Trust Board Meeting 27 April 2022
Agenda - Public Meeting

For a meeting to be held at 9.30am Wednesday 27 April 2022, via Microsoft Teams

		Lead	Action	Report Format
	Standing Items			
1.	Apologies for Absence	CF	To note	verbal
2.	Declarations of Interest	CF	To receive & note	√
3.	Minutes of the Meeting held on 30 March 2022	CF	To receive & approve	√
4.	Action Log and Matters Arising	CF	To receive & discuss	√
5.	Staff Story – Staff Story –Improving Patient Safety: A Staff's Journey: Insight, Involvement, Improvement	HG	To receive & note	√
6.	2021 NHS National Staff Survey Results Presentation -Charlie Bosher from Quality Health attending	SMcG	To receive & note	√
7.	External Review of Governance: Report, Recommendations and Action Plan	MM	To receive & approve	√
8.	Chair's Report	CF	To note	verbal
9.	Chief Executives Report	MM	To receive, approve & ratify	√
10.	Publications and Highlights Report	MM	To receive & note	√
	Performance & Finance			
11.	Performance Report	PBec	To receive & note	√
12.	Finance Report	PBec	To receive & note	√
	Assurance Committee Reports			
13.	Finance & Investment Committee Assurance Report	FP	To receive & note	√
14.	Workforce & Organisational Development Committee & 12 January 2022 Minutes	DR	To receive & note	√
15.	Collaborative Committee Assurance Report	SMkE	To receive & note	√
	Quality and Clinical Governance			
16.	Emergency Preparedness, Resilience and Response (EPRR) Annual Report Assurance Report	LP	To receive & note	√
	Strategy			
17.	Recovery Strategic Framework – Progress Update	LP	To receive & note	√
	Corporate			
18.	Report on the Use of the Trust Seal	MM	To receive & note	√
19.	Freedom to Speak Up Guardian Annual Report 2021/22 -	MM	To receive & note	√

	Alison Flack, Freedom to Speak Up Guardian attending			
20.	Items for Escalation	All	To note	verbal
21.	**Any Other Business**			
22.	**Exclusion of Members of the Public from the Part II Meeting**			
23.	**Date, Time and Venue of Next Meeting** Wednesday 18 May 2022, 9.30am by Microsoft Teams			

Caring, Learning & Growing Together

Title & Date of Meeting:	Trust Board Public Meeting – 27 April 2022			
Title of Report:	Declarations of Interest			
Author/s:	Name: Caroline Flint Title: Chair			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	The report provides the Board with a list of current Executive Directors and Non-Executive Directors interests. An update to the declaration for Francis Patton has been made following his appointment as a Trustee to the Spirit Pension Trust. Declarations for Peter Baren who left the Trust on 31 March 2022 have been removed			

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

Key Issues within the report:	• Contained within the report

Monitoring and assurance framework summary:

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

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

Directors' Declaration of Interests

Name	Declaration of Interest
Executive / Directors	
Ms Michele Moran Chief Executive (Voting Member)	• Appointed as a Trustee for the RSPCA Leeds and Wakefield branch • Chair of Yorkshire & Humber Clinical Research Network • SRO Mental Health/Learning Disabilities Collaborative Programme. • HCV CEO lead for Provider Collaboratives
Mr Peter Beckwith, Director of Finance (Voting Member)	• Sister is a Social Worker for East Riding of Yorkshire Council • Son is a Student at Hull York Medical School
Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals (Voting Member)	No interests declared
Dr John Byrne, Medical Director (Voting Member)	• Executive lead for Research and Development in the Trust. No personal involvement in research funding or grants. Funding comes into the Trust and is governed through the Trust's Standing Instructions • Senior Responsible Officer for the Local Health Care Record Exemplar (LHCRE), which is governed through Humber Teaching NHS FT standing orders and procedures
Mrs Lynn Parkinson, Chief Operating Officer (Voting Member)	No interests declared
Mr Steve McGowan, Director of Workforce and Organisational Development (Non-Voting member)	No interests declared
Non Executive Directors	
Rt Hon Caroline Flint – Chair (Voting Member)	• Husband is a member of Doncaster MBC Councillor and Cabinet member • Brother-in-law works at Sandwell and West Midlands NHS Trust as the Senior Consultant for Ophthalmology at the Birmingham and Midland Eye Centre in City Hospital. He is also Professor of Ophthalmology at Aston University and Hon Consultant at Birmingham Children's Hospital. • Chair of the Committee on Fuel Poverty which is an advisory non-departmental public body sponsored by the Department for Business, Energy and Industrial Strategy

Mr Mike Smith, Non-Executive Director (Voting Member)	• Director MJS Business Consultancy Ltd • Director Magna Trust • Director, Magna Enterprises Ltd • Sole Owner MJS Business Consultancy Ltd • Associate Hospital Manager RDaSH • Associate Hospital Manager John Munroe Group, Leek • Non-Executive Director for The Rotherham NHS Foundation Trust • Chair of Charitable Funds Committee at The Rotherham NHS Foundation Trust • Trustee - The Rotherham Minster Development Trust
Mr Francis Patton, Non-Executive Director (Voting Member)	• Non-Executive Chair, The Cask Marque Trust • Treasurer, All Party Parliamentary Beer Group • Industry Advisor The BII (British Institute of Innkeeping) • Managing Director, Patton Consultancy • Non Executive Director of SIBA and Chair of SIBA Commercial, The Society of Independent Brewers • Appointed to Baxi Partnership Limited as a Trustee • Appointed as a Trustee to the Spirit Pension Trust
Mr Dean Royles, Non-Executive Director (Voting Member)	• Director Dean Royles Ltd • Owner Dean Royles Ltd • Advisory Board of Sheffield Business School • Strategic Advisor Skills for Health • Associate for KPMG
Mr Hanif Malik, Associate Non-Executive Director (Non-Voting Member)	• Non-Executive Director, Karbon Homes
Mr Stuart Mckinnon-Evans, Non-Executive Director (Voting Member)	• Chief Finance Officer of the University of Bradford

Trust Board Meeting
Minutes of the Public Trust Board Meeting held on Wednesday 30 March 2022 via Microsoft Teams

Present:	Rt Hon Caroline Flint, Chair
	Mrs Michele Moran, Chief Executive
	Mr Peter Baren, Non-Executive Director
	Mr Hanif Malik OBE, Associate Non-Executive Director
	Mr Stuart Mckinnon-Evans, Non-Executive Director
	Mr Francis Patton, Non-Executive Director
	Mr Dean Royles, Non-Executive Director
	Mr Mike Smith, Non-Executive Director
	Mr Peter Beckwith, Director of Finance
	Dr John Byrne, Medical Director
	Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals
	Mr Steve McGowan, Director of Workforce and Organisational Development
	Mrs Lynn Parkinson, Chief Operating Officer

In Attendance:	Mrs Michelle Hughes, Head of Corporate Affairs
	Mrs Jenny Jones, Trust Secretary (minutes)
	Mr Anthony Houfe, (for item 46/22)
	Mrs Mandy Dawley, Head of Patient and Carer Engagement (for item 46/22)
	Mr Oliver Sims, Corporate Risk and Compliance Manager (for items 56/22 & 57/22)
	Mrs Natalie Belt Mental Health Primary Care Network Lead /Service Manager (for item 58/22)
	Mr Alex Temple-Matthews, Peer Support Worker (for item 58/22)
	Ms Louise Walker, Peer Support Worker (for item 58/22)

Apologies:	None

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

43/22 **Declarations of Interest**
The declarations were noted. Any further changes to declarations should be notified to the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest, they declare their interest and remove themselves from the meeting for that item.

The Chief Executive, Mr Baren and the Director of Finance declared an interest in items related to the Commissioning Committee.

44/22 **Minutes of the Meeting held 23 February 2022**
The minutes of the meeting held on 23 February 2022 were agreed as a correct record.

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45/22 **Matters Arising and Actions Log**
The action log and work plan were noted.

46/22 **Anthony's Story – The Importance of Openness and Honesty in Care**
Anthony was welcomed to the meeting. Dr Byrne explained that he had first met Anthony at the inquest in 2018 into the death of his beloved sister Sharon in 2016. This was a difficult time for the family and the organisation made a commitment to work with families to make a positive difference going forward. Since that time despite the trauma for himself and his family, Anthony has been working with the organisation to make this happen and agreed to share with the Board his experiences.

Sharon was a police officer and loved and known by many people. She would do anything to help people and received an MBE for services to the community. During the inquest the family decided that it wanted something positive to come out of the tragedy. Anthony shared his experience of the inquest, the difficulty and exhaustion of it all and specifically that the person who had taken a call the night before Sharon's death from the crisis service, following desperate calls from three family members, never came forward or admitted to taking the call. The family could not understand why anyone would do this. Despite these feelings, there was still the wish of the family to help the Trust and to talk to Trust staff to help make a difference so other families do not have to go through this. The Trust reached out to the family immediately after the tragic event to see how they could help. The police are also now putting things in place for their staff to reach out for help if required.

The organisation continues to work with Anthony which is hugely appreciated. Anthony does this work as it is what Sharon would have done had it been a different situation. She would have wanted to help. In her role as a Police Officer, Sharon was organised and used to providing as much information as possible. Police officers are seen as "bullet proof" and able to absorb anything and in Sharon's case she presented as calm and collected in crisis and to some people this was not how they would expect to see someone present.

The key messages from the story were in relation to communication, listening to inform decision making and staff openness and honesty.

The Chief Executive thanked Anthony for sharing what is an emotional and traumatic experience and apologised to the family for their experience of care for Sharon. She thanked him for all the work that he continues to do with the organisation and the staff despite this being difficult for the family. We as an organisation have been working hard to create a positive culture of openness and transparency when things go wrong. We are mindful that this is a continuous journey, and we recognise that we want to go further together with our colleagues, service users and carers.

The Chief Executive said that Sharon would be proud of the work and the changes that have been made as a result of Anthony's work which makes a difference to families.

Resolved: The story was noted

47/22 **Chair's Report**
The Chair provided a verbal update on activity she has been involved with since the last meeting that included: -

- Visits to Rosedale to meet the Community Mental Health Team and Maister Lodge. The Chair thanked the managers and teams for showing her around. Visits for Non-Executive Directors and Executives are being arranged to visit inpatient units in the coming months.
- Attended the High Potential Development Scheme celebration event to present certificates to those who have completed the course.
- Joined in the Associate Hospital Managers Forum which was interesting, and the Chair gained insight into the backgrounds of the Managers and the depth of their experiences

- Attended an NHS providers event around the approach to Health Inequalities and the work the NHS is doing with a focus on racial discrimination. More detail will be presented at a future Board Time Out.
- Meetings with Emma Hardy MP and the Chief Executive to discuss general issues and with the Humber Coast and Vale (HCV) Provider Chairs.
- The Chair attended a meeting with the Minister for Mental Health Gillian Keegan which was helpful and attended by a range of representatives from different parts of the country.
- Part two of the Governor induction session was held and was attended by some Board members. A small working group has been established comprising of Governors, Non-Executive Director and the Head of Corporate Affairs to look at support for governors, a framework of events and development sessions. Following the meetings proposals will be identified to take this work forward.
- Governor elections are in progress and open for nominations.
- Recruitment for a Non-Executive Director is in progress and interviews will be held on 21 April.

Resolved: The verbal report was noted

48/22 **Chief Executive's Report**
The report provided updates from each of the Directors along with a summary of activities undertaken by the Chief Executive. Of particular note were: -

Covid
Figures are increasing rapidly, and outbreaks are being seen across the Trust. There are currently 22 positive patients in our units who are reporting mild symptoms. There is also a high level of staff absence.

Mrs Parkinson reported an increase in the OPEL scores which had been reduced in previous weeks. This is now at OPEL 3 due to the rise in the number of Covid positive patients in the units. A rise in Covid related absence is being seen which has increased to 2.56% as part of the overall 8.84% sickness rate. This is being managed and there has been a rise in the demand for mental health services. System pressures are unchanged and remain very high with the Acute Trust at OPEL 4.

Visibility around the Trust
In person visits are being undertaken where possible within infection control guidelines. Meetings continue online as staff can attend more easily including at the recent Meet Michele session where there was good attendance.

Delegated Authority
At the start of Covid power was given to the Chief Executive to make decisions, however it has been agreed that this power has now been revoked. It will be reconsidered if required in the future.

National Head of Patient Experience Awards
Congratulations were extended to Mandy Dawley, Head of Patient and Carer Experience, who once again received national acclaim for her work at the NHSE/I Heads of Patient experience Network awards for the second year winning a national award at the network awards.

Staff Health and Wellbeing
Work continues in this area to support staff in all areas. Mr McGowan reported that to help with rising fuel costs the mileage rates for staff have been reviewed. Rates have been increased for the first six months going forward and retrospectively applies for three months for high mileage users. Working with staff side colleagues to try and address this pending any national solution.

Blend and Thrive
The lease for the new office space has been signed as part of the Inpatient redesign programme of work and the blended approach to agile working.

Name Change
From 1 April the Humber Coast and Vale will be known as the Humber and North Yorkshire Health and Care Partnership

Updates from Communications and Health Stars were included in the report. More details on the Chief Executive's challenge will be available in future reports.

Communications Update
Attention was drawn to the team's involvement in the Breastfeeding work and the aim to make make Bridlington East Yorkshire's official first Breastfeeding friendly town. A new website has also been launched.

To support patients who use English as their second language an online Friends and Family Test form has been created that can be translated into any language using the Reachdeck tool on the Trust's website.

The Neurodiversity service in Hull and East Riding launched on 14 March and as part of the Panel Volunteer Initiative, the team has worked closely with the Patient and Carer Experience team to launch the database which holds contact information for all patients, carers and service users who have opted "in" to be contacted by the Trust for interviews.

Mr Smith noted the update on Multi-Agency Public Protection Arrangements (MAPPA) which now comes under the oversight of the Mental Health Legislation Committee. He will be attending the MAPPA Foundation training tomorrow.

Mr Baren asked how the Neurodiversity service fitted in with 0-19 services in the East Riding and the ones that are coming up in Hull. From the Collaborative Committee he was aware of the day care work in York that has been going on. He was informed that the 0-19 Hull bid was predicated on a whole system joined up 0-10 with mental health services as part of the overall model and wanting to take that opportunity of working with those children in very early years, from a physical point of view and particularly with the public health nursing being an element of this work with and alongside our CAMHS service to have the opportunity to consider that starting life for children and young people and their families. As this develops it will be important to ensure these pathways are as seamless as they can be. The Neurodiversity service is the key element of this offering expertise across all pathways no matter where a child enters into services. This is already working in the East Riding 0-19 model which has a strong mental health element in it and this learning will be shared across these services.

Mr Royles referred to the infection control and staff testing asking if there was any update on the requirements for staff and patient testing. Mrs Gledhill reported that final guidance is awaited around any change in infection control requirements which will apply to the use of face masks in clinical settings, changes in social distancing and the way that patients are screened Some guidance was received around access to lateral flow tests for front facing tests and clinical facing staff can order tests on the Government website. It is key that staff keep testing to contain any outbreaks whilst trying to move the NHS back to pre-pandemic status. There is far more flexibility around the use of risk assessments to keep staff and patients safe. The Chief Executive also reiterated around infection control guidance for Norovirus which is increasing and will need to be managed as well as Covid.

Mr Patton asked if there has been any change to the out of area bed position detailed in the Covid report. Mrs Parkinson was pleased to report the improving out of area beds position. As mentioned, there are outbreaks across inpatient units and a risk-based approach is being taken, but it remains a challenge which is being actively managed.

Mr Patton also asked if for staff Health and Wellbeing, it was time to refer to this as the new norm rather than looking back at pressures. Staff are asking if the priority around staff HWB will stop after Covid, but it has been made clear that this will not be the case and it will continue through the Staff HWB group. The Chief Executive explained we are moving into a business as normal phase as can be seen in response to current outbreaks. It is more difficult with staff that have symptoms and are off and it is a risk-based approach that will continue. The Blend and Thrive approach around home working continues to be developed. It was emphasised that the Trust was doing staff HWB initiatives before Covid as part of its journey and transformation of putting staff at the heart of everything. There were some additional thank you treats during Covid however the staff HWB work and Proud programme will continue. Mr McGowan highlighted that the appraisal process was modified to ensure there is a HWB conversations as part of this and trying to embed those conversations into the way that we do things to ensure it is known that this is here for the long term.

Mr Mckinnon-Evans asked what are the lessons learned from the High Potential Development Scheme? Mr McGowan explained some of it was about having an Executive as a mentor for each person on the scheme, access to the personal development budget which had not been timely for some and there had been some issues as a consequence of Covid. The learning will be taken forward into the next cohort. The Chair said that at the meeting, there was a sense from people working in admin roles that more consideration was needed to progress pathways for them. There are clear routes for clinical staff but perhaps it is not as clear for some other roles.

The Chair reported that the Terms of Reference for the National Inquiry for the pandemic are due to be finalised in April and suggested that some pre work be undertaken. The Chief Executive confirmed that this work has already started with the Head of Corporate Affairs being the lead.

The Intellectual Property and Copyright Policy was ratified by the Board.

Resolved: The report and updates were noted. The Board ratified the Intellectual Property and Copyright Policy.

4922 **Publications and Highlights Report**
The report provided an update on recent publications and policy with updates provided by the Lead Executives.

The Board's attention was drawn to the Mental health clinically led review of standards and the Reforming the national Clinical Excellence Awards scheme publications.

Resolved: The report was noted.

50/22 **Performance Report**
Mr Beckwith presented the report relating to the current levels of performance as at the end of February 2022. Commentary for indicators that fell outside of normal variation was included in the report. Information on waiting times was reported separately in the report to provide more detail and a detail breakdown of over 52 week waits for paediatric Autism Spectrum Disorder (ASD) was also included as part of the report.

A full review of the performance indicators is being undertaken to reflect feedback from the Well Led review and recommendations will come to the next meeting.

The Chief Executive explained that from the next report details of ambulance response times will also be included. Details were provided to the Board on response times: -

Category 1 immediate life issues eg cardiac arrest- 7 minutes response time
Category 2 heart attacks/strokes - 18 minutes response time
Within the contractual requirement responses are 65% within the hour and 95% within 30

minutes.

Yorkshire Ambulance Service is the main provider for this area and response times are:

Category 1 – 10 minutes response time
Category 2 – 72 minutes response time

There are flow issues with ambulance turnarounds in emergency departments. As a Mental Health Trust, we provide crisis services into A&E and are a community provider for Scarborough. The system is working together to move people through and to ensure the flow continues between organisations.

Mr Smith noted that Early Intervention in Psychosis was at 7.7% for people being seen within two weeks. An action plan was previously produced to bring this back up to target and he asked what actions are being taken to address this. Mrs Parkinson reported there had been some recruitment challenges in the service, but progress is being made. A detailed trajectory is in place mapped to when new staff come into the team. This is a very focussed intensive service and staff carry caseloads of 10 – 15 people. An improvement should be seen in the next report.

It was noted that the Care Hours Per Patient Day (CHPPD) had reduced for Westlands. Mr Baren asked if the Delayed Transfers of Care (DTOC) included Inspire. Mrs Gledhill explained that the Westlands issue was due to an increased occupancy on the unit in January. It is now back to normal so the CHPPD should be within normal parameters. In terms of DTOC, the data is for adults so Inspire is not included. However, it was agreed that this should be included as one of the performance report recommendations for the new metrics.

Mr Mckinnon-Evans queried about the change to the CAMHS graph and assumed it was due to the ADHD detail being removed. Mrs Parkinson confirmed that she has been reporting the approach towards taking out the ADHD cohort from the core CAMHS waiting list in preparation for the launch of the Neurodiversity service which will have ADHD and ASD under its remit. There has been some reduction in waiting times for core CAMHS, but the main difference is due to the data that has been removed.

An increase in memory diagnosis was noted by Mr Patton. It was explained that access to diagnostic imaging is the key reason for this. There was an element of recovery from the impact of the pandemic and lock down as older people attending for appointments was disrupted given the vulnerability of this population. The challenge is access to diagnostic imaging through the acute trust given their situation around recovery and restorative of elective activity. Alternative solutions are being looked at and service users are in contact with the service. This has also been raised in the Accountability Reviews around alternative solutions.

Resolved: The report and verbal updates were noted
Inspire to be recommended for inclusion on DTOC chart as part of the new metrics **Action PBec**

51/22   **Finance Report**
Mr Beckwith presented the highlights from the finance paper as at the end of February 2022. Highlights included: -

- The Trust recorded an overall operating surplus of £0.106m at Month 11, a position consistent with the Trust's planning target.
- Within the reported position at Month 11 is Covid expenditure of £4.431m and income top up of £2.438m.
- Cash balance at the end of Month 11 was £35.967m which is a strong position
- The Year-to-Date Agency expenditure was £6.939m, this is £0.890m more than the previous year's equivalent month 11 position.

Mr Malik asked if increasing energy prices, fuel costs and inflation are being taken into consideration as this will have an impact on households. The Trust's energy is purchased through Inenco and prices are locked into next year. However, this is being monitored with the broker to see if there are better opportunities to forward purchase for the coming years.

The underlying cash position is a good place to build on and Mr Smith asked for a future discussion on how this could be used to improve patient care. Mr Beckwith suggested that the September Board Time Out would be an appropriate time to do this.

Mr Patton highlighted that the Primary Care position has deteriorated from last month and that the Finance and Investment Committee has asked for a full plan to come back to the next meeting. A discussion is also taking place at the next Executive Management Team (EMT) meeting to progress this prior to the Committee discussion. The Primary Care Strategy will also go to EMT, and focus continues on the existing position and financial resolution which is largely due to locum GPs usage.

Resolved: The report was noted.
Discussion on the cash balance and how it can be used for patient care to be held at September Board Time Out **Action PBec**

52/22 **Enhancing Board Oversight: A new Approach to Non-Executive Director Champion Roles**
NHS England published guidance in December 2021 that sets out a new approach to ensuring board oversight of important issues by discharging the activities and responsibilities previously held by some Non-Executive Director champion roles, through committee structures. It also describes which roles should be retained and provides further sources of information on each issue.

The report also provided details of the current Chairs of the Sub Committees which is presented to the Board annually.

The Board noted the following leads for each of the required NED Roles

- Wellbeing Guardian – Dean Royles*
- FTSU NED champion – Dean Royles*
- Doctors' Disciplinary NED champion/independent member – Dean Royles*
- Security Management NED champion - Francis Patton
- Maternity Board Safety champion – N/A

    *to be reviewed when new NED appointed

Maternity Board Safety Champion relates to front end of maternity services which the Trust does not provide. However, this will be kept under review. When the new Non-Executive Director is in post the roles will be considered again.

Mr Smith referred to the guidance noting that the security management role has a wider remit that includes counter fraud for example and wanted to confirm that this was covered within the Security Management role. The Chief Executive explained that this was referred to in the report with links identified to the relevant committees which are embedded in the governance arrangements.

Resolved: The Board approved the leads for the required NED roles. NED chairs and executive leads of each committee will ensure the roles are aligned to committee structures and included in the annual effectiveness review and terms of reference that will come to the May Board for approval.

53/22 **Humber Coast and Vale Specialised Mental Health, Learning Disability and Autism Provider Collaborative – Collaborative Committee Report**
The paper provided an executive summary of discussions held at the meeting on Thursday 24

February 2022. Mr Baren drew attention to the following areas:-

- Continued pressure on CAMHS beds regionally and nationally
- Schoen Clinic temporarily closed to admission following CQC inspection on 25 and 26 January 2022
- Mill Lodge Day Care proposal reviewed and supported in principle
- CAMHS and AED Clinical Lead – proposal to advertise a substantive post supported in principle
- Continued positive financial position for 2021/22
- Quality Assurance and Quality Improvement ToRs approved
- Collaborative Committee updated ToR approved and now reflects the committee role as Lead Provider assurance

The Chief Executive thanked Mr Baren for his support to the Executive team and added her personal thanks for all the work, time and contribution that he has given to the Committee. Mr Baren said it had been an honour to be involved and to see it succeed as it has.

Resolved: The report was noted.

54/22   **Charitable Funds Committee Assurance Report & 16 November 2021 Minutes**
The Charitable Funds Committee (CFC) is one of the sub committees of the Trust Board. This report was provided to the Trust Board as Corporate Trustee of the Charity and provided details of the meeting held on 15 March 2022. The minutes of the meeting held on 16 November 2021 were provided for information.

Mr Baren explained that discussions held at the meeting included encouraging Fund Zone Managers to identify new programmes and ways to spend the funds. The draft Operational Plan was presented but lacked the bigger programmes overall and needed further enhancement. Mr Malik had some ideas around the use of digital marketing as a way to increase funds going forward. Mr Smith suggested that this was an opportunity to as staff what for their services. He was informed that staff are regularly asked about what they need, and this will continue. A mini survey is out at the moment asking for any suggestions.

Mr Malik suggested that more support at an operational level may be needed, and this could be picked up as part of the review that will be undertaken. Dr Byrne commented that with the economic pressures that individuals and businesses may not be in a position to donate to charities which may have a future impact. This was a valid point, but Mr Malik felt it was not just about metrics. Other charities have done well through Covid and perhaps the Trust did not take advantage of the goodwill towards the NHS as much as some others had to raise their profile.

Mr McGowan clarified that a decision was made to review the situation six months into the new financial year which will give the time to undertake the review. The Chief Executive suggested this be taken offline for further discussion as Mr Malik's experience and assistance in this is important. There is support for the Health Stars staff and this will continue. Mr Malik supported the suggestions made and confirmed his willingness to be involved.

Resolved: The report was noted.

55/22   **Staff Survey Presentation**
The Board was informed that due to the embargo of the Staff Survey results, Quality Health who manage the survey on behalf of the Trust, were unable to present the full details at today's meeting and will come the next meeting. Discussion will also take place at the April Board Time Out.

Some headlines of the survey outcome have been put together for circulating to staff. An update will also be taken to the Council of Governors meeting in April so that Governors receive the information in a timely manner.

Resolved: The verbal update was noted.

56/22 **Board Assurance Framework**
The report provides the Trust Board with the Q4 2021/22 version of the Board Assurance Framework (BAF). The overall assurance rating for each of the strategic goals is applied based on the review of the positive assurance, negative assurance and gaps in assurance identified against the individual goal, as well as with consideration of the current risk scores of all identified risks aligned to that strategic goal.

The overall rating is not applied solely based on the highest rated risk aligned to that section of the framework and instead represents the overall assurance available to the Executive Lead at the time of review.

An overview of Board Assurance Framework from Quarter 3 2021-22 to Quarter 4 2021-22 was provided in the report

Mr Baren thanked Mr Sims for his work in this area. He noted the new risk in strategic goal 4 (WF33) and asked what the plan is around this. Mr McGowan explained that all of the medics should have completed job plans which are signed off as per the process in place. There were some issues identified with this and it was agreed to add as a risk. These are now coming through and a compliance report will be provided to the Workforce & Organisational Development Committee.

Resolved: The report was noted.

57/22 **Risk Register**
The Trust-wide risk register details the risks facing the organisation scored at a current rating of 15 or higher (significant risks) and agreed by Executive Management Team.

Mrs Gledhill explained that an end of year report will come to the next Board meeting as part of the Risk Management Strategy item following a request from the Quality Committee to look at all the risks, scores, any changes and whether any further work is required.

There are currently five risks held on the Trust-wide Risk Register. Three risks previously held on the Trust-wide risk register have been closed / de-escalated since the last report. There are currently 169 risks held across the Trust's risk registers. The current position represents an overall decrease of 31 risks from the 200 reported to Trust Board in November 2021. Further details were included in the report.

In terms of risk Ops 11 which was de-escalated, a further discussion has taken place around this risk given the current pressures and it is likely that the score will be increased.

Mr Mckinnon-Evans asked about the financial sustainability risk and whether any update was needed. It was explained that this will become clearer when the financial plan report in the part II section is discussed.

Mr Sims will be attending the next Governor Development session to explain how the risk register and risk is monitored to Governors.

Resolved: The report was noted

58/22 **Peer Support Workers Update**
Mrs Belt, Mr Temple-Matthews and Ms Walker joined the meeting to provide the Board with an update on the development of peer support worker roles within mental health services and to share their experiences of the role.

The roles have become embedded in the organisation over the last 12 months as part of the

Community Mental Health Transformation (CMHT) work and work with HEY Mind colleagues. There has been significant investment in training to develop the roles as it is is important that the people in these roles feel safe and that people working outside of the role understand it. Significant work has been undertaken with colleagues and investment made with Teeside university with 12 Peer Support Workers have already gone through the training with a further four people taking this training on. Mrs Belt explained the other work that the team has been involved with including the Health Education England Trailblazer Programme.

Ms Walker and Mr Temple-Matthews shared their experiences of being in the role and working with clinical teams with the Board and responded to questions posed.

The lived experiences of Peer Support Workers iare invaluable and isthe role that encourages people to open up and helps to break down the barriers with open discussions and positive contributions that can assist the clinical team. Mrs Parkinson thanked Mrs Belt and the team for their work which has had a cultural impact as part of the role.

Mr Malik has previous experience of managing these such roles and he was pleased to hear about the positive impact the role is having. Mrs Belt said there is still work to do to encourage teams to consider Peer Support Workers roles rather than STR roles and to ensure that Peer Support Workers roles are not used just to fill gaps, but in meaningful ways.

The Chief Executive thanked the team for attending and for bringing the role to life with their contributions. There are a wide range of lived experiences that can only help others and the Chief Executive asked if there were any ways the Board could help going forward. Mrs Belt felt that promoting the role is always helpful, but there is also debate around the banding of the role. It currently is a band 2 but work is underway with Health Education England to look at increasing this to band 3. The opportunities the role brings are huge and examples were provided of people who had started in a Peer Support Worker role and been successful in higher roles.

The Chair thanked the team for attending and for sharing their experiences.

Resolved: The report was noted

59/22 **Infection Prevention Control Board Assurance Framework**
The report provided an update of the ongoing work and progress made to achieve full compliance and assurance against the key lines of enquiry outlined in the recently refreshed National Infection Prevention and Control Board Assurance Document (1.8 released in December 2021).

An assessment of compliance against the updated Infection Prevention and Control Board Assurance Framework Document has been undertaken and the report highlighted the actions that will be taken to address areas where full assurance cannot yet be provided.

Mrs Gledhill explained that areas in yellow demonstrated the updates to the document. There is more work to be done in some areas including the flu plan and ventilation work. It is reviewed by QPAS, EMT and the Quality Committee.

The Chair asked if there is an overall assessment of the impact there has been on the number of people who are getting flu, compared to before the pandemic. Mrs Gledhill said this number would normally be the same on units as with Norovirus. There is an increased focus on infection control processes and the expected outcome would be less infection.

Mr Royles recognised the document provides assurance. He commented that there are different expectations across the country in relation to infection control and what healthcare is expected to do. He felt a consistent approach to visiting in health care settings would be helpful to patients. Mrs Gledhill said that national guidance is followed for visits over based with a risk assessment for severely ill patients or end of life. The latest guidance is expected to give more

detail on these to try and return to a pre-pandemic position. Covid is still here, and cases are increasing in the community. It is expected that when the guidance comes out, face coverings will have to be worn in clinical settings.

The Chief Executive pointed out that this is not just a Trust issue, but also affects the wider system although there are synergies between Acute services and mental health services

Resolved: The report was noted

60/22   **Items for Escalation**
No items were raised.

61/22   **Any Other Business**

Goodbye
Mr Baren is leaving the organisation at the end of the month. His Board colleagues took the opportunity to thank him for all his help and support over the last eight years. The Chair and Chief Executive added their thanks for everything Mr Baren has done during his time with the Trust.

P&O Ferries
Mr Smith asked with the situation in Hull regarding the dismissal of staff whether the organisation has reached out with any offer of employments that might be available. This will be considered going forward.

62/22   **Exclusion of Members of the Public from the Part II Meeting**
It was resolved that members of the public would be excluded from the second part of the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.

63/22   **Date and Time of Next Meeting**
Wednesday 27 April 2022, 9.30am via Microsoft Teams

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

Action Log:
Actions Arising from Public Trust Board Meetings

Summary of actions from March 2022 Board meeting and update report on earlier actions due for delivery in April 2022						
Rows greyed out indicate action closed and update provided here						
Date of Board	**Minute No**	**Agenda Item**	**Action**	**Lead**	**Timescale**	**Update Report**
30.3.22	50/22	Performance Report	Inspire to be recommended for inclusion on DTOC chart as part of the new metrics	Director of Finance	April 2022	Updated Performance Report included in Board Papers
30.3.22	51/22	Finance Report	Discussion on the cash balance and how it can be used for patient care to be held at September Board Time Out	Director of Finance	Sept 2022	Item not yet due
Outstanding Actions arising from previous Board meetings for feedback to a later meeting						
Date of Board	**Minute No**	**Agenda Item**	**Action**	**Lead**	**Timescale**	**Update Report**
27.10.21	206/21	Finance and Investment Committee Assurance Report	Pharmacy services proposed to be a future staff story	Director of Workforce & Organisational Development	April 2022	This story has been moved to June in agreement with the Chief Executive
26.1.22	04/22	2021 Community Mental Health Survey	Quality Committee to look at medicines management work	Chief Operating Officer	May 2022	Item not due
26.1.22	18/22	Health Inequalities and the Humber Approach	Discussion on Health Inequalities to take place at a future Board Time Out	Medical Director	July 2022	The divisions will be undertaking a review of their own work and how it

						links to CORE20PLUS5 as part of a mapping program associated with their Quality Improvement plans for 22/23 which will be presented at Quality Committee. When this is completed a Health Inequalities session will be arranged for a future Board Time Out.
23.2.22	30/22(b)	Chief Executive's Report	Apprenticeships presentation to be shared with the Workforce & Organisational Development Committee	Director of Workforce & Organisational Development	April 2022	To be shared at 13 April meeting
23.2.22	32/22(a)	Performance Report	Consideration as to whether indicators on the safer staffing dashboard for Granville Court can be provided	Director of Nursing, Allied Health and Social Care Professionals	March 2022	BI have commenced a manual process to capture CHPPD. The information will start to pull through into the safer staffing dashboard in April's data which is submitted to the Board in June.
23.2.22	38/22	HCV MH & LDA Collaborative Programme Update	Presentation from Dr Chiddick to be arranged to the Board	Programme Director/Chief Executive	June 2022	Arranged for June Board Time Out – *Time out moved to 6 July*

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

Board Public Workplan 2022/2023 – *(no August or December meeting) (v2e)*

Chair of Board: ___Caroline Flint_____
Executive Lead: _____Michele Moran_____

Reports: (Board Dates:-)	Strategic Headings	LEAD	27 Apr 2022	18 May 2022	22 June 2022	27 Jul 2022	28 Sep 2022	26 Oct 2022	30 Nov 2022	25 Jan 2023	22 Feb 2023	29 Mar 2023
Standing Items - monthly												
Minutes of the Last Meeting	Corporate	CF	x	x	x	x	x	x	x	x	x	x
Actions Log	Corporate	CF	x	x	x	x	x	x	x	x	x	x
Chair's Report	Corporate	CF	x	x	x	x	x	x	x	x	x	x
Chief Executives Report includes:- Policy ratification, Comms Update, Health Stars Update, Directors updates	Corporate	MM	x	x	x	x	x	x	x	x	x	x
Publications and Highlights Report	Corporate	MM	x	x	x	x	x	x	x	x	x	x
Monthly Items												
Performance Report	Perf & Del	PBec	x	x	x	x	x	x	x	x	x	x
Finance Report	Perf & Del	PBec	x	x	x	x	x	x	x	x	x	x
Humber Coast and Vale Specialised Mental Health, Learning Disability and Autism Provider Collaborative – Collaborative Committee Report	Committees	SMckE	**x**	**x**	**x**	**x**		x	x	x	x	x
Quarterly Items												
Finance & Investment Committee Assurance Report	Committees	FP	x			x	x	x		x		
Charitable Funds Committee Assurance Report	Committees	SMckE			x		x			x		x
Workforce & Organisational Development Committee	Committees	DR	x			x		x		x		
Quality Committee Assurance Report	Committees	MS		x			x		x		x	
Mental Health Legislation Committee Assurance Report	Committees	MS		x			x		x		x	
Audit Committee Assurance Report	Committees	SMckE		x			x		x		x	
Board Assurance Framework	Corporate	MM			X		x		x			x
Risk Register	Corporate	HG			X		x		x			x
HCV Update	Corporate	MM		x				x		x	x	
Annual Committee Effectiveness Reviews & Terms of Reference	Committees	MH		x								
6 Monthly items												
Trust Strategy Refresh/Update	Strategy	MM			X update							x
Freedom to Speak Up Report	Quality & ClinGov	MM	X A/R					x				
MAPPA Strategic Management Board Report inc in CE report	Strategy	LP					x					x
Safer Staffing 6 Monthly Report	Quality & ClinGov	HG				x					x	
Research & Development Report	Quality & ClinGov	JB				x					x	

Reports:	Board Dates:- Strategic Headings	LEAD	27 Apr 2022	18 May 2022	22 June 2022	27 Jul 2022	28 Sep 2022	26 Oct 2022	30 Nov 2022	25 Jan 2023	22 Feb 2023	29 Mar 2023
Annual Agenda Items												
Review of Strategic Suicide Prevention Strategy	Strategy	JB	x									
Recovery Strategy Update (workplan to be updated)	Strategy	LP	x				X					
Mental Health Managers Annual Progress Report **inc in Assurance Report**	Quality&ClinGov	LP		x								
Patient & Carer Experience Strategy not due until 2023	Quality &ClinGov	JB			x							
Presentation of Annual Community Survey – Quality Health	Quality &ClinGov	JB								x		
Guardian of Safeworking Annual Report	Quality &ClinGov	JB					x					
Patient & Carer Experience (incl Complaints and PALs) Annual Report	Quality &ClinGov	JB					x					
Quality Accounts	Reg.Comp	HG			x							
Risk Management Strategy Update	Strategy	HG	x									
Infection Control Strategy	Strategy	HG					X					
Infection Prevention Control Annual Report	Quality &ClinGov	HG					x					
Safeguarding Annual Report	Quality &ClinGov	HG					**x**					
Annual EPRR Assurance Report	Quality &ClinGov	LP	x									
EPRR Core Standards	Corporate	LP					X					
Patient Led Assessment of the Care Environment (PLACE) Update –	Quality &ClinGov	LP					x					
Health Stars Strategy Annual Review	Strategy	MM		x								
Health Stars Operations Plan Update (moved to May from April)	Perf & Delivery	MM		x								
Annual Operating Plan	Strategy	MM									xdraft	x
Report on the use of the Trust Seal	Corporate	MM	x									
Review of Standing Order Scheme of Delegation and Standing Financial Instructions	Corporate	MH					x					
Annual Non Clinical Safety Report	Corporate	PBec			X							
Annual Declarations Report	Corporate	PBec		x								
Charitable Funds Annual Accounts	Corporate	PBec						x				
Equality Delivery Scheme Self Assessment	Corporate	SMcG		x								
Gender Pay Gap	Corporate	SMcG				x						
WDES Report — reports into Workforce & Organisational Development Committee , but separate report to the Board	Reg. Compl	SMcG				x						
WRES Report reports into Workforce Committee with report to Board	Corporate	SMcG				x						
Equality Diversity and Inclusion Annual Report	Corporate	SMcG				x						
Board Terms of Reference Review	Corporate	CF		x								

Board Dates:- / Reports:	Strategic Headings	LEAD	27 Apr 2022	18 May 2022	22 June 2022	27 Jul 2022	28 Sep 2022	26 Oct 2022	30 Nov 2022	25 Jan 2023	22 Feb 2023	29 Mar 2023
Committee Chair Report	Corporate	CF										x
Annual Committee Effectiveness Reviews & Terms of Reference (one paper)	Corporate	MH		x								
Reaffirmation of Slavery and Human Trafficking Policy Statement in Chief Executive report	Corporate	MM									X	
Review of Disciplinary Policy and Procedure	Corporate	SMcG	x									x
Fit and Proper Person Compliance	Corporate	CF			x							
Workplan for 2021/22: To agree	Corporate	CF/MM		x								
Deleted /Removed Items												
Digital Plan Annual Update – reports into Finance and Investment Committee		PBec		x	x	x						
Estates Strategy Review –reports into Finance and Investment Committee		PBec				x				x		
Estates Annual Update - reports into Finance and Investment Committee		PBec				x						
Procurement Strategy Annual Review – reports into Finance and Investment Committee		MM				x				x		
Workforce & OD Strategy including an Annual Refresh – reports into Workforce & Organisational Development Committee		SMcG		x					x			
Guardian of Safeworking Quarterly Report – reports into Workforce & Organisational Development Committee		JB	x			x		x		x		
Sustainable Development Management Plan Update –reports into Finance and Investment Committee		PBec										
Equality Diversity and Inclusion Public Sector Duties- reports into Workforce & Organisational Development Committee		SMcG										
Safeguarding Annual Report (internal) – reports into Quality Committee		HG					x					
Internal Audit Annual Report – reports into Audit Committee		PBec										
Review Risk Appetite moved to July as per previous year and moved to part II July		HG				x						

Title & Date of Meeting:	Trust Board Public Meeting - 27th April 2022			
Title of Report:	Staff Story: Sadie Milner, Quality Standards Practice Development Nurse: Patient Safety Journey			
Author/s:	Hilary Gledhill Director of Director of Nursing Allied Health & Social Care Professionals			
Recommendation:	To approve		To receive & note	
	For information	X	To ratify	
Purpose of Paper:	To share the journey in relation to patient safety of one of our registered nurses, from a front-line clinical nurse to working in a corporate nursing role within HTFT.			

