Medical Director sits on the Board and provides input on matters relating to clinical governance for doctors.

Action for next year: Continue to maintain compliance.

2. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Action from last year: The Revalidation Team attended updates/refresher training as part of the RO Network 2019/20.

Comments: In full compliance with the regulations, Dr John Byrne, Medical Director, has been the Responsible Officer for revalidation since 1st April 2018, following completion of training. He is also a member of the Regional Responsible Officers network. Dr Byrne himself is compliant in relation to appraisal.

Action for next year: No new action for 2020/21 – Retained action from 2018/18 i.e. continue to attend any updates/refresher training as part of the RO network.

3. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes

Action from last year: Continue to utilise all resources effectively to ensure the RO is able to 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 also by The Medical Directorate & Medical Education Manager (MDEM). The Trust currently has 6 trained appraisers; this ensures that all doctors receive an annual appraisal (where appropriate). The L2P system is fully embedded 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.



**Action for next year:** Retained action from 2018/19 - Continue to utilise all resources effectively to ensure the RO is able to carry out the responsibilities of his role fully.

4. 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 embedded across the Trust and this system is used effectively to record appraisal compliance (including engagement/completion of 360 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. This system is maintained by the Revalidation Officer.

Action for next year: Retained action from 2019/2020 - Continue to update and maintain information systems as necessary.

5. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Action from last year: Following an internal audit which was carried out as part of the Audit Committee Annual Audit Plan the Trust 'Medical Revalidation and Appraisal Policy' was reviewed and updated. The policy was ratified through the Local Negotiating Committee (LNC) and Executive Management Team (EMT). All actions from that audit have been completed.

Comments: 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: Next formal review is due in 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.

6. A peer review has been undertaken of this organisation's appraisal and revalidation processes.

Action from last year: Implement peer review process working with a neighbouring Trust.

Comments: 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. The Trust are liaising with colleagues at the Acute Trust in order to implement the process of peer review. This has been interrupted due to lack of availability and COVID 19 restrictions.

Action for next year: Implement peer review process working with a neighbouring Trust.

7. 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: No Action for 2019/2020

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 exactly 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.

Action for next year: The Trust will request that all long term locums will confirm that they have had the necessary appraisal and share that with us. Information sharing process about the Agency Locum doctor's appraisal between both Responsible Officers will be reviewed.

## Section 2 – 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.

Action from last year: Maintain existing standards to comply with the Trust 'Medical Revalidation and Appraisal' Policy. The external peer review process will be used to provide quality assurance.

Comments: 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 is included in their appraisals. This information is included within the appraisal and reviewed by the appraiser.

Action for next year: Retained action from 2019/2020 – Continue 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

- 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: Conduct policy review as/when necessary

Comments: 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. All medical policies are ratified through the Local Negotiating Committee (LNC) and signed off by the Executive Management Team (EMT). Following an internal audit which was carried out as part of the Audit Committee Annual Audit Plan the Trust 'Medical Revalidation and Appraisal Policy' was reviewed and updated. The policy was ratified through the Local Negotiating Committee (LNC) and Executive Management Team (EMT). All actions from that audit have been completed.

Action for next year: Retained action from 2019/2020 - Next formal policy review is due in 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.

- 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: No action from 2019/2020

Comments: Medical Appraisers are recruited and selected by the Trust in accordance with national guidance. The Trust currently has 6 trained appointed appraisers to meet the need and this ensures that all doctors receive an annual appraisal (where appropriate) in a timely manner. Appraiser allocation takes place on an annual basis; this is led by the Appraisal Lead and ensures adequate notice for Appraisees.

Action for next year: Continue to ensure appraisals are completed in a timely manner and maintain/increase 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<sup>2</sup> or equivalent).**

Action from last year: RO, Appraisal Lead, Medical Education Manager and Revalidation Officer regularly attend regional network meetings.

<sup>2</sup> <http://www.england.nhs.uk/revalidation/ro/app-syst/>

<sup>2</sup> Doctors with a prescribed connection to the designated body on the date of reporting.

Comments: RO, Appraisal Lead, Medical Education Manager 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.

Action for next year: Retained action from 2019/2020 - RO, Appraisal Lead, Medical Education Manager and Revalidation Officer regularly attend regional network meetings.

New action - Continue to maintain and expand on existing good practice.

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 and Appraisal Forum (CPD event), have been completed by the Appraisal Lead in 2019/2020

Action for next year: Retained action from 2019/2020 - Continue to maintain and build on local appraisal quality assurance processes and ensure the dissemination of learning.

## 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 (through the Workforce & OD Committee) are informed/advised of any late or missed recommendations with an explanation and reasons for any deferral submissions.

Action for next year: Retained action from 2019/2020 - 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 from 2019/2020 - 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 action from 2019/2020 – No changes 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) for the GMC which discusses ongoing developments and challenges

Action for next year: No changes anticipated for 2020/2021

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. The Trust are liaising with colleagues at the Acute Trust in order

to implement the process of peer review. This has been interrupted due to lack of availability and COVID 19 restrictions.

Action for next year: Retained action from 2019/2020 Implement peer review process working with a neighbouring Trust.

3. There is a process established for responding to concerns about any licensed medical practitioner's<sup>1</sup> 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: 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 National Clinical Assessment Service (NCAS) 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 over the last 12 months the local policy was reviewed and updated. The final document was ratified through the Local Negotiating Committee (LNC) and Executive Management Team (EMT).

Action for next year: Retained action from 2019/2020 - Next formal policy review is due in 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.

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<sup>3</sup>.

Action from last year: No action from 2019/2020

Comments: In relation to concerns relating to a doctor/s the Medical Director provides an annual report to the Trust Board (through the Workforce & OD Committee or through part 2 monthly board reportable log where necessary), detailing number of concerns, types of concern and outcome from previous

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<sup>4</sup>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.

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 have recently appointed a lead for E&D.

Action for next year: Continue to maintain existing standards or 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<sup>4</sup>.

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 from 2019/2020 - 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).

Action from last year: No action from 2019/2020

Comments: The Medical Revalidation and Appraisal Policy and the Medical Disciplinary 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 are discussed with NCAS and with the GMC ELA as required and in line with policy.

Action for next year: No action for 2020/2021

<sup>4</sup> The Medical Profession (Responsible Officers) Regulations 2011, regulation 11: <http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>

## 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: 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 from 2019/2020 - 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 last year's actions – There were no major actions arising in 2019/2020 except actions around the maintenance standards and good practice, and compliance with policy and quality assurance process.
- As part of the Trusts internal audit plan the Medical Revalidation and Appraisal Policy was subject to internal process and all of the audit actions have been completed.
- The Trust Appraisal Lead has carried out 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, so that going forward it will be captured in the Annual Carer and Experience Patient Report.
- We will continue to have regular Revalidation/Appraisal meetings, Appraisal Forums and continue to organise training courses.
- Actions still outstanding – The Trust are liaising with colleagues at the Acute Trust in order to implement the process of peer review. This has been interrupted due to lack of availability and COVID 19 restrictions.
- Action for next year: Implement peer review process working with a neighbouring Trust.



- Current Issues – No current issues
- New Actions: No significant new actions, mainly 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 supports doctor’s personal and professional development.

## Section 7 – Statement of Compliance:

The Board / executive management team – [*delete as applicable*] of [*insert official name of DB*] 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).

Signed on behalf of the designated body

[(Chief executive or chairman (or executive if no board exists)]

Official name of designated body: **Humber Teaching NHS Foundation Trust**

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Role: \_\_\_\_\_

Date: \_\_\_\_\_

**Agenda Item: 18**

Title & Date of Meeting:	Trust Board Public Meeting– 28 October 2020										
Title of Report:	Healthcare Worker Flu Vaccination Self-Assessment 2020/2021										
Author:	Name: Steve McGowan Title: Director of Workforce and Organisational Development										
Recommendation	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">To approve</td> <td style="width: 10%;"></td> <td style="width: 30%;">To receive &amp; note</td> <td style="width: 10%; text-align: center;">✓</td> </tr> <tr> <td>For information</td> <td></td> <td>To ratify</td> <td></td> </tr> </table>			To approve		To receive & note	✓	For information		To ratify	
To approve		To receive & note	✓								
For information		To ratify									
Purpose of Paper:	To provide self-assessment information to the Board in relation to the published NHS England and NHS Improvement (NHSE&I) best practice management checklist on flu vaccinations for healthcare workers, as requested by NHSE&I.										
Governance		Date	Date								
	Audit Committee		Remuneration & Nominations Committee								
	Quality Committee		Workforce & Organisational Development Committee								
	Finance & Investment Committee		Executive Management Team								
	Mental Health Legislation Committee		Operational Delivery Group								
	Charitable Funds Committee		Other (please detail) Specific Report	✓							
Key Issues within the report:	<ul style="list-style-type: none"> <li>71 peer vaccinators trained;</li> <li>Occupational Health supported clinics are being held from 19 October 2020 to 17 December 2020 and over 300 members of staff are currently booked to receive a vaccine at one of these clinics;</li> <li>As of 8<sup>th</sup> October 2020 a total of 42 staff members have received a vaccine from the Trust and an additional 22 staff members have been vaccinated at their local GP surgery. This provides a total of 66 vaccinations completed within the first week of the flu schedule;</li> <li>On 28 September 2020, 500 vaccines were received by the Trust, with an additional delivery of 850 vaccines received by the Trust on 9 October 2020. A further 1,200 vaccines are due to be delivered in November 2020 (w/c 9 November). This will provided a total of 2500 Quadrivalent vaccines and 50 Trivalent adjuvant vaccines for the over 65s;</li> <li>Provides information where the Trust has self-assessed against the best practice management checklist.</li> </ul>										

**Monitoring and assurance framework summary:**

**Links to Strategic Goals**



√	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 been considered?	Yes	Yes Detail in report	N/A	Comment
		Any Action Required?		
Risk	√			To be advised of any future implications reports as and when future implications by Lead Directors through Board required
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

## **Healthcare Worker Flu Vaccination Best Practice Management Checklist Self-Assessment 2020/2021**

### **Introduction**

The annual vaccination of healthcare workers in Humber Teaching NHS Foundation Trust (the Trust) against influenza is key in protecting our patients, staff and their families. In August 2020 NHS England and NHS Improvement wrote to all trusts requesting information on the trust plans to ensure that all of our frontline staff are offered the flu vaccination and request information in relation to how the Trust will achieve the highest possible level of vaccine cover this winter. All Trusts are required to complete the attached checklist to provide assurance to their Board against the best practice checklist. See Appendix 1.

### **Context and Background**

In March 2020 the Department of Health and Social Care (DHSC), NHS England and Improvement and Public Health England (PHE) wrote to all trusts setting out the appropriate vaccines for adults up to age 64; the egg and cell-based Quadrivalent influenza vaccines (QIVe and QIVc) and for over 65s the adjuvanted trivalent influenza vaccine (aTIV) as well as QIVc. Vaccine is usually ordered September each year to secure best prices and delivery.

To support the healthcare worker flu vaccination the CQUIN is in place and new thresholds have been set at 70% (minimum) and 90% (maximum). In 2019/20 the Trust achieved a frontline healthcare worker flu vaccination of 74.7% which is higher than 2018/19, in which the Trust achieved 71.6%.

In September 2019 the Trust placed an order of the Quadrivalent influenza vaccines and a Trivalent adjuvant vaccines suitable for over 65 years. Due to the COVID-19 pandemic, Public Health England became aware of a likely increase in demand of the vaccination and in addition, widened the risk groups (age 50+). This meant a need to manufacture more vaccines to meet the expected demand. This has led to delays in distribution nationally.