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

Key Issues within the report: *Please ensure you also complete the monitoring and assurance framework summary below:*	• To highlight the positive impact a corporate nursing role has in driving and influencing organisational change in relation to the patient safety agenda • To outline some of the key initiatives currently being driven by the quality standards practice development nurse and their aspirations for the coming year

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	

Title & Date of Meeting:	Trust Board Public Meeting – 27 April 2022			
Title of Report:	2021 NHS National Staff Survey Results			
Author/s:	Steve McGowan Director of Workforce & Organisational Development			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	A presentation will be given by Quality Health on the results of the staff survey			

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

Key Issues within the report:	Any issues will be identified during the presentation

Monitoring and assurance framework summary:

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

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

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

Title & Date of Meeting:	Trust Board Public Meeting – 27 April 2022				
Title of Report:	External Review of Governance Report, Recommendations and Action Plan				
Author/s:	Name: Michele Moran Michelle Hughes Title: Chief Executive Head of Corporate Affairs				
Recommendation:	To approve	x	To receive & note		
	For information		To ratify		
Purpose of Paper:	To present the findings and action plan to address the recommendations arising from the external review of governance.				
Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date	
	Audit Committee		Remuneration & Nominations Committee		
	Quality Committee		Workforce & Organisational Development Committee		
	Finance & Investment Committee		Executive Management Team	Mar'22	
	Mental Health Legislation Committee		Operational Delivery Group		
	Charitable Funds Committee		Collaborative Committee		
			Other (please detail) *Board Timeout session*	6/4/22	
Key Issues within the report:	• The external review of governance led to a positive report. • An action plan to address the recommendations will be delivered and progress reported to Board.				

Monitoring and assurance framework summary:

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

Quality Impact	√			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	

External Review of Governance

1. Background

The Trust commissioned an external governance review in 2021 to comply with NHSI guidance 'developmental reviews of leadership and governance using the well-led framework'. Grant Thornton were selected to undertake the review and fieldwork began in November 2021 with the final report received in April 2022.

2. Findings

The Well-Led framework for governance reviews considers 8 key lines of enquiry (KLOEs):

 i. Is there the leadership capacity and capability to deliver high quality, sustainable care?

 ii. Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?

 iii. Is there a culture of high quality sustainable care?

 iv. Are there clear responsibilities, roles and systems of accountability to support good governance and management?

 v. Are there clear and effective processes for managing risk, issues and performance?

 vi. Is appropriate and accurate information being effectively processed, challenged and acted on?

 vii. Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?

 viii. Are there robust systems and processes for learning continuous improvement and innovation?

The review included information requests, interviews with specific Board and staff members and observations of key meetings. Of the 8 KLOEs, 5 were rated as Green - meets or exceeds expectations and 3 rated as Amber/Green - partially meets expectations but confident in management's capacity to deliver green performance within a reasonable time frame.

The draft report was distributed to Board members and the Trust Board received a detailed presentation from Grant Thornton on 6th April where the findings were discussed. Through discussion and further explanation of the findings, it was agreed that some of the recommendations in the draft report would be amended in light of evidence and feedback from the Board and have now been reflected in the final report and recommendations.

The Trust received external validation on its work to progress governance within the organisation and it was noted that the organisation had been transformed since it's 2017 assessment.

The findings of the review led to a number of recommendations being made against the KLOEs – 18 were low priority and 5 medium priority. It was pleasing to note that

none of the 8 KLOEs were rated red and that the recommendations were of a low level to enhance further our governance.

The report will be presented to each sub-committee for information.

The executive summary is attached as appendix A and outlines the findings against each of the KLOEs.

3. **Action Plan**

An action plan to address the recommendations has been developed and is attached as Appendix 2 for Board approval.

The actions will be progressed and monthly updates provided to the Board through to completion.

4. Next Steps

a) The full report will be presented to each sub-committee for information.

b) A copy of the report will be shared with our regulators with a copy to be sent to NHSE Regional Office as a requirement of our licence and will be share a copy with the CQC as part of our ongoing engagement with them pending any future inspection.

c) The internal action plan to address the recommendations will be progressed through to completion and reported monthly to Board.

5. **Recommendations**

- Trust Board to formally accept the report and the recommendations.
- To approve the action plan to address the recommendation.
- To note monthly updates will be provided to Board until delivery of the action plan is complete.

April 2022

Executive summary

The table below summarises our assessment of the Trust's performance against the 8 key lines of enquiry outlined in NHSI's Well-Led framework.

	NHSI Well-Led framework	
#	**KLOE**	**GT rating**
1	Is there the leadership capacity and capability to deliver high quality, sustainable care?	Amber/Green
2	Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?	Green
3	Is there a culture of high quality sustainable care?	Amber/Green
4	Are there clear responsibilities, roles and systems of accountability to support good governance and management?	Green
5	Are they clear and effective processes for managing risk, issues and performance?	Amber/Green
6	Is appropriate and accurate information being effectively processed, challenged and acted on?	Green
7	Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?	Green
8	Are there robust systems and processes for learning continuous improvement and innovation?	Green

We have made 23 recommendations in this report.

- 0 high priority recommendations;
- 5 medium priority recommendations; and
- 18 low priority recommendations.

Executive summary

GT rating	NHSI Well-Led framework
Amber/ Green	**KLOE 1. Is there the leadership capacity and capability to deliver high quality, sustainable care?** We observed cohesive and collaborative working arrangements amongst Board members. Executives had the capacity, experience and capability to provide a strong focus on the delivery of high quality, safe patient care in line with the Trust's strategy. Executive portfolios are established and Board members and Divisional Leadership Teams were consistent in their understanding of the priorities for the Trust, and the areas where challenges are prominent. There is good senior visibility, particularly of the Chief Executive, and access to Executives is reported to be good. In particular Divisions noted a common approach and understanding between the Medical Director; Director of Nursing and Chief Operating Officer. The Non-Executive Director (NED) group perform well. There is a NED vacancy and the Board should focus recruitment on candidates with clinical or NHS operational experience as this will complement and extend the current range of experience and backgrounds. The Trust has not undertaken a formal succession planning exercise for its Executive roles and this should be undertaken and could be extended to include NED roles to identify any skills gaps for future appointments, and Divisional Leadership Teams. A visits programme to services is currently suspended due to Covid-19, although some virtual visits have been undertaken. Executives, NEDs and Governors participate in the programme and the NEDs are keen to commence face-to-face visits again to triangulate other data sources, gaining a greater insight and understanding of the services. It may be advantageous for the Board to allocate NEDs to a geographical area or align to specific services to allow greater continuity of relationships. and rotate this each year.
Green	**KLOE 2. Is there a clear vision incredible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?** The Trust's current strategy was developed in 2017, co-produced following a consultation process with staff and stakeholders. The strategy is currently being refreshed with significant staff and stakeholder engagement. Enabling strategies are explicitly aligned to the overarching Trust's strategy and reflective of the wider system working where appropriate. The Trust's strategic objectives contain measurable outcomes and the Board undertake regular monitoring on progress against its strategic goals, and this is well documented. Stocktakes on current performance against strategic goals have been presented at Board and the current position is also being used to inform the refresh of the new strategy currently in development. The Trust is the Lead Provider for the Humber Coast and Vale (HCV) Provider Collaborative (PC) and can demonstrate a good understanding of the role and its responsibilities. Governance and management arrangements are establishing well with Committee oversight. Executive Director involvement in the ICS is significant, and the CCG were positive regarding the Trust's role within the wider system. The Trust has many examples of how it works with its local partners to achieve the aims and objectives of the system.

Executive summary

GT rating	NHSI Well-Led framework
Amber/ Green	**KLOE 3. Is there a culture of high quality sustainable care?** The Trust has worked hard in the development of its culture and there are good examples of how the Trust's values are at the centre of behaviours and expectations. The Trust continues to progress work in improving its culture and encouraging staff to feel safe in raising concerns. The Trust has a Freedom to Speak Up (FTSU) Guardian in post, supported by 2 part time deputies . The Guardians work with staff governors who act as ambassadors for the FTSU agenda and have received some local training and are in place to signpost staff and support the Guardians. However, the Board should discuss whether its current resource is adequate to allow for sufficient reach to staff in its geographically dispersed services. There are examples of lessons learnt from concerns that have been raised, however the FTSU Guardian should formalise arrangements to ensure that staff do not experience detriment following raising a concern. Appraisal rates are high, and career and well-being conversations form part of the review. However the Trust should periodically review the quality of appraisals to ensure they are being undertaken to the expected standard. The Trust has a full time Equality, Diversity and Inclusion (EDI) Lead. Staff networks are in place and meet progress work in line with the EDI strategy. Staff spoke positively regarding the development and leadership opportunities they have access to across all staff grades. The Trust is working well to develop its workforce, to retain and grow the skills of its staff, offering opportunities to develop career pathways in a challenging climate. The organisation has a good focus on the needs and experiences of people who use the services and this has been a significant and tangible area of growth. A Patient and Carer Experience Strategy is in place and Divisions are engaged with this agenda.
Green	**KLOE 4. Are there clear responsibilities, roles and systems of accountability to support good governance and management?** We observed a good understanding of the delineation between Executive and Non-Executive Director roles. The Trust has an established governance framework in place and the Board and its Committees we attended were effective and in line with the terms of reference. Some minor housekeeping details require attention to further improve the quality and running of Committees. The quality and presentation of papers was consistently high, and agendas although busy allowed for an appropriate level of debate and challenge. Highlight reports to the Board from its Committees could be updated to further strengthen the impact. There is a good flow of information throughout the Trust, and governance issues are escalated from the services to the Board using established escalation routes. Divisional leadership Teams we interviewed were clear on these. Roles and responsibilities in the Divisions were clear. The Divisions were structured in terms of roles and meetings that offered clear lines of accountability. Routes of escalation are well understood and we saw a good flow of information from services to their Divisional Leadership Teams, and from there through to the relevant Directors or Committees. Line management arrangements of the Divisional Leadership Teams are clear and reported to work well.

Executive summary

GT rating	NHSI Well-Led framework
Amber/ Green	**KLOE 5. Are there clear and effective processes for managing risks, issues and performance?** The Trust has a process in place based on established principles to identify, monitor and manage its risks. The BAF is well documented and there is an embedded structured approach to the review of the Strategic Goals and associated risks. There are however some improvements recommended to aspects of the management of the BAF and Risk Registers to meet best practice. The Trust has a Risk Management policy that outlines the Trust's processes for managing risk and for the provision of assurance in areas of risk. It underpins the Risk Management Strategy through defining how the strategy will be delivered, and is supported by procedural guidance on the use of risk registers and the Board Assurance Framework. The policy is comprehensive detailing roles, responsibilities and how to record and escalate risks. The governance of risk management works well and was embedded in practice and we observed various meetings at different levels in the organisation that operated well in terms of assessing, managing and reviewing risks. Learning from events is a key theme we saw a focus on at meetings we observed. Established Quality Impact Assessment processes are in place to ensure financial pressures are managed so that they do not compromise the quality of care. The processes is well documented and used as intended. Divisional Accountability and Performance Reviews are in place and these are well established and operate on an earned autonomy model. All 4 Divisions are currently reviewed every 3 months, however the frequency of these should be considered in light of the 'recovery phase' and the impact of waiting lists and current activity. The review provide a forum for Divisions to discuss issues and the challenges facing their services with Executive Directors and agree solutions in partnership. Divisional Leadership Teams were positive regarding these reviews stating they felt supported through the process. Clinical and Internal Audit are used well to affect change and improve processes. The Internal Audit plan includes areas where the Executives are seeking additional assurance in areas where issues have emerged or to test recently improved or new processes. Internal Audit reports are responded to appropriately and have significant time allocated for discussion and challenge at the Audit Committee.
Green	**KLOE 6. Is appropriate and accurate information being effectively processed, challenged and acted on?** Staff feel well supported in terms of the information they receive. Information we reviewed was of high quality, up to date and presented in a way that was easy to read, usually supported with good narrative to support any anomalies or areas off target. The Trust's Integrated Board Report is presented using statistical process charts for a select number of indicators with upper and lower control limits presented in graphical format. Narrative within the report could be improved to contain root causes, actions and impact/timescale as well as national/local benchmarking where available. Currently the Trust does not have a data quality kitemark system in place and should consider the use of such a system to inform users of any data quality risks that might impact decision making. Good information governance arrangements are in place supported by relevant policy and scrutiny. Data quality is reported to be good. Some issues had occurred with external reporting of data sets, however these have now resolved.

Executive summary

GT rating	NHSI Well-Led framework
Green	**KLOE 7. Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?** The Trust works hard to seek the views and address issues raised by staff. The NHS staff survey 2020 results were overall positive for the Trust showing an increase in scores for 3 of the 10 theme areas from the previous year, with the remaining 6 themes scoring the same and one score seeing a marginal decrease since 2019. The Trust remained below average when compared with other Trusts in 6 themed areas. There is however a continued improvement on previous years results with all 10 themes increasing the score from 2019. However there is acknowledgement that there is still significant work to undertake and plans are progressing well with Divisional ownership of areas of the overarching improvement plan. The Trust has developed a Patient and Carer Experience Strategy 2018-2023. Significant work has been undertaken on patient and carer experience and involvement of service users and carers is evident throughout the Trust's services. The Trust demonstrates best practice in this area. Patient stories are frequently presented at Board and at the Council of Governors' meetings, and this generates useful debate and these events are used to determine areas for improvement and to share learning. The Governors are passionate about their roles and are keen to engage with the Trust. Relationships are good and the Board of Directors and Council of Governors interact in a constructive partnership, seeking to work effectively together. Governors were keen to further increase their involvement with visits to services etc, once restrictions are lifted. The CCG were positive regarding its relationship and access to the Trust's senior leaders commenting positively on the Trust's direction of travel, clear leadership and the way it learns from people's experiences.

Green	**KLOE 8. Are there robust systems and processes for learning continuous improvement and innovation?** There is a strong focus on continuous learning, improvement and research activities at all levels of the organisation. The Trust is ambitious in its research portfolio has some good examples of how it encourages and celebrates improvement and innovation. The Trust has made good progress in this area and progressed its activities in this area throughout the Covid-19 pandemic. The Quality Improvement Strategy was refreshed this year. Patients, service users and carers contributed towards the process and defined the purpose of Quality Improvement for the Trust. The Trust follows the Model for Improvement methodology for small scale changes and has a QI Strategy, which outlines its approach for 2021-2026. Division's Quality Improvement Plans are presented at Quality Committee and progress is monitored via the Clinical Networks. There is good evidence of patient engagement with these plans. Patients, service users and carers attend the regular Quality Improvement forums and are included in the planning and project implementation. During the Trust's improvement journey over the last few years it has invited peers and external agencies to support and review its services. The Trust has an appetite for learning and this was evident in many aspects of this review.

Action Plan to address Recommendations arising from the Well Led review of governance April 2022

This section summarises the recommendations that we have identified as a result of this review we have allocated a risk rating to each of these recommendations as per the following table.

No.	Risk	Recommendation	Overall Lead	Action/s to address recommendation	By when	Any additional comment
KLOE 1 Is there the leadership capacity and capability to deliver high quality, sustainable care?						
1	LOW	**Non-Executive Director recruitment** The Trust does not have a NED who has a clinical background, and this or NHS operational experience may be an area for focus for the remaining NED vacancy as this will complement the wide range skill set amongst the existing NEDs **Recommendation** The recruitment of a new NED should focus on engagement of an individual with NHS clinical or operational experience.	MM/CF	Recruitment for vacant NED post underway. Recommendation being addressed via interviews - action to be updated post recruitment	April 2022	

| 2 | LOW | **Succession planning**

The Board has not documented its formal succession planning. The succession plans could be extended to include the senior leadership posts in the Divisional Leadership Teams and this can be helpful to focus on any required developments for staff and can assist in identifying potential risks for the future where not all aspects of individual portfolios can be met, even in the short term.

Recommendation

Succession planning should be undertaken to document plans for the immediate, 6 week and 6 month absence of any Executive or senior leadership team member. Relevant leadership training can be included on the plan for those who would require further support or development to act up or to develop into the position in the longer term. | MM | A proforma will be developed to clearly identify for each senior role how absences of an executive or member of senior leadership team will be undertaken (ie if deputy stepped up for Director, who would cover deputy duties).   (MH)

Executives to arrange for own role and that of deputies to complete forms and identify any training requirements etc   (EMT) | April 2022 | |

No.	Risk	Recommendation				
KLOE 1 - Is there the leadership capacity and capability to deliver high quality, sustainable care? (continued)						
3	**MED**	**Quality and Safety Visits** A visits programme to services is established and embedded. Executives, NEDs and Governors participate in these, however the programme was suspended in March 2020 due to Covid-19 restrictions and the requirement to social distance and adhere to infection prevention control measures. Virtual visits have continued via MS Teams and some NEDs have been involved in these and report that they have worked reasonably well in the absence of face-to-face activities. It is planned for face to face visits to resume in April 2022 and the Director of Nursing is updating the relevant guidance to ensure it reflects and aligns to national guidance and the Trust's infection prevention and control measures. It may be advantageous for the Board to allocate NEDs to a geographical area or align to specific services to allow greater continuity of relationships and rotate this each year. This method is frequently seen in other similar Trusts that have geographically dispersed services. It would be timely for the Trust to consider such an arrangement and set it up as it completes its recruitment of NED Board members. **Recommendation** Safety and Quality visits should be re-established face-to-face as soon as practicable. Visits help to triangulate other	HG MM/CF	IPC guidance has been updated in order to resume face to face visits. Face to face visits re-commenced in March 2022. A schedule of services to be visited has been populated with NEDs and execs - these will continue and be expanded as appropriate to include governors in due course working to ensure infection control guidance is followed. Governor face to face visits are discussed in CoG, sub groups and development sessions and will be scheduled as appropriate. In developing the schedule, consideration will be given to allocating NEDS to a geographical or service area, rotating each year. The revised schedule will reflect any changes to be made.	March 2022 May 2022	

		data sources, gaining a greater insight and understanding of the services. The Trust should consider allocating NEDs to a geographical area or specific service to build relationships, rotating each year.			
KLOE 2 - Is there a clear vision incredible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?					
4	Low	**Collaborative Committee membership** A Clinical Director is now in post for the Provider Collaborative working alongside the Programme Lead and this clinical input potentially reduces the requirement for the Trust's Director of Nursing to have membership on the Collaborative Committee. As operational arrangements mature the Board should revisit these membership arrangements to consider, and allow for, separation of the provider/commissioner roles. **Recommendation** As the Lead Provider role matures and the provider/commissioner roles become embedded, the Board should consider reviewing the Collaborative Committee's Terms of Reference, assessing the appropriateness and requirement for the Director of Nursing to remain a member.	MM SME	The recommendation is accepted and will be implemented as roles mature. The Collaborative Committee ToR are being presented to May Board and the effect will be reflected wef June 2022.	June 2022

No.	Risk	Recommendation				
KLOE 3 - Is there a culture of high quality sustainable care?						
5	**MED**	**Freedom To Speak Up Guardian resource** The Trust has a Freedom to Speak Up (FTSU) Guardian in post for 1 day a week, supported by 2 part time deputies. The total resource equates to 2 days a week for this important agenda. The Guardians work with staff governors who act as ambassadors for the FTSU agenda and have received some local training and are in place to signpost staff and support the Guardians. **Recommendation** The Board should consider whether its current resource is adequate to allow for proactive work and sufficient reach to staff in its geographically dispersed services.	MM	Consideration has previously been given to the use of ambassadors or champions. This will be considered further and any proposals for change will be agreed by May 2022.	May 2022	
6	**LOW**	A Non-Executive Director is aligned to the FTSU agenda although this NED is at the end of his term with the Trust and therefore a new NED will need to be aligned to this role. It will be important for the new NED to access the on-line training modules that are available via the national Guardian's office web-site. **Recommendation** The NED who is to be aligned to the FTSU agenda should access the nationally available training modules to promote a full understanding of	MM	A new NED with responsibility for FTSU has been aligned to this agenda (Dean Royles). Access to training modules will be shared with NED.	April 2022	

		the speaking-up process and appropriate support to the Guardian.				
7	**LOW**	**Freedom To Speak Up Guardian and the Guardian of Safe Working Hours** Nationally data suggests medical staff tend not to use FTSU mechanisms to raise concerns, and in some trusts we see the Guardian of Safe Working Hours used to raise a broad range of issues. The FTSU Guardian should arrange to meet periodically with the Guardian of Safe Working Hours as there are linkages with these roles and this could be of mutual benefit. **Recommendation** The FTSU Guardian and the Guardian of Safe Working Hours should schedule regular catch-up meetings to discuss any potential emerging themes from their respective roles.	MM	The CEO will ensure, through the FTSU Guardian that regular links are made with the Guardian of Safe Working Hours. The first meeting has been established between the FTSU Guardian and Guardian of Safe Working Hours for 25/4/22.	25/4/22	

No.	Risk	Recommendation			
KLOE 3 - Is there a culture of high quality sustainable care? (continued)					
8	**MED**	**Assessment of detriment** It is important to ensure that people do not suffer detriment as a result of speaking-up. Currently, following the closure of a case, the CEO writes to the staff member to thank them for their concern and there is a short questionnaire for staff to complete who have raised the concern. However the response rate is low and the limited response does not adequately assess if there has been any detriment. **Recommendation** The FTSU Guardian should formalise a process to contact staff who have raised concerns three to six months following closure of the case to discuss how they are feeling and if they have suffered any detriment as a result of speaking-up. The process to address detriment should also feature in the Trust's Raising Concerns policy.	MM/AF	a) A process is in development to ensure staff are contacted after closure of the case to assess any detriment. b) The process will be included in the FTSU Policy.	May 2022	

| 9 | LOW | **Freedom To Speak Up data**

The FTSU Guardian submits data as required to the National Guardian's Office and reports to the Board each quarter. The FTSU Guardian does not report data to the Board by ethnic group or gender and this may offer additional information for the Board to analyse in terms of themes and trends.

Recommendation

The FTSU Guardian should report data by ethnic group and gender as this may highlight additional themes and trends for the Board members to consider. | MM | Recommendation accepted and future reports will include data broken down by ethnic group and gender. | May 2022 | |
| 10 | LOW | **Quality of appraisals**

Appraisal rates are currently 97.06% and this is good performance against the Trust's expectation of 100% at year end. However, the Trust has not routinely sampled completed appraisals to be assured of the quality, and this is a missed opportunity.

Recommendation

The Divisional Leadership Teams should arrange to review a sample of completed appraisals to gain assurance that they are being completed as intended to maximise the potential of the process for staff. | SMc | A recent internal audit where sample records were assessed, provided significant assurance in this regard. A couple of areas within the report are being worked through – the report will go back to Audit Committee in [date tbc]*

As an additional action, EMT agreed on 28 March that a dip sample of appraisals will be carried out in each area by managers with the support of HR business partners where required. | May/ June 2022 | |

No.	Risk	Recommendation				
KLOE 3 - Is there a culture of high quality sustainable care? (continued)						
11	**LOW**	**Staff networks** The Trust has recently set up a number of staff networks and groups to allow staff with protected characteristics, and those wishing to support them, to meet and progress work in line with the EDI strategy. **Recommendation** Board members should ensure all staff networks have a Board-level sponsor and a Chair to support and assist in the running and effectiveness of each network.	SMc	Staff networks already have a Board-level sponsor ie • BAME network board sponsor – Michele Moran • Disability Group – Steve McGowan • LGBT Group – Steve McGowan Support has been given to seek a Chair for the Disability Group. However, no one has come forward. We will continue to support, however it is reliant on someone coming forward to chair this group.	n/a	Action continuous.
KLOE 4 - Is there a culture of high-quality sustainable care?						

| 12 | LOW | **Action logs**
For Board level Committees we note that action logs are present and well maintained. We noted that whist the action logs documented the timescale for completion of the action, the date of when the action was completed was not recorded, and this should be addressed.

Recommendation

Chairs of Committees and groups that use action logs should ensure the date the action was completed is documented. | MH | Advice will be provided to committee and group administrators regarding action logs to ensure the date the action was completed is clearly documented and that a consistent standard is achieved across all groups. | April 2022 | |
| 13 | LOW | **Committee Assurance**

Committee Chairs have not routinely observed the key meetings that feed into their Committee for assurance, and this should be considered on an annual basis to confirm confidence in the governance and reporting framework.

Recommendation

On an annual basis NEDs who Chair Committees should observe the sub-meetings/groups that feed into their Committee to gain a view on how business is undertaken. | MM / CF | This recommendation will be taken forward with non executive committee chairs scheduling attendance at a reporting group in 2022/23. | May 2022 | |

No.	Risk	Recommendation				
KLOE 4 - Is there a culture of high quality sustainable care?						
14	**LOW**	**Allocation of Non-Executive Directors to Committees** There were only two NEDs present at some Committee (one being the Chair) and this may be due to the fact that the Trust has a NED vacancy that is currently being recruited. Once all NED positions are recruited the Board should review NED allocation and cross referencing to other Committees to maximise the opportunities of attendance and to view the interdependencies of the various Committee agendas. **Recommendation** Board members should consider the numbers of NEDs at its Committees and discuss whether membership could be increased for some of the busier Committees to facilitate further challenge and opportunities to gain greater assurance.	CF/MM	Committee membership should be a NED Chair and 2 NEDs – an exception (F&IC) will be addressed when the Terms of Reference are approved at the May Trust Board. NB The commissioning Collaborative Committee will remain with 1 NED chair and 1 other NED member.	May 2022	

| 15 | LOW | **Highlight reports to the Board of Directors**

Committee Chairs presented highlight reports for assurance and whilst these were comprehensive the impact and style of these could be improved. A common approach using quadrant style reporting could more effectively identify key issues and action taken.

Recommendation

Committee Chairs should consider the use of a quadrant style report to present key issues emerging from Committees to the Board meeting. Headings of the 4 quadrants are commonly:

▪ Matters of concern or key risks to escalate;

▪ Major actions commissioned / work underway;

▪ Positive assurances to provide; and

▪ Decisions made. | MH | The Chairs Log to Board does this but the front sheet will be reviewed to provide a consistent approach in how this is presented using the quadrant style. | May 2022 | |

No.	Risk	Recommendation				
KLOE 5 - Are there clear and effective processes for managing risks, issues and performance?						
16	LOW	**Board Assurance Framework – risk statements** The Trust has a Board Assurance Framework that is well managed and maintained. The BAF describes the Trust's six strategic objectives and details the individual risks to the achievement of these. However, although there is an overarching risk score for each of the six strategic objectives, there is no overarching risk statement that describes what could prevent the Trust achieving the strategic objective, and this should be considered. **Recommendation** An overarching risk statement should be used to describe the risk to the Trust not achieving each strategic objective.	MM	An overarching risk statement to describe the risk to the Trust of not achieving each strategic objective will be developed.	May 2022	
17	MED	**Risk Registers** The Trust-wide Risk Register is well maintained and was up to date at the time of our review. Divisional risk registers were also well maintained. However we noted that in all risk registers the initial risk rating was recorded but did not include a date, and this prevents the reader from understanding how long the risk had been present, and this would be useful	HG/OS	The requirement of the opened date in all risk register reports going forward and the report templates on Datix have now been updated to include this field when extracted to Excel.	March 2022	Delivered and closed.

		to assess the 'journey' of the risk. **Recommendation** The risk register should be updated to include the date the initial risk was recorded.			
18	MED	**Risk ratings and controls** We saw many risks on the risk registers where the initial rating and current rating were the same, and this may indicate that the controls in place are not effective and that other treatment is required, especially where timescales for completion are imminent. **Recommendation** Risk ratings contained on the Trust's risk registers require review to ensure they are correctly stated and reflect the current risk and that controls are sufficient to continue to reduce the level of risk as intended.	HG / OS	a) Risks where the initial and current ratings that are the same are being progressed through the divisional ODG meetings to ensure that this does not happen going forward unless the described controls are not reducing the risk. b) This requirement will also be specifically referenced in the risk register training to ensure staff are aware that in deciding the current risk the controls in place must be taken into account.	April 2022	

No.	Risk	Recommendation				
KLOE 5 - Are they clear and effective processes for managing risks, issues and performance?						
19	LOW	**Management of risk** The Corporate Risk and Compliance Manager has a structured and consistent approach to risk and this was clear from the meetings we attended. However due to an unexpected short term absence at one meeting, where we were observing, the presentation of the Risk Register was not managed well and this may indicate that wider ownership of the risk management process is required and that processes do not become person dependent. **Recommendation** The Trust should ensure its arrangements regarding updating and presentation of risks are not person dependent.	HG/OS	Executives have confirmed that there is no requirement for the Risk Manager to attend each board sub committee. Lead executives on the respective committees are expected to discuss the risks on the register and answer any queries. Exec Leads to be reminded of the need for Exec Leads to present risks to respective committees.	April 2022	Complete
20	LOW	**Board Reports** Financial performance papers are produced to a high quality and we note that the Board receives a separate finance report. This has been a long standing arrangement that is well evaluated, with no appetite for change. However the title of the Trust's 'Integrated Board Report' (IBR) is misleading as readers may expect full coverage of performance for all portfolios, and this is not the case.	PB	The title of the Integrated Board Report will be updated to 'Performance Report'	April 2022	

		Recommendation The Board should reconsider the title of its Integrated Board Report to ensure it accurately reflects the purpose and content of the report.			
21	LOW	**Divisional Performance and Accountability Reviews** The Trust has an established Divisional Performance and Accountability Review process that is operated on an 'earned autonomy' model, with review frequency ranging from 1-6 months. Reviews have been scheduled every 3 months during the Covid-19 pandemic due to the surge in activity, however the earned autonomy model process will be reinstated in April 2022. The Clinical Director is invited to all reviews, however we note that the CD is frequently unable to attend and this may be due to clinical commitments. Reviews should be scheduled to facilitate the attendance of the Clinical Director. **Recommendation** Accountability Reviews should be scheduled to facilitate the attendance of the Clinical Director.	LP	Attendance of the clinical director is being arranged for the next round of reviews.	May/Jun 2022	

No.	Risk	Recommendation				
KLOE 6 - Is appropriate and accurate information being effectively processed, challenged and acted on?						
22	LOW	**Integrated Performance Report** The Trust's Integrated Board Report (IBR) is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format. The cover sheet of the IBR details commentary (including mitigating actions) for indicators that fall outside of normal variation, and this is a useful summary. However for the majority of metrics this detail is not included in the main body of the report alongside the data. **Recommendation 22** The Integrated performance report could be enhanced by the expansion of narrative to contain root causes, actions and impact/timescale as well as national/local benchmarking where available.	PB	The front sheet of the performance report highlights and provides an update on any areas outside of normal variation – a note will be added to the performance report to read the performance report with the cover sheet with explanatory narrative for any areas outside of normal variation.	May 2022	

23	LOW	**Data Quality Assurance Indicators** Although the Trust has a Data Quality Group in place and undertakes work to assures its data quality, it does not at present utilise a Data Quality Assurance Indicator and this should be considered. A data quality traffic light or kite mark could be used to appear next to key performance indicators in the SOF report to provide visual assurance on the quality of data underpinning a performance indicator. A visual indicator acknowledges the variability of data and makes an explicit assessment of the quality of evidence on which the performance measurement is based. **Recommendation** The Trust should consider the use of Data Quality Assurance Indicators to inform users of any data quality risks attached to the data that might impact decision making	PB	Consideration will be given in the DQ Group and whether traffic light or kite mark would provide a worthwhile improvement	April 2022	
KLOE 7 - Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?					
We have not made any recommendation for this KLOE					

No.	Risk	Recommendation
KLOE 8 - Are there robust systems and processes for learning continuous improvement and innovation?		
We have not made any recommendation for this KLOE		

Title & Date of Meeting:	Trust Board Public Meeting – 27 April 2022			
Title of Report:	Chief Executive's Report			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve	✓	To receive & note	✓
	For information		To ratify	✓
Purpose of Paper:	To provide the Board with an update on local, regional and national issues.			

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

Key Issues within the report:	• Policies for ratification • Use of force Act will be monitored by the Quality Committee supported by the Mental Health Legislation Committee and Executive Management Team. • Recommendation made for the Board to ratify the COO as the responsible person for the Use of Force Act

Monitoring and assurance framework summary:

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

Caring, Learning & Growing Together

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

Chief Executive's Report

1 Items for Approval

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

Policy Name	Date Approved	Lead Director
Job Planning Policy	11/4/22	Director of Workforce & OD
Bullying and Harassment Policy	11/4/22	Director of Workforce & OD
Attendance Management Policy	11/4/22	Director of Workforce & OD

2 Around the Trust

2.1 Chief Executive's Challenge
This has now been arranged and will take place on the 23 June. It will be a bike ride across our full patch which will be about 90-100 miles. Money raised will go into the Health Stars CEO Staff funds.

2.2 Charity Golf Day
A Charity golf Day will take place on 9 September at Ganstead Golf Club. Money raised will go towards Health Stars funding.

2.3 Band 5 Nurses Incentive Scheme
Band 5 nurses are our hardest to recruitment to post, in line with the national picture therefore we have agreed to offer a payment of £3,000 to all new employees and a retention payment to our current Band 5 nurses of £1,000. We value all staff and have offered regular thank you's to staff and will continue to do so.

2.4 Whitby Hospital
Whitby Hospital has been shortlisted for the The Royal Institute of Chartered Surveyors (RICS) UK Awards 2022 in the following category:

•   Refurbishment/Revitalisation Project

Announcement of the winners will take place on 18 May

2.5 Easter Egg
A £5 thank you has been given to all staff for all the hard work that they do,

2.6 Mileage Rates
Due to the ongoing fuel costs, we have increased our business user's petroleum allowance.

2.7 Lateral Flow Tests (LFTs)
Staff continue to test twice weekly and if coming into base. Staff can obtain these via the government portal.

2.8 Graduate Trainees
Humber has been approved to take two more graduate trainees from September 2022 (General Management ICS/HFT and BI HFT/ICS). Competition for these placements is high, but we continue to receive excellent feedback from graduates undertaking placements with us.

2.9 Staff Side
Following an election process the unions have elected Sarah Mellors from Unite as their new chair as Paddy McIntyre steps down from the role. I would like to thank Paddy for all his work as chair.

2.10 Breast Feeding Award
The East Riding of Yorkshire Partnership has once again maintained their UNCEF Gold Award which is an outstanding achievement. I also remain Breast Feeding Champion for the organisation.

2.11 Humber and North Yorkshire Health and Care Board.
During the month I was elected by CEO peers to represent the sector on the Humber and North Yorkshire Health and Care Board. Shadow Board Meetings have commenced.

3 Across the ICS

3.1 Director of Adult Social Care
Hull City Council has appointed Tracy Meyerhoff as its Director of Adult Social Care.
Tracy previously served as Interim Director of Adult Social Care and has now been appointed to take on the role on a permanent basis.

Tracy first began working for the council in June 1993 and throughout that time worked in and managed all of the front-line services.

3.2 HCV
Humber Coast and Vale (HCV) from 1st April became - Humber and North Yorkshire Health and Care Partnership.

3.3 Humber and North Yorkshire ICB
As part of the establishment of the Humber and North Yorkshire ICB, Place Committees are being developed for each of the six places in our region to enable increased autonomy and delegation of local decision-making to a formal Joint Committee. It is anticipated that these Place Committees will receive delegated duties and resources from the ICB to make decisions about resourcing and services. They will also undertake joint decision-making at a Place level with Local Authority, Voluntary Sector and other bodies to improve local services and outcomes, using evidence such as practice/ward level population profiles.

A core member of each of these Place Committees will be an NHS Place Director appointed to the ICB. These will be accountable to the Chief Operating Officer and will be responsible for championing ICS strategies, policies and ambitions, managing staff locally in accordance with ICB policies and will also have delegated financial responsibilities.

The following NHS Place Directors have now been appointed to date:

- Alex Seale – NHS Place Director for North Lincolnshire.
- Helen Kenyon – NHS Place Director for North East Lincolnshire.

As colleagues will know, Foluke Ajayi left her role as HCV Locality Director at the end of March. Shaun Jones has taken up the the role interim Locality Director as the move towards the establishment of Integrated Care Boards from July 2022 progresses. Shaun will start in the role in April, which covers key functions such as operational planning, performance and improvement and

Emergency Preparedness, Resilience and Response (EPRR) at a challenging time as we face continued Covid pressures alongside elective recovery and the development of ICSs.

4 National News

4.1 New Patient-level Data Collection on Tobacco Dependence
NHS England and NHS Improvement are launching a new patient-level data collection on tobacco dependence from April 2022. This new mandatory collection will run from the second working day to the fifteenth working day of each month and will apply to acute and mental health trusts.

5 Covid-19 and Winter Plan Summary Update –April 2022
This update provides an overview of the ongoing arrangements and continuing work in place in the Trust and with partner organisations to manage the ongoing Covid-19 emergency. NHS England and Improvement raised the national incident alert level from 3 to level 4 on 13th December in recognition of the impact of the Omicron variant on the NHS of both supporting the increase in the vaccination programme and preparing for a potentially significant increase in Covid-19 cases.

As of the 3rd of April 2022, the confirmed cases of Covid-19 for Yorkshire and the Humber are:

Covid case rate per 100,000. Period: 28th March – 3rd April	
Area	**(28th March – 3rd April)**
East Riding of Yorkshire	715.3
Hull	638.7
North East Lincolnshire	672.1
North Lincolnshire	705.9
Yorkshire and Humber	590.2
England	637.7

As of 10th April, the 7-day rate per 100,000 population for Scarborough is 419.0, for Ryedale is 408.0 and Hambleton is 521.0. The overall 7- day rate for North Yorkshire is 652.0

As of 8th April 2022, there have been 1,764 hospital deaths due to COVID-19 across the Humber area. This includes 1,126 deaths registered by HUTH, 608 deaths registered by NLAG, 27 deaths registered by CHCP (East Riding Community Hospital), and 3 deaths registered by HTFT. York Teaching Hospitals NHS Trust recorded 884 deaths over the same period.

The Trust has recorded a peak of 17 cases of a Covid-19 positive inpatient since the last report on 7th April, this has reduced to seven cases currently.

Covid Absence

A line chart titled "Covid Absence" showing daily Covid staff absence from 11/03 (2020) to 11/04 (2022). The y-axis ranges from 0 to 200 in increments of 20. The x-axis shows dates from 11/03 through 11/04 at monthly intervals. The line peaks at around 180 near the start (April/May 2020), shows a peak of about 135 around November 2020, around 67 in January 2021, about 119 in January 2022, and rises to around 89 near the end (April 2022).

Staff sickness absence related to Covid has increased in the last month to between 71 and 89 cases daily in March and early April. When combined with non-covid related sickness the overall absence position remains raised at 8.33%.

The Trust's emergency planning command arrangements were stood down on 31st January 2022 and remain so. Twice weekly Sitrep reporting remains in place to monitor the ongoing impact of the pandemic on our services. The command arrangements will remain under close monitoring and will be stood up again as necessary. System emergency planning arrangements have remained in place. The Covid- 19 task group chaired by the Deputy Chief Operating Officer continues to meet to ensure that any changed requirement in relation to Covid are addressed.

Operational service pressures remained high in some areas in March and early April due to the ongoing position related to staff absence. The highest pressures were seen in our mental health inpatient beds due to having the highest rate of covid related absence along with a high level of demand. Community services in Scarborough, Ryedale and Whitby due to further high demand from the acute hospitals for discharges to be supported along with ongoing high demand for primary care. The Trusts overall operational pressures increased in the last month with escalation levels (OPEL) being 3 (severe pressure) predominantly.

Child and Adolescent Mental Health (CAMHS) services are continuing to experience high demand for both community and inpatient services in line with the nationally anticipated surge due to the direct impact of the pandemic on children, young people and their families. Demand has continued to plateau during March and early April at a higher level than typical for this time of year, with presenting needs continuing to be of high levels of acuity and complexity. Break down of placements for young people in residential care continues to lead to urgent and crisis admissions to mental health and acute hospital beds. High demand for young people experiencing complex eating disorders has led to pressure on CAMHS beds locally and nationally leading to admissions to acute hospital beds. System and ICS work is ongoing to enhance provision to support out of hospital care and investment has been approved. Focus continues on reducing waiting times in these services, particularly in relation to autism diagnosis.

Nationally requirements are in place to eradicate the use of out of area bed mental health beds and our services are implementing plans to achieve this. It remains a challenge however as infection prevention and control guidance requires patients to be isolated. Our out of area bed use is reducing. This was supported by a proposal approved by Gold command in early January to temporarily adjust the cohorting arrangements in place for adult mental health beds, this was due

to high demand locally for beds, no availability of mental health beds nationally and the increased number of covid positive patients in our beds. The plan was developed with and supported by the Trusts infection prevention and control leads and allowed for patients to be cohorted at Newbridges ward along with the ongoing arrangement at Millview Court. The plan was risk assessed and allowed for mental health bed flow to be maintained, it remains in place.

Our overall bed occupancy has remained high in March and early April with the pressures especially high for mental health, learning disability beds and our community beds at Malton and Whitby Hospitals, it has been between 78.5 – 82.1%.

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

Ongoing work has been taking place by our recruitment team to increase the number of staff available to us on our bank. Staff availability remains an area of operational priority as we respond to the ongoing impact of the pandemic. To further address this the recruitment team has been tasked to prioritise clinical posts.

Testing and Isolation Arrangements
New national guidance "Living with COVID-19 – National Staff and Patient Testing Update" was received on 31st March 2022, based on this the updated advice was provided to our staff which is summarised below.

Staff Testing Guidance.

- Lateral Flow Devices (LFD kits) will continue to be available free of charge for staff who work in a patient facing role via the gov.uk portal.

- Patient facing staff should continue to complete an LFDS test twice weekly even when asymptomatic. These will continue to be available through the gov.uk portal and that all staff who may come into contact with clinical staff or patients as part of their work undertake testing twice weekly.

- For any groups of staff meetings, for example team meetings/ face to face training or timeout sessions, all members planning to attend should take an LFT before attending.

- Any symptomatic NHS staff are required to test themselves using LFDs. A PCR test is no longer required. LFD tests will continue to be available through the gov.uk portal

- Any staff who tests positive will be expected to follow the national return to work guidance. If clinically well and have had a negative LFD at day 5 and day 6 they may return to work unless a risk assessment completed by the clinical manager indicates that it is not appropriate to do so.

- Staff who are household contacts of a positive COVID-19 case will now be able to continue to work as normal if they remain asymptomatic and continue to test twice weekly. They will no longer be required to have a PCR test in order to return to work.

- Staff may continue to be required to undertake COVID-19 tests on an ad hoc basis (e.g., such as in an outbreak situation). When this occurs staff will be notified via their line management structure if this applies to them.

Patient Testing

- COVID screening of all emergence admissions within the Trust will continue to be required on the day of admission, day 3 and day 5-7. There is no longer a national requirement to continue with weekly screening of in patients. An LFD test may be used instead of a PCR test for all asymptomatic admissions into any mental health, learning disability or community in-patient beds unless the patient is identified as being immunocompromised.

- All patients in mental health and learning disability settings returning from a period of overnight planned leave will require a lateral flow test.

- Symptomatic patients who require a test to support clinical management decisions during their care and treatment pathway should be offered a polymerase chain reaction (PCR) test as part of their usual diagnostic pathway.

- Any patient identified as severely immunocompromised within a hospital setting should continue to be tested using PCR.

- All patients who are discharged to another care settings e.g., care homes or hospices continue to require PCR testing on discharge

Visitors

- From 1st April visitors to the hospital wards and units will now not require testing to enter.

Patients in the community

- High risk patients in the community identified for COVID-19 MAB/Antiviral treatment will continue to access tests from UKHSA. •

- All NHS patients in a community or primary care setting requiring a test by a clinician to support clinical decisions during their care and treatment pathway should be offered a lateral flow device (LFD) test as part of their usual diagnostic pathway. Patients should be directed to the gov.uk website to order their tests, where they will be asked to confirm that their clinician has requested this.

- Patients should be advised to inform the Trust if they test positive and should be asked to provide proof of testing (text or email from the gov.uk website) on admission.

Further updated guidance was received from NHS England/Improvement on 14th April "Next steps on IPC: Publication of revised UK Infection Prevention and Control (IPC) Guidance and an IPC Manual for England". This revised guidance contained the following changes in relation to the isolation of Covid- 19 positive inpatients and their contacts:

- Stepping down inpatient Covid-19 isolation precautions: For inpatients with Covid- 19, where available, LFD tests can be used to reduce the isolation period down from 10 days to 7 days. Patients should have two negative LFD tests taken 24 hours apart as well as showing clinical improvement, before being moved out of isolation before day 10. These tests can take place on any two consecutive days from day 6 onwards but if either of the two tests is positive, the patient must not be retested and must complete the full 10 day isolation.

- Stepping down Covid-19 precautions for exposed patient contacts: Inpatients who are considered contacts of SARS-CoV-2 cases are no longer required to isolate if they are asymptomatic.

- Returning to pre-pandemic physical distancing in all areas, including in emergency departments, ambulances and patient transport, as well as all primary care, inpatient and outpatient settings. This should be done in a way that maintains compliance with all relevant Health Technical Memoranda and Health Building Notes.

- Returning to pre-pandemic cleaning protocols outside of Covid-19 areas, with enhanced cleaning only required in areas where patients with suspected or known infection are being managed.

Covid-19 Vaccine

Our hospital vaccination hub remains stood down. A spring vaccination programme is taking place as many of the oldest adults, and therefore most vulnerable, will have received their most recent vaccine dose in September or October 2021. These individuals are at higher risk of severe Covid-19, and with the lapse of time, their immunity derived from vaccination may wane substantially before autumn. Therefore, as a precautionary strategy for 2022, JCVI advises a spring dose, around 6 months after the last vaccine dose, should be offered to:

- adults aged 75 years and over
- residents in a care home for older adults
- individuals aged 12 years and over who are immunosuppressed, as defined in the Green Book

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

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

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

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

Our established robust systems to ensure that staff have access to the appropriate Personal Protective Equipment (PPE) remain in place. Stock continues to be received via a PUSH delivery system from the NHS Supply chain and SITREPS are used to determine the content and frequency of deliveries. Currently, the supplies of PPE remain at good levels.

Staff Health and Wellbeing

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

Our staff have now experienced and worked through the pandemic for 24 months and in some areas service demand and operational pressures remain very high, they are continuing to tell us that they are feeling fatigued. Staff continue to have access to a range of options for wellbeing support and the Trust continues enhance its offer of wellbeing resources via the "ShinyMind" app. The Humber Coast and Vale Resilience Hub to support frontline staff remains operational and providing an increased offer of psychological and emotional wellbeing support for our staff.

Our communications team have continued their efforts to maintain a focus on staff health and wellbeing. Monthly "Ask the Exec" sessions continue, and these are positively received.

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

Support remains in place for our staff who are experiencing long covid and this has been developed further. The "Reset and Recovery" plan that was developed through wide engagement with staff is   being monitored by the Executive Management Team (EMT).

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

- Ensuring that our covid related changes and interventions do not increase restrictive practices.
- Ensuring that all areas with patients who are unwell with coronavirus are receiving the correct support.
- Maintaining focus on developing further use of digital clinical interventions.

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

- Invest in workforce – with more people (for example, the additional roles in primary care, expansion of mental health and community services, and tackling substantive gaps in acute care) and new ways of working, and by strengthening health and community services by strengthening the compassionate and inclusive culture needed to deliver outstanding care.

- Respond to COVID-19 ever more effectively – delivering the NHS COVID-19 vaccination programme and meeting the needs of patients with COVID-19.

- Deliver significantly more elective care to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards.

- Improve the responsiveness of urgent and emergency care (UEC) and build community care capacity– keeping patients safe and offering the right care, at the right time, in the right setting. This needs to be supported by creating the equivalent of 5,000 additional beds, in particular through expansion of virtual ward models, and includes eliminating 12-hour waits in emergency departments (EDs) and minimising ambulance handover delays.

- Improve timely access to primary care – maximising the impact of the investment in primary medical care and primary care networks (PCNs) to expand capacity, increase the number of appointments available and drive integrated working at neighbourhood and place level.

- Improve mental health services and services for people with a learning disability and/or autistic people – maintaining continued growth in mental health investment to transform

and expand community health services and improve access.

- Continue to develop our approach to population health management, prevent ill health and address health inequalities – using data and analytics to redesign care pathways and measure outcomes with a focus on improving access and health equity for underserved communities.
- Exploit the potential of digital technologies to transform the delivery of care and patient outcomes – achieving a core level of digitisation in every service across systems.
- Make the most effective use of our resources – moving back to and beyond pre pandemic levels of productivity when the context allows this.
- Establish ICBs and collaborative system working – working together with local authorities and other partners across their ICS to develop a five-year strategic plan for their system and places.

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

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

Staff health, wellbeing and engagement continues to be paramount to our successful ability to achieve our plans and continued focus will remain on this. The efforts our staff make to keep our patients, their colleagues and themselves safe remains exceedingly impressive and we continue to demonstrate our appreciation for that.

6 Director's Updates

6.1 Chief Operating Officer Update

6.1.1 Mental Health Units Use of Force Act 2018
From 31 March 2022, new statutory obligations aimed at preventing inappropriate use of force will apply to organisations running inpatient mental health units, including NHS Trusts and independent sector organisations that provide NHS-funded care.

The Act (known as 'Seni's law) places new duties on hospitals in relation to the use of force (e.g. record keeping, training and investigations) and requires police officers visiting mental health units to wear body cameras.

Organisations need to satisfy themselves that they will meet all the new requirements. Failure to comply fully could lead to scrutiny from the courts, commissioners and/or the CQC.

The **use of force** includes:
- physical, mechanical or chemical restraint of a patient
- the isolation of a patient, including seclusion and segregation

The **aim of the Act** and the statutory guidance is to:
- clearly set out the measures that are needed to both prevent the inappropriate use of force
- ensure accountability and transparency about the use of force in mental health units

The requirements will apply to all patients in mental health units, whether detained or not.

The key requirements set out in the Act are:

- Section 2 – service providers operating a mental health unit to **appoint a 'responsible person'** who will be accountable for ensuring the requirements in the Act are carried out. The 'responsible person' must be a permanent member of staff within the organisation at Exec Director or equivalent level and, whilst they will be able to delegate any of their functions to another person (also of an 'appropriate level of seniority'), the 'responsible person' will retain ultimate responsibility for ensuring compliance with the legislation.
- Section 3 – the responsible person for each mental health unit must **publish a policy regarding the use of force** by staff who work in that unit. The written policy will set out the steps that the unit is taking to reduce (and minimise) the use of force by staff who work in the unit
- Section 4 – the responsible person for each mental health unit must **publish information for patients about their rights in relation to the use of force** by staff who work in that unit
- Section 5 – the responsible person for each mental health unit **must ensure staff receive appropriate training in the use of force**. Subsection 2 sets out what that training should cover
- Section 6 – the responsible person for each mental health unit **must keep records of any use of force on a patient** by staff who work in that unit, which includes demographic data across protected equality characteristics
- Section 7 – the Secretary of State for Health and Social Care must ensure that at the end of each year statistics are published regarding the use of force by staff, using the relevant information recorded under section 6. Data will continue to be reported through the NHS Digital Mental Health Services Data Set on a monthly basis, while the annual national data required under section 7 of the Act will be reported in the annual NHS Digital Mental Health Bulletin. The annual statistics will provide a breakdown of patient demographic information using the protected characteristics as set out in the Equality Act 2010, and details of the types of force used.
- Section 8 – the Secretary of State for Health and Social Care must conduct an annual review of any reports made under paragraph 7 of schedule 5 to the Coroners and Justice Act 2009, and may conduct a review of any other findings or determinations made relating to the death of a patient as a result of the use of force in a mental health unit. The Secretary of State for Health and Social Care must then publish a report that includes conclusions arising from the review
- Section 9 – if a patient dies or suffers serious injury in a mental health unit, the responsible person must have regard to any relevant guidance relating to investigations of deaths or serious injuries
- Section 10 – explains that the responsible person may delegate their functions where appropriate to do so
- Section 11 – the Secretary of State for Health and Social Care must publish guidance which sets out in more detail how to implement the requirements set out in the Act
- Section 12 – if a police officer is going into a mental health unit on duty to assist staff who work in that unit, the police officer must wear and operate a body camera at all times when reasonably practicable

Work undertaken within the Trust to meet the requirements

- The Chief Operating Officer has been appointed as the Trust's 'responsible person'.
- Work on the requirements of this Act has been ongoing as part of the Reducing Restrictive Interventions work. A task and finish group has been established to focus on the key requirements within the Act and will remain in place to ensure that staff are fully briefed and are adhering to the requirements.
- The Management of Violence and Aggression Policy has been revised in line with the requirements of the new Act and the subsequent 'Use of Force Policy' is now in its final draft. The policy was sent out to various Patients, Service Users, Carers and Young People groups for consultation.
- Information leaflets for patients and their relatives about use of force have been developed.

- Staff training on use of force has been reviewed and assurance has been given that the current DMI training meets all the new requirements.
- A work has been undertaken with our clinical systems team to ensure our systems for recording the use of force are compliant with the new requirements.

EMT will monitor the policy initially and assurance will be via the Quality Committee.

6.1.2 Redesigning Adult Inpatient Mental Health Services
The Project Board met on 19th April with the new, wider membership in place. The detailed plan for developing the Pre-Consultation Business Case (PCBC) was presented by CityCare who are supporting the Trust in its development. Following agreement by the Executive Management Team plans are underway to recruit a clinical transformation lead who will also lead the project through the next stage of its development, and an engagement lead. The Trust is still awaiting the outcome of the expression of interest that was submitted to the National Hospital Programme seeking capital support.

6.1.3 Development of Virtual Wards
The 2022/23 priorities and operational planning guidance asked systems to develop detailed plans to maximise the rollout of virtual wards to deliver care for patients who would otherwise have to be treated in hospital, by enabling earlier supported discharge and providing alternatives to admission. This essential requirement will increase /build community capacity to prevent inappropriate attendance at emergency departments, improve appropriate admissions to hospital, reduce length of stay and deliver more care at home. Work has been taking place with our system partners in North Yorkshire and agreement has now been reached to develop a frailty virtual ward, commencing in Scarborough with the potential to expand in a second phase.

Frailty virtual wards, otherwise known as Hospital at Home, provide a safe alternative to hospital for patients living with frailty through community-based acute health and care delivery. Central to this approach is services working towards providing a model that is patient centred, and in which home is an option for care. This is part of the shared decision making process, in line with personalised care principles. A Hospital at Home for frailty should be available as an option for clinicians to refer adults (aged 65 or over) who have an acute exacerbation of a frailty-related condition.

Through the agreement with the commissioners and the Integrated Care System, Community collaborative our Scarborough Community Service will develop a virtual frailty ward within Scarborough that can work with approx. 22 patients on its caseload at any one time. It should be fully operational by December 2022. Plans are being developed in collaboration with our system partners to ensure we have the correct medical/clinical oversight and integration with primary care and social care colleagues. The additional funding enables us to recruit staff including Advanced Clinical Practitioners, Social workers, Registered Nurses and Nurse associates, Physiotherapists, Occupational Therapists, Pharmacists, Health Care Assistant and administrative staff. The team will be aligned with our new Urgent Community Response (UCR) team to improve outcomes for our patients in crisis to create capacity after the UCR service has intervened and to support patient flow and avoid unnecessary admissions to hospital.

6.1.4 Major Incident Plan – Review
After activation of any major incident plan, it is essential that it is reviewed to ensure the plan is robust and continues to be fit for purpose. The Major Incident Plan V10 was activated at the start of the Covid- 19 pandemic in March 2020, and, because of its activation it has had a full review considering the lessons learned by its implementation. The revised plan was ratified by the Executive Management Team on 11th April 2022. It takes into account the changes identified as a result of the plan implementation during the initial and continuing stages of the Covid- 19 response. The key changes are that:

- The plan has been reformatted in its layout and uses the Trust approved branding.

- The content of the plan has been amended to focus primarily on the most relevant processes such as command and control arrangements, plan activation and action cards.
- Content of information has been removed that was deemed irrelevant and occluded the salient points.
- The plan now has an improved and clear flow to make it a more easily accessible and useful document.

The plan is subject to scenario testing and will be reviewed as a consequence of these events and in line with other regional and national updates as they occur. The updated plan has been shared with Mike Smith, the Non-Executive Director with a lead role for Emergency Preparedness, Resilience and Response (EPRR) for his review.

6.2 Director of Nursing, Allied Health and Social Care Professionals

6.2.1 Ockenden Report

The Ockenden final report from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust was published on 30 March 2022. The report sets out the terrible failings suffered by families at what should have been the most special time of their lives with 1486 families included in the review. Some families had multiple incidents therefore a total of 1592 clinical incidents involving mothers and babies have been reviewed dating back to 1973 through to 2020 which included 12 cases of maternal death (upon review 9 significant/major concerns) and 498 cases of stillbirth where in one in four cases significant or major concerns in care were found.

The report identifies patterns of repeated poor care and failure in governance and leadership where national clinical guidelines were not followed, leaders failed to act when concerns were raised and fear to escalate concerns to consultants were found. The review also identified significant staffing and training gaps across both midwifery and the medical workforce and issues with investigatory processes not being followed. Parents also reported a lack of compassion expressed by staff.

The report acts as an immediate call to action for all commissioners and providers of maternity and neonatal services and it is recommended that that everyone reads the report regardless of whether they provide maternity services or not. The report makes a number of recommendations in respect of safe staffing levels, having a well-trained workforce, learning from incidents and listening to families; recommendations that are relevant to all services. The report also illustrates the importance of creating a culture where all staff feel safe and supported to speak up. A revised national policy and guidance on speaking up will soon be published.

The report makes 64 actions for local learning with 15 actions for immediate and essential action to improve care in safety and maternity services across England.

Since the publication of the first report into the failings the government has introduced a range of improvement measures and invested in supported maternity services across the country. Much of the funding is for workforce expansion. It is estimated that the full cost of expansion of the maternity services workforce to be £200-250 million.

Further reviews of maternity and neonatal services are currently underway. It is therefore expected there will be further recommendations following which a consolidated national delivery plan for these services will be developed.

Humber Teaching NHS Trust does not provide any of the services that are covered in the report, however we will undertake a review of all of the recommendations, placing them in the context of the services we deliver. We will identify any further actions we can take to strengthen our services in line with the recommendations and will produce a report for EMT and the Quality Committee identifying the current Trust position in respect of the relevant recommendations and any actions we intend to undertake to further strengthen our processes.

6.2.1 CQC Princes Medical Centre

The CQC report following the inspection of Princes Medical Service in December 2021 was received in March. The report described CQCs judgement of the quality of care following a comprehensive inspection and information from ongoing monitoring and patient, public feedback.

The overall rating for the service is requires improvement with the ratings for each key line of enquiry as below:

Overall rating for this location	Requires Improvement	🟠
Are services safe?	**Requires Improvement**	🟠
Are services effective?	**Requires Improvement**	🟠
Are services caring?	**Good**	🟢
Are services responsive to people's needs?	**Requires Improvement**	🟠
Are services well-led?	**Requires Improvement**	🟠

There were two breaches of regulation where the service **must**:

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

There are also some actions for the Trust in relation **should do** as follows:

- Review the staffing levels allocated to the practice
- Continue to monitor and take actions to improve the uptake for childhood immunisations and cervical cancer screening for woman at the practice
- Continue to monitor and take action to address backlogs to patient reviews
- Continue to explore ways of establishing a patient participation group
- Continue to explore ways of improving communication barriers and making information more accessible.

At the time of writing the division are producing a report of the actions they are going to take to address the findings. The plan will be reviewed and signed off by EMT and must be with the CQC by Friday 22nd April. Progress against the plan will be monitored by QPAS, EMT and the Quality Committee with reports to the Board via the established board sub-committee governance process.

6.2.3 International Nurses Day

International Nurses Day takes place every year on the birthdate of Florence Nightingale, the 12 May, providing a platform to celebrate the significant role that nursing colleagues play across the globe.

Nationally we will see the launch of the 'Here for Life' media campaign which will describe individual stories of registrants across the UK and Ireland. The aim of the programme is to increase public confidence in the breadth, importance and impact that nurses and midwives have on society and on health outcomes. Seven nurses and midwives have been selected from across the UK and Ireland to tell their stories.

We will be supporting the campaign on international nurses' day. The communications team are supporting the day with media and trust communications which will encompass some of the national communications. Some specific plans in progress are:
Consider a celebration event hosted by our Chaplin, Eve Rose.

Student nurses, international nurses and newly registered nurses are to be asked to do some podcasts showcasing what they do as a nurse and why they came into nursing.

Teams will be encouraged to submit pictures of their nurses to go on the intranet banner and on twitter.

One of our senior nurses who has just completed the Florence Nightingale Leadership Scholarship has been invited to the service at Westminster Abbey. We will circulate photographs to showcase our attendance at the national event.

6.2.4 Thematic review: People with a learning disability and autistic people's experience of acute care

The CQC are carrying out a review to better understand the experiences of people with a learning disability and autistic people when they go to hospital.

As part of the review, they will be visiting a sample of hospital trusts and speaking to people who use services, and the people who support them. In particular they want to understand:

- Whether people have been cared for in a way that meets their needs
- How well people feel they have been supported and involved in their care planning
- If staff understand and are able to meet their needs.

This work is part of CQCs programme of work to improve services for people with a learning disability and autistic people. When the review is complete a report will be published to highlight where things are working well and where improvement is needed.
More information can be found on the CQC website.

6.2.5 NHS Parliamentary Awards
Matrons have submitted the PPE (Personal Protective Equipment) in pocket initiative they developed in response to donning PPE in mental health wards during the pandemic. The Trust was required to change practice significantly to meet the challenges posed by both the pandemic and to avoid the potential for misuse of PPE by patients, to harm themself or others. Our duty of care also extended to ensuring that none of the safeguards we put in place to respond to the pandemic increased restrictive practice, beyond what was being experienced by the general population.

Pocket PPE Packs were introduced as a new initiative by Matrons in the initial stages of the pandemic for all inpatient clinical staff at our Trust, as a way to address the need to quickly don PPE in dynamic situations.

Graham Stuart MP has confirmed that he is delighted to be nominating the idea for a NHS Parliamentary award this year.

6.2.6 Nursing Times Award for Student Community Placement of the Year
West Hull CMHT has been shortlisted by the student Nursing Times for student community placement of the year. They have been invited down to London on the 25 April to present to the judging panel. This is a fantastic achievement for a team that experienced so many difficulties about 4 years ago. This just shows what a strong and supportive leadership team can do. In our submission we described them as a "team that was like a phoenix rising from the ashes". This has also been evidenced by 3rd year student nurses keen to get posts within the team and also in the continual positive evaluations we are seeing. Well done to the team.

6.3 Medical Director Updates

6.3.1 Research
The Trust's annual Research Conference has been confirmed as Thursday 3 Nov. Following the success of last year's, this will be a 'blended' event again, where people can attend online or in

person and if registered then can also access a recording afterwards. As well as research-active Trust clinicians, some of the speakers include Wendy Mitchell, research champion living with dementia/Time bestselling author, Prof Mark Hayward of University of Sussex, Mr Erik Mayer of Imperial College London and Dr Philip Kerrigan of University of York.

Working with the Yorkshire and Humber Clinical Research Network, the Trust has now started the process of hosting a number of 'agile research team' posts to provide support across the region for research in primary and community care. These posts are managed locally by Cathryn Hart, Assistant Director Research and Development.

6.3.2 Psychology

Trauma Informed Care
The Trauma-Informed care Trust Task and Finish Group have been meeting to develop an over-arching description of the ways in which Trauma-Informed care can be embedded in day-to-day workings of the organisation. The approach aims to recognise the excellent work that is already taking place in some divisions and teams in implementing trauma-informed practice, support the extension of these approaches at practice level, and then go further in supporting the organisation to understand how to create the best structures and culture for implementing trauma-informed care. The group recently met with Angela Kennedy from Tees, Esk and Wear Valleys NHS Foundation Trust to hear about their implementation of Trauma-informed approaches. As part of the work, they have had representation at the clinical assembly at ICS level, and the Trauma-Informed System Practice and Advisory Group for HCV, and most recently the Trauma Informed City Event.

6.3.3 Patience and Carer Experience
The Trust is delighted to confirm that we will be supporting this year's Hull Pride at the West Park in Hull on Saturday 30 July. A working group has been initiated to develop plans for our Trust stand at this year's event.

We are proud to confirm that the Trust's Veterans Aware Hospital Status one year review has been signed off by the national team. Lynsey Nicholson (VCHA Regional Lead North of England) thanked the Trust for our continued commitment to the Armed Forces Community.

The annual Equality, Diversity and Inclusion Annual Event took place on Thursday 7 April where patients, service users, carers, staff and partner organisations attended to support the Trust in the identification of our 2022/23 EDI priorities.

6.4 Director of Workforce & Organisational Development Update

6.4.1 Men Do Cry - an NEY Health and Wellbeing Huddle for all on 28th April 2022
This is an informal and engaging event where staff will hear from male colleagues opening up about their personal journeys. This is a free event for colleagues who work in our region and has been publicised across the Trust.

6.4.2 Safe Spaces for Newly Qualified Nurses and Midwives webinars on 20th & 27th April 2022
The Florence Nightingale Foundation, in collaboration with NHS England and NHS Improvement, are pleased to invite all newly registered nurses and midwives across England to join them for a 90-minute webinar exploring the experience and skills of maintaining courage and compassion.

This is part of a new nationally funded programme to support early stage career retention. Again, this has been publicised across the Trust.

6.4.3 North East & Yorkshire NHS Leadership Academy opportunities: Colleagues from Diverse backgrounds welcome
The NEY Leadership Academy want to help every NHS employee in our region discover their full leadership potential and achieve the highest standards in health and care. All their leadership

programmes, lifelong learning and talent scheme offers are designed to deliver on the People Plan. The NEY Leadership Academy also works very closely with the NEY Equality team. Therefore, we would like to emphasise that all the courses that NEY Leadership Academy runs are welcome of those from a diverse background, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. Some of the courses are free, and we encourage uptake from those who are Band 5 and below.

These have been publicised across the Trust.

6.4.4 2021 Workforce Race Equality Standard
The NHS national report was published in April. The Trust was ranked in the top ten in the country

for indicator 2 which measures the likelihood of black and minority ethnic applicants being appointed from shortlisting compared to white applicants.

6.4.5 Hard to fill Recruitment Task and Finish Group
At 31 March the data showed that the Trust had more Nurses than at any time in the last three years (761.9 FTE). This is 70.7 FTE more Nurses than in April 2019 and 15.2 more than 12 months ago. At a 10.3% vacancy level, whilst still high, this is the lowest it has been for over three years.

In addition, the Trust had 5 more Consultants working at 31st March compared to 12 months previous.

The focussed support and investment in initiatives such as an international Nursing cohort are beginning to have a positive impact on the vacancy position.

6.4.6 Recruitment and Retention Premia for Band 5 Nurses
Despite the improved position regarding the number of Nurses across the Trust, vacancy levels are high and national shortages still exist. To help keep our existing Nurses and recruit more, EMT approved a £1,000 retention payment for Band 5 Nurses and a £3,000 'golden hello' for new band 5 Nurses. This will be reviewed in March 2023.

6.4.7 Band 5 Nurse Transfer Scheme
The window opened again on 1st April and remain open through the month. Communications have been sent across the trust to encourage take up. this is a measure to ease movement across the Trust to provide new work experiences for our existing Nurses and has been used in other Trusts to help staff retention.

6.4.8 TEMPRE
A decision was taken to move all agency doctors on to the TEMPRE system for recording and monitoring purposes. With effect from 8th April, all new doctors will move on to the system. By 1 May all existing agency doctors will move on to the system.

Conversations will then take place with agency doctors around the Agency Direct Employment approach (which TEMPRE can facilitate and allows the Trust to claim back VAT).

6.4.9 Staff Side Chair
On 2 May Sarah Mellors (UNITE) will replace Paddy McIntyre (GMB) as Trust Staff Side Chair. Paddy has held the role for the past two and half years and has worked supportively in partnership with the Trust, especially through the significant challenges COVID presented.

6.5 Director of Finance Update

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

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

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

Details of notifications received during 2022 are summarised below:

- CareCERT notices issued during 2022: 61 (Inc. 21 in March)
- High Priority CareCERT notices Issued during 2022: 3 (IO issued in March)

   March Data
- CareCERT Notices with patch(s) NOT approved for deployment: 0
- CareCERT notices with patch(s) applied to all devices: 14
- CareCERT notices with devices still to check in to patch: 7

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

6.5.2 Blend and Thrive
The final tender submissions for the refit of building B are due by the end of April, once received works programme will be established and a timescale for occupation finalised.

Additional capacity is also being negotiated on the Willerby Hill Park to facilitate the management of change over a longer time period, providing mitigation and capacity above that which has been modelled.   The additional capacity will provider for up to 30 further desk spaces, private office (x4) and meeting spaces, negotiations are underway with the landlord to secure a lease

6.5.3 Capital Works Update
Works to upgrade and enhance the Junior Doctors Accommodation have completed at Miranda House, the refurbished facility is now in use and positive feedback has been received, images of the completed works are below

Contracts have been awarded for the early enabling works at the Humber Centre (Gym and Shop), with work due to commence on site before the end of the Month.   Works package to reconfigure the reception areas is programmed for tender issue in May.