### **Progress**

To date the Trust have 71 competent peer vaccinators, with all clinical areas in Phase 1 having a minimum of one dedicated peer vaccinator. Occupational Health supported clinics are being held from 19 October 2020 to 17 December 2020 and over 300 members of staff are currently booked to receive a vaccine at one of these clinics.

As of 8<sup>th</sup> October 2020 a total of 42 staff members have received a vaccine from the Trust and an additional 22 staff members have been vaccinated at their local GP surgery. This provides a total of 66 vaccinations completed within the first week of the flu schedule.

On 28 September 2020, 500 vaccines were received by the Trust, with an additional delivery of 850 vaccines received by the Trust on 9 October 2020. A further 1,200 vaccines are due to be delivered in November 2020 (w/c 9 November). This will provide a total of 2500 Quadrivalent vaccines and 50 Trivalent adjuvant vaccines for the over 65s. To ensure that all front line staff are able to receive a vaccine, the flu schedule is split between 3 phases. Phase 1 began w/c 5 October 2020 and Phase 2 will start once all vaccines required for Phase 1 have been distributed. It is expected that Phase 2 will commence by w/c 9 November 2020. Phase 3 will follow on from Phase 2.

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**Recommendations**

The Board endorse the flu vaccination programme for 2020/21 and the associated NHS England NHS Improvement flu vaccination best practice management checklist self-assessment.

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## Appendix 1 - Healthcare Worker Flu Vaccination best practice management checklist

	Committed Leadership	Trust Self-Assessment
A		
A1	Board record commitment to achieving the ambition of 100% of front line healthcare workers being vaccinated, and for any healthcare worker who decides on the balance of evidence and personal circumstances against getting the vaccine should anonymously mark their reason for doing so.	<p>The Trust communicates to all staff its commitment and support to achieving 100% of all staff vaccinated. All staff are eligible for the vaccination.</p> <p>All front line staff who receive their vaccination and have completed their appraisal and are up to date with the statutory and mandatory training and DBS will receive a Reward Day which is an additional day of annual leave to be taken the period 1 April 2021 to 31 March 2022.</p> <p>All frontline staff who have not received their flu vaccination by 16 December 2020 will receive a letter from their professional lead to ask them to record whether they have received their vaccination at their GP or elsewhere. Whilst doing so there will be the opportunity to record their reason for not having the vaccination if they have decided not to have it. The information will be recorded anonymously.</p>
A2	The Trust has ordered and provided quadrivalent (QIV) flu vaccine for healthcare workers	<p>Staggered delivery from suppliers due to the pandemic requirement for increased need and to manage cold storage requirement.</p> <p>Adjuvant trivalent influenza vaccine (aTIV) ordered for those healthcare workers aged 65 and over.</p> <p>A cell-based vaccine was unable to be secured for those who cannot have an egg allergy or for personal preference due to the national level of demand on vaccines this year.</p>
A3	Board receive an evaluation of the flu programme 2020/21,	Updates are provided in the Chief Executives Update to



	including data, successes, challenges and lessons learnt	Board each month.
A4	Agree on a board champion for flu campaign	Francis Patton, Non-Executive Director
A5	All board members receive flu vaccination and publicise this	Board members will be offered a flu vaccine as part of Phase 3.
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	Flu team at the Healthcare Associated Infection Group with representatives from Occupational Health, Workforce, Nursing, Pharmacy and Infection Control. Updates provided to Trust Consultation and Negotiation Committee (TCNC) on a regular basis.
A7	Flu team meet regularly from September 2020	This is discussed in the Healthcare Associated Infection Group (HAIG) meeting.
	<b>Communications Plan</b>	<b>Trust Self-Assessment</b>
B		
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by the senior clinical leaders and trades unions	Myth buster and information published across the Trust through various communication methods including global midday mail, posters, screen savers, TCNC and the Chief Executive's Blog. A video has been commissioned for this year's campaign.
B2	Drop in clinics and mobile vaccination schedule published electronically, on social media and on paper	Due to the COVID-19 pandemic drop in clinics will not be offered this year. Peer vaccinators will offer vaccines at their areas of work and this will be advertised through internal communication channels at within the local work base.  Occupational Health supported clinics are scheduled and published through our internal communications.
B3	Board and Senior Managers having their vaccinations to be publicised	As vaccines are administered to Board and senior managers these will be photographed and publicised if permission is given.
B4	Flu vaccination programme and access to vaccination on induction programmes	Induction currently held virtually where participants will be informed of where and how they can receive their vaccination.

B5	Programme to be publicised on screensavers, posters and social media	Commenced with a communication plan which include screen savers, global midday email.
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	Weekly information to be provided to EMT. TCNC provided with an update and information to be shared for weekly global email.
	<b>Flexible Accessibility</b>	<b>Trust Self-Assessment</b>
C		
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained and released to vaccinate and empowered.	71 peer vaccinators competent to administer peer to peer vaccinations across clinical areas.
C2	Schedule for easy access drop in clinics agreed	No drop in clinics due to the risks associated to the spread of COVID-19. Peer vaccinators available across areas of work and Occupational Health scheduled clinics in place.
C3	Schedule for 24 hour mobile vaccinations to be agreed	Available through peer vaccinators.
	<b>Incentives</b>	<b>Trust Self-Assessment</b>
D		
D1	Board to agree on incentives and how to publicise this	Incentives have been agreed relating to an additional day of annual leave for frontline healthcare that receive the vaccination and have also completed an annual appraisal and all statutory and mandatory training and DBS is up to date. Annual leave day to be taken in period 1 April 2021 to 31 March 2022. Vaccine available to all staff within the Trust who will also receive the Reward Day.
D2	Success to be celebrated weekly	Updates to be provided to staff through Global midday email and communications team will continue to publicise.





Title & Date of Meeting:	Trust Board Public Meeting 28 <sup>th</sup> October 2020			
Title of Report:	Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standards (WDES) Report			
Author/s:	Name: Steve McGowan Title: Director of Workforce and OD			
Recommendation:	To approve		To receive & note	
	For information	X	To ratify	
Purpose of Paper:	This paper sets out the trust's WRES and WDES reports. Trust data was submitted in August as required and the report needs to be considered by Board prior to the 31 <sup>st</sup> October. The Board has already considered the objectives as part of the 2019/20 Equality, Diversity and Inclusion Annual Report.			
<b>Governance:</b> <i>Please indicate which group or committee this paper has previously been presented to:</i>	Name of group (please list all)	Date	Name of Group ( <i>continued</i> )	Date
	EMT	12/10/20		
	BAME staff Network	Sept 20		
	Humber Ability Network	Sept 20		
			Other type of review (please detail)	
Key Issues within the report:	<p>The trust has demonstrated a number of key strengths in the WRES during 2019/20 when compared to the median benchmark of Trusts relating to:</p> <ul style="list-style-type: none"> <li>• BAME representation in the workforce</li> <li>• the relative likelihood of BAME staff being appointed from shortlisting</li> <li>• the relative likelihood of BAME staff entering the formal disciplinary process</li> <li>• the relative likelihood of BAME staff accessing non-mandatory training and CPD</li> <li>• the percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public</li> <li>• the percentage of staff believing that the Trust provides equal opportunities for career progression or promotion.</li> </ul> <p>However, this report also identifies further considerations relating to:</p> <ul style="list-style-type: none"> <li>• the percentage of BAME staff experiencing</li> </ul>			



	<p>harassment, bullying or abuse from staff</p> <ul style="list-style-type: none"> <li>• the percentage of BAME staff experiencing discrimination at work from a manager, team leader or other colleagues.</li> <li>• the percentage of BAME staff as part of the Trust Board representation.</li> </ul> <p>With regards to the WDES the trust has demonstrated a number of key strengths in the past 12 months when compared to other NHS Trusts, relating to:</p> <ul style="list-style-type: none"> <li>• Disabled representation across the pay bands compared to overall workforce</li> <li>• the relative likelihood of Disabled staff being appointed from shortlisting</li> <li>• the relative likelihood of Disabled staff entering the formal disciplinary process</li> <li>• the percentage of staff believing that the Trust provides equal opportunities for career progression or promotion.</li> <li>• the percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.</li> </ul> <p>However, this report also identifies clear concerns relating to:</p> <ul style="list-style-type: none"> <li>• the percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse</li> <li>• the percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.</li> <li>• The 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.</li> <li>• the percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.</li> </ul> <p>Both reports have action plans to help address the areas that need improvement, progress against which is reported through the Workforce and OD Committee and in the Trust Equality, Diversity and Inclusion Annual Report 2020/21.</p>
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**Monitoring and assurance framework summary:**

<b>Links to Strategic Goals</b> <i>(please indicate which strategic goal/s this paper relates to)</i>	
√ 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 organization

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	√			To be advised of any future implications as and when required by the author
Risk	√			
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

## Workforce Race Equality Standard (WRES) Report 19/20

### Humber Teaching NHS Foundation Trust



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## 1. Introduction

The NHS Workforce Race Equality Standard (WRES) was made available to the NHS in April 2015. It was developed following sustained engagement and consultation with key stakeholders within NHS organisations across England and using expert advice on the factors that would provide measurable and meaningful indicators of equality performance on which organisations can develop and improve.

The main purpose of the WRES is:

- ✓ to help local, and national, NHS organisations (and other organisations providing NHS services) to review their data against the nine WRES indicators,
- ✓ to produce action plans to close the gaps in workplace experience between white and Black and Ethnic Minority (BAME) colleagues, and,
- ✓ to improve BAME representation at the Board level of the organisation.

Commissioned by the NHS Equality and Diversity Council (EDC) and NHS England, the design and development of the WRES is underpinned by engagement with, and contributions from, the NHS and national healthcare organisations, including the WRES Strategic Advisory Group.

There is considerable evidence that the less favourable treatment of BAME colleagues in the NHS, through poor treatment and opportunities, has a significant impact on colleague well-being, patient outcomes and on the efficient and effective running of the NHS and that the measures needed to address such discrimination will benefit patient care and organisational effectiveness.

Research and evidence show, for example, that white shortlisted applicants are on average much more likely to be appointed than BAME shortlisted applicants.

BAME colleagues are more likely than white colleagues to experience harassment, bullying or abuse from other colleagues; are more likely to experience discrimination at work from colleagues and their managers, and are much less likely to believe that their organisation provides equal opportunities for career progression.

In general, the proportion of NHS board members and senior managers who are of BAME origin is significantly smaller than the proportion within the total NHS workforce and the local communities served.

NHS Trusts, including ourselves, are committed to supporting the work on the WRES across the NHS. We also take seriously our responsibilities as an employer to review our own performance against the WRES, and we commit to publishing our data and action plans on our website and intranet, in addition to submitting our data to NHS England for them to publish as appropriate.

The following information provides insight into the Humber Teaching NHS Foundation Trust current position for the period 1 April 2019 to 31 March 2020 against WRES Indicators and offers a comparison to prior years in order to track progress over a sustained period.

## 2. Workforce Race Equality Standard (WRES) Indicators

There are nine WRES indicators. Four of the indicators focus on workforce data, four are based on data from the national NHS Staff Survey questions, and one indicator focuses upon BAME representation on Boards.

The WRES highlights any differences between the experience and treatment of White staff and BAME staff in the NHS with a view to closing those gaps through the development and implementation of action plans focused upon continuous improvement over time.

As a whole, the WRES Indicators have been chosen to be as simple and straightforward as possible and are based on existing data sources (Electronic Staff Records; NHS Staff Survey or local equivalent) and analysis requirements which good performing NHS organisations are already undertaking.