Scheme submitted to planning for the redevelopment of Granville Court, tender is due to be issued in May and work is ongoing to look at temporary accommodation during the construction works.

Refurbishment works due to complete at West End to facilitate accommodation for the Hull Core CAMHS team.

Enabling works now complete for secure bike shelters, deliver and installation is programmed to complete by the end of April.

6.5.4 General Estates Updates
Ventilation Group has been established, this group will provide recommendations for ventilation enhancements across the Trysts estate in response to post COVID working, inpatient estate will be the priority.

Baseline surveys will be undertaken to enable areas for targeted enhancement to be considered at the Ventilation Group in June and subsequently the Trusts Capital and Estates Group in July.
A review is in place on water management systems to enhance the quality of outputs and provide enhanced assurance to the Water Safety Management Group.
The latest recruit into the Trusts in house decorating team (Mature apprentice) has proved extremely successful, with positive feedback from operational colleagues

6.5.5 NHS Pension Scheme Contributions
Changes in member contributions to the NHS Pension Scheme have been postponed until 1 October. The Department of Health and Social Care hopes the six-month delay will mitigate the pressure on take-home pay from 1 April, when the cost of utilities and other goods and services are due to rise.

The delayed measures include a shift in the basis of the calculation of contribution rates. For employed staff, this will move from notional whole-time equivalent pensionable earnings to their actual annual rate of pensionable pay.

Tiering of contributions based on earning bands will remain, but the number of tiers and the gradient between tiers will be reduced. As a result of the overall changes, contribution rates will decrease for part-time staff and higher earners.

NHS Pension Scheme employer contribution rates will remain unchanged in 2022/23, and employers will continue to be supported to make these contributions.

NHS England and NHS Improvement have confirmed the employer rate will remain at 20.6% of pensionable pay, with an additional administration levy of 0.08% in 2022/23. Central funds will cover 6.3%, with employers contributing 14.38% of pensionable pay.

Employer contributions increased from 14.3% to 20.6% in April 2019, but, under transitional arrangements, central support was introduced in 2019/20 and each of the subsequent years to ensure financial stability.

7 Communications Update

Marketing and Communications Strategy
Our Marketing and Communications Strategy Refresh ran from September 2019 to August 2021. Despite the challenges placed on the team and the organisation the strategy was largely delivered on time including fundamental transformations which build strong foundations for our communications function including a relaunched and refreshed brand, updated website and intranet and a new recruitment brand.

The strategy refresh has been reviewed alongside the new Trust strategy 2022-2027 and combined with our learnings over two years of operating during a global pandemic to develop a new five-year plan. The plan will be brought to a future board for sign off.

Hull 0-19 Launch
We are working closely with the project and clinical teams to ensure an effective transition of staff and services.

External Communications

- ## Service Support

We continue to support a range of services to reach external audiences with key messages and campaigns, including:

Humber, Coast and Vale Keyworker Service
We have worked closely with the service team and the Humber and North Yorkshire Health and Care Partnership to set up a new section on the Trust website and intranet which houses all the information about the new Humber, Coast and Vale Keyworker Service.

- ## Trust Website Update

	Target	Performance over period
Bounce Rate	50%	49.3%
Social Referrals	12% (a 10% increase in 2019 position)	3%

- ## Social Media

	Target	Performance over period
Engagement Rate	4%	5.5%
Reach	+50,000 p/m	53515
Link Clicks	1500 p/m	783

Public Relations and the Media

- ## Media Coverage

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

We have worked closely with teams to develop stories that attract positive media attention and promote timely Trust and national key messages such as around Stress Awareness Month and the bank holiday services which remain open.

Positive new stories published		Negative new stories	
Local media	8	Local media	4
Humber website	10		
TOTAL	**18**		**4**

- ## Awareness Days

In March/April, we have covered a wide range of different events, including Stress Awareness Month and Autism Acceptance Week.

Stress Awareness Month (9 March)
This year's theme from the host organisation is 'Community', meaning that the main narrative in our external communications has been the positive impact community support can have on your mental wellbeing.

When we look to our internal communications, we have taken a focus toward managing stress at work and how to wind down when going home. Due to the results in our staff survey, we have reassured staff that their wellbeing is our priority and as such, have signposted to support available both within the Trust and externally.

Internal Communications

Annual Members' Meeting
Planning is underway for this year's Annual Members' Meeting. Given the ongoing constraints of covid a blended approach is being planned with the event to be held in front of a small audience of 50 people and live streamed on our YouTube channel.

Stress Awareness Month
As part of Stress Awareness Month we have focused our internal communication campaign on what we are doing as a Trust to reduce stress at work, how to access support both internally and externally, and tips for managing stress at work.

Poppulo – Internal Emails

Between 18 March and 13 April 2022, we issued 28 internal communications to staff. This month our Open Rates increased by 2.6% our click through rates saw a 0.74% increase.

	Trust average engagement rates this month	National Average
Open Rate	62.6%	65%
Click Through Rates	7%	10%

Intranet

We have supported various teams with their request to add further pages to the intranet. These include pages for:

- Humber Coast and Vale Keyworker Service
- Recovery College
- Reckonable Service
- MAPPA
- Internal Transfer Procedure for Band 5 Nurses
- Organisational Development Team

Our intranet platform has been visited 169,194 times between 18 March and 13 April 2022.

	Target	Performance over period
Bounce Rate	40%	57.25%
Visits	+20% on 2021 average	+8.37%

Second to our home page which had 120,240 visits, our Document Library was the second most visited page with 11, 266 page views within this period.

8 Health Stars

Events

Smailes Goldie's 'Big Fat Quiz of The Year' took place on the 31st March 2022 at The Country Park, Cliff Road, Hessle. This is an annual event ran by Smailes Goldie Group and HEY Smile Foundation. 25 teams took part in the event, supporting Health Stars as this year's chosen charity. The evening was a huge success and raised £5,800.

Plans have now been confirmed for this year's Health Stars CEO Challenge. Michele Moran will take on the virtual cycle ride covering an incredible 91 miles. The route will start from Trust Headquarters and cover all Inpatient settings across the Trust finishing virtually at Whitby Hospital. Further details on the challenge and how you can support will be shared over the coming weeks. Places are still available for this year's Health Stars 2022 Golf Day. The event will take place at Ganstead Golf Club and teams of 4 will play a shotgun format starting at 11.20am. Teams cost £140, and this will include breakfast rolls and coffee on arrival, green fees followed by pie and chips in the clubhouse. Up to 16 teams can participate in this year's event, you can express your interest by contacting Fundraising Manager Kristina Poxon: Kristina.poxon@nhs.net

The PICU team are walking the Wolds Way throughout 2022 to raise funds for Health Stars. You can join the team on their journey and find out more by visiting their page:

https://health_stars.donr.com/picu2022challenge

Humber Health Trainers are also planning a series of events, from a walking month to challenges such as open water swimming to support the Trust Charity. The team want to help add sparkle across their service area, you can show your support here:

https://health_stars.donr.com/healthtrainers

For further information on fundraising for our Trust Charity, Health Stars you can contact the Charity team hello@healthstars.org.uk

Whitby Hospital Appeal

February and March have seen further sales of Fundraising bricks in support of the Appeal. The Engraved bricks will be installed within the new dementia friendly garden at the Hospital, the bricks are priced at £20 per brick and will leave a legacy for all to see. You can sponsor a brick here: https://healthstars.org.uk/community-services/fundraising-bricks/

The team continue to engage with the community and planning of future fundraising opportunities continues within the Fundraising T&F group.

Health Stars continue to fundraise for £43,715.82 to meet the fundraising appeal target for Whitby Hospital.

Wishes

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

Recent requests have ranged from garden games to hand painted wall murals. Whatever your 'wish' Health Stars would love to hear from you.

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

Michele Moran
Chief Executive
April 2022

Title & Date of Meeting:	Trust Board Public Meeting – 27 April 2022				
Title of Report:	Publications and Policy Highlights				
Author/s:	Name: Michele Moran Title: Chief Executive				
Recommendation:	To approve		To receive & note		
	For information	/	To ratify		
Purpose of Paper:	To update the Trust Board on recent publications and policy.				

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	13/4
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Key Issues within the report:	I. More action needed to ensure people with a learning disability, autistic people and people with mental ill health get the right care at the right time II. Workforce Race Equality Standard 2021 III. Five-year NHS autism research strategy for England IV. Core20PLUS5 survey summary infographic V. Final report of the Ockenden review

Monitoring and assurance framework summary:

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

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

Publications and Policy Highlights

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

1. **More action needed to ensure people with a learning disability, autistic people and people with mental ill health get the right care at the right time**
Care Quality Commission 25 March 2022

Not enough progress has been made to address the recommendations made by the Care Quality Commission (CQC) in its 2020 'Out of sight – who cares?' restraint, segregation, and seclusion review. In a progress report published today, CQC finds that there are still too many people in hospital. Once in hospital they often stay too long, do not always experience therapeutic care and are still subject to restrictive interventions.

In 2018 the Department of Health and Social Care commissioned CQC to review the use of restrictive practices in services for people with a learning disability, autistic people, and people with mental ill health. Progress on meeting the recommendations made by CQC in its review has been limited with just four of the seventeen recommendations made in the 2020 report being partially met and thirteen not met.

CQC's progress report highlights that although there are still too many people with a learning disability in hospital, this has nearly halved since March 2015. However, the number of autistic people has increased considerably over the same period. Not enough progress has been made in reducing the use of restraint and challenges persist in the system which are preventing people from accessing early intervention and crisis support in the community. This can be particularly difficult for autistic people.

The report also highlights persistent challenges with the commissioning of services. Currently people are fitted into services that are available, rather than providing support tailored to the individual's needs. Commissioners are often not working in partnership with people, their families and between different organisations when delivering services.

Lead: Chief Operating Officer

This is an important report recognising that there are too many people in hospital with learning disabilities and autism. We continue to work closely with our partners in the Transforming Care Programme Board where it is fully recognised that whilst progress has been made, there is more work to do in Hull and the East Riding of Yorkshire to improve the position. Access to appropriate out of hospital accommodation and placements is very challenging and we can see this within our own patients whose discharges are delayed. Work is actively taking place with our system partners and within the Humber and North Yorkshire ICS to address this at pace.

2. Workforce Race Equality Standard 2021 NHS England 7 April 2022

The 2021 Workforce Race Equality Standard (WRES) report is the sixth publication since the WRES was mandated, and it covers all nine indicators. NHS England » Workforce Race Equality Standard 2021

The report has the following key roles:
- To enable organisations to compare their performance with others in their region and those providing similar services, with the aim of encouraging improvement by learning and sharing good practice.
- To provide a national picture of WRES in practice, to colleagues, organisations and the public on the developments in the workforce race equality agenda.

Lead: Director of Workforce & Organisational Development

The Trust is noted as being in the top ten in the country for one of the indicators. The results will be analysed and shared within the organisation.

3. Five-year NHS autism research strategy for England NHS England 25 March 2022

A five-year NHS autism research strategy, to facilitate the use of the best current evidence when making decisions about autism services provided by or paid for by the NHS in England. NHS England » Five-year NHS autism research strategy for England

Lead: Medical Director

This report will be shared with our Assistant Director Research & Development

4. Core20PLUS5 survey summary infographic NHS England 18 March 2022

Core20PLUS5 is a national NHS England and NHS Improvement approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort – the 'Core20PLUS' – and identifies '5' focus clinical areas requiring accelerated improvement.

A summary of some of the responses to an online survey on Core20PLUS5; NHS England and NHS Improvement's approach to reducing healthcare inequalities. https://www.england.nhs.uk/wp-content/uploads/2022/03/core20plus5-survey-summary-infographic.pdf

Lead: Medical Director

As a Trust we have already started to work with the Core20PLUS5 approach and infographic and hopefully this survey demonstrates that there is a collective consensus to do the same across the system.

5. Final report of the Ockenden review Department of Health & Social Care 30 March 2022

This review of maternity services at the Shrewsbury and Telford Hospital NHS Trust independently assesses the quality of investigations relating to newborn, infant and maternal harm at the trust.

Based on a review of all family cases that formed part of this investigation, the final report outlines:
- system-wide learnings
- immediate and essential actions to improve maternity care

https://www.gov.uk/government/publications/final-report-of-the-ockenden-review/ockenden-review-summary-of-findings-conclusions-and-essential-actions

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

Report noted - please see section in the CEO report under the Executive Director of Nursing, Allied Health and Social Care Services update regarding action to be taken.

Title & Date of Meeting:	Trust Board Public Meeting – 27ᵗʰ April 2022				
Title of Report:	Performance Report – March 2022				
Author/s:	Name: Peter Beckwith/Richard Voakes Title: Director of Finance/Business Intelligence Lead				
Recommendation:	To approve		To receive & note	✓	
	For information		To ratify		
Purpose of Paper:	This purpose of this report is to inform the Trust Board on the current levels of performance as at the end of March 2022 and to bring the updated performance report for 2022-23 reporting. .				

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

Key Issues within the report: *Please ensure you also complete the monitoring and assurance framework summary below:*	The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format Following a review of the performance report by Executive Management Team, a number of minor changes have been made to the content of the report, these can be summarised as i. Finance indicators have been removed from the report, as these are already included in the separate finance report which appears later on this agenda ii. Grey Shading (To indicate the start of the covid pandemic) has been removed from the report

Caring, Learning & Growing Together

iii. Sickness absence includes information excluding covid related absences
iv. New chart included to report consultant vacancies
v. Staff Turnover figure updated (including retrospective information) to exclude any TUPE related transfers

The Updated report is attached, commentary for indicators that fall outside of normal variation is included below:

Safer Staffing Dashboard – key headlines from the safer staffing dashboard (as at the end of February) identify that sickness is a significant issue across all wards, and this was highlighted by the high level of sickness at Trust level in last months performance report which is impacted by high levels of short term sickness and absence associated with Covid19.

The trust continues to provide support to staff when they are off sick and measures are in place to help alleviate work demands including agency cover, bank usage and incentives to fill shifts.

Memory Diagnosis - This service has been directly impacted by the Covid- 19 pandemic as access to diagnostic imaging services provided by the acute Trusts has been disrupted and impeded.

The Memory Assessment Service have a recovery plan in place for addressing the increased demand into the service. The improvement plan is focussed on increasing capacity by changing the staffing skill mix including increasing medical input to finalise the assessment outcomes.

This additional medical capacity will be in place the week commencing 18 April 2022 and it will have a direct impact on reducing waiting times.

Over 52 week Waiting Times – Focussed work has been maintained in the last month on all areas with long waiting times.   Some areas such as core CAMHS continue to see higher than usual demand due to the ongoing impact of Covid- 19.

All services with long waiting times have detailed recovery plans with improvement trajectories in place. Some impact has been seen in March due to increased staff absence primarily due to covid. These plans are monitored weekly and reported to the Operational Delivery Group (ODG).

Progress is being maintained on reducing children's Autism Spectrum Disorder (ASD) waiting times. The Attention Deficit Hyperactivity Disorder (ADHD) cases have been removed from the CAMHS waiting list, a snapshot position is included below and a SPC chart will be introduced into the report when sufficient data points allow this.

Total Number of Patients Waiting	336
Number of Patients Waiting 52 Weeks +	188
Number of Patients Waiting >38 Weeks	225
Number of Patients Waiting >18 weeks	266

Proportion of Waiting List <18 weeks	20.8%

Whilst this has resulted in a significant reduction in long waiting times for core CAMHS a new recovery plan has been developed to reduce the waiting times for ADHD assessments.

Early Intervention in Psychosis (EIP) – Staffing availability remained reduced in March due to unplanned absences. Recruitment is currently underway which will improve the overall capacity to make achievement of the access targets sustainable.

Care Programme Approach – the standard for CPA reviews was met in March and performance remains within normal statistical variation. Operational mechanisms remain in place to ensure that the performance which has now recovered is sustained.

Weekly reports are available to alert team managers to reviews that are lapsing and oversight is provided within the divisions performance monitoring structures and then reported to ODG.

Staff Turnover – Turnover increased in March however rolling 12 month turnover remains within normal variation. The number of leavers in March (69) increased primarily due to retirements (27), a number of whom have either already returned to the Trist (10) or are due to return on Bank Contracts.

Ambulance Performance:

Ambulance Response Times in response to Ambulance service pressure, sharing risk across the system and board ownership it has been agreed that a daily ambulance service performance email will be circulated to all Trust CEO's.

Below summarises the daily ambulance response performance (as at 19th April) for both Yorkshire Ambulance Service and the North East Ambulance Service together with handover delays at ICS and provider level

	YAS	NEAS
Cat 1 mean (7mins)	8 mins 36 secs	6 mins 34 secs
Cat 1 90th centile (15 mins)	15 mins 9 secs	11 mins 47 secs
Cat 2 mean (18 mins)	30 mins 41 secs	40 mins 56 secs
Cat 2 90th (40 mins)	1 hr 5 mins	1 hr 29 mins

Total Hours Lost	429 hrs	66 hrs 28 mins

Ambulance Handover Delays:

	Humber & North Yorkshire
Ambulance Handover delays (30-60mins)	35
Ambulance Handover delays (60+mins)	93
Providers with handover challenges	Northern Lincolnshire & Goole (52) York & Scarborough (39) Hull (37)

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	

TRUST PERFORMANCE REPORT

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

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

Chief Executive: Michele Moran

Prepared by: Business Intelligence Team

Humber Teaching NHS Foundation Trust
Trust Performance Report

For the period ending:	Mar 2022

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

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

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

Dashboard	Safer Staffing	A dashboard to provide overview on a number of clinical indicators for the Trust's inpatient units across all services
Dashboard	Mortality	Learning from Mortality Reviews
Goal 1	Mandatory Training	A percentage compliance for all mandatory and statutory courses
Goal 1	Vacancies	Proportion of posts vacant when compared to the budgeted establishment. This information is taken from the Trust financial ledger.
Goal 1	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
Trust Performance Report

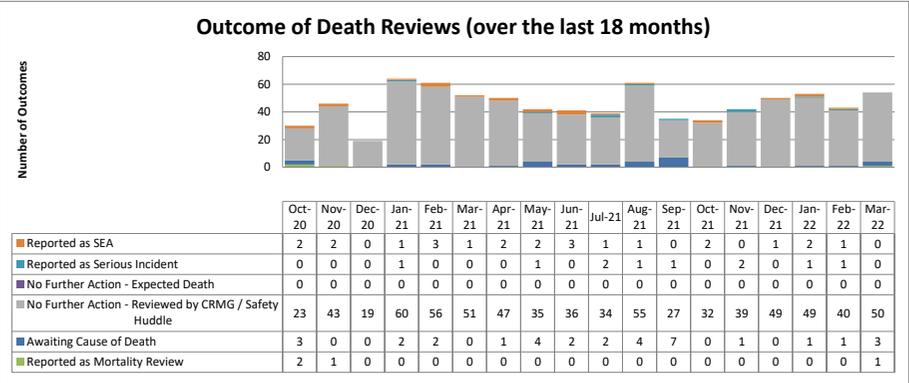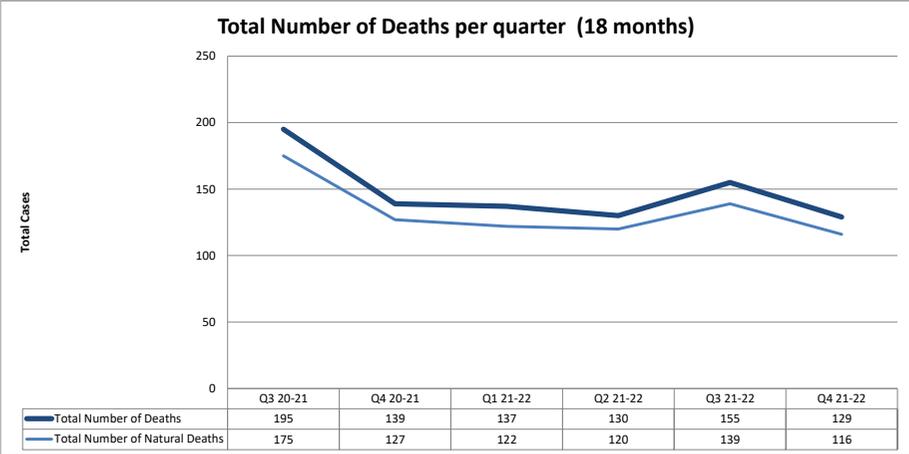| For the period ending:	Mar 2022

Goal 2	RTT - Completed Pathways	Based on patients who have commenced treatment during the reporting period and seen within 18 weeks of their referral
Goal 2	RTT - Incomplete Pathways	Based on patients who are waiting for assessment and/or treatment and are waiting less than 18 weeks since referral.
Goal 2	RTT - 52 Week Waits	Number of patients who have yet to be seen for treatment and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - Adult ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Adult and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - Paediatric ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Children and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks
Goal 2	RTT - Early Interventions	Percentage of patients who were seen within two weeks of referral
Goal 2	RTT - IAPT 6 Weeks and 18 weeks	Percentage of patients who were seen within 6 weeks and 18 weeks of referral
Goal 3	Recovery Rates - IAPT	Recovery Rates for patients who were at caseness at start of therapeutic intervention
Goal 3	Out of Area Placements	Number of days that Trust patients were placed in out of area wards
Goal 4	Delayed Transfers of Care	Results for the percentage of Mental Health delayed transfers of care
Goal 4	Staff Sickness	Percentage of staff sickness across the Trust (not including bank staff). Including and Excluding Covid Sickness
Goal 4	Staff Turnover	Percentage of leavers against staff in post (excluding employee transfers wef April 2021
Goal 6	Complaints	The number of Complaints Responded to and Upheld
Goal 6	Compliments	Chart showing the number of Compliments received by the Trust by month

Quality Dashboard

Description : Learning from Mortality Reviews

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

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

	Q4 20-21	Q1 21-22	Q2 21-22	Q3 21-22	Q4 21-22	Last 12 months
Total Number of Deaths	139	137	130	155	129	551
Total Number of Natural Deaths	127	122	120	139	116	497
Proportion of Natural Deaths	91.4%	89.1%	92.3%	89.7%	89.9%	90.2%
Total Number of Deaths - Community Hospitals	2	2	6	9	9	26
Total Number of Deaths - MH Inpatients	2	1	2	1	1	5
Total Number of Deaths - LD Inpatients	0	0	0	0	0	0
Total Number of Deaths - Forensics Inpatients	0	0	0	0	0	0
Total Number of Deaths - All Community excl. MH	61	75	54	74	60	263
Total Number of Deaths - Addictions	8	8	10	8	5	31
Total Number of Deaths - MH Community	72	50	58	64	49	221

Review Process

	Q4 20-21	Q1 21-22	Q2 21-22	Q3 21-22	Q4 21-22	Last 12 months
Reported as Mortality Review	0	0	0	1	0	1
No Further Action - Reviewed by CRMG / Safety Huddle	118	116	120	139	116	491
No Further Action - Expected Death	0	0	0	0	0	0
Reported as Serious Incident	1	4	2	2	0	8
Reported as SEA	7	2	3	3	1	9
Child Death Review	0	0	0	0	0	0
Statements Being Produced For Coroners	1	0	0	0	0	0
Total Deaths Reviewed	127	122	125	145	117	509
Awaiting Cause of Death	7	13	1	5	2	21
Not Yet Reported	5	2	4	5	10	21

Total Number of Deaths per quarter (18 months)

	Q3 20-21	Q4 20-21	Q1 21-22	Q2 21-22	Q3 21-22	Q4 21-22
Total Number of Deaths	195	139	137	130	155	129
Total Number of Natural Deaths	175	127	122	120	139	116

Outcome of Death Reviews (over the last 18 months)

	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Reported as SEA	2	2	0	1	3	1	2	2	3	1	1	0	2	0	1	2	1	0
Reported as Serious Incident	0	0	0	1	0	0	0	1	0	2	1	1	0	2	0	1	1	0
No Further Action - Expected Death	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
No Further Action - Reviewed by CRMG / Safety Huddle	23	43	19	60	56	51	47	35	36	34	55	27	32	39	49	49	40	50
Awaiting Cause of Death	3	0	0	2	2	0	1	4	2	2	4	7	0	1	0	1	1	3
Reported as Mortality Review	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1

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

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

	Q4 20-21	Q1 21-22	Q2 21-22	Q3 21-22	Q4 21-22	Last 12 months
Number of LD Deaths in Inpatients	3	1	3	0	0	4

PI RETURN FORM 2021-22

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Mar 2022**

	Target:	Amber:	Current month stands at:
	85%	80%	89.5%

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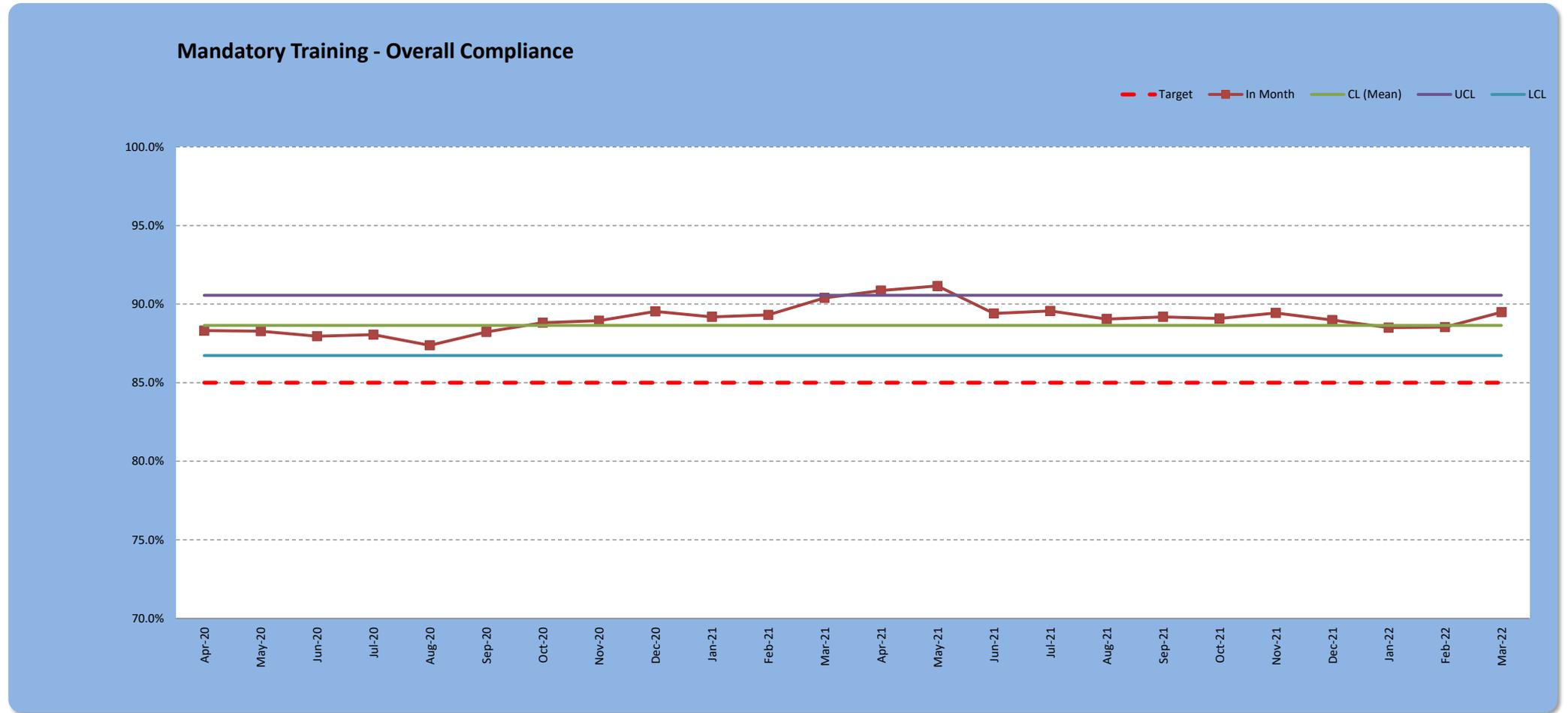
Mandatory Training - Overall Compliance

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

PI RETURN FORM 2021-22

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Mar 2022**

	Target:	Amber:	Current month stands at:
	85%	80%	10.9%

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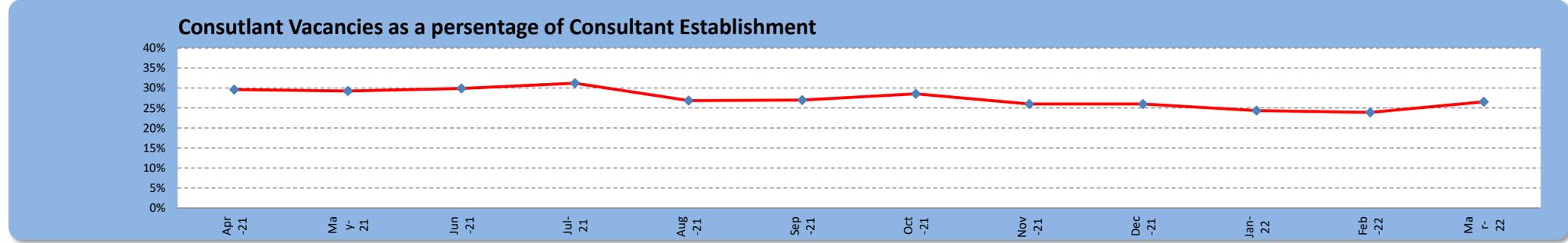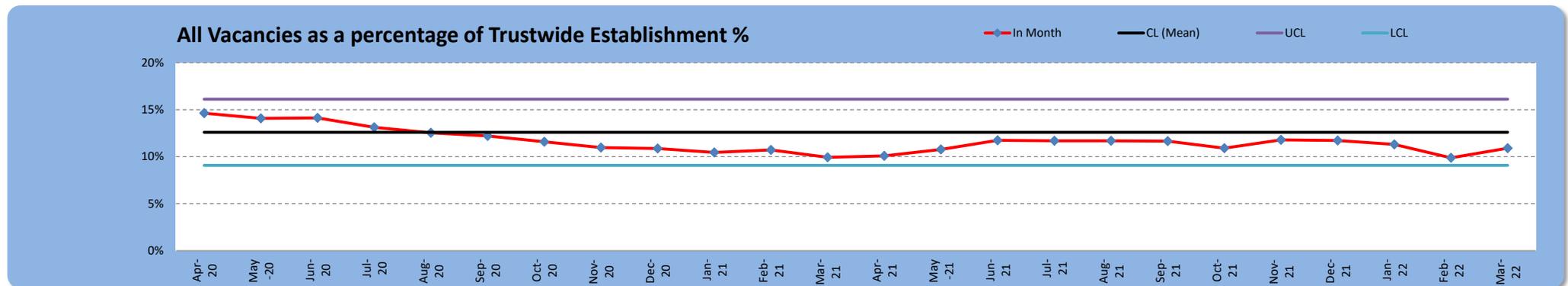
All Vacancies as a percentage of Trustwide Establishment %

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

Nursing Vacancy as a percentage of Nursing Establishment

Consutlant Vacancies as a persentage of Consultant Establishment

PI RETURN FORM 2021-22

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Mar 2022**

	Target:	Amber:	Current month stands at:
	85%	80%	85.6%

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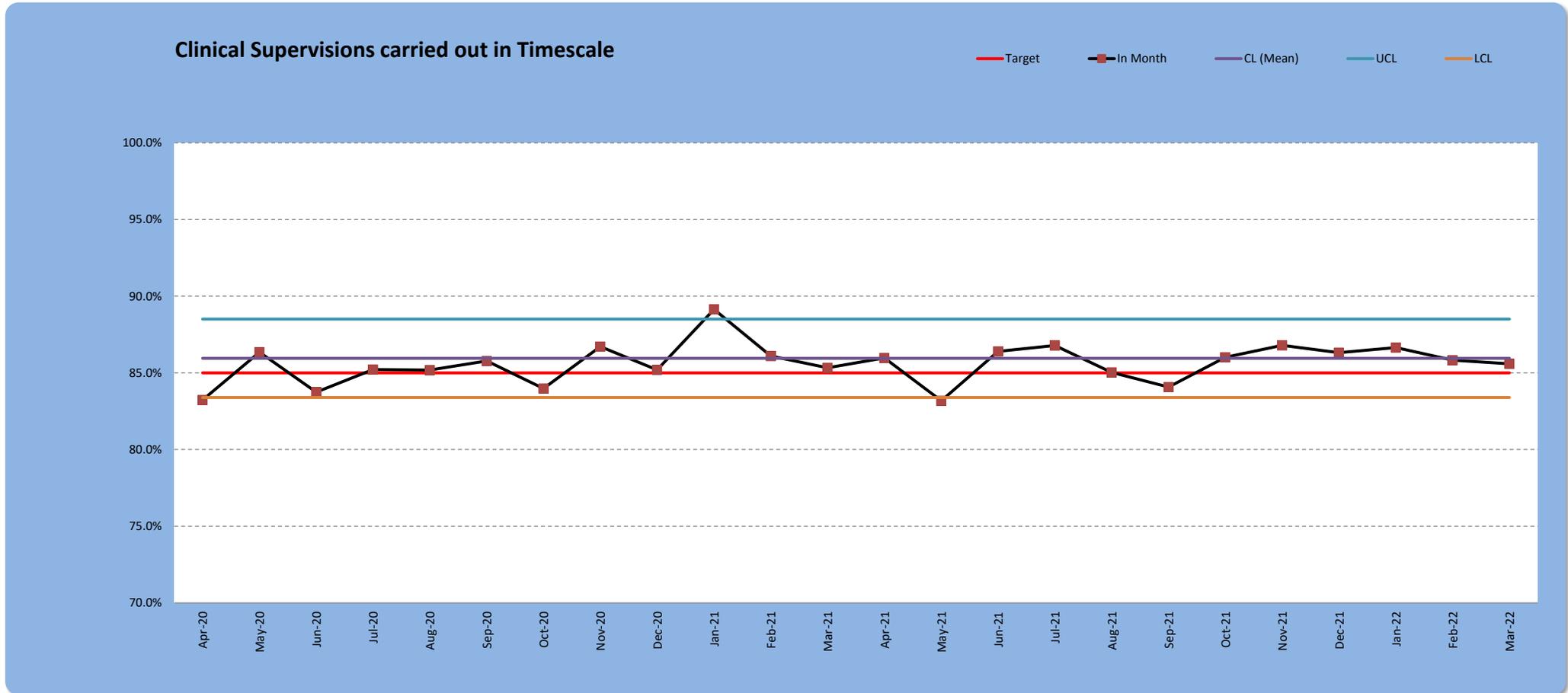
Clinical Supervisions carried out in Timescale

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

Staffing and Quality Indicators

Contract Period:	2021-22
Reporting Month:	Feb-22

Shown one month in arrears

| | Bank/Agency Hours | Average Safer Staffing Fill Rates | High Level Indicators | | Indicator Totals |

Speciality	Ward	Speciality	WTE	OBDs (inc leave)	CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Day Registered	Day Un Registered	Night Registered	Night Un Registered	Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ partly upheld)	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	Sickness Levels (clinical)	WTE Vacancies (RNs only)	Jan-22	Feb-22
Adult MH	Avondale	Adult MH Assessment	29.8	72%	13.2	25.9%	↓	11.0%	↓	84%	84%	105%	94%	2	24	8	0	96.6%	91.4%	45.5%	88.2%	7.0%	2.0	2	2
Adult MH	New Bridges	Adult MH Treatment (M)	40.1	100%	8.58	7.9%	↑	10.6%	↑	79%	95%	93%	124%	0	40	0	0	81.1%	94.1%	94.1%	84.6%	5.4%	0.1	1	2
Adult MH	Westlands	Adult MH Treatment (F)	35.8	92%	9.01	10.1%	↑	19.2%	↓	73%	87%	104%	111%	2	119	8	0	75.8%	87.6%	80.0%	52.4%	7.2%	2.0	3	4
Adult MH	Mill View Court	Adult MH Treatment	27.9	125%	9.00	23.3%	↑	15.8%	↓	77%	85%	95%	105%	0	16	2	0	No Ret	87.7%	62.5%	81.3%	6.7%	5.8	2	4
Adult MH	STARS	Adult MH Rehabilitation	38.6	100%	24.14	12.4%	↓	0.3%	↑	68%	85%	100%	102%	1	15	0	0	81.8%	92.2%	85.7%	83.3%	6.0%	-1.5	3	3
Adult MH	PICU	Adult MH Acute Intensive	32.9	59%	26.17	29.0%	↓	24.0%	↓	89%	102%	98%	131%	2	84	0	0	100.0%	85.3%	71.4%	88.9%	8.1%	2.0	1	1
OP MH	Maister Lodge	Older People Dementia Treatment	29.4	76%	18.69	18.8%	↑	15.0%	↓	107%	95%	107%	115%	0	48	0	0	100.0%	87.4%	53.8%	47.4%	7.5%	2.0	2	3
OP MH	Mill View Lodge	Older People Treatment	22.5	92%	15.88	17.8%	↑	21.2%	↓	50%	120%	98%	141%	8	27	0	0	28.0%	86.8%	72.7%	57.1%	1.8%	2.8	5	3
	Pine View	Forensic Low Secure	25.8	90%	10.28	45.6%	↓	0.0%	→	87%	108%	50%	125%	8	16	1	40	75.0%	90.9%	87.5%	82.4%	19.1%	2.2	2	3
	Derwent	Forensic Medium Secure	28.7	76%	12.86	17.0%	↑	0.0%	→	97%	66%	107%	91%	0	10	2	0	100.0%	95.4%	100.0%	66.7%	9.1%	-0.2	3	2
	Ouse	Forensic Medium Secure	25.5	97%	6.27	7.6%	↓	0.0%	→	49%	88%	89%	99%	2	5	1	16	95.8%	94.5%	87.5%	80.0%	8.1%	2.6	3	3
	Swale	Personality Disorder Medium Secure	26.4	92%	8.46	34.9%	↓	0.0%	→	93%	89%	98%	89%	1	20	8	29	66.7%	93.5%	80.0%	81.3%	10.3%	2.0	1	2
	Ullswater	Learning Disability Medium Secure	34.8	50%	15.41	22.3%	↓	0.0%	→	90%	83%	99%	89%	0	33	6	4	68.4%	87.2%	70.0%	57.9%	21.6%	1.4	2	3
Child & LD	Townend Court	Learning Disability	38.6	86%	25.99	27.9%	↑	0.0%	↑	54%	80%	99%	100%	10	95	1	0	No Ret	91.3%	53.8%	87.5%	12.1%	3.1	6	4
Child & LD	Inspire	CAMHS	61.0	83%	15.89	25.6%	↓	12.5%	↓	43%	68%	66%	82%	8	75	2	0	85.7%	74.4%	65.0%	62.5%	10.8%	-1.0	1	3
Child & LD	Granville Court	Learning Disability Nursing Treatment	51.7	n/a	n/a	29.9%	↓	9.4%	↑	121%	78%	107%	100%	1	4	0	0	97.8%	83.6%	83.3%	91.2%	4.8%	0.0	3	0
CH	Whitby Hospital	Physical Health Community Hospital	41.7	90%	8.20	3.7%	↓	3.9%	↓	90%	79%	100%	98%	4	0	1	0	88.6%	79.2%	56.3%	45.0%	10.7%	3.8	4	3
CH	Malton Hospital	Physical Health Community Hospital	28.4	87%	7.61	Not on eRoster	→	Not on eRoster		88%	82%	102%	95%	2	2	1	0	No Ret	76.5%	80.0%	58.8%	8.5%	-2.0	2	3

HUMBER TEACHING NHS FOUNDATION TRUST
SAFER STAFFING INPATIENT DASHBOARD

Contract Period:	2021-22
Reporting Month:	Feb-22

Staffing and Quality Indicators

NHS Humber Teaching NHS Foundation Trust

Exception Reporting and Operational Commentary

Safer Staffing Dashboard Narrative : February

Five wards have below target levels of fill rates on days which is a slight deterioration from four wards in December. In all instances this is due to having only one RN on duty instead of two. The registered fill rates on nights are all above the threshold with the exception of Pine view which is showing fill rates of 50% due to frequently only having one registered nurse on nights. However, all CHPPD levels remain above the threshold.

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

The registered fill rates on days for Mill View Lodge (MVL) is 50% a slight improvement form January. The B6s and Nursing associates are not currently counted in the planned hours but this will be addressed in their next safer staffing review and their CHPPD are above target.

Overall the fill rates on Townend Court (TEC) have improved but the RN fill rates remain below target due to having one registered nurse on duty at times and they maintain they good CHPPD levels.

The high bed occupancy on Mill View Court (MVC) reflected the fact that five beds were stood down to enable the Covid pod to be opened. These beds have now been brought back into general use but this will not be reflected in the OBD until March.

Supervision is below target for MVL; Pine view, Swale and Ullswater. TEC, Malton and MVC have not returned data for the month. This has been addressed with the Matrons who report significant clinical pressures including vacancies and absence as the reasons. They are all working with the B7 and B6s to develop a recovery plan.

Inspire's staffing establishment is being reviewed to reflect the PICU beds and once this has been confirmed target for fill rates will be introduced into the dashboard.

A full review of ILS and BLS compliance has been undertaken and was reported to the workforce and OD committee in November including reasons for low compliance and a recovery plan to achieve compliance which is currently under further review. Additional capacity has been bought in and the recovery trajectories are being monitored closely.

The CHPPD RAG ratings are based on the National Average Benchmark of 8.9. More than 8.9 = Green, 8.0 to 8.9 = Amber, Less than 8.0 = Red
Community Hospitals are NOT RAG rated currently.
Inspire is not fully open therefore the fill rates and CHPPD is not RAG rated until such time the facility is fully opertional.

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

Registered Nurse Vacancy Rates (Rolling 12 months)

Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
10.30%	8.40%	8.80%	10.10%	8.92%	8.70%	11.20%	8.70%	10.90%	10.30%	10.50%	8.80%

Slips/Trips and Falls (Rolling 3 months)

Rolling 3 months	Dec-21	Jan-22	Feb-22
Maister Lodge	3	6	4
Millview Lodge	5	5	6
Malton IPU	4	3	7
Whitby IPU	0	0	1

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

PI RETURN FORM 2021-22

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Mar 2022**

	Target:	Amber:	Current month stands at:
	90%	80%	91.4%

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

Friends and Family - Recommendation - Trustwide

Friends and Family - Recommendation - GP

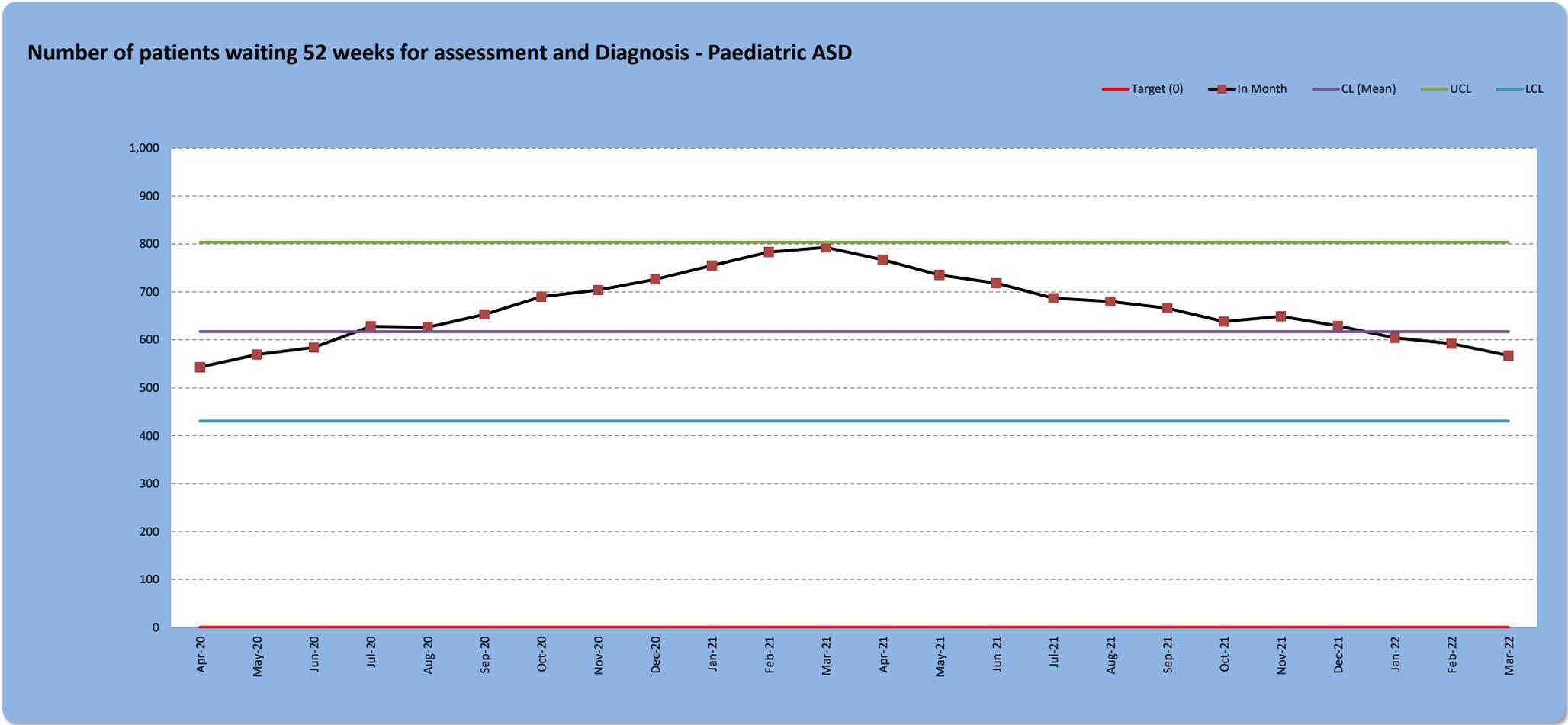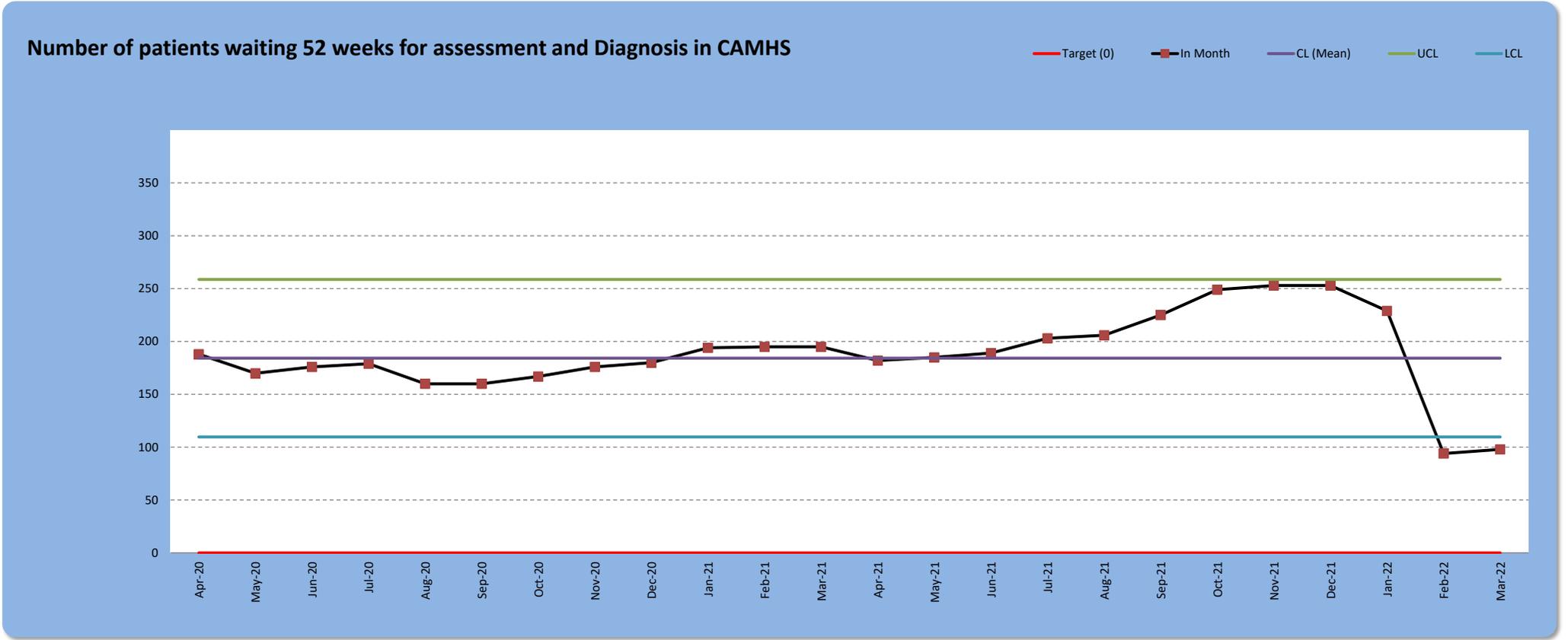Friends and Family - Recommendation - Non GP

PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Mar 2022

	Target:	Amber:	Current month stands at:
	90%	80%	89.2%

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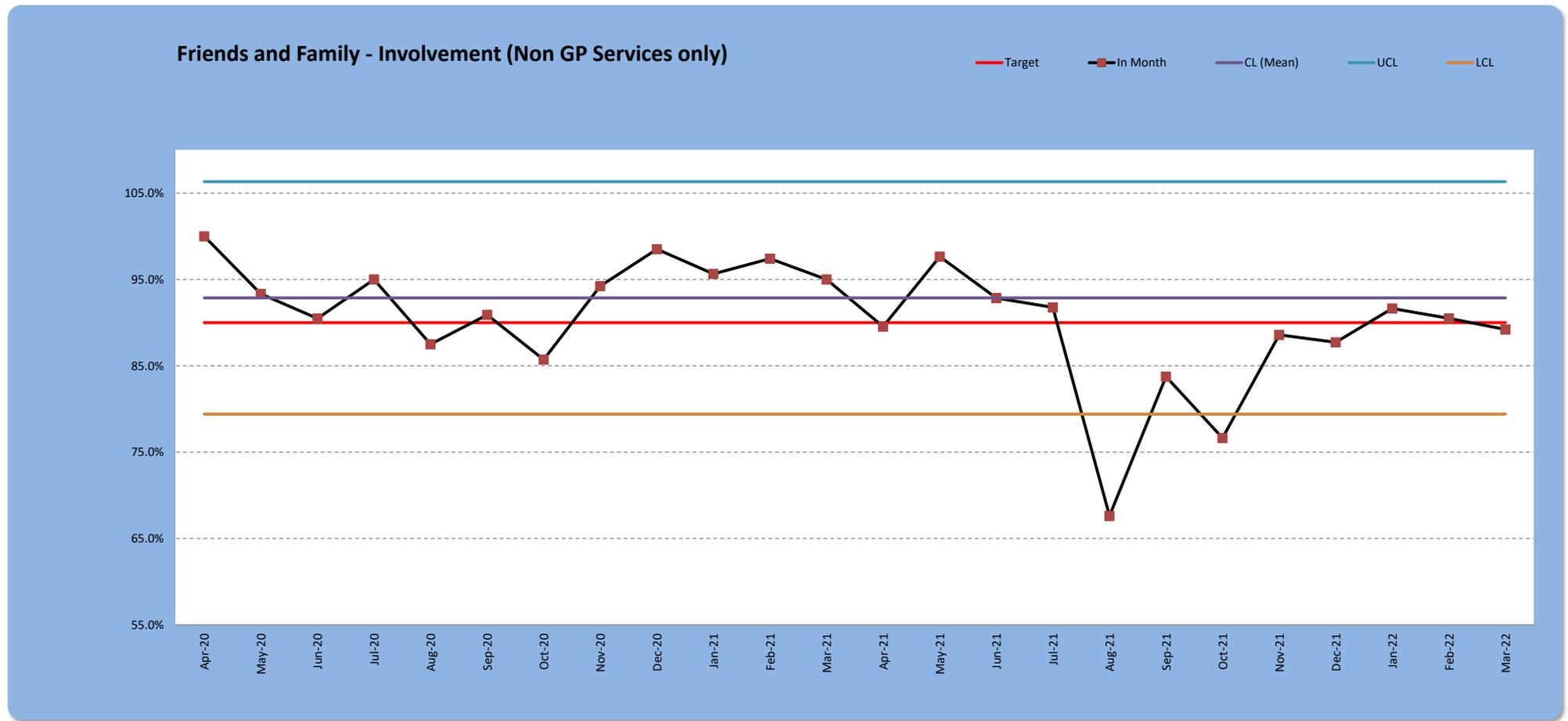
Friends and Family - Involvement (Non GP Services only)

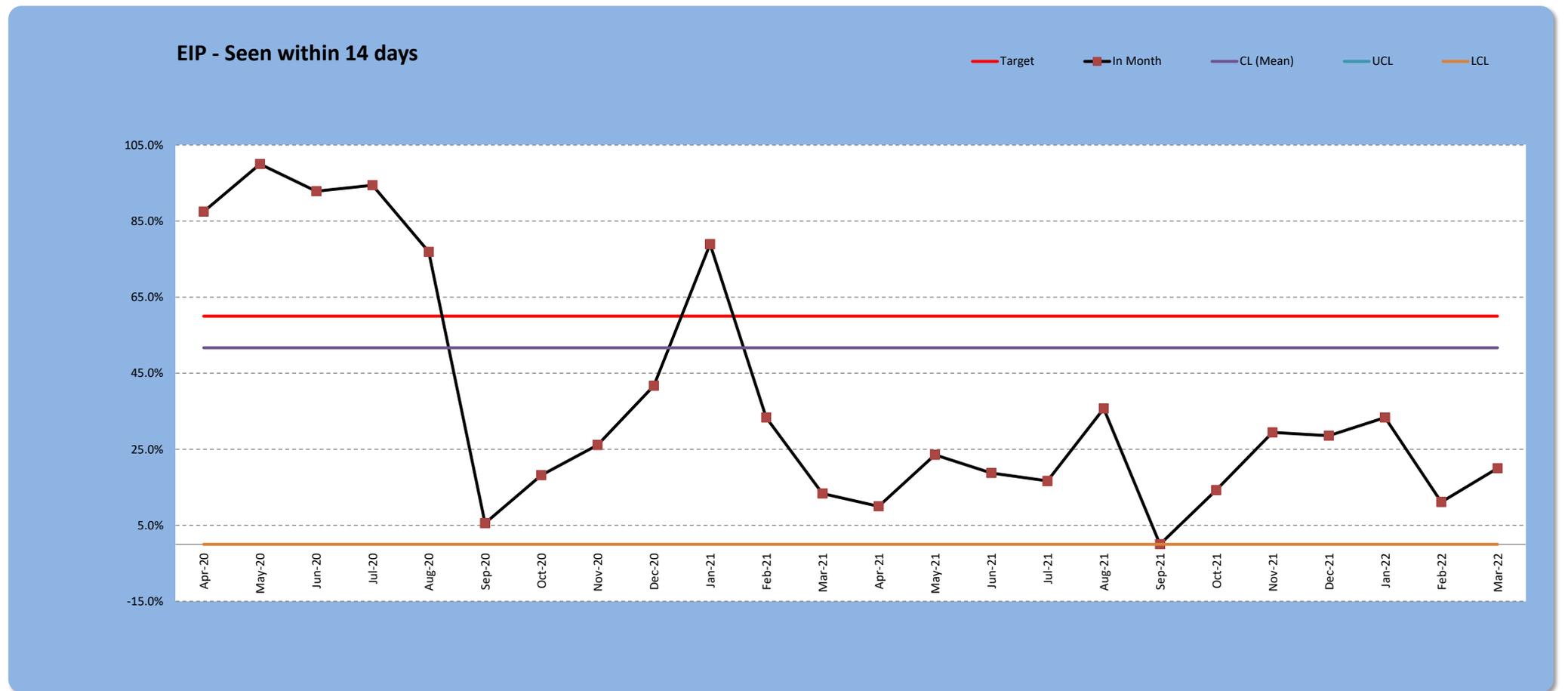Legend: Target — In Month — CL (Mean) — UCL — LCL

PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Mar 2022

	Target:	Amber:	Current month for 72 hour stands at:
	80%	60%	91.7%

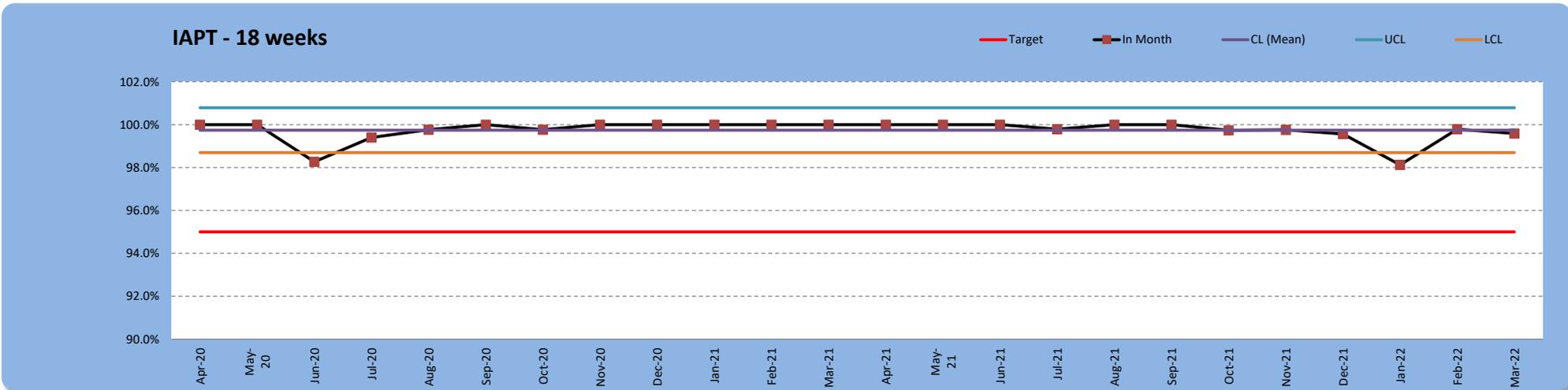| Indicator Title	Description/Rationale		KPI Type
72 Hour Follow Ups	This indicator measures the percentage of patients who were in the CQUIN scope and had a follow up within 72 hours of discharge	**Executive Lead** **Lynn Parkinson**	OP 12
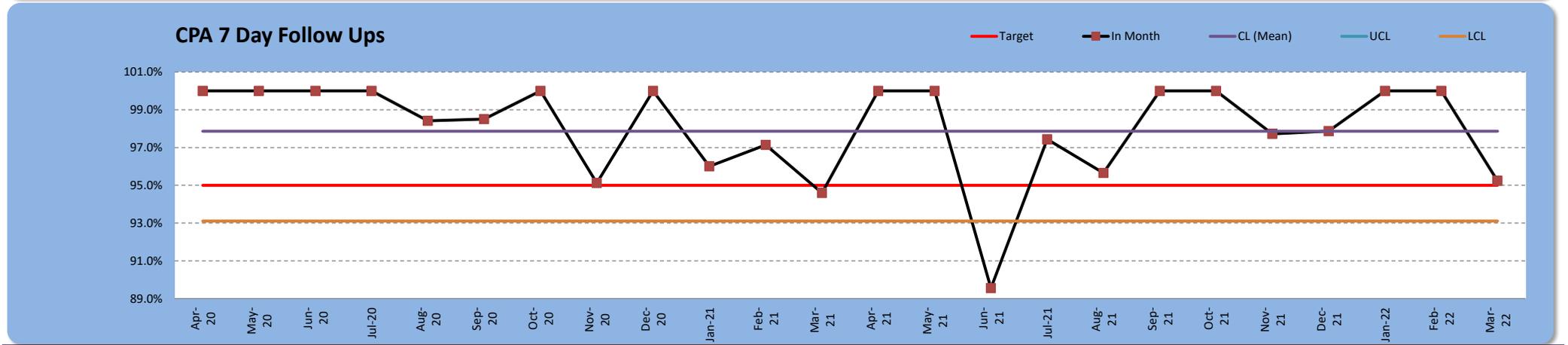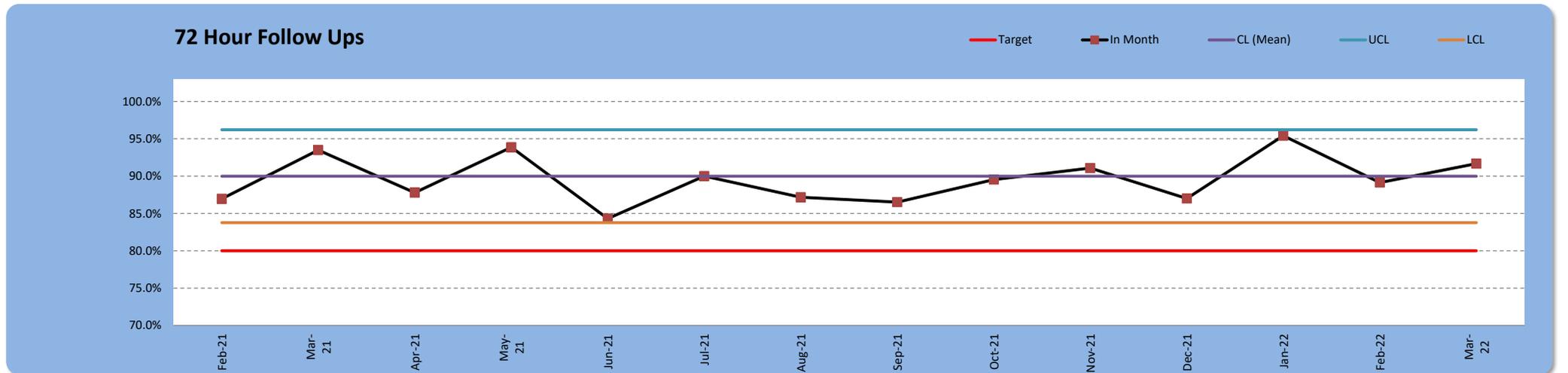
72 Hour Follow Ups

CPA 7 Day Follow Ups

PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Mar 2022

	Target:	Amber:	Current month stands at:
	95%	85%	95.5%

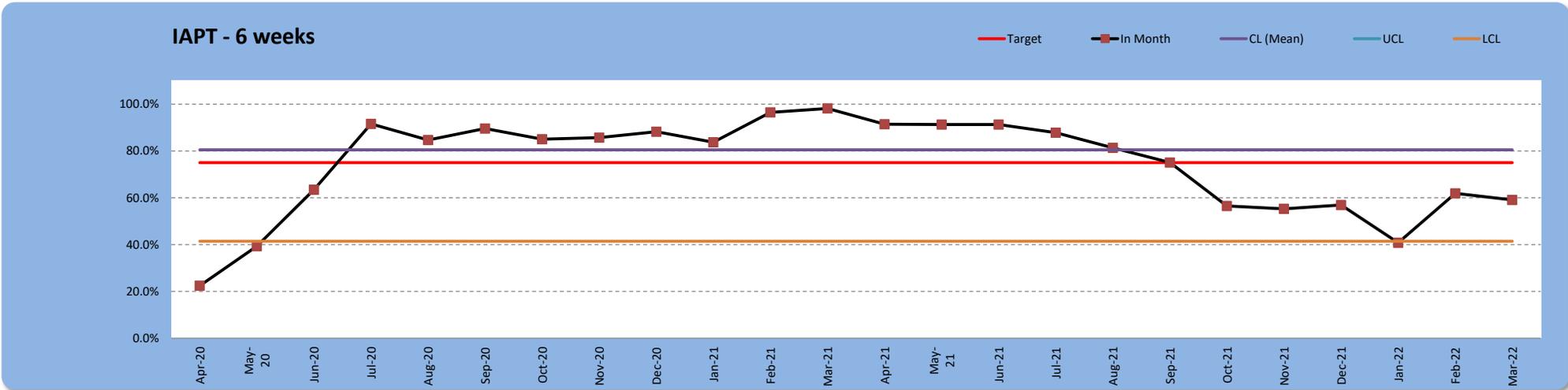| Indicator Title	Description/Rationale		KPI Type
Care Programme Reviews	This indicator measures the percentage of patients who are on CPA and have had a review in the last 12 months	**Executive Lead** Lynn Parkinson	OP 7
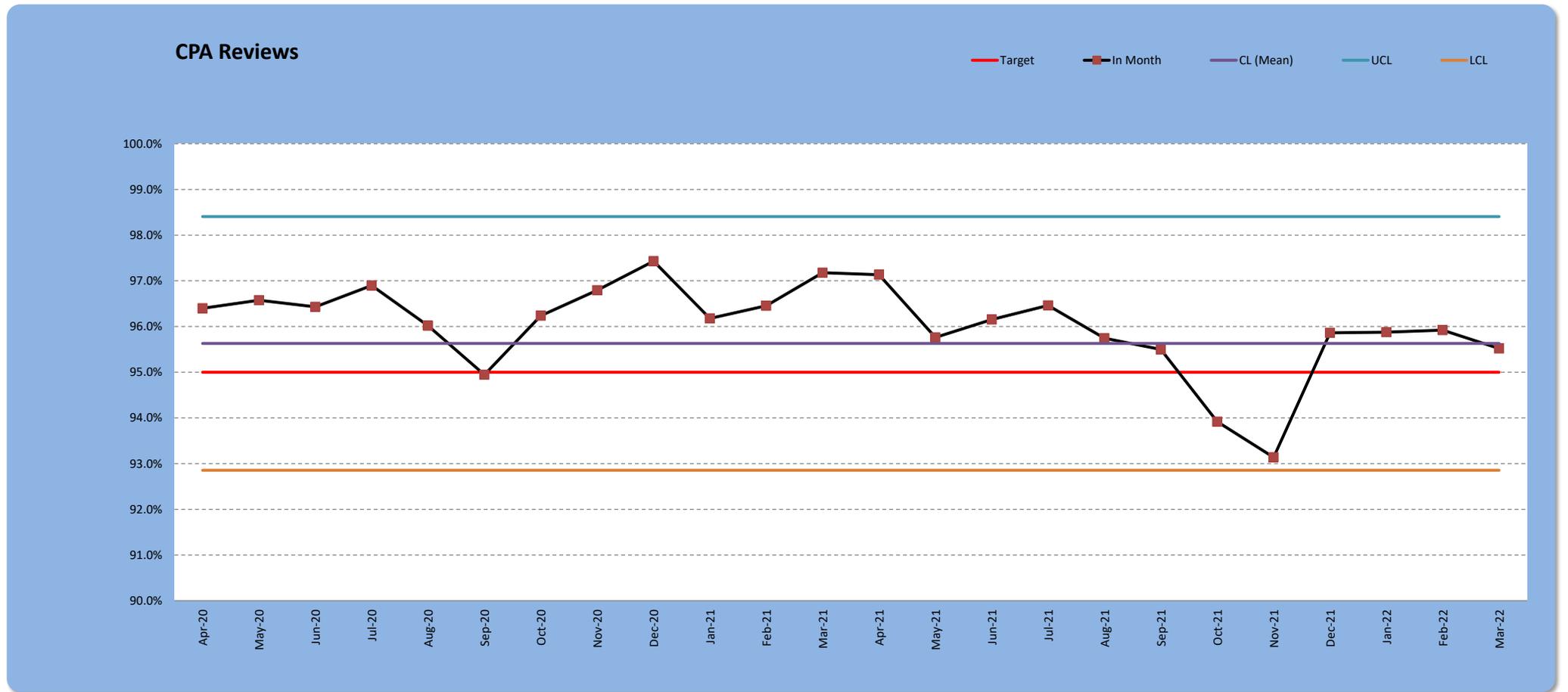
CPA Reviews

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

PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Mar 2022**

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

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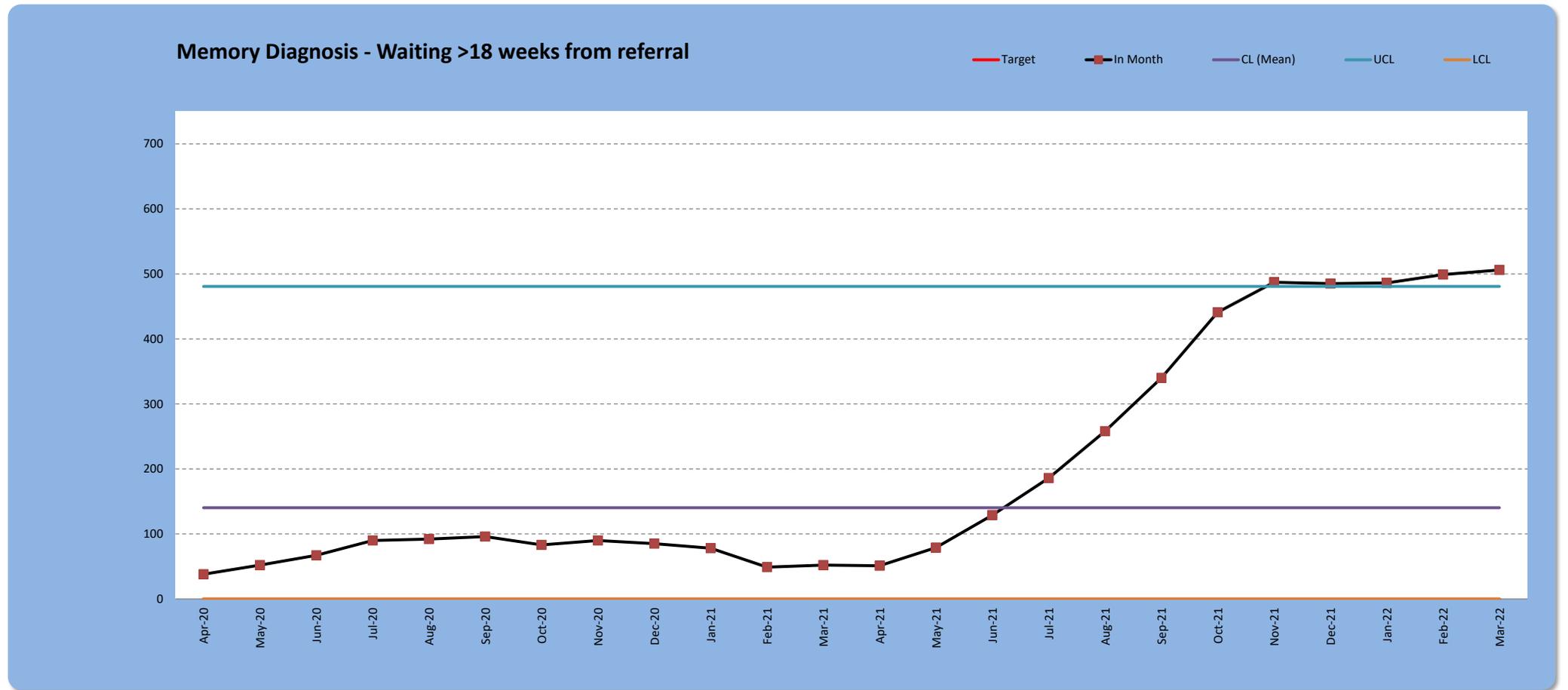
Memory Diagnosis - Waiting >18 weeks from referral

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

PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Mar 2022

	Target:	Amber:	Current month stands at:
	95%	85%	92.5%

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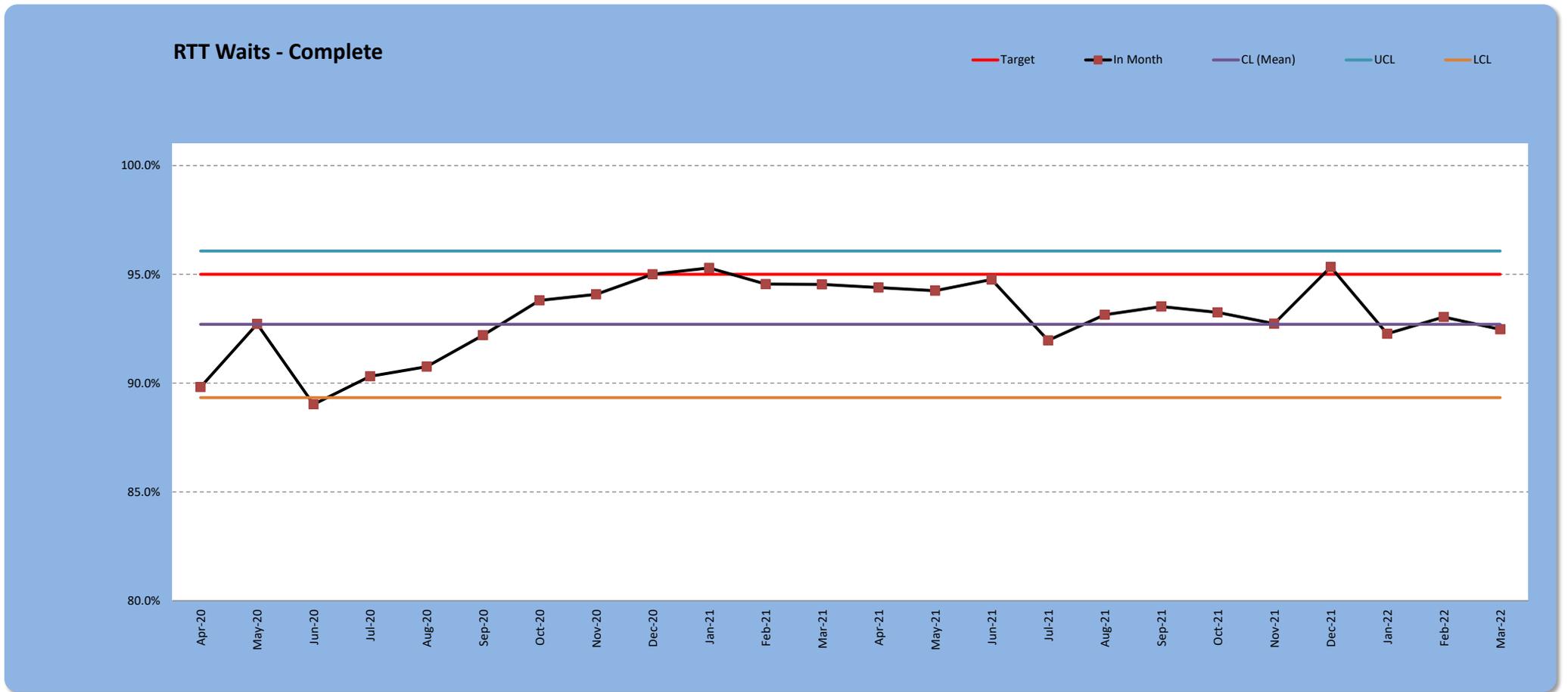
RTT Waits - Complete