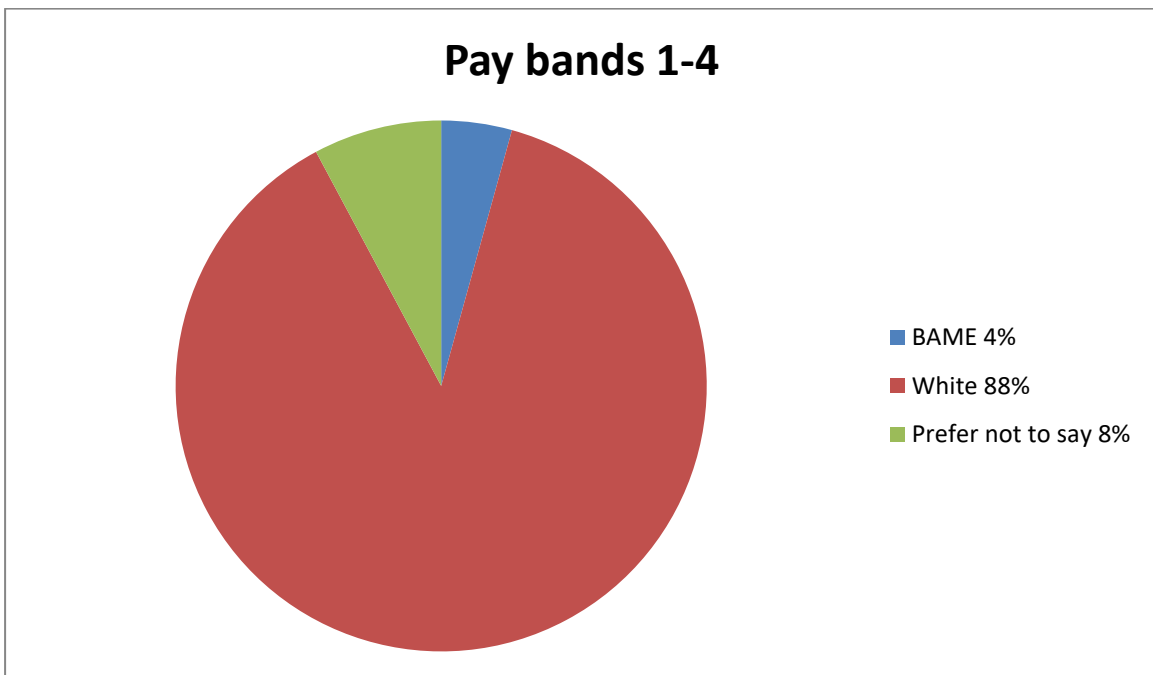
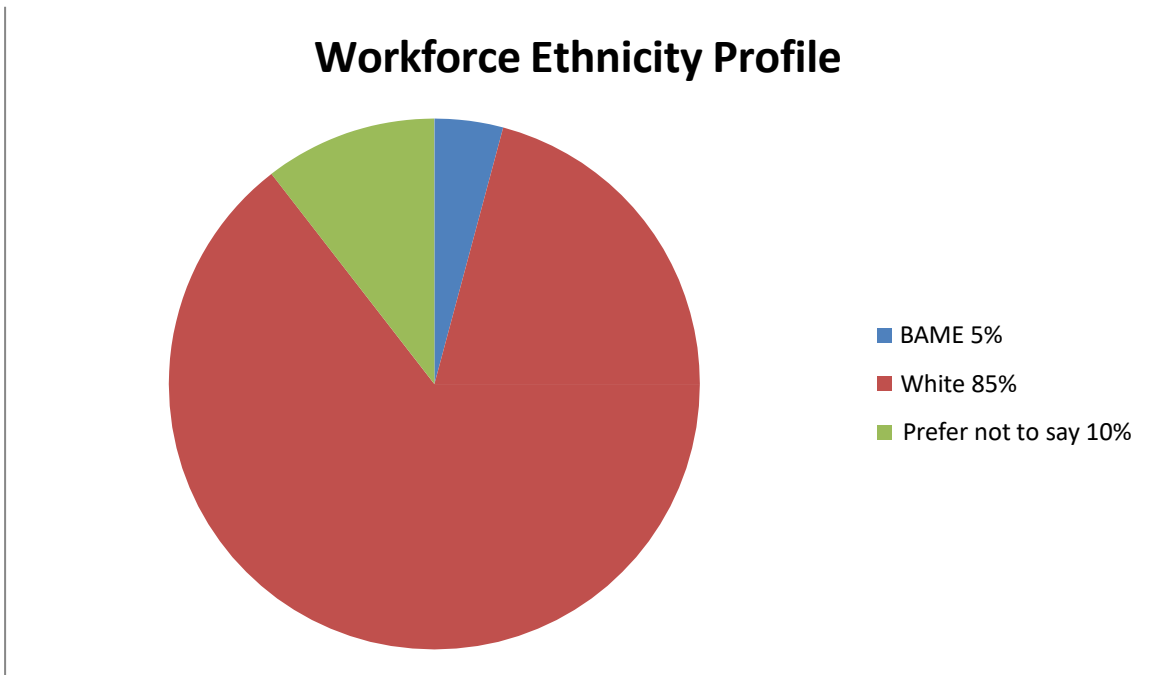
The development of the nine WRES indicators owes a great deal to consultation with and contributions from the NHS and key stakeholders.

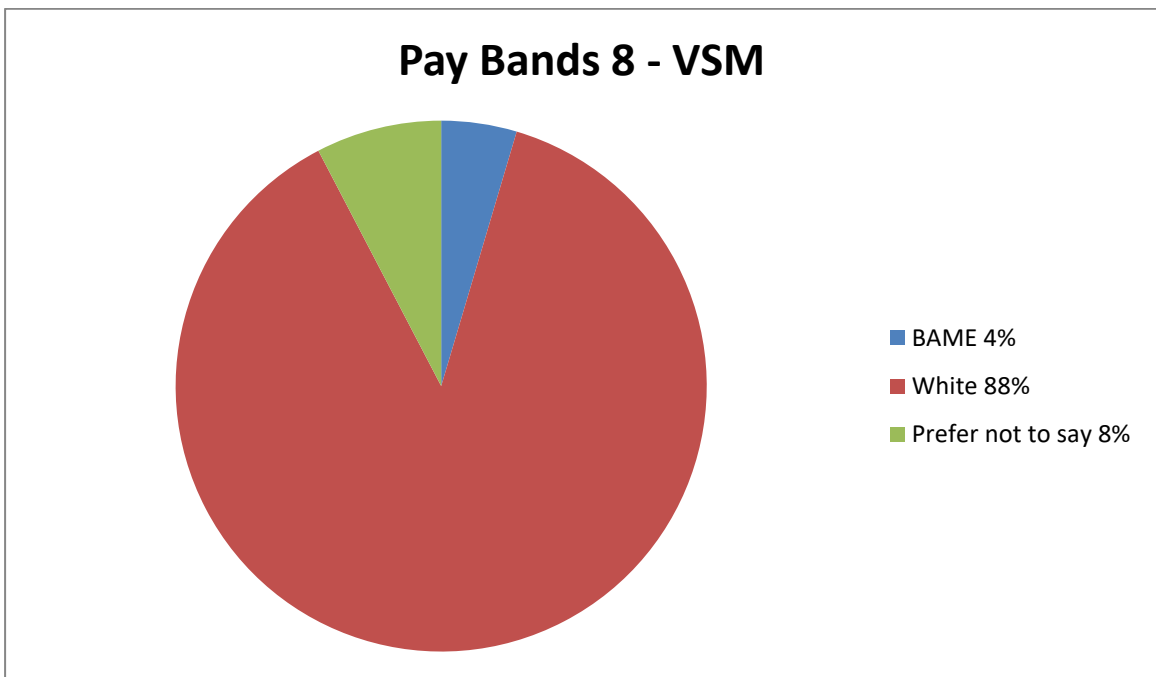
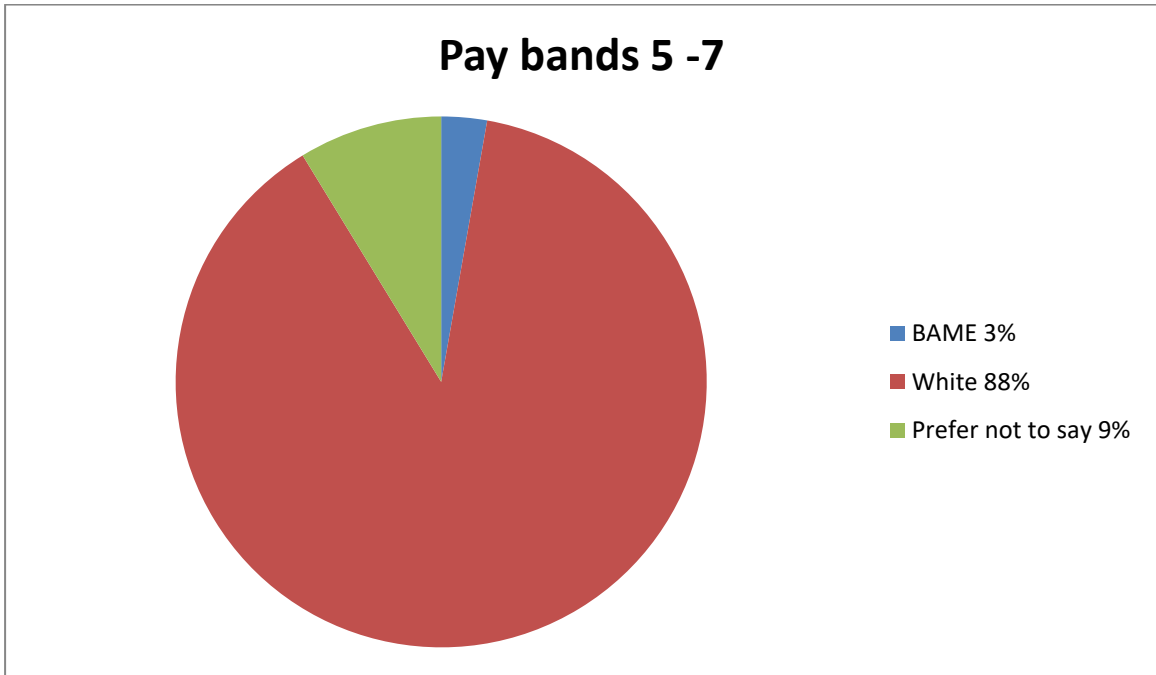
The table below highlights the nine WRES indicators and where the information can be found.

<b>Nº</b>	<b>WRES Indicator</b>
<b>Workforce Indicators (Source ESR)</b>	
1	Percentage of BAME staff in each of the AfC bands 1 – 9 or medical and dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce
2	Relative likelihood of BAME staff being appointed from shortlisting compared to white staff
3	Relative likelihood of BAME staff entering the formal disciplinary process (as measured by entry into a formal disciplinary investigation) compared to white staff
4	Relative likelihood of BAME staff accessing non-mandatory training and CPD compared to white staff
<b>Staff Survey Findings (Source NHS Staff Survey)</b>	
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months
7	Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion
8	Percentage of staff experiencing discrimination at work from a manager, team leader or other colleagues
<b>Board Representation (Source ESR)</b>	
9	Percentage difference between the organisations Board voting membership and its overall workforce



**2.1 WRES Indicator 1** - Percentage of BAME staff in each of the AfC bands 1 – 9 or medical and dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce.





**Humber Teaching NHS Foundation Trust Analysis – WRES Indicator 1 - Strength**

In our 2019/20 WRES submission 4.7% of staff are BAME (an increase of 1.7% on the 2018/19 figure). This compares to our geographical area, as shown in the table below:

### Trust Geographical Area and Ethnicity as detailed by the ONS 2016 and Census 2011

Data Observatory	Population (ONS 2016)	Ethnicity (Census 2011)
East Riding	337,696	3.8% non-White,
Humber	260,200	5.1% non-White
North Yorkshire	604,900 (Whitby 13,213)	2.6% non-White

The information provided with the WRES Indicator 1 shows that whilst BAME staff are marginally underrepresented in pay bands 5, 6 and 7 their representation at pay bands 1 - 4 as well as 8 and above is in line with the BAME representation in the overall workforce.

**2.2 WRES Indicator 2** - Relative likelihood of BAME staff being appointed from shortlisting compared to white staff.

	Total	White	BAME	Unknown
<b>Shortlisted applicants</b>	829	774	47	8
<b>Appointed from shortlisting</b>	268	248	17	3
<b>Relative Likelihood of appointment from shortlisting</b>	32%	32%	36%	37.5%

### Humber Teaching NHS Foundation Trust Analysis – WRES Indicator 2 - Strength

The relative likelihood of white staff being appointed from shortlisting compared to BAME staff is 0.89 (where 1 indicates equal with BAME applicants) which compared to the national benchmark of 1.15 is showing a more positive position. Whilst this is a slight decline on last year, where the likelihood then was in favour of BAME staff at 0.83, any value near to 1 demonstrates equality of opportunity in shortlisting.

**2.3 WRES Indicator 3** - Relative likelihood of BAME staff entering the formal disciplinary process (as measured by entry into a formal disciplinary investigation) compared to white staff.

	Total	White	BAME	Prefer not to say
<b>Workforce</b>	2843	2437	116	290
<b>Number of staff entering the formal disciplinary process</b>	18	14	0	4
<b>Likelihood of staff entering the formal disciplinary process</b>	0.0	0.57%	0%	1.38%

### Humber Teaching NHS Foundation Trust Analysis – WRES Indicator 3 - Strength

The relative likelihood of BAME staff entering the formal disciplinary process (as measured by entry into a formal disciplinary investigation) compared to white staff is very low. This would suggest that across the Trust BAME staff are not disadvantaged by the disciplinary process or its application.

**2.4 WRES Indicator 4** - Relative likelihood of BAME staff accessing non-mandatory training and CPD compared to white staff

	Total	White	BAME	Prefer not to say
<b>Workforce</b>	2843	2436	116	291
<b>Number of staff accessing non-mandatory training and CPD</b>	2470	2118	104	248
<b>Likelihood of staff accessing non-mandatory training and CPD</b>	0.97	87%	90%	85%

## Humber Teaching NHS Foundation Trust Analysis – WRES Indicator 4 - Strength

The Relative likelihood of white staff accessing non-mandatory training and CPD compared to BAME staff is 0.97 which demonstrates equality of opportunity in accessing non-mandatory training and CPD between BAME and White staff.

## 2.5 WRES Indicator 5 - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

Survey  
Coordination  
Centre

2019 NHS Staff Survey Results > WRES > Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months



## Humber Teaching NHS Foundation Trust Analysis – WRES Indicator 5 - Strength

20% of BAME staff indicated that they experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, this compares with 25.4% for white colleagues.

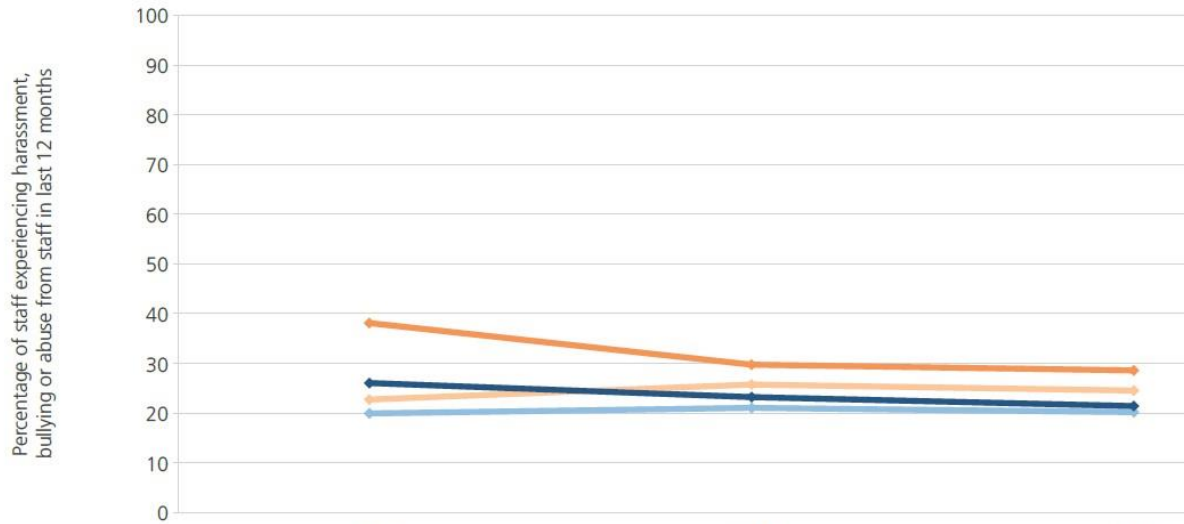
However, 20% is a significant drop of 19.5% on 2018 where 39.5% of BAME staff reported experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months. Significantly, the Trusts figure of 20% is considerably below the average for BAME staff which is 33% across the benchmark group.

It should be noted that the response to this question of 35 BAME staff is statistically very low.

## 2.6 WRES Indicator 6 - Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months



2019 NHS Staff Survey Results > WRES > Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months



	2017	2018	2019
White: Your org	26.0%	23.2%	21.4%
BME: Your org	38.1%	29.7%	28.6%
White: Average	19.9%	21.0%	20.2%
BME: Average	22.7%	25.7%	24.5%
White: Responses	434	1,073	1,000
BME: Responses	21	37	35

Average calculated as the median for the benchmark group

### Humber Teaching NHS Foundation Trust Analysis – WRES Indicator 6 - Strength

Over the preceding three years the percentage of BAME staff who have reported experiencing harassment, bullying or abuse from staff in the last 12 months has declined from 38.1% in 2017 to 28.6% in 2019 which demonstrates the positive impact of initiatives to reduce harassment, bullying or abuse for BAME staff.

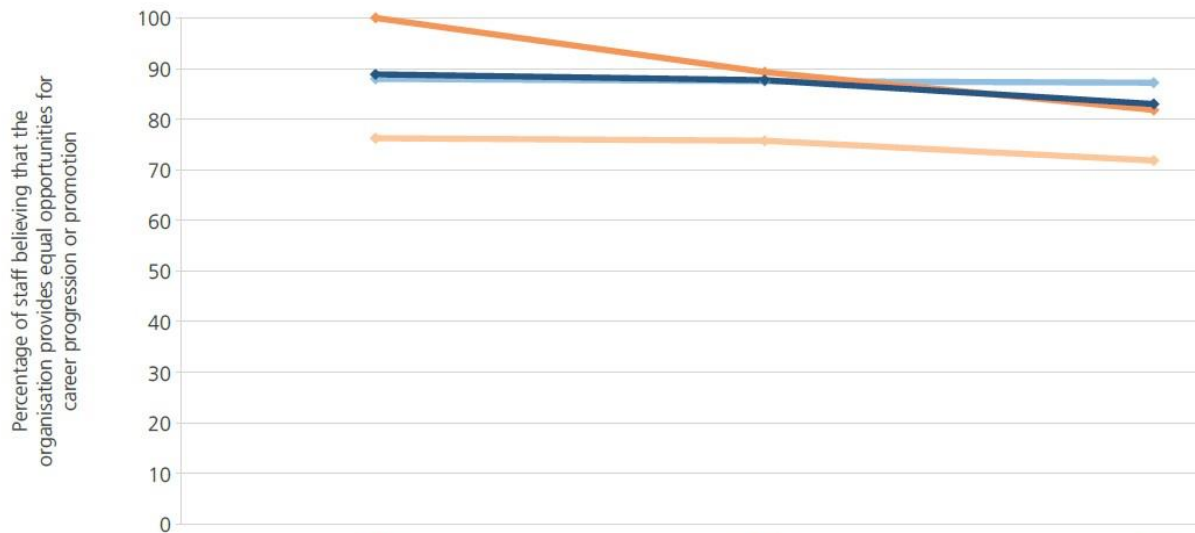
However, the results show 28.6% of BAME staff said they experienced harassment, bullying or abuse from staff in the last 12 months, which is above the average of the benchmark group of Trusts of 24.5%.

It should be noted that the response to this question of 35 BAME staff is statistically very low.

## 2.7 WRES Indicator 7 - Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion

Survey  
Coordination  
Centre

2019 NHS Staff Survey Results > WRES > Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion



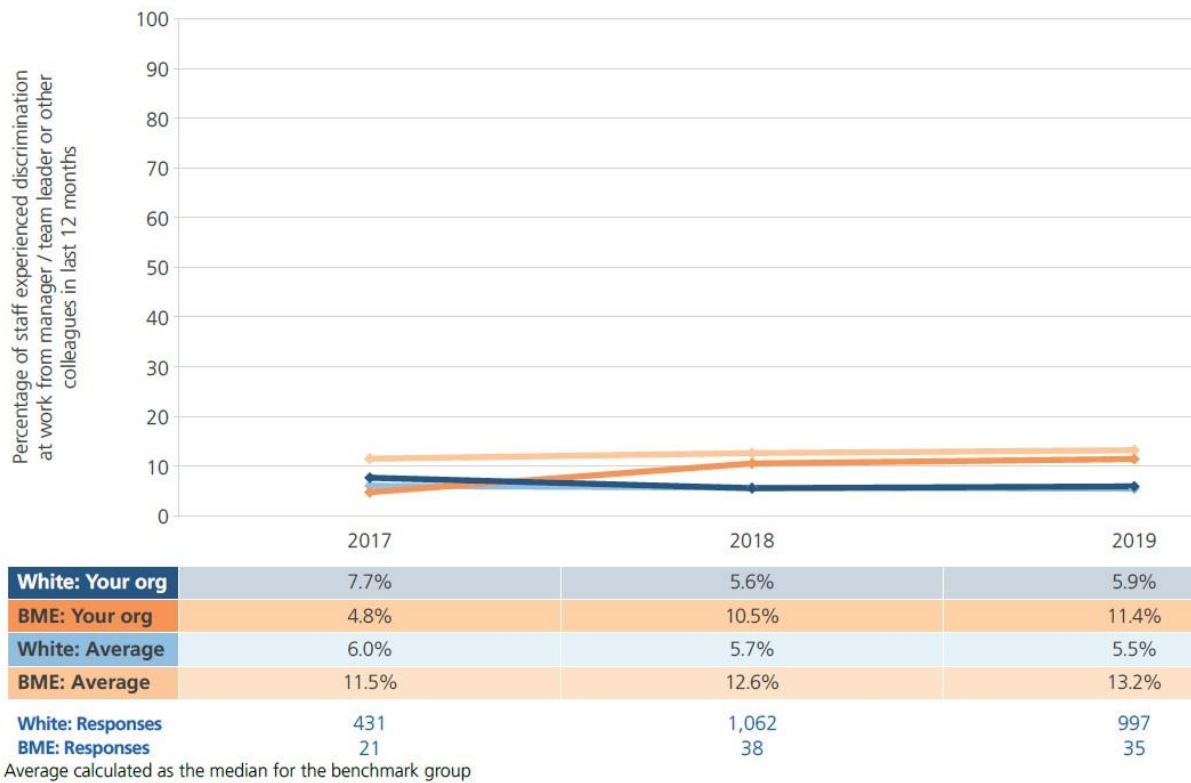
	2017	2018	2019
White: Your org	88.8%	87.7%	83.0%
BME: Your org	100.0%	89.3%	81.8%
White: Average	88.0%	87.5%	87.2%
BME: Average	76.2%	75.7%	71.8%
White: Responses	278	699	617
BME: Responses	15	28	22

Average calculated as the median for the benchmark group

### Humber Teaching NHS Foundation Trust Analysis – WRES Indicator 7 - Strength

Whilst over the preceding three years the percentage of BAME staff who believe that the organisation provides equal opportunities for career progression or promotion has declined from 100% in 2017 to 81.8% in 2019, this remains 10% above the average of the benchmark group of Trusts of 71.8%.