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

PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Mar 2022**

	Target:	Amber:	Current month stands at:
	92%	85%	67.3%

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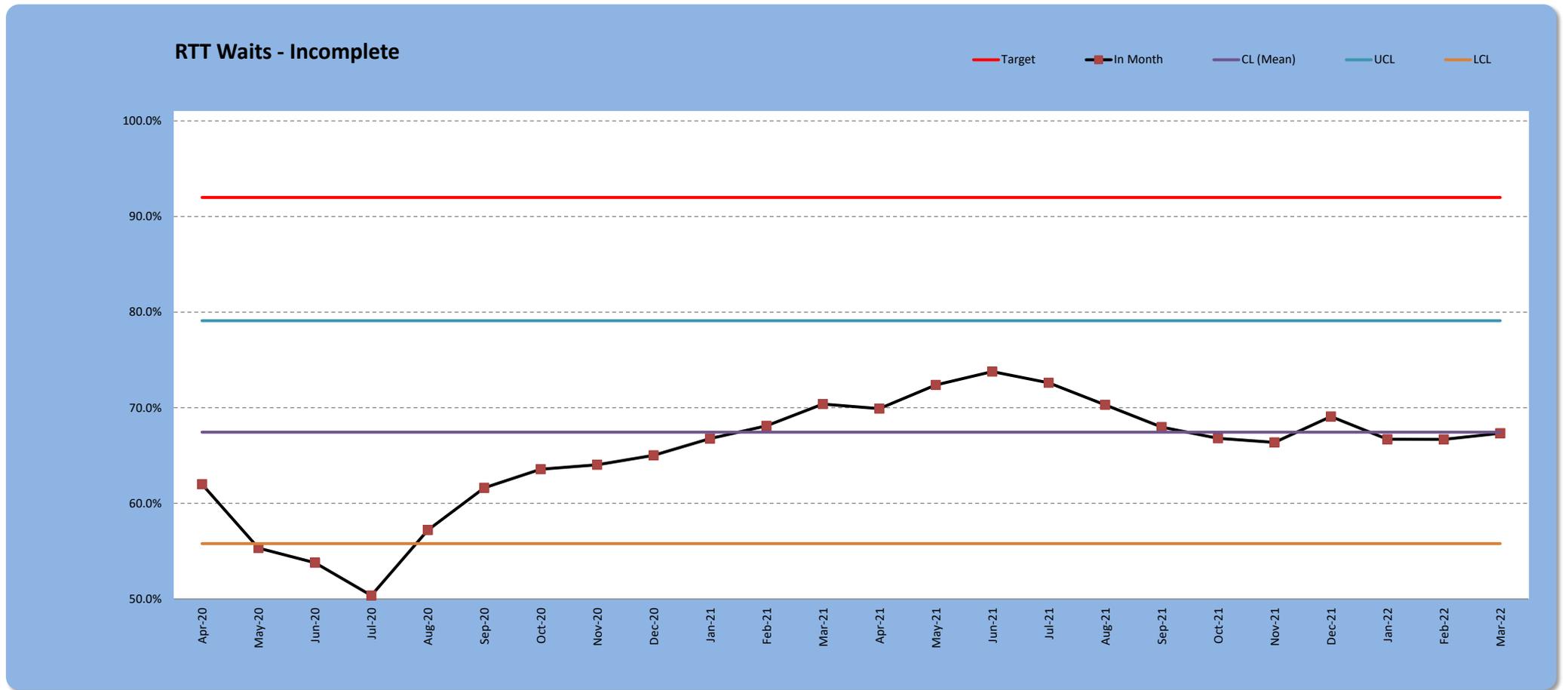
RTT Waits - Incomplete

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

PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Mar 2022

	Target:	Amber:	Current month stands at:
	0	0	486

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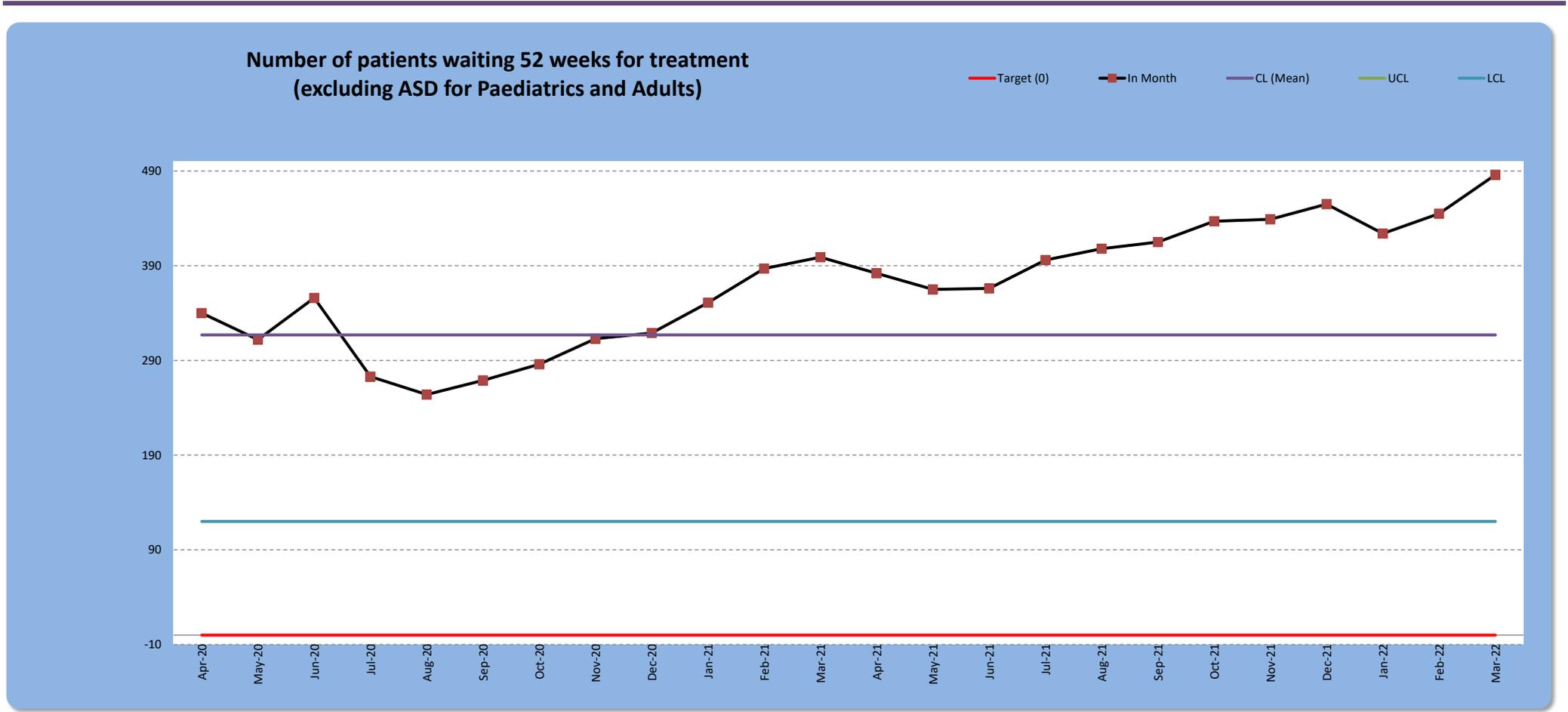
Number of patients waiting 52 weeks for treatment
(excluding ASD for Paediatrics and Adults)

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

PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Mar 2022

Target:	Amber:	Current month stands at:
0	0	79

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

Number of patients waiting 52 weeks for assessment and Diagnosis for Adult ASD
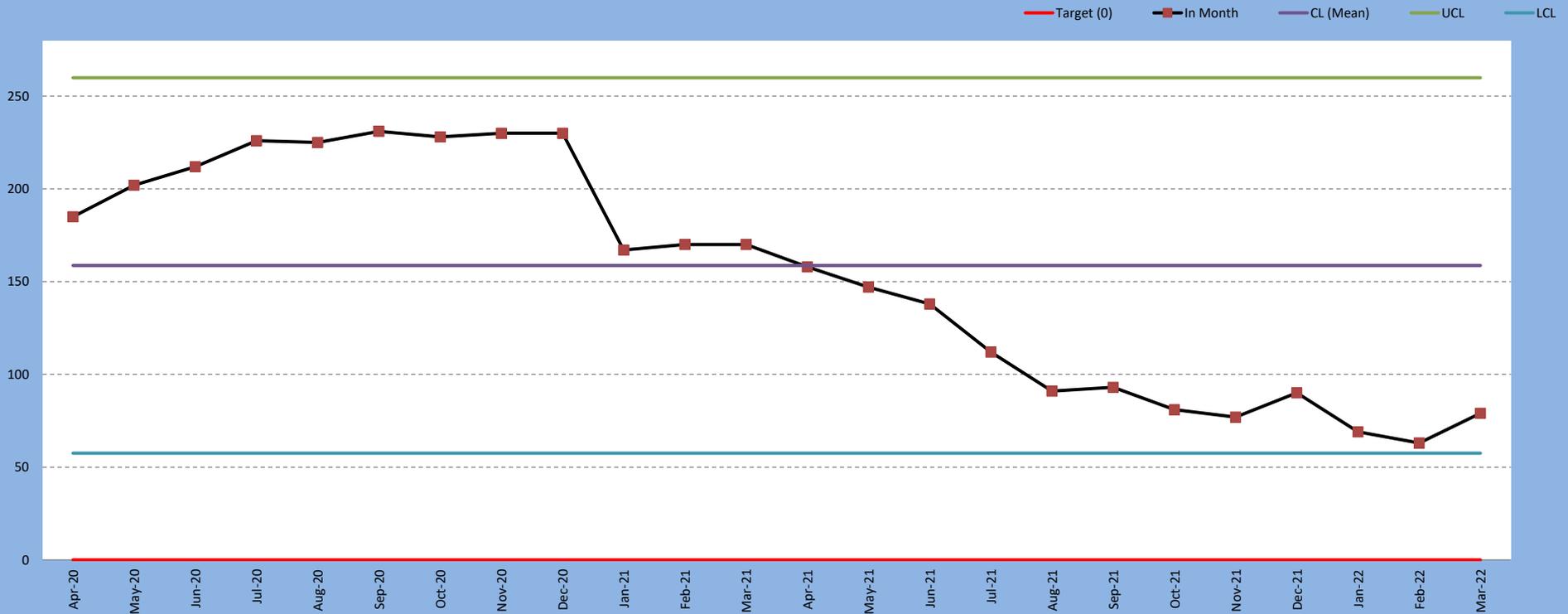
Legend: Target (0) — In Month — CL (Mean) — UCL — LCL

PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Mar 2022

Target:	Amber:	Current month stands at:
0	0	567

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

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

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

PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Mar 2022

Target:	Amber:	Current month stands at:
0	0	98

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

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

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

PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Mar 2022**

	Target:	Amber:	Current month stands at:
	60%	55%	20.0%

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

EIP - Seen within 14 days

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

PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Mar 2022

	Target:	Amber:	Current month 6 weeks stands at:	Target:	Amber:	Current month 18 weeks stands at:
	75%	70%	59.1%	95%	85%	99.6%

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

IAPT - 6 weeks

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

IAPT - 18 weeks

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

PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Mar 2022

Target:	Amber:	Current month stands at:
50%	45%	57.3%

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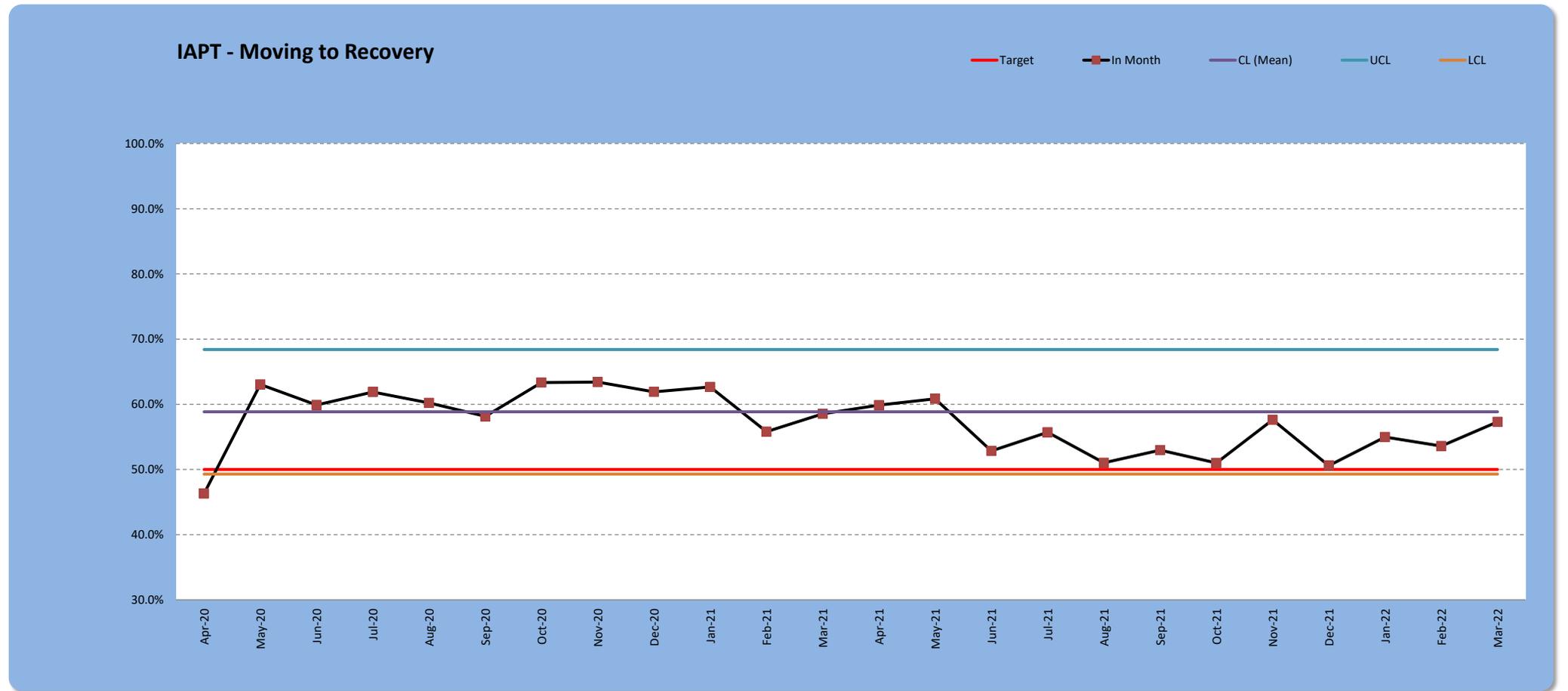
IAPT - Moving to Recovery

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

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Mar 2022**

	Target:	Amber:	Patients OoA within month:
	0	0	13

Split:	# days	# patients
Adult	128	6
OP	124	4
PICU	36	3

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
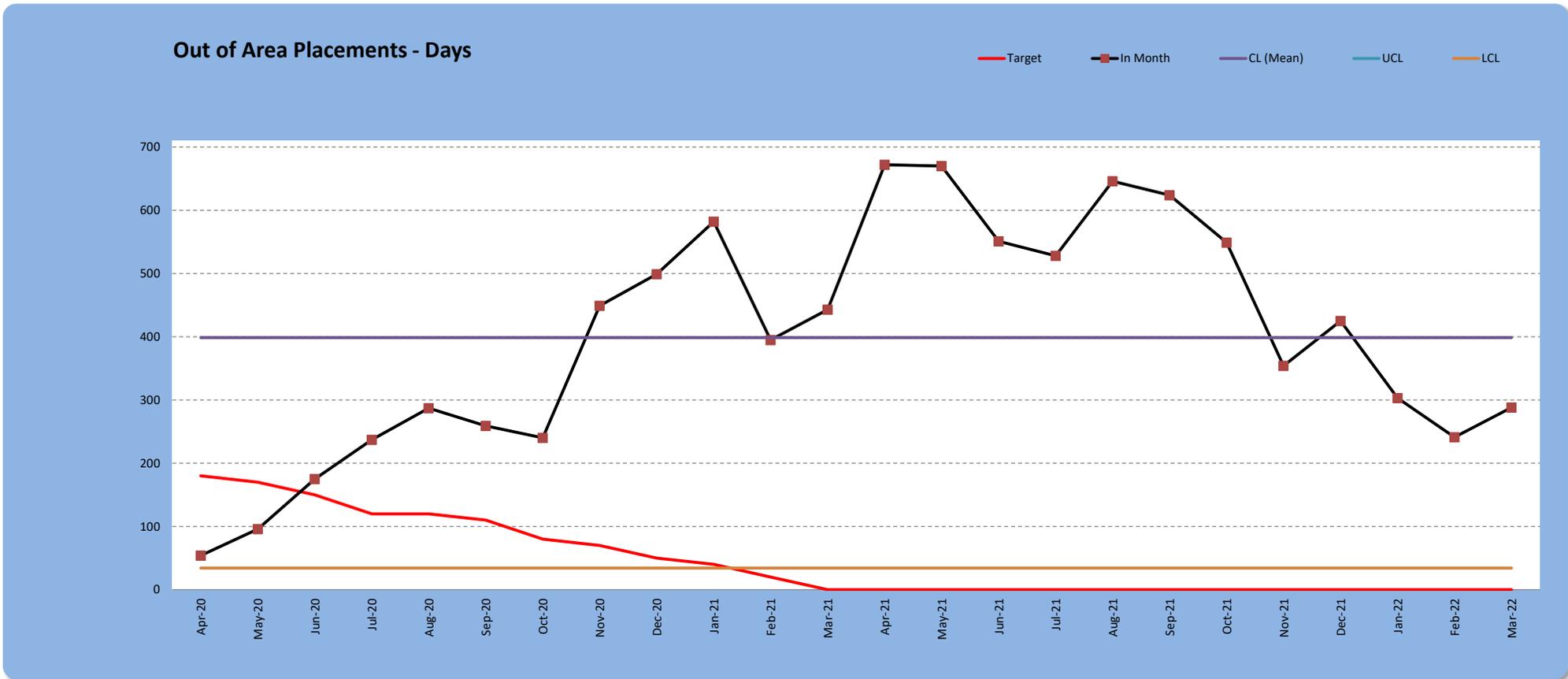
Out of Area Placements - Days

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

PI RETURN FORM 2021-22

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: Mar 2022

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

Out of Area Placements - Adult

Out of Area Placements - Older People
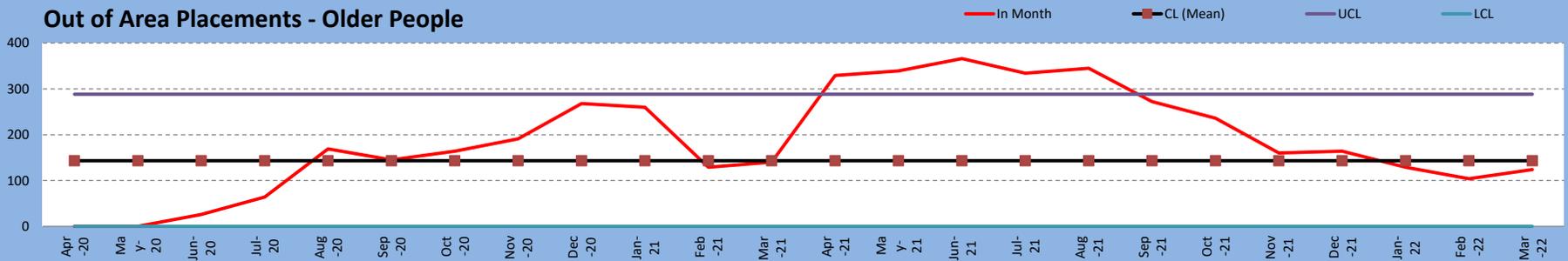
Out of Area Placements - PICU
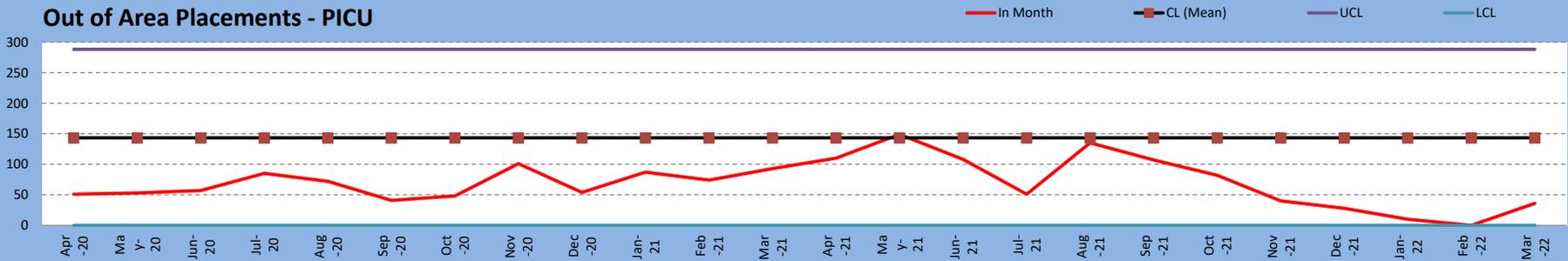
PI RETURN FORM 2021-22

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Mar 2022**

Target:	Amber:	Current month stands at:
7.5%	7.0%	6.1%

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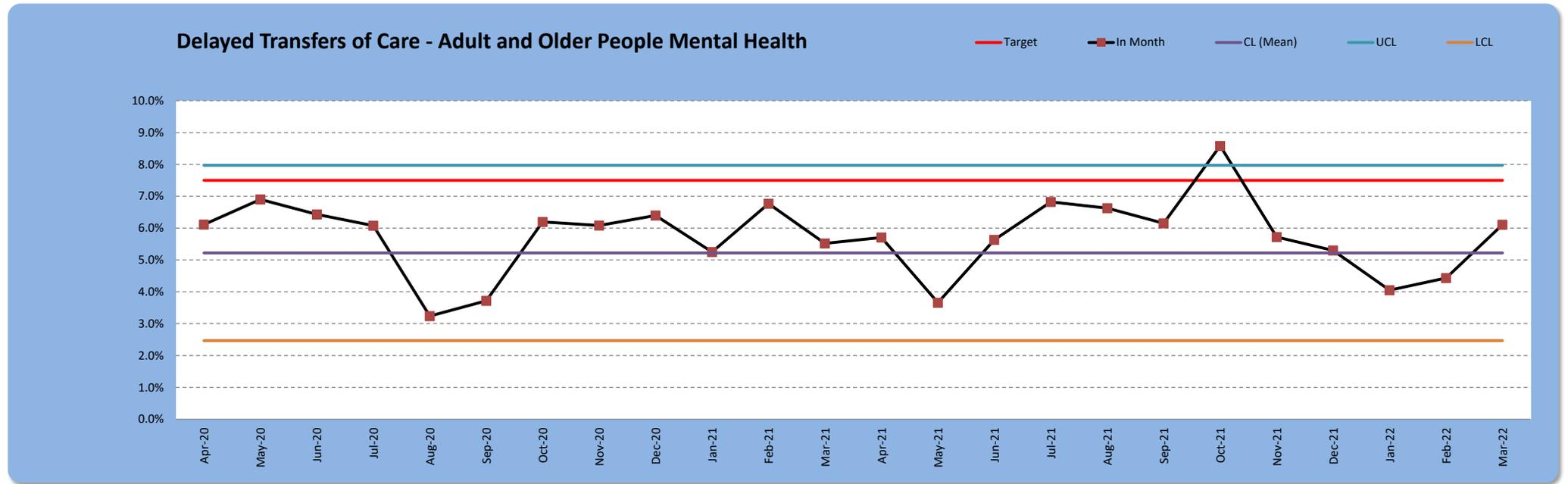
Delayed Transfers of Care - Adult and Older People Mental Health

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

Delayed Transfers of Care - Inspire - 12 month period

PI RETURN FORM 2021-22

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: Mar 2022

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

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

Total Sickness Absence

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

Total Sickness Absence (Rolling 12 months)

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

PI RETURN FORM 2021-22

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: Mar 2022

	Target:	Amber:	Current month stands at:	Target:	Amber:	Rolling figure stands at:
	0.8%	0.7%	2.009%	10%	9%	14%

Indicator Title	Description/Rationale		KPI Type
Staff Turnover	The number of full time equivalent staff leaving the Trust expressed as a percentage of the overall full time equivalent workforce employed. Leavers include resignations, dismissals, transfers (up to Mar21), retirements and staff coming to the end of temporary contracts. It doesn't include junior doctors on rotation. From April 2021 Employee Transfers Out have also been excluded	**Executive Lead Steve McGowan**	WL 3 TOM Exc TUPE

Staff Turnover - Monthly

Staff Turnover - Rolling 12 months

PI RETURN FORM 2021-22

Goal 6 : Promoting People, Communities and Social Values

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

For the period ending: **Mar** 2022

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

Complaints Responded to and Upheld

■ Responded to   ✕ Upheld Total
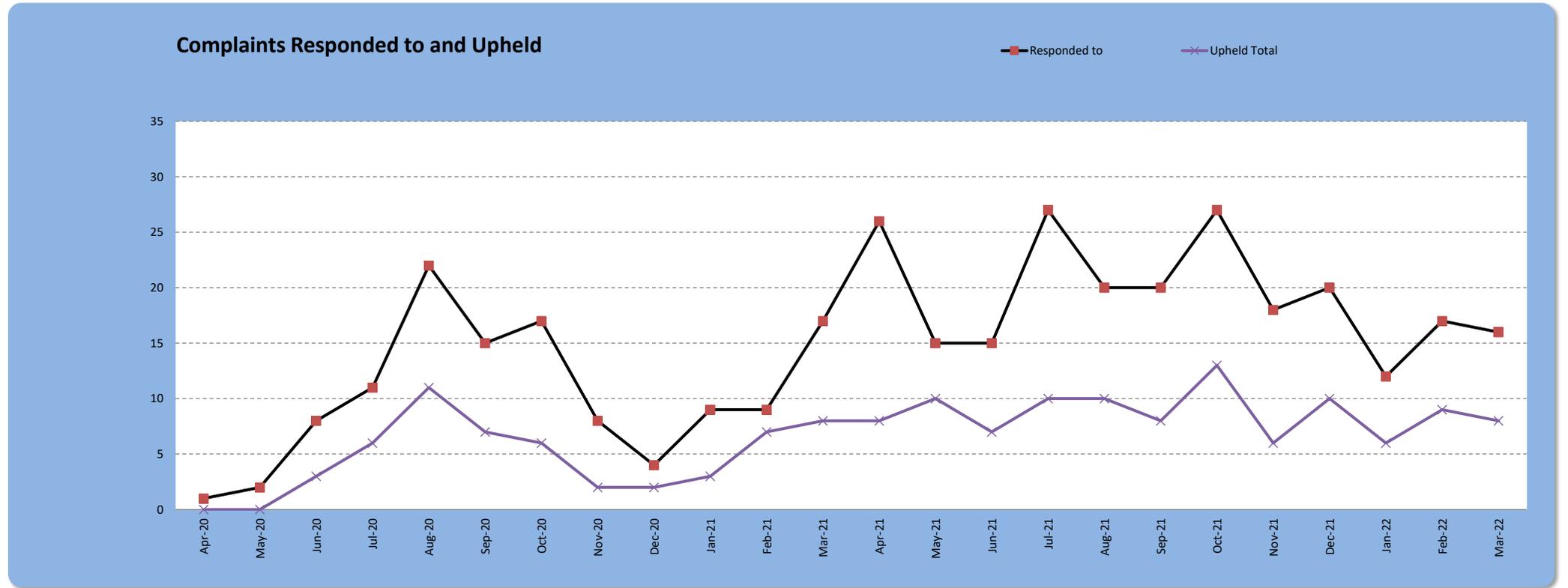
PI RETURN FORM 2021-22

Goal 6 : Promoting People, Communities and Social Values

For the period ending: Mar 2022

Target:	Amber:	Current month stands at:
n/a	n/a	22

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

Number of Compliments

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

Title & Date of Meeting:	Trust Board Public Meeting - 27 April 2022			
Title of Report:	Finance Report 2021/22: Month 12 (Year End 2021/22)			
Author/s:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:	To approve		To receive & note	☑
	For information		To ratify	
	The Trust Board are asked to note the end of year Finance and comment accordingly.			
Purpose of Paper:	This report is being brought to the Trust Board to provide the financial position for the Trust as at the 31 March 2022 (Month 12). The report provides assurance regarding financial performance, key financial targets and objectives.			

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

Key Issues within the report: *Please ensure you also complete the monitoring and assurance framework summary below:*	• The Trust recorded an overall balanced operational finance position, this is consistent with the Trust planning target. • Within the reported position at Month 12 is Covid expenditure of £4.865m and income top up of £2.658m. • Cash balance at the year end was £29.533m. • The Year to Date Agency expenditure was £8.406m, this is £1.695m more than the previous year's position.

Monitoring and assurance framework summary:

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

FINANCE REPORT – March 2022

1. Introduction

This report is being circulated to the Trust Board to present the financial position for the Trust as at the 31 March 2022 (Month 12). The report provides assurance regarding financial performance, key financial targets and objectives.

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

2. Position as at 31 March 2022

Under the planning guidance the Financial year has been split into two halves, within the first half (referred to as H1) the Trust was required to make a surplus of £0.315m and this was achieved.

For the second half of the year (H2) the Trust had a requirement for an annual break even position to be delivered, this results in a deficit position £0.315m for H2.

Table 1 shows for the year end 2022 the Trust recorded an operating break even position in line with its target from the ICS.

There are 5 items which don't count against the Trust's financial control targets, these are

i)   Impairment of Capital Assets which has been calculated at £4.661m.

ii)   Local Government Pension Scheme which is the value of costs calculated by the Actuary above the amount paid in superannuation throughout the year.

iii)   Grant Income of £0.076m

iv)   Profits on the Sale of Assets of £0.064m

v)   Donated Asset Depreciation which equals £0.058m for the year

Including the above items, the overall Ledger Position is a £4.972m deficit

	21/22 Net Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Income							
Trust Income	**131,593**	**11,987**	**16,450**	**4,463**	**131,593**	**137,167**	**5,574**
Clinical Income	**16,165**	**1,310**	**1,418**	**108**	**16,165**	**17,710**	**1,545**
Covid 19 Income	**7,587**	**654**	**837**	**183**	**7,587**	**9,969**	**2,382**
Total Income	**155,345**	**13,951**	**18,705**	**4,755**	**155,345**	**164,845**	**9,501**
Expenditure							
Clinical Services							
Children's & Learning Disability	30,549	3,001	3,149	(148)	30,549	31,148	(599)
Community & Primary Care	29,382	2,459	2,897	(438)	29,382	31,049	(1,667)
Mental Health	52,880	4,758	5,742	(985)	52,880	53,255	(375)
Forensic Services	11,846	991	960	31	11,846	11,335	511
	124,657	11,209	12,748	(1,539)	124,657	126,786	(2,129)
Corporate Services							
	30,203	2,729	5,692	(2,963)	30,203	31,689	(1,486)
Total Expenditure	**154,860**	**13,938**	**18,440**	**(4,502)**	**154,860**	**158,475**	**(3,615)**
EBITDA	**485**	**13**	**266**	**253**	**485**	**6,371**	**5,886**
Depreciation	4,031	336	359	(23)	4,031	4,068	(37)
Interest	148	12	(14)	26	148	121	26
PDC Dividends Payable	2,341	195	27	168	2,341	2,173	168
ICS Contribution	-	-	-	-	-	9	(9)
Operating Total	**(6,035)**	**(530)**	**(106)**	**424**	**(6,035)**	**(0)**	**6,035**
BRS	(6,036)	(424)	-	(424)	(6,036)	-	(6,036)
Operating Total	**2**	**(106)**	**(106)**	**0**	**2**	**(0)**	**(2)**
Excluded from Control Total							
Impairment	-	-	4,661	(4,661)	-	4,661	(4,661)
Local Government Pension Scheme	-	-	393	(393)	-	393	(393)
Grant Income	-	-	2,964	(2,964)	-	(76)	76
Profit on Assets Held for Sale	-	-	-	-	-	(64)	64
Donated Depreciation	70	6	5	1	70	58	12
	(68)	(112)	(8,129)	(8,017)	(68)	(4,972)	(4,904)
Excluded							
Commissioning	2	(3)	(0)	(3)	2	0	2
Ledger Position	**(70)**	**(109)**	**(8,129)**	**(8,020)**	**(70)**	**(4,972)**	**(4,902)**
EBITDA %	**0.3%**	**0.1%**	**1.4%**		**0.3%**	**3.9%**	
Surplus %	**-3.9%**	**-3.8%**	**-0.6%**		**-3.9%**	**0.0%**	

2.2 Income

The Trust overachieved on income above budgeted levels reflecting the receipt of additional funding in year for pay award and non recurrent items.

2.3 Divisional Expenditure

The overall Operational Divisional Gross Expenditure is showing an overspend of £2.129m.

2.3.1 Children's and Learning Disability

Children's and LD is reporting a £0.599m gross expenditure overspend for the year.

CAMHS Inpatient Service has reported a pressure of £1.064m this financial year.. The pressure to open the PICU beds and the acuity of the patients has resulted in increased staffing levels and pay is overspent by £0.989m.

Within LD there have been pressures particularly at Granville Court with a year to date overspend of £0.519m. This has been picked up with East Riding CCG who are aware of the pressures at Granville Court and there is an understanding this will be a high priority within the Planning round.

The pressures are offset in the main by underspends in CAHMS Community Hull (£0.565m) and Neurodevelopment (£0.653m), both relating to staffing vacancies.

2.3.2 Community and Primary Care

Community and Primary Care is reporting an overspend of £1.667m.

Primary Care is showing a net overspend of £1.266m which is primarily due to pressures caused by the required increase of Locum Doctors which are significantly more expensive than substantive staff, this is particularly the case at Market Weighton and Practice 2.

2.3.3 Mental Health

The Division is showing an overspend of £0.375m. There are pressures on medical staffing budgets due to the use of agency locums, but this is offset by underspends across the division due to vacancies within a number of service areas reflecting in part recruitment to new posts/services which have been funded for the full year within the Trusts plan.

The BRS has underachieved by 0.199m and this will be carried forward into 2022/23.

2.3.4 Forensic (Secure) Services

The year to date position of Forensic Services is an underspend of £0.535m which primarily relates to pay..

2.3.5 Corporate Services

Corporate Services are reporting an overspend of £1.486m, the main reason being the treatment of some expenditure (previously capital) which is offset by Trust Income.

3. COVID Expenditure

At the end of March the Trust recorded £4.865m of Covid related expenditure and £2.658m of Income Top Up, details of which are summarised below:

Table 2 Covid Costs

Covid Costs	Total £m
Pay	1.681
Non Pay	3.184
Expenditure	4.865
Income Top Up	2.658
Total	7.523

4. Cash

As at the end of Month 12 the Trust held the following cash balances:

Table 3: Cash Balance

Cash Balances	£000s
Cash with GBS	29,260
Nat West Commercial Account	245
Petty cash	48
Total	29,553

The reduction in month relates to settlement of outstanding loans.

Included within this amount is the Provider Collaborative cash amount of £1.024m.

5. Agency

Actual agency expenditure for March was £1.467m. The annual spend is £8.406m, which is £1.695m above the previous year. Provision was made for an expectation that the March figure for Agency costs would increase as SBS, our external contractor, had issues with processing due to a change in their working situation and Covid pressures. The Trust has also taken a prudent approach to accruing for costs in 2021/22.

Close monitoring will take place in the forthcoming months of 2022/23 to ascertain a monthly run rate.