## 2.8 WRES Indicator 8 - Percentage of staff experiencing discrimination at work from a manager, team leader or other colleagues



### Humber Teaching NHS Foundation Trust Analysis – WRES Indicator 8 - Concern

Over the preceding three years the percentage of BAME staff saying they experience discrimination at work from a manager, team leader or other colleagues has increased from 4.8% in 2017 to 11.4% in 2019 which compares with 5.5% for white colleagues.

However, the figure of 11.4% is below the average of the benchmark group of Trusts of 13.2% but the Trust recognises that further work is needed to reduce this figure further.



**2.9 WRES Indicator 9 - Percentage difference between the organisations Board voting membership and its overall workforce**

	<b>White</b>	<b>BAME</b>	<b>Prefer not to say</b>
<b>Workforce</b>	2436	116	291
<b>Board Voting Members</b>	11	0	0
<b>Percentage</b>	100%	0%	0%

**Humber Teaching NHS Foundation Trust Analysis – WRES Indicator 9 - Concern**

BAME representation on the Trust Board is 0% which compares unfavourably to the NHS average of 8.4%. However, recently the Trust worked with NHS Improvement when appointing its most recent non-executive director. Furthermore, the Trust has worked to ensure that the process for appointment of Executive and Non-Executive Director posts encourages applications from as diverse a pool of talent as possible and which demonstrates the Trusts commitment to diversity and inclusion. Similarly, the Trust has worked to ensure that all members of the recruitment panel for Executive and Non-Executive Directors have up to date training in diversity and inclusion.

### 3. Summary Analysis

Humber Teaching NHS Foundation Trust has demonstrated a number of key strengths in the past 12 months when compared to the median benchmark of Trusts relating to:

- BAME representation in the workforce
- the relative likelihood of BAME staff being appointed from shortlisting
- the relative likelihood of BAME staff entering the formal disciplinary process
- the relative likelihood of BAME staff accessing non-mandatory training and CPD
- the percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public
- the percentage of staff believing that the Trust provides equal opportunities for career progression or promotion.

However, this report also identifies further considerations relating to:

- the percentage of BAME staff experiencing harassment, bullying or abuse from staff
- the percentage of BAME staff experiencing discrimination at work from a manager, team leader or other colleagues.
- the percentage of BAME staff as part of the Trust Board representation.

### 4. Recommendations

The areas of concern highlighted in this report have been taken into account when identifying robust and effective actions for the equality, diversity and inclusion strategy for the next year. As such, the Trust's Equality, Diversity and Inclusion Annual Report for 2019/20 contain a strong set of actions to address the concerns contained in this report and can be found on the Trust website at the following address: <https://www.humber.nhs.uk/downloads/Equality%20and%20Diversity/2020/Equality%20Diversity%20and%20Inclusion%20Annual%20Report%20201920.pdf>

5. Appendix 1 - Workforce Race Equality Standard (WRES) Annual Collection as at March 2020

INDICATOR	DATA ITEM	MEASURE	2019			2020			
			WHITE	BME	ETHNICITY UNKNOWN/NULL	WHITE	BME	ETHNICITY UNKNOWN/NULL	
1	<b>1a) Non Clinical workforce</b>		Verified figures	Verified figures	Verified figures	Verified figures	Verified figures	Verified figures	
	1	Under Band 1	Headcount	0	0	0	0	0	0
	2	Band 1	Headcount	36	4	1	31	3	1
	3	Band 2	Headcount	311	6	20	305	8	24
	4	Band 3	Headcount	127	0	6	131	0	8
	5	Band 4	Headcount	64	4	7	73	4	7
	6	Band 5	Headcount	45	3	1	47	5	1
	7	Band 6	Headcount	31	1	3	28	0	1
	8	Band 7	Headcount	16	0	2	21	0	3
	9	Band 8A	Headcount	20	0	0	20	0	2
	10	Band 8B	Headcount	11	0	0	11	0	0
	11	Band 8C	Headcount	4	0	0	3	0	0
	12	Band 8D	Headcount	4	0	0	3	0	1
	13	Band 9	Headcount	0	0	0	0	0	0
	14	VSM	Headcount	6	0	1	5	0	1
	<b>1b) Clinical workforce</b>								
	of which Non Medical								
	15	Under Band 1	Headcount	0	0	0	0	0	0
	16	Band 1	Headcount	1	0	0	0	0	0
	17	Band 2	Headcount	54	8	19	52	10	16
	18	Band 3	Headcount	390	25	30	412	23	35
	19	Band 4	Headcount	85	3	4	104	3	8
	20	Band 5	Headcount	295	9	40	286	11	36
	21	Band 6	Headcount	416	13	32	463	15	44
	22	Band 7	Headcount	215	4	9	237	3	12
	23	Band 8A	Headcount	86	2	6	94	6	8
	24	Band 8B	Headcount	17	3	1	14	2	1
	25	Band 8C	Headcount	12	0	0	17	0	0
	26	Band 8D	Headcount	2	0	0	1	0	0
	27	Band 9	Headcount	1	1	0	1	1	0
	28	VSM	Headcount	1	0	0	1	0	0
	<i>Of which Medical &amp; Dental</i>								
	29	Consultants	Headcount	17	15	7	14	13	5
30	<i>of which Senior medical manager</i>	Headcount	0	0	0	0	0	0	
31	Non-consultant career grade	Headcount	3	2	4	4	3	4	
32	Trainee grades	Headcount	5	3	4	5	3	3	
33	Other	Headcount	61	5	78	53	3	70	

2	<b>Relative likelihood of staff being appointed from shortlisting across all posts</b>	34	Number of shortlisted applicants	Headcount	721	54	10	774	47	8
		35	Number appointed from shortlisting	Headcount	200	18	2	248	17	3
		36	Relative likelihood of appointment from shortlisting	Auto calculated	27.74%	33.33%	20.00%	32.04%	36.17%	37.50%
		37	Relative likelihood of White staff being appointed from shortlisting compared to BME staff	Auto calculated	0.83			0.89		
3	<b>Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation</b>  <b>Note: This indicator will be based on data from a two year rolling average of the current year and the previous year</b>	38	Number of staff in workforce	Auto calculated	2336	111	275	2436	116	291
		39	Number of staff entering the formal disciplinary process	Headcount	25	0	0	14	0	4
		40	Likelihood of staff entering the formal disciplinary process	Auto calculated	1.07%	0.00%	0.00%	0.57%	0.00%	1.37%
		41	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff	Auto calculated		0.00			0.00	
4	<b>Relative likelihood of staff accessing non-mandatory training and CPD</b>	42	Number of staff in workforce	Auto calculated	2336	111	275	2436	116	291
		43	Number of staff accessing non-mandatory training and CPD:	Headcount	1926	89	239	2118	104	248
		44	Likelihood of staff accessing non-mandatory training and CPD	Auto calculated	82.45%	80.18%	86.91%	86.95%	89.66%	85.22%
		45	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	Auto calculated	1.03			0.97		

9	<b>Percentage difference between the organisations' Board voting membership and its overall workforce</b>  <b>Note: Only voting members of the Board should be included when considering this indicator</b>	46	Total Board members	Headcount	12	0	0	12	0	0
		47	<i>of which: Voting Board members</i>	Headcount	11	0	0	11	0	0
		48	<i>: Non Voting Board members</i>	Auto calculated	1	0	0	1	0	0
		49	Total Board members	Auto calculated	12	0	0	12	0	0
		50	<i>of which: Exec Board members</i>	Headcount	6	0	0	6	0	0
		51	<i>: Non Executive Board members</i>	Auto calculated	6	0	0	6	0	0
		52	Number of staff in overall workforce	Auto calculated	2336	111	275	2436	116	291
		53	Total Board members - % by Ethnicity	Auto calculated	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
		54	Voting Board Member - % by Ethnicity	Auto calculated	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
		55	Non Voting Board Member - % by Ethnicity	Auto calculated	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
		56	Executive Board Member - % by Ethnicity	Auto calculated	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
		57	Non Executive Board Member - % by Ethnicity	Auto calculated	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
		58	Overall workforce - % by Ethnicity	Auto calculated	85.8%	4.1%	10.1%	85.7%	4.1%	10.2%
		59	Difference (Total Board -Overall workforce )	Auto calculated	14.2%	-4.1%	-10.1%	14.3%	-4.1%	-10.2%

## 6. Appendix 2 - Workforce Race Equality Standard (WRES) Action Plan 20/21

Metric	Objective	Action/s	Timescales	Lead/s	Why
1	Decrease in 'unspecified' Ethnicity on ESR	Review ethnicity monitoring information for staff and agree ESR updating processes.	Oct 2020	JD/JW	The Trust has a higher proportion of 'Unspecified' ethnicity declarations in ESR
1	Decrease in number of new BAME starters in the 'unspecified' categories.	Review OH paperwork for new starters to identify improvements that could encourage new starters to declare ethnicity status.	Dec 2020	JD/HM	
5	Reduce BAME staff experience of harassment, bullying or abuse from patients, relatives or public	Implement a new procedure for addressing verbal aggression towards staff by patients	Mar 2021	JD	A central procedure will provide consistency of approach and establish effective support for victims and provide confidence
3, 6, 8	Reduce BAME staff experience of discrimination at work from manager/team leader or other colleagues	Revise and implement new Bullying and Harassment training for managers	Mar 2021	KF	BAME staff experience of discrimination from managers/team leader or other colleagues is a concern
1, 2	Improved confidence in managers in dealing with recruitment of underrepresented groups	<ul style="list-style-type: none"> <li>a) Review training for Recruitment and Selection</li> <li>b) Implement value based recruitment across the Trust</li> </ul>	Mar 2021	KF	To continue improvements to the relative likelihood of non-BAME staff being appointed from shortlisting compared to White staff
1, 2, 4, 7	Improve the number of BAME staff who believe that the organisation provides equal opportunities for career progression or promotion,	<ul style="list-style-type: none"> <li>a) Introduction of the high potential development scheme</li> <li>b) Leadership development programmes to be signposted at the BAME Staff network.</li> <li>c) Support for regional Stepping Up Programme</li> </ul>	Mar 2021	KM/JD/JD	To identify and support the leadership development of future BAME leaders.
4, 7, 8	Improve engagement form BAME staff with equality planning and action planning	Involve BAME Staff Network on the Trusts approach to improving the working environment for BAME staff	Sept 2020	JD/MM	Improved feedback and wider discussion will allow the Trust to produce more relevant and effective action planning for BAME staff
1, 2, 3, 4, 5, 6, 7, 8, 9	Improve understanding of national WRES narratives at senior level	New Deputy COO to be nominated for the WRES expert scheme	Nov 2020	CJ	The WRES expert scheme will allow Trust engagement with the National WRES framework and initiatives



**Humber Teaching**  
NHS Foundation Trust

**NHS Workforce Disability Equality Standard (WDES)**

Annual Report 2020

Humber Teaching NHS Foundation Trust

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# 1 Introduction

The Workforce Disability Equality Standard (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 national WDES 2019 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.

The ten metrics have been informed by research by Middlesex and Bedford Universities, conducted on behalf of NHS England/Improvement, and by Disability Rights UK on behalf of NHS Employers.

The annual collection of the WDES Metrics will allow trusts to better understand and improve the workplace and career experiences of Disabled staff in the NHS.

The WDES metrics have been designed to be as simple and straightforward as possible. The development of the WDES owes a great deal to the consultation and engagement with NHS key stakeholders, including Disabled staff, trade unions and senior leaders.

## WDES metrics 2020

There have been three minor changes to the metrics this year:

- Metric 2 has been reworded for improved clarity.
- Metric 3 moves from a voluntary to a mandatory status.
- Metric 9a removes the requirement to compare the NHS Staff Survey staff engagement score between Disabled staff and the overall workforce.

The following information provides insight into the Humber Teaching NHS Foundation Trust current position against the Workforce Disability Equality Standard (WDES) Metrics.

## 2 Executive summary

The Humber Teaching NHS Foundation Trust has demonstrated a number of key strengths in the past 12 months when compared to other NHS Trusts, relating to:

- Disabled representation across the pay bands compared to overall workforce
- the relative likelihood of Disabled staff being appointed from shortlisting
- the relative likelihood of Disabled staff entering the formal disciplinary process
- the percentage of staff believing that the Trust provides equal opportunities for career progression or promotion.
- the percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

However, this report also identifies clear concerns relating to:

- the percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse
- the percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.
- The 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.
- the percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.

### 3 WDES in 2019/20

- 34.9% of disabled staff reported experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months, this compares to 22.6% of non-disabled staff. 34% represents a small increase of 1.2% on 2018/19.
- 20% of disabled staff reported experiencing harassment, bullying or abuse from a manager in the last 12 months, this compares to 10% of non-disabled staff. However, 20% is a decrease of 4.1% on 2018/19.
- 18.3% of disabled staff reported experiencing harassment, bullying or abuse from other colleagues in the last 12 months, this compares to 13.3% of non-disabled staff. However, 18.3% demonstrates a decrease of 5.3% on 2018/19.
- 57% of disabled staff reported the last time they experienced harassment, bullying or abuse at work they or a colleague reported it, this compares 52.5% of non-disabled staff. 57% demonstrates 0.9% increase on 2018/19.
- 79.5% of disabled staff believe that their organisation provides equal opportunity for career progression or promotion, this compares with 84.5% of non-disabled staff. 79.5% represents a decline of 5.3% on 2018/19.
- 25.2% of disabled staff have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties, this compares to 17.1% of non-disabled staff. This represents a decline of 3.2% on 2018/19.
- 36.4% of disabled staff were satisfied with the extent to which their organisation values their work, this compares to 45.7% of non-disabled staff. 36.4% represents a slight increase of 0.7% on 2018/19.
- 79.4% of disabled staff say their employer has made adequate adjustments to enable them to carry out their work, this compares with 80.3% in 2018.

## 4 Conclusion and next steps

The Humber Teaching NHS Foundation Trust has demonstrated a number of key strengths in the past 12 months when compared to other NHS Trusts, relating to:

- Disabled representation across the pay bands compared to overall workforce
- the relative likelihood of Disabled staff being appointed from shortlisting
- the relative likelihood of Disabled staff entering the formal disciplinary process
- the percentage of staff believing that the Trust provides equal opportunities for career progression or promotion.
- the percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

However, this report also identifies areas for improvement relating to:

- the percentage of Disabled staff compared to non-disabled staff reporting they experienced harassment, bullying or abuse
- the percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.
- The 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.
- the percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.

### Next Steps

The areas of concern highlighted in this report have been taken into account when identifying actions for the equality, diversity and inclusion strategy for the next year.

As such, the Trust's Equality, Diversity and Inclusion Annual Report for 2019/20 contain a set of actions to address the concerns contained in this report and can be found on the Trust website at the following address:

<https://www.humber.nhs.uk/downloads/Equality%20and%20Diversity/2020/Equality%20Diversity%20and%20Inclusion%20Annual%20Report%20201920.pdf>

## Appendix 1 WDES metrics report

Detailed below is the organisation's WDES data which was submitted in August 2020 covering the period 1<sup>st</sup> April 2019 – 31<sup>st</sup> March 2020

**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 2019	Disabled staff in 2020	Disabled staff in 2019/2020	Non-disabled staff in 2019	Non-disabled staff in 2020	Non-disabled staff in 2019/2020	Unknown/null staff in 2019	Unknown/null staff in 2020	Unknown/null staff in 2019/2020	Total staff in 2019	Total staff in 2020
	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Headcount	Headcount
<b>Cluster 1 (Bands 1 - 4)</b>	6%	6.4%	+0.4%	73%	62%	-11%	21%	31.6%	+10.6%	706	595
<b>Cluster 2 (Band 5 - 7)</b>	3%	2.8%	-0.2%	72%	82.1%	+10.1%	25%	15.1%	-9.9%	101	106
<b>Cluster 3 (Bands 8a - 8b)</b>	7%	9.1%	+2.1%	67%	75.8%	+8.8%	26%	15.2%	10.8%	27	33
<b>Cluster 4 (Bands 8c – 9 &amp; VSM)</b>	0%	0.0%	0%	65%	53.8%	-11.2%	35%	46.2%	+11.2%	17	13

## 1b. Clinical workforce

	Disabled staff in 2019	Disabled staff in 2020	Disabled staff in 2019/2020	Non-disabled staff in 2019	Non-disabled staff in 2020	Non-disabled staff in 2019/2020	Unknown/null staff in 2019	Unknown/null staff in 2020	Unknown/null staff in 2019/2020	Total staff in 2019	Total staff in 2020
	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Headcount	Headcount
Cluster 1 (Bands 1 - 4)	4%	5.13%	+1.13	75%	63.65%	-11.35%	21%	31.22%	+10.22%	625	633
Cluster 2 (Band 5 - 7)	17%	4.52%	-12.48%	52%	66.03%	+14.03%	30%	29.45%	-0.55%	1089	1107
Cluster 3 (Bands 8a - 8b)	0%	4.80%	+4.80	75%	73.60%	-1.4%	25%	21.60%	-3.4%	108	125
Cluster 4 (Bands 8c - 9 & VSM)	0%	0.0%	0%	80%	61.90%	-18.1%	20%	38.10%	+18.10%	19	21
Cluster 5 (Medical and Dental staff, Consultants)	3%	0.0%	-3%	47%	50%	+3%	50%	50%	0%	40	32
Cluster 6 (Medical and Dental staff, Non-consultant career grade)	8%	9.09%	+1.09	69%	54.55%	-14.45%	23%	36.36%	+13.36%	9	11
Cluster 7 (Medical and Dental staff, Medical and Dental trainee grades)	100%	27.27%	-72.73%	69%	54.55%	-14.45%	23%	18.18%	4.82%	13	11

## Metric 2 – Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts

(Data source: Trust's recruitment data)

	Relative likelihood in 2019	Relative likelihood in 2020	Relative likelihood difference (+/-)
Relative likelihood of non-disabled staff being appointed from shortlisting compared to Disabled staff	0.08	0.30	+0.22

## 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.

(Data source: Trust's HR data)

	Relative likelihood in 2018/19	Relative likelihood in 2019/20	Relative likelihood difference (+/-)
Relative likelihood of Disabled staff entering formal capability process compared to non-disabled staff	0.0	0.01	+0.01

**Metric 4 – Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse.**

(Data source: Question 13, NHS Staff Survey)

	Disabled staff responses to 2018 NHS Staff Survey	Non-disabled staff responses to 2018 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2018	Disabled staff responses to 2019 NHS Staff Survey	Non-disabled staff responses to 2019 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2019
	Percentage (%)	Percentage (%)		Percentage (%)	Percentage (%)	
4a) Staff experiencing harassment, bullying or abuse from patients/ service users, their relatives or other members of the public in the last 12 months	33.7%	24.1%	+9.6%	34.9%	22.6%	+12.3%
4b) Staff experiencing harassment, bullying or abuse from managers in the last 12 months	24.1%	11.1%	+13%	20%	10%	+10%
4c) Staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	23.6%	13.7%	+9.9	18.3%	13.3%	+5%
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	56.1%	55.9%	+0.2%	57%	52.5%	4.5%



## Metrics 5 – 8

(Data source: Questions 14, 11, 5, 28b, NHS Staff Survey)

	Disabled staff responses to 2018 NHS Staff Survey	Non-disabled staff responses to 2018 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2018	Disabled staff responses to 2019 NHS Staff Survey	Non-disabled staff responses to 2019 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2019
	Percentage (%)	Percentage (%)		Percentage (%)	Percentage (%)	
Metric 5 - Percentage of Disabled staff compared to non-disabled staff believing that the trust provides equal opportunities for career progression or promotion.	84.8%	88.7%	-3.9%	79.5%	84.5%	-5%
Metric 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.	28.4%	16.4%	+12%	25.2%	17.1%	+8.1%
Metric 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.	35.7%	41.9%	-6.2%	36.4%	45.7%	-9.3%
Metric 8 - Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	80.3%	N/A	N/A	79.4%	N/A	N/A

## Metric 9 – Disabled staff engagement

(Data source: NHS Staff Survey)

	Disabled staff engagement score for 2018 NHS Staff Survey	Non-disabled staff engagement score for 2018 NHS Staff Survey	Difference (+/-) between disabled staff and non-disabled staff engagement scores 2018	Disabled staff engagement score for 2019 NHS Staff Survey	Non-disabled staff engagement score for 2019 NHS Staff Survey	Difference (+/-) between Disabled staff and non-disabled staff engagement scores 2019
a) The staff engagement score for Disabled staff, compared to non-disabled staff.	6.4	6.8	-0.4	6.3	6.9	-0.6

b) Has your trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No) - Yes

Please provide at least one practical example of action taken in the last 12 months to engage with Disabled staff.