Table 4 Agency Spend v previous year

Cumulative Agency spend year on year
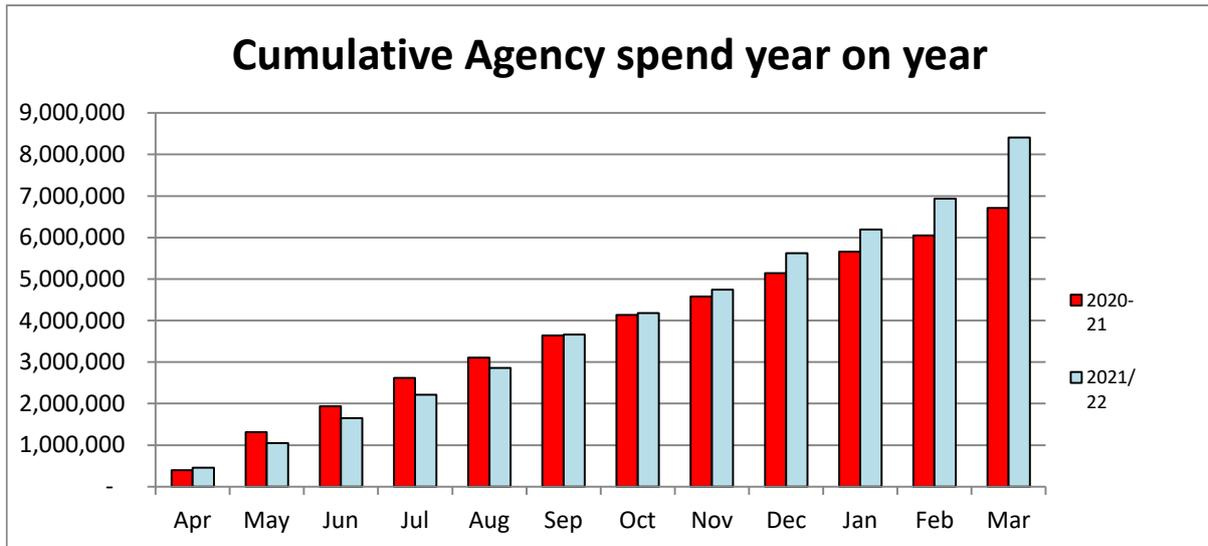
Table 5 Agency spend by staff group

Staff Type	Apr-21 £000	May-21 £000	Jun-21 £000	Jul-21 £000	Aug-21 £000	Sep-21 £000	Oct-21 £000	Nov-21 £000	Dec-21 £000	Jan-22 £000	Feb-22 £000	Mar-22 £000	Total £000
Consultant	390	342	456	432	505	542	327	405	560	233	283	339	4,814
Nursing	27	152	106	81	58	186	123	132	221	171	191	655	2,103
AHPs	10	51	(1)	6	16	(11)	(2)	5	43	20	16	65	219
Clin Support	13	26	18	22	42	64	32	32	48	145	178	314	935
Admin	17	20	24	17	30	18	43	(16)	5	4	78	94	335
Grand Total	457	592	602	558	652	799	522	559	878	573	746	1,467	8,406

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

7. Recommendations

The Trust Board are asked to note the Finance report for March (Year End) and comment accordingly.

Title & Date of Meeting:	Trust Board Public Meeting – 27th April 2022				
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:	The Finance and Investment Committee is one of the sub committees of the Trust Board. This paper provides an executive summary of discussions held at the meeting on 20th of April 2022 and a summary of key points for the Board to note.				

Governance		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee	Apr 2022	Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Any Issues for Escalation to the Board:	The committee recommends that the Board:- • Notes that the Trust delivered its financial plan for 2021/22. • Notes the Committees recommendation that Board approves the capital plan for 2022/23. • An HFMA briefing on scrutinising financial statements was discussed and has been circulated around the Board for information.

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 were that work on Primary Care recovery and future strategy has progressed but was not ready for presentation to the committee, therefore an extra FIC will be arranged to discuss it; that the Trust delivered a balanced yearend position in line with the ICS target; that the capital plan was discussed and supported; that the BAF/risk register was reviewed as was the Risk Management Annual Report and Risk Management Strategy Update and the committee agreed to review a number of the finance risks; and finally that the Committee reviewed and signed off its effectiveness review.

Key Issues:

The key areas of note arising from the Committee meeting held on 20th of April were:
- The Committee were supposed to receive a recovery plan for Primary Care and then a strategic review of our approach to Primary Care. Both these needed to go through Exec first and weren't ready for the April FIC. Therefore an additional FIC will be arranged to receive and discuss these for them then to go to Board.
- In terms of the Insight report the key issues raised were: -
  - The Month 10 NHSE position recorded a favourable variance of £914m
  - The ICS month 11 position recorded a £1m favourable position, with the expectation to still hit plan by year end.
  - CQUINS have been reintroduced for 2022/23 financial year.
  - Pay Award funding has been built into tariff at 2%, NHSE has central reserves to fund a 3% award.
  - A pro forma for future cash flow monitoring was included for review and will be adopted going forward.
  - An HFMA briefing on scrutinising financial statements was discussed and has been circulated around the Board for information.
  - Appropriate recommendations from the well led review were included and are being actioned

- The Committee received the yearend financial position. This showed that the Trust had recorded an overall balanced position which is in line with the Trust's ICS planning target. Within the reported position at Month 12 was Covid expenditure of £4.865m and income top up of £2.658m. The cash balance at the yearend was £29.533m of which £1.024m relates to the Provider Collaborative. This is a reduction on the previous months cash balance as the Trust has settled all outstanding loans. The Year-to-Date Agency expenditure was £8.406m, which is £1.695m more than the previous year's position. The Committee heard that a new staffing model has been developed for CAHMS which shows that Inspire is £750k underfunded which will need addressing in 2022/23.

- The overall Operational Divisional Gross Expenditure is showing an overspend of £2.129m. Children's and LD reported a £0.599m gross expenditure overspend for the year; Community and Primary Care reported an overspend of £1.667m; Mental Health reported an overspend of £0.375m; Corporate Services are reporting an overspend of £1.486m

- In terms of BRS for 2021/22 the Divisional and Corporate Savings had a Year End Target of £2.066m and the actual amount achieved was £1.815m which is an underachievement

of £0.303m This relates to schemes within Community and Primary Care £0.104m and Mental Health £0.199m which will be carried forward to 2022/23.

- The Committee received the BRS plan for 2022/23 to 2024/25 looking for annual savings of 1.5% for the period. For the year 2022/34 there is a current GAP of £0.480m within Mental Health that will be required to be found from further savings proposals. Work will continue through ODG and EMT to ensure that savings plans are achieved. This will be reported to FIC and The Board. The Committee asked for a case study on one area to come to Board to help illustrate how our cost saving programme worked and added value.

- The Committee received and noted the draft internal Audit plan.

- The Committee received and reviewed the proposals for the 2022/23 capital programme. The plan explained that the ICB has been allocated £72.6m for 2022/23 of which £6.140m was allocated to the Trust. As a result, £14.151m of funding is available for the Trust's 2022/23 programme, £8.011 of which is funded by capital grants and disposal of surplus buildings. Initial proposals exceeded the £6.140m CDEL allocation and further work was needed to develop a programme for 2022/23 that reflects the Trust's priorities. Large digital programmes are managed through the Technology fund, managed at an ICB level, and have not been allocated for 2022/23 and therefore are not included in the draft 2022/23 programme. The Committee were happy to recommend the plan to Board and the detail will come to Board in the finance plan update.

- The Committee received and noted both the current drafts of the quarter one BAF and risk register and the Risk Management Annual Report and Risk Management Strategy Update. It was agreed that work needed undertaking on some of the risks which would be circulated to Committee members between meetings.

- The Committee agreed the annual effectiveness review which appears elsewhere on the Board agenda.

Title & Date of Meeting:	Trust Board Public Meeting – 27th April 2022
Title of Report:	Workforce and OD Committee Assurance Report
Author:	Name: Dean Royles Title: Non-Executive Director and Chair of Workforce and OD Committee

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

Purpose of Paper:	The Workforce and Organisational Development Committee is one of the sub committees of the Trust Board This paper provides an executive summary of discussions held at the meeting held on 13th April 2022 and a summary of key points for the Board to note. The minutes of the meeting held on 12 January are attached for information

Governance		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	13.4.22
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Any Issues for Escalation to the Board:	No issues or items to escalate to Trust Board were raised.

Executive Summary - Assurance Report:

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

A summary of the key areas within the Workforce Insight Report and Risk Register were discussed. The committee received the 2021 national staff survey results as well as

updates from the reporting groups Equality, Diversity and Inclusion, Staff Health and Wellbeing and the Medical Education Committee. Reports were received on the Trust wide external audit plan, Review of Disciplinary Procedure, Recruitment Task and Finish Group and Guardian of Safe Working. A presentation was provided to the committee on Proud Leadership and Apprenticeships.

Key Issues:

The key areas of note arising from the committee meeting held on 13th April 2022 were:

Minutes of the meeting in January were approved subject to minor amendments and action log updated.

The Committee received a verbal update regarding the Staff Health, Wellbeing Engagement Group. Wellbeing has been a key focus during covid however it is important to continue with this and will assist with retention. This is an energetic group and positive work is being done. The wellbeing passport has been signed off which is a wellbeing plan to support staff members to have a conversation with their managers on what supports them to remain in the workplace.

An update on the Equality Diversity and Inclusion Group was provided. Policies are now being fed through this group and this is a positive way of engaging with the different networks and improving our policies. It was noted that the outstanding policy changes at the audit committee have now been changed and awaiting ratification at board. It is really useful to see the breakdown of staff data in the report and really good work has been done on keeping this data up to the date.

An update on the Medical Education Committee was provided. The minutes and chairs log of the last meeting was taken as read. There is positive news in the achievement as a Trust regarding the national ranking for psychiatry training within the GMC report. The Chair from this committee will be invited to attend this group along with the EDI group as part of the Workforce and OD Committee assurance process.

The Workforce Insight report was received. The report was well received and highlighted the key current and future issues. This provides confidence and assurance of the data that we are looking at and that we are able to triangulate and test it out through deep dives where appropriate. There were issues addressed around the apprenticeships first policy and recognising that there are inevitable teething problems in introducing this. The Workforce Director highlighted that director sign off of exemptions should improve take up, along with improved communication. Progress will be reviewed at the next WOD Committee to test that the policy is working as intended. The quality of appraisals was discussed and picking this up through the staff survey. Progress is being made on the safeguarding training and further data will be received on this in May. There was an update provided on the scrutiny on rule breaks and recognising why these rules occur and that there is a process in place to ensure staff are not working too excessively.

An overview to recent changes to the Risk Register was given. It was established that the leads will have more oversight over their allocated risk registers. It was reviewed if this committee should continue to receive risks that are below 12, this will be reviewed in line with the risk strategy. Risk WF20 has been confirmed at Pete Beckwith and will be changed accordingly. Work will be undertaken alongside the well-led review on when certain risks originated and appropriate register.

The board assurance framework was received, and the terms of reference were agreed to be revised to include a review of the board assurance framework. Further assurance has also been received from the Executive Medical Director from the job planning, job descriptions and recruitment processes.

The Risk Management Annual Report and Risk Management Strategy Update was received by the committee.

A presentation was provided to the committee on Proud Leadership and Apprenticeships.

Guardian of Safe Working Hours Quarterly Report was taken as read. Positive progress was noted in particular the Doctors in training were pleased with the Estates changes at Miranda House.

The Trust wide External Audit Plan (Workforce) was provided to the committee for review.

The Review of Disciplinary Procedure report was taken as read. The need to review the procedure was recognised by the committee. There are also a low number of ER cases that have been picked up within the insight report.

The 2021 National Staff Survey Results were shared with the committee. Updates were provided in relation to the participation rate by the different directorates. The analysis shows that we are ahead of the NHS average on the majority of questions that have been asked which link into the people promise.

The Hard to Fill Recruitment Task and Finish group update was presented to the Committee and welcomes the progress that continues to be made in the areas of nursing and consultants. At the end of year 2 the 2021/22 vacancy rates are improved for nurses, consultants and GPs compared to 2020/21. The nurse vacancy rate has improved each year and there is now 52.8 FTE more nurses in post compared to March 2020. The committee welcomes the introduction of the Hull 0-19 service however recognises this may bring vacancy pressures.

The assurance report was received by the committee. This has been approved to go to the next board meeting. There was discussion around whether membership is right for this committee with no revisions to membership.

Minutes of the
Workforce and Organisational Development Committee
Held on
Wednesday 12th January 2022
9:30am - 12:15pm
Microsoft Teams

Present:
Members:

Mr Dean Royles (DR)	Non-Executive Director Chair
Mr Steve McGowan (SMc)	Director of Workforce and OD
Mrs Hilary Gledhill (HG)	Director of Nursing
Mrs Michele Moran (MM)	Chief Executive

Other attendees:

Mrs Karen Phillips (KP)	Deputy Director of Workforce and Organisational Development
Dr John Byrne (JB)	Medical Director (until 10:30)
Mrs Lynn Parkinson (LP)	Chief Operating Officer (Chair)
Mrs Sue Cordon	Grant Thornton
Mrs Caroline Flint (CF)	Chair Person
Ms Nikki Titchener	Freedom To Speak Up Guardian (until 11:24)
Ms Rosie O'Conner	Safeguarding Practitioner (until 11:38)
Miss Jessica Norton (JN)	Personal Assistant (Note taker)

01/22	**Apologies for Absence** Mr Francis Patton (FP) Non-Executive Director Due to the agenda being agreed before the Christmas period which was prior to the Omnicom wave and legislation on mandatory vaccination, an initial discussion at the start of the meeting was held to cover items that were not on the agenda but were items which people wished to highlight to the committee for information or areas where the committee could support. Mrs Moran provided the committee with a verbal overview of key events and issues which affected the trust over the festive period. Mrs Moran highlighted that the trust has well established business continuity plans for all areas and before the festive period a decision was made to stand back up both gold and silver commands to look at planning over the winter period. The issues faced by the trust are also faced by all trusts across the system. A strategy session with Non-Executive Directors was held last week covered this in detail. The system is under a lot of pressure in all areas, and this is not just relating to the pandemic but also longstanding staffing issues. Currently the trust has more covid patients now than in previous waves and the ambulance services are calling major incidents. The main issue currently for the trust is the local authority in terms of care homes closing due to outbreaks of covid. The vaccination programme continued over the festive period and there were good staffing plans in place in case of sickness or non-attendance from agencies which went well. There were bed risks over the last weekend due to positive patients on the ward, so the plan is to continue the staffing plans over the next week to make sure it is safe for staff and patients. As per the guidance that was released last year, all NHS staff, unless medically exempt, need to have their first dose by 3rd February. Though the system has asked to push this back due to pressures on services, we are yet to receive confirmation that this can happen. There is further guidance due out shortly. The trust is taking the stance that most staff are front line. The pressing issue is to maintain business continuity with staff health and wellbeing and patient safety in mind. Mrs Parkinson concurred with Mrs Moran's comments in that the pressures are system pressures with acute trusts needing to maintain bed occupancy around pandemic. For them to achieve discharge, this has put pressure across the systems especially for community staff, who have seen an increase in activity. The trust therefore want to make sure that mental health demands do not adversely impact on the pressures. There were 118 staff absent on Friday and

we have 10.83% overall sickness absence rate which is thehighest since pandemic began. The trust had planned for this and has arrangements in place. The trust has daily oversight of staffing position and holds regular meetings with divisions to keep on top of the situation and make sure services are as safe as possible, as the trust do not believe that we have reached the peak of infection rates in the area as rates are increasing in the Humber region.

Dr Byrne provided a verbal update on the vaccination programme. The national data set is showing that 97% of staff have had their first vaccination, 95% have had their second vaccination and around 90% have had their boosters which is a great uptake. Regionally we are in the top four trusts for vaccination rates which is fantastic. NHS England shows that we have around 90 staff unvaccinated, but our data set is slightly different due to difference in the data available to the trust compared to NHS England. The trusts data is showing that there are currently 175 unvaccinated staff. There are processes in place to discuss options for those who remain unvaccinated. There are a small few who will be medically exempt and there are those who still express concerns such as those with concerns about the affect the vaccination may have on fertility. For those with these concerns, there is seminar which is due to take place to alleviate any issues or concerns. There are then those that just do not want to be vaccinated and the trust is looking at what else could be done to reach this cohort. The team are vaccinating again this weekend to embrace those that still need to be vaccinated.

Mr Royles queried what plans were in place in terms of mandatory vaccinations as there are currently rising absences due to covid as well as the additional pressure of staff leaving due to not wanting to be vaccinated. Mr McGowan confirmed that a plan was put in place and was signed off on 13th December at the Executive Management Team meeting. Figures change daily but as Dr Byrne mentioned previously, there are around 175 staff who are not vaccinated. Only eight of those staff are medically exempt. Managers will speak to the rest of the unvaccinated staff over the next few weeks with HR there to support. There have been enough opportunities to get vaccinated, so this is not a reason for not having the vaccination. Unvaccinated staff will be prevented from working from 1st April and will either need to be redeployed or need to seek employment elsewhere. Operationally this will have an impact as less staff will be available to cover shifts as 120 of those unvaccinated are bank staff. The trust is looking at redeployment opportunities, but these are very limited. Based on the above and the risks involved, this has been put on the risk register. Mrs Flint asked how the trust are keeping staff informed on the rules and whether there is any more advice coming in in terms of safer staffing levels from the centre. Mrs Moran said that the trust regularly thank staff for all the work going into business continuity. The trust started to hold weekly all staff open event sessions on top of the monthly ask the executive sessions. These open events started on New Year's Eve which had around 90 staff in attendance and last week the session had over 100. These sessions will continue weekly. Feedback has been positive from staff who have attended the open sessions to date. There are also the updates that go out after each meeting as well as weekly communications via email. Everything also goes on the covid hub and managers are also asked to raise it at their team meetings. The trust is trying to be proactive with the calls and there will be some staff that are not easily reachable but trying as many platforms and methods as possible to reach as many as possible.

Mrs Gledhill confirmed that, in terms of safer staffing issues and the query posed by Mrs Flint, nothing has come out centrally regarding safer staffing other than guidance regarding services which may be paused during the surge in COVID. Mrs Gledhill went on to say about the internal process in place in the Trust for supporting staff in maintaining safe staffing levels such as the weekly safer staffing meeting with inpatient managers and matrons chaired by the Chief Operating Officer which she also attends, COO and DON weekly meetings with matrons and daily operational meetings to review staffing levels and take appropriate actions.

Mrs Parkinson said that no services have been stood down, but the trust is carrying out clinical prioritisation. Mental health inpatient is the highest pressure, but this is been managed. The division did over recruit as well as having Health Care Assistants (HCA) staffing across all inpatient areas which the service is seeing the benefits of those. Mrs Parkinson added that the division is aware that they are using more agency than would want to, but the division meets weekly to check deployment of the staff to make sure they are in the best locations. Operationally, divisions would choose to use bank staff first, but this doesn't always cover what is needed. The

	safer staffing dashboard that goes to board covers this. Mrs Moran highlighted that the Executive Management Team agreed to continue the extra annual leave day for next year as a thank you. The executives are going to put together details of what the trust has done to support staff over the past year and see what the trust can continue to do for the coming year as well as looking at what to do next when the trust come out of this current wave as it is important to support staff. Mr Royles said that for Humber Coast and Vale, the region is a little bit behind in terms of peak so believe that we will see a rising level of absence, turnover, and pressures. This is being added to with the pressures of vaccinating staff. Mrs Moran added that the Executive Management Team are already looking at pressures to come as March is the month were staff have untaken annual leave left to take. Dr Byrne further added that, in terms of testing, due to the issues with the centre and lack of access to lateral flow tests and pillar two testing, this has impacted staff. The trust managed to obtain some tests for the units but there are still pressures. This has created a difficult position for trusts due to the poor planning centrally as all trusts are very reliant on the national programme to get tests.
02/22	**Declarations of Interest** None declared.
03/22	**Minutes of the meeting held in November 2021** The minutes of the meeting held in November were accepted as an accurate record subject to amendments recommended by Mr Patton's email prior to the meeting.
04/22	**Action Log** Action Log was reviewed and discussed.
05/22	**Chairs logs from any groups reporting to this committee** a) Mrs Parkinson updated the committee on the progress of the Staff Health, Wellbeing Engagement Group. Though services are facing pressures, the meeting went ahead last week as felt it was important. There were some apologies from attendees but was a good meeting overall. The group reviewed the workplan which is progressing well overall as well as reviewed the workforce performance indicators. The focus was on sickness absences and return to work interviews. The group also reviewed the risk register and looked at the trust wide and divisional level risks. The agenda focused on some areas on the workplan such as an update on the estates work on the upgrading of the break areas with images received of the changes made so far. Feedback received to date has been positive around this piece of work and the areas do look great. Mr Royles added that the new environment encourages people to take a break whereas before staff may not have done so as facilities were not suitable, which is great. Discussions were also held about a piece of work relating to good practice, a passport to wellbeing. This was a staff initiative to encourage them to use a template format to have effective and robust conversions with their managers. The template has elements from a wellbeing and recovery aspect. The group will be finalising this shortly and will distribute across the trust. Integrated Care System (ICS) colleagues have been invited to the next meeting to talk about the resilience hub as the group are looking at a trauma informed approach which the hub is predicated on. The group will also look at having conversations around ideas on what more can be done to support staff. They were tasked to go back to their areas to get ideas and bring them back to the group for discussion. Mr Royles felt that the group is very engaged and was a good decision to go ahead with the meeting. b) Mrs Phillips updated that the Equality, Diversity, and Inclusion (EDI) Group which didn't take place in December due to apologies received so was rearranged for next week. Despite December not going ahead actions are still progressing. There is renewed energy in networks around their workplans and there are new chairs and vice chairs in place so

seeing a lot of activities going on within the networks. Dr Byrne stated that minority groups were a focus in terms of vaccinations, and they were given priority access. The group have been great in supporting this as well as receiving great support from staff side. Mrs Moran attended the BAME annual general meeting which was a half-day session. The report can be circulated should the committee wish. There wasn't a great attendance but was only new so going to look to reach out to more. Due to pandemic did expect some apologies to be received but those who did attend found it positive. Mrs Flint has met with Grace Gava and sees it as a positive that Mrs Gava has been re-elected. Mrs Phillips confirmed that the chair for the disability network is not in place, but they still meet and discuss issues which John Duncan oversees.

c) Dr Byrne updated the committee on the progress of the Medical Group. The minutes and chairs log were taken as read. Education brings in income to the trust and there is an expectation from Health Education England, GMC and others that there is an element of observation by senior people in the trust of the work that goes on. The minutes gives the opportunity for senior people to see what is happening. The minutes captures the work in the pipeline and if get this right, the pipeline will continue, and the trust will benefit. Dr Byrne expressed that he is happy with the progress and feedback from Hull York Medical School (HYMS) and the post graduate training report is showing we are doing well and have no issues. He is confident the trust can accommodate the double number of students which will bring in income and new blood into the Trust.

Mr Royles asked what the impact of the pandemic has been on the trainees and any risks. Dr Byrne said that so far there have been no real issues. At the beginning of the pandemic, the trust didn't release them and therefore services and training weren't impacted as felt it was important for the trainee and the patients to continue throughout. Just need to get all levels of face-to-face training back up and running as soon as possible when safe to do so to give more benefits to the trainees. Plans are in place to reconnect to the trainees and each other and the team are not getting any negative feedback to say the trust are not doing enough for the trainees in the current pandemic and all feel that their education hasn't been put at risk.

Mrs Flint agreed the report was positive and sees this as encouraging. Mrs Flint queried whether there are any areas the need more focus or is it further improving on what is already good. Dr Byrne said that people have reflected on the quality of training and it tends to be that, if you get a trainee in, they tend to want to stay. In terms of improvement, anything the team do has to be based on feedback from the trainees. In the guardians of safe working report further on the agenda, it is noted that there has been some feedback received and will work on these to keep the trainees happy. Main challenge will be capacity as numbers have grown so looking to provide the same quality but with the same resources to more trainees. If trainees are content, they will do the work. Dr Byrne further added that, in terms of the number of trainees, the trust is now expecting to be given the same as other areas as there was previously inequalities for Humber and TEWV compared to Leeds and Sheffield. Mr McGowan added that the investment now will pay dividends in the future and is great that we continue this work. Dr Byrne said that they focus on the mentality that they are recruiting the family rather than a person and this seems to be working. A suggestion was put forward for a trainee to provide details of their experience as a story at trust board. The committee agreed that this was a good idea.

In terms of nursing and AHP students, Mrs Gledhill confirmed that it was previously reported the difficulties in placing the students due to the pandemic however, corporate are now being used for placements such as safeguarding and infection control. Feedback on this has been positive but some do not feel they are getting value for money or not what they expected. The students have paid for the course and want value for money so met with the university to nurture them along the pathway.

Mr Patton expressed in his comments prior to the meeting that he felt it was great result and wanted to minute the achievement and thanks to everyone involved. In terms of the Undergraduate & Postgraduate, he felt it would be good to see how many trainees there

	are and how we ensure the trust gets their share. Overall, he felt it is a great report showing development and education at the forefront of what we do. **Resolved:** Chairs logs and minutes from medical education committee were welcomed and noted.
06/22	**Staff Survey** A verbal position of the first cut of the staff survey results was given by Mr McGowan. Mr McGowan provided a background on the survey highlighting that Quality Health have provided the survey this year for the trust to use and within the trusts benchmark group, they have provided the same survey to 27 other trusts. Currently the trust has obtained benchmark data for half of those 27 trusts and are looking to obtain the rest to allow a full benchmarking comparison next month. In terms of the difference between last year's survey and this year's, the current survey has questions which are aligned to the people promise. There were 99 questions in total and of those 99, 36 were new so the trust will not have historical comparison data for those. For those that can be compared to last year, the trust saw an increase in scores in 18 questions and deterioration in the scores for 34 questions. There were 11 questions where the score remained the same. In terms of what this means, the trust will see if these changes are statistically significant when the detailed reports are sent to the trust next month. The benchmark data currently shows the trust are better than average on 31 questions, worse for 48 questions and the same for 20 questions. An example of a positive response was around managers and the biggest deterioration was around enough staff to do the work. A paper on the staff surveys first cut results is going to part two of trust board this month. The report breaks the benchmarking down into groupings so the board can see the data in terms of areas. Mr Royles drew attention to the fact that the staff survey raw data is from the survey provider so the trust can only do comparisons with those who use same provider. The trust doesn't have overall NHS findings from all providers which will be important when looking at deterioration. **Resolved:** The update was noted.
07/22	**Revised Trajectory For Safeguarding Training** A verbal update on the work underway on safeguarding training in respect of the action from last meeting on statutory mandatory deep dive was given. Mrs Gledhill stated that they haven't been able to present a paper as the action requested due to the amount of work needed but the team intend to bring a paper to the next committee meeting in April. Ms O'Conner attended the committee meeting to provide assurance on where the team are in terms of reviewing the trusts safeguarding training. Ms O'Conner said that, in terms of the content of the courses, the trust doesn't dictate this as it is dictated by three separate national documents and a framework. These documents indicate the level of training that someone should do, what the level should include in terms of content and the amount that should be done for each level. Currently it is 8 hours per course so as when combining the courses, it is 16 hours in total. The review into the training is underway and the team are looking at ways to improve compliance levels as both adults and children are below what the trust wants them to be. Ms O'Conner said that, as part of the review into the training, the first stage is to split the safeguarding training and mental act into singular units rather than combined. The team have also reviewed the compliance position across the trust and made sure the right people have the right competencies. Those that were not at the right level or did not actually require the course for their role has been corrected. There will therefore be a reduction in compliance levels because of these changes. The team are aware that the course does require some time away from work and due to current service pressure, a lot of services cannot release their staff to attend the course, but the team are working with the services to try and make it as easy as possible for their staff to attend the courses. Return to face-to-face training will further help change the course further. Once the review has taken place and the courses have been split, compliance will be monitored more regularly by the team and a paper will be prepared for the committee to update on the progress. Mrs Gledhill asked the committee to note that, when new contracts are won, the trust pick up

	services where training is not always where it needs to be so will need to capture this. Mrs Parkinson said it is great to see how this has been progressed. She added that she appreciates that there may be some challenges in some areas based on the changes in compliance level and staffing pressures, but the training is necessary. Mrs Gledhill added that everyone understands the importance of safeguarding. The team look at those areas where referrals come in and these are areas of focus. In addition to the training there are communications on safeguarding as well as bit size sessions and agenda items in meetings to keep safeguarding high profile. She said that the there is a good grip on this now and can bring back a summary of all the work done to the committee once finished. Mrs Moran asked whether this is something that could be highlighted to quality committee. Mr Royles agreed that this would make sense. Aware that if there is an instance then training is checked. **Action: JN to ask Su Hutchcroft to add this item to the agenda for quality committee.**
08/22	**Workforce Insight Report** The Workforce Insight report was presented to the committee by Mr McGowan. Mr McGowan stated that the report is brought to the committee as well as given to managers monthly. He highlighted that the report recently won a HPMA award. He added that the conversation at the start of the committee meeting gives context to the report as this is the position as of November, but things have moved on. Mr McGowan highlighted the following to the committee: - The report is aligned to the people plan and promise. - Sickness had increased in the previous two months. The benchmark was less nationally but just above regionally. - Appraisal data was good overall with the new window opening in a few months' time. For the staff survey the trust scored better in terms of appraisals but may be further work to do on quality. There were still 70 to do at the close of last years window and this is been monitored. - Rule breaks increased which was driven by the demands on operational services. Operations only sign these off when at desperation point and they are monitored however there due to some operational demands there is a needs must approach. - DBS also increased but this is not relating to staff needing new DBS checks but for those staff that need their current DBS checks renewing or changing. There is a weekly report to managers and a monthly report to the executives around DBS checks. Operational pressures are preventing people from renewing but this is monitored. - In terms of vacancies, the trust is recruiting but finding that there is a level of leavers and service changes which happens quicker than we can recruit. - Statutory training deep dive was done last month. There are still some areas that need focus. There are plenty of courses happening, it is just having the ability to attend. - In terms of apprenticeships the ability to exempt was taken from managers and since then numbers have increased. Still work to do but hope it continues to increase. This is based on an apprenticeship first approach for all bands 2-4. Mrs Gledhill added there is safeguarding piece later on the agenda. She said that she sees positive items in the report given the pandemic and that it is good that the trust is keeping things progressing and pressures are all been monitored. Mrs Parkinson added that for training, when service pressures are high, areas find it hard to release their staff. This continues to be area of focus in accountability reviews and in meetings. Divisions do appreciate that when compliance deteriorates, it is harder to regain. The trust continues to focus on rule breaks and services are trying hard not to do this by over recruiting and over staffing which are some ways to prevent this. Mrs Parkinson further added that the end of annual leave period is approaching and are supporting staff in taking their entitlement. Mr Royles further highlighted that for DBS, it is that the staff have a DBS, it has just expired. Also,

if police were aware of any issues around safeguarding, they would make the trust aware. This is the same for training, in that most are trained, they just haven't renewed. Mr Royles said that he understands the operational issues and how it is important to monitor.

Mr McGowan added that in terms of DBS, the trust do get peaks relating to taking on contracts of services which is similar for statutory training as mentioned by Mrs Gledhill previously.

Mrs Moran said that it is helpful to see benchmarking. She likes to see that it is interwoven into the report in terms of where we are up to as an organisation. She added that it is good to grow the report with the benchmarking data and good that the trust is triangulating the data.

Mr Royles queried about what the trust is doing around the national mortuary review. Mr McGowan said that he spoke to Mr Beckwith and he has picked this up from a contracting point of view to be prepared and that is been dealt with by him and his team.

Mr Royles raised the vacancies in mental health planned, unplanned and secure and that currently bank, and agencies are filling these but what happens if these staff are no longer available if they are not vaccinated before the deadline. Mrs Gledhill confirmed that there are recruitment fairs starting up which the trust will be attending, and also more international nurses are coming in cohorts again this year. Third year students are also been placed in the services. She stated that the trust is doing all it can and speaking to other trusts in the area, we are all taking from the same pool and all doing the same techniques to fill the vacancies. The services are also looking at skill mixing and roles in the divisions to see if other professions could cover the needs of the services. Mrs Parkinson added that they are in the process of finalising workforce plans for next year. Have moved forward in last few years in terms of the workforce skill mix piece. The posts are part of the hard to recruit posts which a separate group focuses on. Seeing care hours per day is good overall but work to do to reflect this in demand templates to show benefits of skill mixing work. In a reasonable place but are still using more agency and bank than would like but working on as many options as possible to get the vacancies filled. Just need to keep going with the campaigns.

Mrs Phillips added that, at present, there are 330 vacancies going through recruitment which is positive. It can be challenging to get staff into post, but all teams are doing all they can to get the jobs out there and the positions filled. Mrs Moran said that it is good to highlight the recruitment work going on. Need to think about collating this with the mandatory vaccination piece. If have a lot of bank that haven't been vaccinated, need to link to the plan. Know it is on the risk register but need to review based on the bank aspect with vaccination link.

Mr Royles asked about sickness absence and wondered what the current level is. Mrs Parkinson said that as of today's report, there are 76 reported sickness relating to COVID, 141 relating to non-covid and maternity leave is 55 giving a total of 8.09% sickness. Mr McGowan added that need to look at this with the vacancies, we are showing in top three having biggest impact when put all figures together.

Mr Royles asked about latest position on flu. Mr McGowan updated that the Trust is at 63.79% as of 7th Jan 2022. The Executive Management Team are looking into this as position is lower than last year so seeing what else can be done to increase uptake.

Mr Patton provided his comments prior to the meeting. He expressed that the current flu uptake is slightly disappointing compared to previous years but there is a great uptake in terms of the covid vaccine. Mr Patton asked whether, on the NHS People Theme 3 plan, the DBS non-compliance could be sorted and noted that theme 4 could do with turnover with TUPE staff removed to get true comparison. He also felt that training is still disappointing on what seem to be key courses. He congratulated all in terms of the success of the BAME annual general meeting and said it was great to see details on the apprenticeships. Responses to Mr Patton's comments were to be provided post meeting.

Resolved: The report was received and noted.

09/22	**Board Assurance Framework and Risk Register**
	The Board Assurance Framework (BAF) and risk register was presented to the committee by Mrs Phillips. The BAF and risk register was taken as read. Mrs Phillips highlighting the following changes:
	• Statutory mandatory training has been updated
	• Three new risks have been added relating to increase use of off framework usage operationally, risk on strike action around pay award and risk relating to mandatory vaccination programme.
	Mr Patton raised a query prior to the meeting in relation to risk 25 on consultants. He noted that, despite good work here, they are still 29% vacancy rate so is it really a score of ten. Mrs Phillips said that in terms of assurance, have all vacancies covered by locums and as such this has moved to finance due to impact of using agency thus the lower score on this register.
	Mrs Gledhill asked about retention and wondered if need to include retention policy in as one of the controls. She further asked for clarification as to where the additions on statutory mandatory training had been added.
	Mrs Moran said that the trust needs to keep an eye on risk 25. This risk has initial and current scores which are the same so does that mean all that is been done is not affecting the risk so are we doing enough. Also, those that have no gaps in assurance, the trust needs to review as believe that there would be some gaps at some point.
	Mrs Moran asked whether the risk on training includes bank. Mrs Phillips confirmed it does. Mrs Moran further asked if the loss of 120 staff make the risk any different?
	Mr Royles recommended all execs to look at the risks to make sure all is captured.
	Mrs Flint added that, thinking about board coming up this month, though number of unvaccinated staff is low, it will still impact the services. For those that are not vaccinated will board be getting more insight into the areas most affected and what plans are in worse case scenario if have to terminate employment contracts. Mr McGowan said that have done a lot of work around this and have a letter from Michele going out to all staff this week who are on this list which clearly sets out the risks if don't have vaccines as deemed to be in a role that is classed as front line. All staff on the list will be aware of the guidance and staff are been spoken to by the managers and HR.
	Mrs Parkinson added that they Have stood up gold and silver risk register which is reported through to Executive Management Team meeting.
	Resolved: The risk register was received and noted.
	Action: KP to add retention policy in as one of the controls to the retention risk.
	Action: KP to clarify for HG where the statutory mandatory training additions are
	Action: All execs to look at the risks to make sure all is captured.
10/22	**Guardian of Safe Working Hours Quarterly Report**
	The Guardian of Safe Working report was taken as read. Dr Byrne highlighted that a couple of the actions were discussed at the LNC meeting which took place yesterday where they updated that Miranda House is been progressed and also the junior doctors mobile phone request is also in hand. There are a few items needing attention such as looking at the rotas in terms of making sure they get them 6-8 weeks in advance but currently calm in the junior doctors environment and some of this relates to the quality of education environment which can make them more forgiving if things do not work out.
	Good to see GP training numbers increasing in ER and Scarborough. AC going into Millview.