**Example 1:** In March 2020, the Trust held a setting equality priorities workshop for 90 staff, patients and carers to identify barriers/issues related to disability (as well as other protected characteristics) where a range of feedback was taken and entered into strategic improvement plans

**Example 2:** In July 2020, the Trust established Humber Ability, the Trusts disability staff network who in the future will advise the Trust on issues around disability as well as evaluate the Trusts actions in response to the Workforce Disability Equality Standard

## Metric 10 – Percentage difference between the organisation’s board voting membership and its organisation’s overall workforce

(Data source: NHS ESR and/or trust’s local data)

	Disabled Board members in 2019	Non-disabled Board members in 2019	Board members with disability status unknown in 2019	% points difference (+/-) between Disabled Board members and Disabled staff in overall workforce	Disabled Board members in 2020	Non-disabled Board members in 2020	Board members with disability status unknown in 2020	% points difference (+/-) Between Disabled and non-disabled Board members in 2020
	Percentage (%)	Percentage (%)	Percentage (%)		Percentage (%)	Percentage (%)		
Percentage difference between the organisation’s Board voting membership and its organisation’s overall workforce, disaggregated by Exec/non-exec and Voting/non-voting.	Exec = 0 Non-exec = 1 Voting = 1 Non-voting = 0	Exec = 6 Non-exec = 6 Voting = 11 Non-voting = 1	Exec = 0 Non-exec = 0 Voting = 0 Non-voting = 0	Total Board = 8.3% Overall workforce = 4.7% Difference = +3.6%	Exec = 0 Non-exec = 1 Voting = 1 Non-voting = 0	Exec = 6 Non-exec = 6 Voting = 11 Non-voting = 1	Exec = 0 Non-exec = 0 Voting = 0 Non-voting = 0	Total Board = 8.3% Overall workforce = 5.1% Difference = +3.2% percentage points

## APPENDIX 2 - WDES action plan 2020/21

Metric	Objective	Action/s	Timescales	Lead/s	Why
1,2	Increase in staff declaring disability status	Review disability monitoring information for staff and agree ESR updating processes.	Sept 2020	JD/JW	The Trust has a higher proportion of 'prefer not to say' disability declarations in ESR
1,2	Decrease in number of new starters in the 'undeclared' and 'prefer not to say' categories.	Review OH paperwork for new starters to identify any improvements that could encourage new starters to declare disability status.	Dec 2020	JD/HM	
1,2,3,6,7,8	Improve manager's ability to deal with employment disability issues.	PROUD Leadership Programme(s)	Throughout 2020/21	OD Team	25.2% of disabled staff have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties, this compares to 17.1% of non-disabled staff.
1,2,3,4b,5,7,8	Improved satisfaction for disabled staff in NHS Staff Survey. Also monitor impact via HR employee relations issues for disabled staff.	Managers to review staff survey results and put in place actions to engage with disabled staff.	Mar 2021	All Executive Directors	
1	Improved confidence in managers in dealing with recruitment and career development disability issues (local survey)	New Recruitment and Selection Programme in place for 2020/21	July 2020	Recruitment Team	To continue improvements to the relative likelihood of non-disabled staff being appointed from shortlisting compared to Disabled staff
1,3,5,6	Improved satisfaction for disabled staff in NHS Staff Survey. Improved satisfaction for disabled staff regarding reasonable adjustments in NHS Staff Survey.	Promote internal and external structures which can support staff with disabilities	Mar 2021	JD/JR	79.4% of disabled staff say their employer has made adequate adjustments to enable them to carry out their work, this compares with 80.3% in 2018.
1, 4a, 7	Increased representation of disabled people in Trust communications and publications	Review how the Trust promotes disabled people in everyday communication, etc.	Nov 2020	JD/Communications Dept	36.4% of disabled staff were satisfied with the extent to which their organisation values their work, this compares to 45.7% of non-disabled staff
1	Improved representation of disabled staff across directorates.	Information to be provided to managers on numbers of disabled staff. Managers to ensure that their services are set up to promote and support disabled staff.	Mar 2021	Workforce Information Team  All Managers	61% of the Trusts disabled staff work in the lower pay bands.

**Agenda Item 20**

Title & Date of Meeting:	Trust Board Public Meeting – 28 October 2020		
Title of Report:	Council of Governors Meeting Minutes – 16 July 2020		
Author/s:	Name: Sharon Mays Title: Chair		
Recommendation:	To approve		To receive & note <input checked="" type="checkbox"/>
	For information		To ratify
Purpose of Paper:	The minutes of the Council of Governors meeting held on 16 July are presented for information.		
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date	Date
	Audit Committee		Remuneration & Nominations Committee
	Quality Committee		Workforce & Organisational Development Committee
	Finance & Investment Committee		Executive Management Team
	Mental Health Legislation Committee		Operational Delivery Group
	Charitable Funds Committee		Other (please detail) Council of Governors
Key Issues within the report:	Identified within the minutes		

**Monitoring and assurance framework summary:**

**Links to Strategic Goals** (*please indicate which strategic goal/s this paper relates to*)

√ Tick those that apply

<input type="checkbox"/>	Innovating Quality and Patient Safety			
<input type="checkbox"/>	Enhancing prevention, wellbeing and recovery			
<input type="checkbox"/>	Fostering integration, partnership and alliances			
<input type="checkbox"/>	Developing an effective and empowered workforce			
<input type="checkbox"/>	Maximising an efficient and sustainable organisation			
<input checked="" type="checkbox"/>	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			To be advised of any future implications as and when required by the author
Quality Impact	√			
Risk	√			
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	



**Minutes of the Council of Governors Public Meeting held on  
Thursday 16 July 2020 via Microsoft Teams**

**Present:** Sharon Mays, Chair  
Michele Moran, Chief Executive  
Jenny Bristow, Appointed Governor Humberside Police  
Tim Durkin, Wider Yorkshire & Humber Public Governor  
Craig Enderby, Staff Governor  
Anne Gorman, Staff Governor  
Sam Grey, Staff Governor  
Jack Hudson, Staff Governor  
Ros Jump, East Riding Public Governor  
Gwen Lunn, Appointed Governor, Hull City Council  
Paul McCourt, Appointed Governor, Humberside Fire & Rescue  
Sam Muzaffar, East Riding Public Governor  
Doff Pollard, Whitby Public Governor  
Fiona Sanders, East Riding Public Governor  
Helena Spencer, Hull Public Governor  
Jacquie White, Appointed Governor, University of Hull

**In Attendance:** Peter Baren, Non Executive Director/Senior Independent Director  
Francis Patton, Non Executive Director  
Dean Royles, Non Executive Director  
Pete Beckwith, Director of Finance  
Lynn Parkinson, Chief Operating Officer  
Jenny Jones, Trust Secretary  
Katie Colrein, Membership Officer

**Apologies:** Andy Barber, Appointed Governor, Smile Foundation  
Stephen Christian, Service User and Carer Governor  
John Cunnington, East Riding Public Governor  
Mandy Dawley, Staff Governor  
Eric Bennett, Hull Public Governor  
Christopher Duggleby, East Riding Public Governor  
Huw Jones, Lead Governor & East Riding Public Governor  
Mike Cooke, Non Executive Director  
Mike Smith, Non Executive Director

The meeting was held virtually via Microsoft Teams due to the restrictions of Covid 19.  
The meeting was also live streamed.

The Chair welcomed Jenny Bristow to her first meeting as the appointed Governor for Humberside Police.

**15/20 Declarations of Interest**

Any 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 should declare the interest and remove themselves from the meeting for that item.

It was noted that any declarations that have been received, but not included in the

report will be added.

16/20 **Minutes of the Meeting held on 16 January 2020**

The minutes of the meeting held on 16 January 2020 were agreed as a correct record.

17/20 **Matters Arising and Actions Log**

The action log was reviewed and noted.

18/20 **Year End Update including Annual Accounts & Quality Accounts**

Mr Beckwith, Director of Finance, provided a verbal update. He explained that the annual accounts had been presented to and approved by the Board and submitted in line with requirements. He was pleased to report that a clean audit opinion on all areas including Value for Money, consistency and Department of Health requirements was given by Mazars, the external auditors.

The Quality Account report was completed, however due to Covid 19 the requirement for presenting to the Council of Governors was cancelled for this year for NHS trusts and a revised date of 15 December 2020 given for reports to be submitted to NHS England.

**Resolved:** The verbal update was noted.

19/20 **Chair's Report**

The Chair provided a verbal update on her activities and news since the last meeting. These included:-

- Governor resignation – Ian Graves, Hull Public Governor has resigned. This seat will be included in the future elections.
- Following approval at the Part II meeting held prior to this meeting, Mr Patton was reappointed by the Council of Governors as a Non Executive Director for a further three years. Congratulations to Mr Patton!
- Governor Group meetings continue to be held virtually for the Appointments, Terms and Conditions Committee, Finance, Quality, Workforce Audit and Strategy Group, Engaging with members, Development sessions and the Council of Governors. Work is taking place to help Governors who are struggling to connect to these meetings due to IT issues.
- Development session – this was held in June. The next session will be on the development of the Integrated Care Service (ICS) as it is moving at pace.
- Attendance on a number of regional and national calls including race equality meetings and the future of the Care Quality Commission (CQC)
- The Communications Team has been working hard through the pandemic to promote events and keep everyone updated. During Volunteers week, the Chair and Chief Executive wrote to every volunteer to thank them for their support. Some governors have also been involved in befriender roles.
- A virtual staff awards event was also held to celebrate staff with long service and employees of the month.

**Resolved:** The verbal update was noted

20/20

### **Chief Executive's Report**

The Chief Executive presented her report which gave an update on the local issues. Of particular note were:-

#### **Veteran Aware NHS Organisation**

The Trust has been accredited as a Veteran Aware NHS organisation, by the Veterans Covenant Healthcare Alliance (VCHA). The Trust demonstrated our commitment to the Armed Forces Covenant and was always striving to deliver the best possible care to our veterans. This a great honour for the organisation.

#### **Humber Mental Health Education Team**

The Humber Mental Health Education team won an award by Hull York Medical School

This is a major achievement and is another positive validation of how our medical students perceive us. Well done and many congratulations.

#### **Freedom to Speak Up Appointments**

Work has continued throughout the pandemic. Following the departure of Helen Young Deputy Freedom to Speak Up Guardian, two Deputy Freedom to Speak Up Guardians have been appointed Alec Saxby and Nicki Titchener.

#### **Back to Basics**

This campaign will continue and other organisations have adopted it. The Stop Think Social Distance is also promoted. The work that the Estates team has done to make buildings safe was also noted. It was agreed to circulate this to Governors.

#### **NHS 72<sup>nd</sup> Birthday**

In celebration of the birthday, the Inspire Unit was lit up blue and hampers were sent out to all staff who were working on the day. A virtual service was held by the trust Chaplain which was attended by the Bishop of Hull.

#### **Integrated Care Service (ICS)**

Planning work continues with collaborative working to benefit the communities we service.

#### **Annual Members Meeting**

The meeting this year will take place on 17 September as a virtual meeting which will be live streamed.

Mrs Spencer referred to the Care Quality Commission insight report in the Directors update section asking about the proportion of staff doing unpaid overtime and what this meant. It was confirmed that overtime is paid however some staff prefer to take time off in lieu.

Ms Jump asked questions relating to the crisis out of hours team, emergency department, out of area treatment and eating disorders services. In terms of the crisis out of hours a 24/7 telephone lines was in place. A resilience hub is in development and work is taking place to model the demand. Mental Health services have started to see an increase in demand especially for Child and Adolescent Mental Health Services (CAMHS). The resilience hub proposal is to have one for North Yorkshire and York and another for Humber including the South Bank initially for key workers to signpost them to services to meet their needs. The second tier would be to develop training and packages of care, the



third tier would be for high level Post Traumatic Stress Disorder (PTSD).

Mrs Parkinson added that the key elements for crisis referrals are children and young people, the adult team and the older adult team. All teams are fully operational and have been throughout Covid 19. An increase in referrals for children has been seen of late and the situation is being monitored.

Emergency department screening is in place and the Trust is working closely with Hull University Teaching Hospitals to protect patients and support demand. Services have been streamed to using Miranda House which is working well. Accommodation is being reviewed to ensure there is sufficient space to maintain this service.

Eating Disorders is aligned to the ICS and the work being done in Humber Coast and Vale (HCV) around the lead provider collaborative. The Trust is working with Evolve for Adult services in the East Riding.

Out of area treatment has increased slightly due to a lack of bed capacity due to Covid 19 and the restrictions around the number of beds available. This is being reviewed by the system as to how it can be managed. People should not be sent out of area if they are in the HCV as people need to be treated closer to home.

Staff are being encouraged to continue to work from home and to continue using the IT platforms that have been put into place. Some staff are fine with this while some may struggle with the isolation. Work is being undertaken to transform rooms to allow staff to temporarily return to work safely for specific tasks such as printing. These work spaces will be bookable. There are some staff who may need to return to work and this will be done on a rota basis. Appropriate risk assessments are being undertaken for all staff including BAME and those shielding.

Mrs Gorman highlighted that Occupational Health and particularly Catherine Watson had been proactive in checking that staff had the appropriate equipment for working from home. She acknowledged that the Trust is putting measures in place to facilitate safe working from home for staff.

Mrs Parkinson reported that De-escalation Management training (DMI) relates to mental health inpatient staff and supports them to de-escalate situations. This training has to be delivered face to face which is a challenge with social distancing restrictions. Appropriate risk assessments have been completed to enable the training to take place

Mr McCourt congratulated the Trust for its contribution to the Local Resilience Forum during Covid 19 which showed the benefits of partnership working.

In terms of the ICS and prevention Dr White said Hull University is expecting a demand in student mental health services and is looking at what can be put in place to prevent this. She explained that KOOTH is an app that has been used for children and young people which may be useful for the organisation.

Mrs Sanders asked how new starters with the organisation are being supported to start work during the current situation. The Chief Executive reported that new starters have said they feel supported by the environments they have gone into and it is up to the individual's manager to induct them appropriately with key

issues such as personal protective equipment and safety measures.

**Resolved:** The report and verbal updates were noted.  
**Back to Basics poster to be circulated to Governors Action KC**

21/20 **Council of Governors Effectiveness Review**

An effectiveness review of the Council of Governors has been undertaken. The report detailed the work of the Committee and Governor attendance. The Terms of Reference for the Council of Governors have been updated and were presented for approval.

The Chair highlighted that Andy Barber had been omitted from the list of Governors and attendance section. The report will be amended to reflect that he has attended 2 out of 4 meetings. It was also noted there was a meeting that was not quorate and this will be closely monitored going forward.

**Resolved:** The report was noted. The Council of Governors approved the Terms of Reference.

22/20 **Governor Group Effectiveness Reviews**

Effectiveness reviews have been undertaken for the Appointment, Terms and Conditions Committee and the Finance, Quality, Workforce Audit and Strategy Group. The reviews detailed the work of the Governor Groups during the year.

Mr Muzaffar, Committee Chair explained that the Appointments, Terms and Conditions Committee approved the extension of terms of office for the Chair and the Senior Independent Director and was involved in the recruitment of a Non Executive Director. Three meetings were held during the year. The Terms of Reference were reviewed and minor changes suggested.

The Effectiveness review for the Finance, Quality, Workforce Audit and Strategy Group was presented. It was noted that the Terms of Reference need reviewing and will come back to a future meeting for approval.

**Resolved:** The report was noted. The Terms of Reference for the Appointments, Terms and Conditions Committee were approved.  
**The Finance, Quality, Workforce Audit and Strategy Group Terms of Reference to be reviewed and come back to a future meeting for approval. Action HLJ**

23/20 **Council of Governor Workplan**

The workplan for the Council of Governors was presented to the Council. It was noted that the workplan is an evolving document and is updated as required.

**Resolved:** The workplan was ratified by the Council of Governors.

24/20 **Governor Development Session Notes 16 June 2020**

The minutes from the Development Session held by Microsoft Teams on 16 June were presented for information.

**Resolved:** The minutes were noted.

25/20 **Public Trust Board Minutes November 2019, January – May 2020**

The minutes of the public Board meetings for November 2019 and January to May 2020 were provided for information.

**Resolved:** The minutes were noted.

26/20

### **Fit and Proper Persons Compliance Report**

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires all trusts to ensure that all executive and non-executive director posts (or anyone performing similar or equivalent functions) are filled by people that meet the requirements of the FPPR. The definition of directors includes those in permanent, interim or associate roles, irrespective of their voting rights at Board meetings.

The report provided detailed the processes in place to ensure this provision is met.

**Resolved:** The Council of Governors noted the Trust's compliance with the Fit and Proper Person Regulation and the continuation of the process in place.

27/20

### **Trust Constitution**

A review of the Constitution has been undertaken to ensure it remains appropriate and meets the needs of the organisation. The key changes made were to annex 1 to clarify the description of public constituencies and a proposal made for the appointed Governor terms of office to be flexed.

Mr Durkin raised a query outside of the meeting in relation to the boundaries and surrounding areas of the Wider Yorkshire and Humber which will be discussed with the Head of Corporate Affairs.

Mrs Spencer was pleased to see the change from Chairman to Chair in the Constitution previously and asked if the amendment to 14.4.3 could also be updated to reflect this. The Chair agreed this would be amended.

Mr Durkin asked about the election plan and the reference to election campaign that was referred to within the update. The Chair explained this was a timeline plan for the Membership Office to use to ensure that key dates were met with regards to providing Civica, who provide the Trust's election services, with the relevant information. The Chair reminded Governors that for this year's elections a large number of seats are available and the Trust will be working with Governors to help to promote the elections.

**Resolved:** The Council of Governors approved the amendments to the Constitution which will be submitted to the Board for approval (subject to the change proposed in relation to the Chair's title)

28/20

### **Performance Update**

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.

Commentary for indicators that had fallen outside of the normal variation range was provided in the report in relation to: Complaints, Friends and Family Test (FFT), Waiting Times and Delayed Transfers of Care, the majority of which had been impacted on by Covid 19.

Ms Jump asked if there has been any improvement in delayed transfer of care. Mrs Parkinson, Chief Operating Officer, explained that this has remained the

same and is being closely monitored. There has been reduced capacity in care homes as a consequence of Covid 19 and around the number of beds available. The Trust is doing what it can to ensure that service users are transferred in an appropriate way.

Ms Jump asked if there are any plans to re-open any buildings that have been mothballed. Mrs Parkinson reported that care homes are commissioned by the Local Authority. Daily updates around capacity are received, however it is not known if there are any plans to reopen closed facilities as they are currently optimising the beds that they have which is a changing situation. The Trust is supporting care homes from a physical and mental health perspective. The Chief Executive explained that the approach from the Integrated Care System (ICS) is not to reopen mothballed facilities but to maximise capacity across the two sub systems. In conjunction with the local authority, care homes are looking at how they can work with the acute sector. There is also a swabbing issue on discharge with Covid 19 which is a risk on the ICS risk register.

Mr Durkin referred to the staff vacancies asking what is meant by a control limit and whether the percentage referred to in the report should be lower. Mr Beckwith explained that a statistical process chart (spc) system is used with the targets set by management based on the previous 24 months activity. The establishment has grown in the organisation by 100 staff as a result of new business. The staffing establishment is now 2580 compared with 2300 two years ago. Bank and agency staff are used to fill vacancies. It was confirmed that the Trust has not had a vacancy freeze to help its financial position. Recruitment campaigns continue to run and regular updates are provided to the Workforce and Organisational Development Committee. Additional resources have also been committed for recruitment and retention to support nurse recruitment.

In response to Mr Durkin's question regarding staff turnover and staff vacancies and the budget this is based on, Mr Beckwith explained that the Trust budgets have a vacancy factor built into them with the exception of inpatient services where no vacancy factor exists. The vacancy factor built into community services budgets reflect a 3% turn over and there is a 5% vacancy factor in corporate services budgets. The Chief Executive reported that the Trust comes out better in comparison with benchmarking with other organisations in this area. A detailed recruitment plan is in place and the trajectory for nursing and consultants is above plan. Having no vacancy factor in clinical services is unusual and there are no plans to do this through the Budget Reduction Strategy (BRS). Mr Patton confirmed these issues have been discussed at both the Finance and Investment Committee and the Workforce and Organisational Development Committee. The risk registers are reviewed regularly and a working group has been established to look at recruitment and retention and any issues identified.

Ms Bristow referred to sickness absence statistics stating that in her organisation it has found to be worthwhile to review these not just when there are positive results/. Mrs Parkinson said this is something the Trust has started to look at. Detail of the service level data is available and it is interesting that non Covid 19 related sickness has reduced in recent months. It is thought to be due to our staff being committed and passionate about working to run services well to benefit our patients. The staff health and wellbeing group monitors this closely and as chair, Mrs Parkinson confirmed it is a key focus of the group especially as staff are saying they are getting tired.

Mr McCourt commented that it was nice to see income and expenditure stabilised in strategic goal 5. In relation to strategic goal 6 he noted that although staff doing an excellent job in difficult circumstances, there had been a reduction in compliments and asked if anything is being done to improve this situation. He was informed that services are encouraged to record compliments on the system. However with the current situation it is possible that this has not been done but the services have been receiving compliments. A message has been circulated to ask staff to report compliments as it is important. The Chief Executive agreed with the importance of recording compliments and that a clear message has been sent out about entering these onto the system.

The Chair explained that the patient and Carer Engagement Forums are taking place virtually and all Governors are welcome to join in. Details can be obtained from the Membership Officer.

It was suggested that a session be held on SPC for Governors after the next elections have taken place. The Chair thought this was a good suggestion and the session would be open to new and existing Governors.

**Resolved:** The report and verbal updates were noted.  
**A session on SPC to be arranged following the next elections Action PBec**

29/20

### **Finance Report**

This report is a summary of financial performance for the Trust for the 6 month period December 2019 to May 2020. Highlights included:-

- The Trust ended the 2019/20 financial year with a operational surplus of £0.050m, consistent with its revised NHSI Target.
- For 2020/21 Operation planning has been suspended. With a move to block income for the first 5 months of the year.
- Use of resources score was 2
- As at the end of May 2020, the Trust had recorded an operational breakeven position.
- Cost in relation to the COVID pandemic for Months 1 and 2 total £1.754m.
- The Cash Balance at the end of May 2019 was £26.4m. £10m of which is payment in advance from Covid 19 funding to ensure the Trust can pay it small suppliers and maintain its cash flow.

Mr McCourt asked if preparations are being put into place for any second wave of the pandemic. Mr Beckwith said that future demand is being reviewed. However the challenge is that the financial envelope is unknown for the NHS. Mental Health Investment Standard (MHIS) is a priority and some investment is expected to meet the demand.

Mr Durkin referred to the Covid expenditure and reimbursement asking if a second payment has been received. Mr Beckwith confirmed that the May claim should be paid in July and the July claim in September as it is paid in arrears. Mrs Gorman assumed that this would end at some point and asked if this happened how would any future Covid 19 expenses be funded. Mr Beckwith reported that the block arrangements are in place into August, possibly September. If this continued there would be some notification that some allocation will be made into the system for retrospective claims, but it is not clear how this will be done yet. The next meeting of the Finance, Quality, Workforce Audit and Strategy Group will also be focussing on this issue.

Mr Patton informed Governors that the Finance and Investment Committee had moved to two monthly meetings as the finances are under control. The organisation has had two financial stable years thanks to the work of the Finance team. Iain Omand, Deputy Director also received an award for the work he has done in the Trust. The Chair added there thanks to Mr Beckwith and the team for the year end position and for the work they have done to achieve this.

**Resolved:** The report was noted.

30/20 **Governor Groups Feedback and Activity**

The report provided feedback from the Governors Groups that have been held recently. Governor recorded activity was also included as well as an update from the Appointments, Terms and Conditions Committee, Finance, Quality, Workforce Audit and Strategy Group and the Engaging with Members Group

**Resolved:** The report was noted.

31/20 **Responses to Governor Questions**

No new questions or queries have been raised since the last meeting.

Mr Enderby commented that the clinical supervision issue discussed in last year's Quality Account audit and the agreement for this to be recorded on ESR had yet to be actioned. He explained that this is still not on ESR and asked if an update would be provided to the Council. The Chair will follow this up with Mrs Gledhill and this query will be added to the Governor questions report.

**Resolved:** The verbal updates were noted.

32/20 **Any Other Business**

No other business was raised.

33/20 **Date and Time of Next Meeting**

Thursday 16 October 2020, by Microsoft Teams

Signed..... Date

Chair