	Resolved: The report was received and noted.
11/22	**Recruitment Task and Finish Group** Mr McGowan presented the updated recruitment data for November. Success of international recruitment and in terms of nursing we are on trajectory to meet target. We are losing more nurses than planned so this impacts figures. Had agency discussion at FIC and had a consultant start this month which is positive. The group convenes monthly. At the last meeting we looked at what we need going forward in terms of investment to improve position. This could be additional posts to help areas or money to fund recruitment fairs. When EMT meet next month to discuss financial plan for next year, can bring the detail in to help hit targets and reduce vacancies. We have suggested investment to help recruitment. Recruitment of Julie Taylor is a great example of investment to help with recruitment. Mrs Gledhill added that she has the nurse recruitment team which is made up of temporary posts as well as the medical team which Mel Barnard leads. She is getting both teams together to look at the future vision. The medical team get a lot of money every year to support students and one option is to look at going at risk and putting in substantive posts for nursing rather than temporary to prevent losing trained staff that are currently in non-permanent positions. Mrs Gledhill noted that the nursing glidepath for year 2 needs to be checking in terms of numbers. Mr McGowan said he will ask Mrs Collins to look into this. Appreciate the work going in and seeing the numbers growing. Mr Patton expressed well done on recruitment of nurses but noted some issues with increased establishment and higher turnover so queried what are next steps. He also expressed well done on consultants. **Resolved:** The report was received and noted.
12/22	**Freedom to speak up procedure** The revised policy and procedure were presented to the committee. Mrs Titchener highlighted that the policy and procedure was compared to the most recent best practice guidance and only a few changes were needed. The changes were added to the first and second paragraphs which the team felt were important, to make sure from the beginning that staff are given a message in being safe and secure to speak up. Would rather they come and spoke up rather than not speaking up at all. A further change around disregard for procedures was also added. In terms of the speaking up process, this is working well at present. The team have a mailbox for staff to email in and a phone number for calls. Numbers are down compared to previous years, but this is the same nationally and the team believe this may be due to the number of staff currently working from home. Mr McGowan asked if this has been to Executive Management Team meeting. Mrs Moran stated that due to the number of items on the last Executive Management Team meeting agenda it will be going to the next meeting on Monday. Timing has just meant that it has come to the committee first. Mr McGowan would also like it to go to TCNC as well. Mrs Titchener confirmed that she would send the policy to them for review. Mrs Gledhill asked for the addition of DATIX reporting to be included. Mrs Titchener confirmed she would look to add this in and send an amended version for the Executive Management Team. Subject to the change proposed by Mrs Gledhill, the committee were happy with the policy. **Resolved:** The policy and procedure were approved noting it was yet to go through all governance routes.
13/22	**To Review the Meeting** Those in attendance agreed it was a good meeting with good papers. Mrs Cordon asked about quoracy, noting that Mrs Flint was in attendance in Mr Patton's absence. She felt it was a good

	agenda with actions clearly identified and papers of good quality. She found it good to see the deep dive follow through and follow up on previous actions and thought there were good updates presented by all.
14/22	**Any Other Business** None
15/22	**Date and Time of Meetings in 2022:** Wednesday 12th April 2022

Title & Date of Meeting:	Trust Board Public Meeting – 27 April 2022			
Title of Report:	Collaborative Committee Assurance Report			
Author/s:	Stuart Mckinnon-Evans Non-Executive Director and Chair of the Collaborative Committee			
Recommendation:	To approve		To receive & note	
	For information	√	To ratify	
Purpose of Paper:	The Collaborative Committee is one of the sub committees of the Trust Board This paper provides an executive summary of discussions held at the meeting on Monday 28 March 2022 and a summary of key points for the Humber Teaching NHS Foundation Trust Board to note.			

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	28.3.2022
			Other (please detail)	

Key Issues within the report:	• Positive progress in reducing the number of people in adult secure who receive care outside of HCV geography since August 2020 • Continued significant pressure on CAMHS beds with 8 young people delayed discharge from hospital to limited local authority care and community care packages • Adult Eating disorders – Schoen Clinic have reopened to admissions following agreement with CQC and HCV PC • Safe and Wellbeing Reviews are all complete and have been submitted to HCV ICS Panel • CAMHS and AED Clinical Lead to be advertised on a permanent basis • Serious Untoward Incident SOP reviewed by all work streams and PCOG and ratified at Collaborative Committee.

H
Caring, Learning
& Growing Together

Monitoring and assurance framework summary:

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

Executive Summary - Assurance Report:

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

To demonstrate robust governance in its role as Lead Provider and avoid conflicts of interest with its provision arm, HTFT as Lead Provider has delegated some of its responsibilities to the Collaboration Planning and Quality Team (CP&QT) which is accountable to the Collaborative Committee.

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

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

Key Issues:

Key areas for noting from the meeting on **28 March 2022**:

Quality Assurance and Improvement

- Schoen Clinic
  - Has undertaken considerable work in relation to concerns raised by CQC and have reopened to admissions.
  - Our focus is that changes are are implemented and embedded
  - Fortnightly meetings in place to review – information is shared with CPaQT and CQC
  - Cultural issues on the unit and service user involvement and staff engagement – there were areas CPaQT recommended an external review which Schoen Clinic have accepted and ave arranged external facilitation
  - Learning will be shared with the HCV PC via the Quality Assurance and Implementation Group

- Safe and Well-being Reviews completed, and 4 cases are to be reviewed at follow up panel; none of whom had significant concerns
    - HCV ICS collating learning to take forward including actions
- Service in West Yorkshire has had all admissions ceased by CQC. We have 1 service user in the unit who has been reviewed by the HCV Case Manager. This is a unit which provides secure and general mental health services and therefore is being reviewed by West Yorkshire ICS. Reassurance received that appropriate planning is ongoing and there is no evidence of imminent risk to patient safety.
- Serious Untoward Incident SOP, which has been reviewed by all 3 workstreams, Quality Assurance Group and PCOG. The proposal details how the PC takes forward responsibility from NHS E – was planned 1 April but due to issues within NHS E this will be delayed. To note a new national Patient Safety Incident Response framework to be launched in Spring / Summer 2022 and this SOP may have to be reviewed accordingly.
- Escalation and Arbitration Process, has been reviewed by all 3 works teams, Quality Assurance, and Improvement Group and PCOG, agreed to be ratified at Collaborative Committee

Work Streams

The 3 Visioning workshops have been held with all partners, all meetings were well attended and facilitated by the Yorkshire and Humber Involvement Network with the views of people who access our services shared prior or at the meetings.

Key issues to note from each workstream -

CAMHS

- Demand for CAMHS in-patient services continues to be high nationally, regionally, and locally particularly for CYP with an eating disorder
- As at 16/03/2022 there are 8 HCV CYP that are identified as delayed discharges which is having a significant impact on patient flow and the ability to manage the waiting list effectively
- The Mill Lodge business case has been submitted to the Provider Collaborative Oversight Group and supported in principle subject to further information on capital costs.
- There continues to be challenges in relation to CYP on a paediatric ward who are medically fit but, due to no available CAMHS ED beds, cannot be discharged.

Adult Eating Disorder

- The Schoen Clinic has now opened for admissions following a recent CQC inspection. The restrictions that were in place have now been lifted. The Schoen
  clinic worked closely with the CQC and the Quality and Improvement Lead from the CPaPT who

- undertook a series of visits to the unit including individual review of all inpatients.
- The AED visioning and scoping event took place on 17 March and the outcome will be pulled together into a report and brought back to this workstream meeting to include the outcome of the event and plans going forward. A commitment was made to hold another event in 12 months' time.
- Adult Eating Disorder Clinical Assembly held on 17 March with both information sharing and training provided

Following Provider Collaborative Governance process the new post for Clinical Lead for CAMHS and AED on a permanent basis was noted and will be actioned by CPaQT.

Adult Secure

- The total HCV receiving care inside natural clinical flow population is 120 (76%) of which 91 (76%) are placed within the HCV geographical area.
- There are 50 Patients currently placed outside of the HCV, 13 (26%) of these are within clinical flow, this is a reduction of 1 patient on the previous month.
- As at the 28 February there were.
- 24 LD/ASD Patients from HCV, 17 INCF and 7 ONCF, of which 11 are within the HCV area and 13 are outside.
- 64 Low secure patients (excluding LD/ASD) 45 are INCF and 19 are ONCF, 39 of these are within HCV and 25 are placed outside.
- 69 Medium secure patients 58 of these are INCF and 11 are ONCF, 57 are within HCV and 12 are placed outside.

Contracting Update

H2 2021/22 Contracts -
- Acknowledged that it is a very complicated process and that there are 2 documents to be signed for each Sub-Contract
- Lead Provider to Lead provider contracts – all have been shared with Provider Collaborative outside of geography – however for patients placed in HCV there have been limited LP to LP from placing Provider Collaborative and this concern has been raised with NHSE
- Meeting with NHS E on 28 March 2022 to discuss 2022/23 contracting process

Finance

- Month 11 demonstrates a favourable position for year end

Operation Plan
- Allocation from NHS E £56.5 million for 2022/2023
  - Allocated across the work streams, infrastructure, LD & A Pathway Panel, EPOC, and contingency
  - Forecast for 2022/23 based on all information is a positive financial position

Title & Date of Meeting:	Trust Board Public Meeting -27th April 2022			
Title of Report:	Emergency Preparedness, Resilience and Response (EPRR) Annual Report			
Author/s:	Lynn Parkinson, Deputy Chief Executive & Chief Operating Officer Lisa James, EPRR Manager			
Recommendation:	To approve		To receive & note	x
	For information		To ratify	
Purpose of Paper:	To provide an overview of the EPRR programme and activities over the last 12 months and demonstrate the Trusts compliance with the NHSEI core standards			

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	11.4.22
	Mental Health Legislation Committee		Operational Delivery Group	16.3.22
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Key Issues within the report: *Please ensure you also complete the monitoring and assurance framework summary below:*	The attached annual report provides assurance that the Trust has met the EPRR duties and obligations as set out in the Health and Social Care Act (2012) as a responder during the period 1st April 2021 to 31st March 2022. The report provides an overview of EPRR activities including its response to the Covid- 19 pandemic and sets out EPRR priorities for 2022/23

Monitoring and assurance framework summary:

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

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

Emergency Preparedness, Resilience and Response

Annual Report

1st April 2021 – 31st March 2022

FOREWORD

It's been yet another challenging 12 months for the year 2021/22 with the overall NHS alert level remaining at level 4 for a large part and with that the expectation that we continue to manage the response alongside returning to business as usual. The Trust continues to maintain the required response to the national emergency through our Incident Coordination Centre which is still being managed by the Emergency Preparedness, Resilience and Response (EPRR) team and through command and control arrangements which are stepped up/down as required as the situation dictates.

Under the Civil Contingencies Act (2004), NHS organisations and providers of NHS funded care must evidence that they can plan for and deal with a wide range of incidents and emergencies that could affect health or patient care. All NHS funded organisations must meet the requirements of the Civil Contingencies Act (2004), Health and Social Care Act (2012), NHS England Command and Control Framework and NHS Business Continuity Management Framework. It is for these reasons that Humber Teaching NHS Foundation Trust continues to drive improvement within its EPRR agenda.

Throughout the year the Emergency Planning Team has assessed the risks, worked collaboratively with key stakeholders, partners, managers and clinicians to ensure that the Trust has been able to provide an effective, resilient, and coordinated response to the demands that Covid19 has placed on the Trust. Command and control arrangements have been stepped up/down as the national alert level has fluctuated from a 3 to a 4 and a number of lessons learned from the initial response have been identified and are in the process of being implemented, in particular the Major Incident Plan has had a full review and is in the early stages of consultation on its updated content.

I am pleased to present the EPRR 2021-22 Annual Report which identifies the work undertaken to address key priorities, identifies Trust compliance with statutory duties and acknowledges its achievements over the last twelve months in what we consider to be unprecedented times as we now move towards recovery and business as usual.

Lynn Parkinson
Chief Operating Officer and Accountable Emergency Officer

1. Background

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

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

The Trusts response to emergency situations has been significant over the last 24 months in managing the Covid19 response alongside winter pressures and returning to business as usual.

2. Purpose

This Annual Report provides the Trust Board with assurance that the Trust has met the EPRR duties and obligations as set out in the Health and Social Care Act (2012) as a responder during the period 1st April 2021 to 31st March 2022. This report provides an overview of EPRR activities over the last 12 months and has set out some EPRR priorities for the next 12 months.

3. Statutory Framework and National Policy Drivers

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

The Acts are accompanied by other requirements such as the NHS Standard Contract, NHS England Core Standards for EPRR, the national EPRR Framework (2015) and NHS Business Continuity Management Framework.

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

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

4. Accountable Emergency Officer

The Chief Operating Officer is the designated Accountable Emergency Officer with responsibility for EPRR in the Trust. The Chief Operating Officer delegates responsibility to the Deputy Chief Operating Officer/Head of EPRR to ensure that all legislative requirements and responsibilities are delivered with the support of the EPRR Team. The Trust also has a lead non- executive director for EPRR.

5. Emergency Preparedness, Resilience and Response Discharge of Responsibilities in 2021/22

5.1 EPRR Assurance Process

Each year Trusts are asked to assess overall whether they consider themselves to be 'fully', 'substantial', 'partial' or 'non-compliant' with 54 core standards and an additional deep dive element of which has 8 standards. The NHSE EPRR Core Standards enables organisations across the to share a common purpose and to coordinate EPRR activities in proportion to the organisation's size and scope. In addition, they provide a consistent cohesive framework for self-assessment, peer review and assurance processes.

As a result of the Covid- 19 pandemic in 2020 the assurance process cycle did not receive its tri-annual review and consequently, not all the standards were considered by the national team to reflect current best practice and are under review. Therefore, the number of standards for the 2021-22 year was reduced from 54 down to 36 and the deep dive standards reduced from 8 to 7.

Our overall position for this year has therefore been determined as substantially compliant with us meeting the criteria of between 89-99% compliance with the core standards. Our total compliance figure is, out of 36 core standards we have complied with 33, therefore we stand at 91.7%. We were partially compliant with the remaining 3 standards.

Compliance with core standards for overall preparedness for 2021-22

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Governance	5	5	0	0
Duty to risk assess	2	2	0	0
Duty to maintain plans	7	7	0	0
Command and control	1	1	0	0
Response	3	2	1	0
Warning and informing	3	2	1	0
Cooperation	2	2	0	0
Business Continuity	7	7	0	0
CBRN	6	5	1	0
Total	36	33	3	0

Deep Dive – Oxygen Supply	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Medical Gases Governance	1	0	1	0
Medical Gases Planning	2	2	0	0
Medical Gases Workforce	1	1	0	0
Oxygen Systems Escalation	1	1	0	0
Oxygen Systems	2	2	0	0
Total	7	6	1	0

Overall assessment:	Substantially compliant

Of the three core standards partially complied with, two have now been completed (Response and Warning and Informing) and the remaining CBRN standard is in progress and will completed.

The deep dive component of Oxygen Supply has one partially compliant standard outstanding however this does not affect the overall self-assessment.

5.2 Risk Assessment
The Trust has an EPRR risk register which is reviewed with the Trust risk manager; entries onto the risk register are also aligned with the Humber Local Resilience Forum (LRF) community risk register.

Assessing the potential risk of emergencies occurring and using this knowledge to inform contingency planning is a key duty of responders and therefore the Trust must have suitable plans which set out how it intends to respond to and recover from major incidents and emergencies as identified in the local and community risk registers.

5.3 Partnership Working
The Trust is represented at health and multi-agency emergency preparedness groups within the North Yorkshire and the Humber area and has been working collaboratively with these agencies throughout the Covid- 19 pandemic to support coordination and information sharing. There has been a significant demand on organisations to attend frequent national and regional NHSE/I calls during the Covid- 19 pandemic, and we have ensured that appropriate representation from the Trust has been available for all of these. Similarly, we have had senior executive representation and input into the LRF Strategic Coordination Group and LRF Health Cell, and EPRR representation into the Tactical Coordination Group; these groups also provide a valuable platform in terms of communication, planning and sharing learning from events and incidents.

Groups attended over the last year include:

- Humber Local Resilience Forums (multi-agency)
- North of England Mental Health Forum EPRR Leads
- Yorkshire and Humber Regional Covid19 EPRR Catch Ups
- Hull and ER Covid19 System Calls
- Hull and ER Covid19 Testing Working Group
- Humber LRF Health Cell
- Weekly ICC Catch Ups
- National Covid19 Webinars

The Trust works closely with the lead Clinical Commissioning Groups (CCGs) for winter and surge planning and regularly responds to requests for assurance on its ability to deliver operationally during times of increasing pressure in the health system, supporting patient flow and the planning for bank holidays/events. The Trust has also revised its Surge Plan and Winter Plan in line with all local system partners to ensure consistency of reporting and continues to submit daily situation reports. Work has taken place with our partner mental health Trust providers to agree a mutual system surge approach, and this will be continually improved and monitored as the system escalation and mutual aid mechanisms develop within the ICS arrangements.

5.4 Training, Exercising and Testing
A key element of EPRR is the ability for the organisation and its staff to respond positively to incidents and emergencies. During the first 12 months of the Covid- 19 pandemic it enabled all services to test and revise, if necessary, their business continuity plans. A rolling programme of updating these plans is in place working with each of the divisions and corporate areas.

A number of on call managers and members of the EPRR team attended Command and Control Training in 2021 which was delivered by an external agency appointed by NHSE. A member of the EPRR team also completed their Award in Health Emergency Planning bringing the team up to the minimum National Occupational Standards required for EPRR.

The team will be involved in a Cyber Security exercise which is being held in April 2022 facilitated by the Information Governance and Information Technology teams and is an annual requirement.

The EPRR team are working with our North Yorkshire Services in planning a desktop exercise in April 2022 which will test their business continuity plans for content, application and to establish whether they are fit for purpose. The team continue to attend the divisional Operational Delivery Groups to provide updates and to offer business continuity /EPRR awareness training as part of that attendance.

The Trust has been allocated four places on Civil Protection Training funded by the Local Resilience Forum two service managers and two Directors have been identified to attend in March and May respectively. This training will help to determine the key considerations in relation to emergency risk management, emergency planning, response, joint working, and recovery and this will expand the EPRR knowledge that they have gained during the last 24 months. It is hoped that as more funding becomes available this will again be offered out to organisations if the course is successful.

We are actively involved in the planning stages of the Local Resilience Forums exercise FloodEx scheduled for September of 2022 which will focus on flooding and incorporate all LRFs and organisations along the East Coast. It is expected that we will attend the final exercise along with some of our identified clinical colleagues.

Working is taking place with the Learning and Development department to develop some situational workshops for Managers on Call which will be a forum to work through real on call scenarios, to share knowledge and provide peer review and support. It is expected that all on call managers will attend these sessions, this will also be a platform to support new managers to join the on-call rota.

5.5 Responding to external influences

COVID- 19
We are now 24 months into the Covid- 19 pandemic and have stood up/down our command-and-control arrangements to manage periods of surge and pressures in the system over this period and maintained cover of the Incident Coordination Centre. The current position is that we are now in a stable enough position to begin recovery and have stood down command arrangements whilst retaining a Covid- 19 Task and Finish Group to manage the return to business as usual, whilst still working with the ongoing impact of Covid- 19.

Public Inquiry
Several national webinars have been held with information provided on the Covid- 19 Public Inquiry, it was announced by the Government on the 15 December that the Rt Hon Baroness Heather Hallett DBE would be the chair of the inquiry. It is set to begin in the spring of 2022 and established under the Inquiries Act 2005. As yet the terms of reference have not been released but this is likely to be imminent and a national webinar will be held once these are available. NHSE have a national inquiry team and a regional inquiry team has been established who will work with them, they are there to support Trusts with the Inquiry process. In preparation we have ensured that all our files and folders from the start of the pandemic to this point in time are in order and accessible electronically.

5.7 Business Continuity Management
Having now rolled out the new process for updating the Business Continuity Plans across all Trust services, a single point of contact is identified for each division who now are

working closely with the EPRR team. It is important to note however, and has been recognised nationally, that Business Continuity Plans purpose is to manage short term disruption to services, and they are not designed for a sustained level of disruption as has been the case with the Covid- 19 pandemic. Learning from the implementation at the start of the pandemic in 2020 has been acknowledged and improvements are being applied to the plans.

In support of the Trusts business continuity plans, the Trust has a robust on-call manager and director rota system, and this is managed by the EPRR team. The on-call rotas are coordinated centrally by the EPRR Team with weekend on call information being shared with the acute Trusts CCG' s and other key providers.

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

Comprehensive and up to date on-call packs provide a range of information, policies, maps, and procedures to support the on-call teams and this is centralised area on the V drive for electronic access.

5.8 Emergency Preparedness Plans

The EPRR Team continues to develop, update, and improve trust-wide resilience plans in alignment with updated national risk registers, local risk registers, national guidance, and learning from incidents, events, exercises and in response to new emerging specific threats or hazards. All the learning identified from the initial implementation of the Major Incident Plan in 2020 has been applied and the plan has been revised. The plan is currently out to consultation with services and was taken to the Operational Delivery Group in February, it will also be presented to EMT in April, shared with our partners and finally submitted to the Trust Board for final ratification in May 2022.

6. Assurance and Governance Arrangements

6.1 Internal Audit

An audit was carried out in July and August of 2021 by Audit Yorkshire on our Business Continuity and Resilience Planning which received 'significant assurance' with the final report presented to Audit Committee in November.

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

The LHRP for the Northeast and Yorkshire area provides additional governance in terms of reviewing the Trusts submission of its EPRR core standards and its self-assessment. The LHRP is chaired jointly by the Director of PHE and NHSEI and attended by

Accountable Emergency Officers or director equivalent for at least 75% of the meetings if it is to meet the core standard requirement. All meetings scheduled for last year were stood down because of the Covid19 pandemic however, they are looking to reinstate these during 2022.

The LRF is a multi-agency partnership made up of representatives from local category 1 and 2 responder organisations including the NHS. They work collaboratively with the LHRP for their respective areas. Whilst NHSE would usually be expected to represent non-Category 1 and Category 2 health organisations such as ourselves at LRF meetings, in the Humber region the LRF actively welcomes other organisations to participate. Other LRF areas such as North Yorkshire have opted to stay within the designated membership outlined in the Civil Contingencies Act therefore, we are reliant on regional NHSEI colleagues to feedback any service relevant issues or information. A more robust method of communication for this part of our organisation has been noted by NHSE and is expected to be addressed during the transition to the ICS.

7.   Conclusion and EPRR Priorities for 2020/21 for Emergency Planning, Response and Resilience

2021/22 has again been a challenging year for Humber Teaching NHS Foundation Trust in terms of our EPRR response. The EPRR team have worked effectively to meet the demands that the pandemic has generated and will continue to do so for as long as required. Alongside the key demands the team has ensured that on call rotas have been managed, weekend and bank holiday plans have been distributed, system assurance deadlines have been met, flooding and severe weather has been accounted for, training has continued and a programme of work for 2022 has been planned.

As new guidance is developed, introduced, and learning from each response is collated the teams' key priorities for the 2021/22 are as detailed below:

- Maintain the level of compliance against the NHS England Core Standards through work programmes that address the Trust's improvement requirements and continue to strive to improve on those areas currently achieving partial compliance to bring them up to full.

- Ensure continual review and updating of the Trust's EPRR plans, policies, and procedures takes place to reflect national guidance; best practice and learning from live and test situations such as Covid- 19.

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

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

- Continue to improve on the system and monitoring mechanisms with our MH partners

- Progress an EPRR e-learning option for staff to develop a greater awareness of EPRR

- Work with EPPR system leads to support the development of updated and changed arrangements in line with the transition to the ICS.

Title & Date of Meeting:	Trust Board Public Meeting, 27th April 2022				
Title of Report:	Recovery Strategic Framework – Progress Update				
Author/s:	Lynn Parkinson, Deputy Chief Executive and Chief Operating Officer Natalie Belt, Service Manager				
Recommendation:	To approve		To receive & note	x	
	For information		To ratify		
Purpose of Paper:	The purpose of this paper is to provide a summary update of progress across the priority areas set out in the Recovery Strategic Framework 2021-2026.				

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

Key Issues within the report: *Please ensure you also complete the monitoring and assurance framework summary below:*	Key issues within the report are: • The strategic framework is a technical document supported by a 'what is recovery" guide and tool kit to support the full implementation of the framework for 2021-2026. The guide and toolkit were launched in June 2021 through a number of workshops. • Progress can be demonstrated in achieving the recovery framework in year one. • The development and expansion of the Recovery College has played a significant role in ensuring the framework is being successfully implemented. • Effective collaborative work between the Patient and Care Engagement (PACE) team and the Recovery Steering Group has been essential in achieving the ambition set out for year one. • Participation of Peer Support Workers and other stakeholders with lived experience have been essential in ensuring that the co-production approach to developing the strategic framework also underpins its delivery. • A plan is in place to fully evaluate the progress against the year one priority areas set out in the framework which

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	will outline successes and the key challenges for year two.

Monitoring and assurance framework summary:

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

Recovery Strategic Framework – Progress Update

1. Introduction

In May 2021, the Trust supported and agreed our new **Recovery Strategic Framework - What Matters to Me?** 2021 – 2026 [109 14-20 Aug (humber.nhs.uk)](). This built on and took forward the approach and principles to recovery that were first set out in "Bridging the Gap", our strategy for 2017 – 2020. It clearly mapped out a robust recovery focused strategic framework which was coproduced and codesigned by a wide range of service users, carers, staff across the organisation and wider stakeholders. Setting out a broad ambition for how the approach and principles would be further embedded at the heart of all the relationships our patients, service users and carers have with our staff. The framework has an overall aim of supporting a change in culture within the organisation, bringing to life a recovery focused approach. "What matters to me/you?" encapsulates a changed dynamic, creating powerful and meaningful conversations requiring us to help shape and guide how we connect with people effectively and supporting people to connect to one another. To be successfully achieved it requires a change in how we establish relationships, working practices and behaviours.

The purpose of this paper is to provide a summary update of progress across the priority areas set out in the Recovery Strategic Framework.

2. Implementing the Recovery Strategic Framework

The framework was coproduced with our patients, staff (many of whom had lived experience of mental health issues) carers, families, and other stakeholders over a six-month period and a lot of them have continued to engage with implementing the ambition it sets out. The framework is supported by a "what is recovery" guide and toolkit which was launched through a series of workshops commencing in June 2021 attended by staff and other stakeholders. Work has taken place to implement the Year 1 ambitions set out in the document across the seven priority areas:

Delivery of the framework is overseen and guided by a Recovery Steering Group and a workstream has been established for each of the seven priority areas. Each of the workstreams have representation from the key stakeholder groups and are co-led by a staff member and service user or family member with lived experience.

A summary of some of the successes and achievements during the **first year** of implementation are:

- Collaboration has taken place between the Patient and Carer Experience (PACE) team and the Recovery College to develop a PACE section on the college's online platform. The new PACE area aims specifically to introduce people with lived experience to the many opportunities and activities supported by PACE in the Trust, to provide information about our approach to recovery and to encourage involvement.

- Expansion and development of the peer support worker role and a network to support the staff in these posts. The peer support worker role has a critical place in achieving recovery and supporting the overall recovery framework, evidencing how we change culture and embed recovery principles into conversations with people. A new module on the recovery college online platform supports people who are interested in applying for these roles, training and development for the postholders is now accessible from Teesside University.

- The newly created Humber Recovery College online platform has been expanded. The Recovery platform provides a learning and educational environment for people to access across all services provided by the Trust. It provides codesigned and coproduced courses, workshops, podcasts, and live sessions all delivered and produced by staff and champions of lived experience, including peer support workers, with access 24 hours a day, 7 days a week. In 2021/22 a pilot project funded by NHS England provided access to the recovery college for NHS staff across the Humber, Coast and Vale Integrated Care System. During the college's winter/spring prospectus period, 396 people signed up to access the programmes,

- The revision and development of the Care Programme Approach (CPA) is an essential national element of the Community Mental Health Team Transformation (CMHT) Programme. This provides a significant opportunity to embed recovery principles and approaches at its centre. This work has been progressed through the workstreams and will be completed with a revised CPA policy. Integrating the care programme approach for service users with a recovery focus will transform service users experience of their care.

- Our lived experience coordinator has worked to identify a wide range of recovery champions from the THRIVE group which was formed to support the work of the CMHT transformation programme. The recovery champions provide feedback and engagement, they represent their personal experiences with a large number of mental health services across the organisation to support and bring about improvements and service changes.

- Further developments to put lived experienced at the heart of service change and development has taken place in the Mental Health Division. Six new working groups focused on specific service areas are now in place with participation from people with lived experience in that area. This is supporting the key principle of services being shaped and developed with meaningful codesign.

- The PACE team and our user led recovery groups have designed a coproduction stamp. Incorporating the stamp into trust documentation demonstrates that an acceptable level of co-production has been incorporated into the planning and implementation of service changes.

- Storytelling is a key component of sharing lived experiences and influencing cultural change. To support this approach a codesigned module has been developed on the recovery college online platform. Recently our staff with lived experience took participated in events as part of a national storytelling week, promoting digital storytelling and the impact of this on improving recovery.

- Work has now begun to incorporate the recovery college with a forensic recovery college model, integrating the opportunities within the wider Humber Recovery College network.

3. Next Steps

The current workstreams and recovery steering group will continue to implement and oversee progress against the ambition set out in the framework. Progress is on track after year one to work towards the planned actions set out in the year two objectives. Ongoing support and leadership from senior operational and clinical leads in the divisions is critical to achieving success, an event is planned to take place in May to bring these leaders together to reflect on the progress made in year one and to ensure that the year two requirements are fully understood. Further embedding of the CHIME framework (connectedness, hope, identity, meaning and empowerment) underpins our strategic recovery framework and will be a key focus of the event.

A full evaluation of year one will begin in May 2022 against the year one priority areas set out in the framework which will outline successes and the key challenges for year two.

4. Conclusion

The board is asked to note the content of this update, the progress made to achieve the priorities outlined within each of the seven priorities and the specific progress to date as highlighted in the paper. The year one evaluation report will be presented to the Quality Committee.

Title & Date of Meeting:	Trust Board Public Meeting – 27 April 2022				
Title of Report:	Report on the Use of the Trust Seal				
Author/s:	Name: Michele Moran Title: Chief Executive				
Recommendation:	To approve		To receive & note	✓	
	For information		To ratify		
	The Trust Board are asked to note the Report				
Purpose of Paper:	The purpose of this report is to inform the Trust Board of the use of the seal for the period 1st April 2021 to 31st March 2022.				

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

Key Issues within the report:	In line with the Trust Standing Orders (8.3.1) a report of all sealings is made to the Trust Board on an annual basis**.** Over the period 1st April 2021 – 31st March 2022, the Trust Seal has been used four times

Monitoring and assurance framework summary:

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

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

Caring, Learning & Growing Together

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

Use of the Trust Seal Report

1   Introduction and Purpose

The purpose of this report is to inform the Trust Board of the use of the seal for the period 1st April 2021 to 31st March 2022.

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

2   Background

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

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

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

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

3   Use of Trust Seal

Over the period 1st April 2021 – 31st March 2022, the Trust Seal has been used four times. The Trust secretary maintains a register of the use of the seal which includes parties to the agreement which is available for review

Internal Ref Number	Date of Sealing	Description of Document
10/21	21.6.21	Land transfer related to sale of Westend and Rental Agreement for Westend until June 2022 between the Trust and Lango Ltd
Nov 21	24.9.21	Lease relating to 174 Prospect Road, Scarborough, YO12 7LB.
01/22	10.2.22	Lease relating to part of Kingfisher Lodge, Hornsea Cottage Hospital, Eastgate, Hornsea HU18 1LP.
02/22	24.2.22	Lease relating to Ground Floor Block 3, Willerby Hill Business Park, Beverley Road, Willerby Hull HU10 6FE.

4   Recommendation

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

Title & Date of Meeting:	Trust Board Public Meeting – 27 April 2022			
Title of Report:	Freedom to Speak Up Guardian Annual Report 2021/22			
Author/s:	Michele Moran, Executive Lead for Freedom to Speak Up Alison Flack, Freedom to Speak Up Guardian			
Recommendation:	To approve		To receive & note	YES
	For information		To ratify	
Purpose of Paper:	To present the Freedom to Speak Up Annual Report 21/22.			

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

Key Issues within the report:	The Freedom to Speak Up Annual Report 2021/22 is presented to the Trust Board on an annual basis. The report includes an update on the work of the National Guardian's Office, the regional network and the work within Humber NHS Foundation Teaching Trust. The NGO have recently released a new training module for Executives and Board members. All new staff joining the Trust receive Level 1 as part of their induction and plans are being developed to implement Level 2 for managers. During 21/22 there have been 27 speak up concerns received by the Guardian. This is a slight increase on reporting for 20/21. During this period no staff member has reported feeling a detriment to themselves by raising their concerns through this route. A new policy and procedure for speaking up has been approved. A recent well led governance review has made a number

	of recommendations which will be actioned and embedded.

Monitoring and assurance framework summary:

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

Freedom to Speak up Guardian's Annual Report – 2021/22

Alison Flack
Freedom to Speak Up Guardian

Nikki Titchener
Deputy Freedom to Speak Up Guardian

The following report provides an update on the activities undertaken as part of the Freedom to Speak Up processes and the role of the Guardian.

National Guardians Office (NGO)

The National Guardian's Office annual report for 2021/22 is still awaited.

Yorkshire and Humber Regional Guardian's Network

The Guardian's continue to work closely and play an active role in the regional network.

Freedom to Speak Up Vision and Strategy (2019-2022)

Our Freedom to Speak Up Vision and Strategy (2019-2022) is due to be reviewed over the next few months. The National Guardian's Office is due to release their new strategy at the end of April 2022. We will use this and also invite interested staff to be part of a task and finish group to review our vision and strategy. The revised strategy will be developed with Trust staff and also the Board during 2022/23.

Trust Freedom to Speak Up Guardian's

During the year, Alec Saxby resigned from his role as Deputy Speak Up Guardian. We have advertised for his replacement but have not yet filled this role. We have continued to review the resources available to support the work of speak up.

Caring, Learning and Growing

Board Leadership and Oversight

Michele Moran, is the Executive Lead for speaking up and Dean Royles has recently been appointed as the new Senior Independent Director for speaking up. The Guardians meet with the Chairman, SID and Executive Lead for speaking up on a quarterly basis. The Guardians have also met on a regular basis with the Chairman and staff governors to share concerns and receive feedback.

Training for Staff

All new staff joining the Trust continue to undertake Level 1 NGO Speak Up training as part of their induction programme and the training is available through the training diary. We have received positive feedback from new staff on this training and how important it is for new staff to understand that the Trust encourages staff to speak up and raise their concerns with their managers or the Guardians.

Level 2 NGO Speak Up training has now been published and we are looking at how we can ensure all our managers have completed this through the Trust's leadership and development programmes.

A new training module has recently been published from the NGO aimed at executives, senior managers and Board members.

Number of Speak Up Concerns Received from 1 April 2021 until 31 March 2022

During the period 1 April 2021 until 31 March 2022 we received 27 speak up concerns. This is a slight increase on the numbers during 2020/21 where 24 speak up concerns where received. On review of the national data comparing similar Trusts in size and function, the number is not a particular outlier. We have also reviewed similar provider trusts across the Humber and the North Yorkshire footprint.

It is important to note that if more than one staff member raises the concern this is counted by the number of staff raising the concern.

Number of Speak Up Concerns Received over the last 4 years

2018/19	42
2019/20	58
2020/21	24
2021/22	27

Types of Concerns

During 2021/22 the speak up concerns raised fall into the following categories:-

- Staff seeking support for issues relating to their own terms and conditions, these staff are signposted to the HR team for support and advice.
- Allegations of bullying and harassment.
- Systems and processes relating to specific service areas.
- Racial discrimination.

- Team working.
- Waiting list management.
- Induction processes during COVID 19.

The following service areas have raised concerns through the speak up route:-

Children's services, including CAMHS
Learning Disabilities
Mental Health services
Secure services
Whitby Hospital
Primary Care
Corporate services

The staff members reporting concerns have ranged from health care assistants, administrative staff, qualified nurses, medical and social workers.

During 2021/22 no staff member reported feeling detriment to themselves as a result of speaking up through the Guardian route. A number of staff noted that their speak up concerns had been resolved and they would use the speak up route again.

During this period there have been two independent investigations commissioned by the Chief Operating Officer.

As a result of a number of concerns raised from one area, a further review was also undertaken.

Learning from Speaking Up

One of the key roles of speaking up is to ensure that any learning from concerns raised is taken forward within the Trust. As a result of staff raising their concerns there have been some key learning points. These have included improving the information collected through exit interviews; a series of team and organisational development programmes and a review of clinical systems and process within a service area.

Raising Awareness of the Freedom to Speak up Guardian Role and Function

We continue to promote the Guardian role virtually across the Trust by attending team meetings and publishing regular communications through the Trust communications programme. The Chief Executive also continues to raise awareness through the Chief Executive communication channels.

During October, we participated in the annual Speak Up Month initiative that is supported by the National Guardian's office. We held a number of virtual events to meet staff and talk about the role of speaking up in the Trust.

Review of the Speak Up Policy and Procedure

This has been completed and the new speak up policy and procedure has been amended in light of feedback from a recent audit and also to support the national guidance.

The new procedure now includes the following additions:-

- Staff raising concerns will be contacted again after 3 months to follow up on the concerns raised and to provide any additional support required.

- All patient safety concerns raised will now be recorded on Datex.

Well Led Review of Governance

The Trust has recently undertaken a Well Led Review and there were a number of actions highlighted for Freedom to Speak Up, which include:-

- Review of resources to support well led.
- Training for the Senior Independent Director.
- The FTSU Guardian to meet with the Guardian of Safe Working to identify potential themes emerging.
- To include in the monthly board report the gender, age and ethnicity of staff raising concerns.

These recommendations will now be taken forward and embedded in the work of the Guardian.