NHS
Humber Teaching
NHS Foundation Trust

Trust Board Meeting 28 September 2022
Agenda - Public Meeting

For a meeting to be held at 9.30am Wednesday 28 September 2022, via Microsoft Teams

		Lead	Action	Report Format
	Standing Items			
1.	Apologies for Absence – Hilary Gledhill, Michelle Hughes	CF	To note	verbal
2.	Declarations of Interest	CF	To receive & note	√
3.	Minutes of the Meeting held on 27 July 2022	CF	To receive & approve	√
4.	Action Log and Matters Arising	CF	To receive & discuss	√
5.	Staff Story – Overseas Nurse Recruitment	TF	To receive & note	√
6.	Chair's Report	CF	To receive & note	√
7.	Chief Executives Report	MM	To receive & approve	√
8.	Publications and Highlights Report	MM	To receive & note	√
	Performance & Finance			
9.	Performance Report	PBec	To receive & note	√
10.	Finance Report	PBec	To receive & note	√
	Strategy			
11.	Use of Force Act – Update Report	LP	To receive & discuss	√
12.	Suicide Strategy – Tracy Flanagan, Deputy Director of Nursing attending	DM	To receive & note	√
	Quality and Clinical Governance			
13.	Patient & Carer Experience Annual Report 21/22 (incl Complaints and PALs) – Mandy Dawley, Assistant Director of Patient and Carer Experience and Engagement & Lorna Barrett Patient and Carer Experience Manager attending	DM	To receive & ratify	√
	Corporate			
14.	Winter Planning	LP	To receive & note	√
15.	Covid-19 Booster Vaccination Programme 2022	DM	To receive & note	√
16.	Cost of Living and Support Report	MM	To receive & discuss	√
17.	Formal Board Meetings, Strategic Discussions and Board Development Sessions	CF	To receive & note	√
18.	Board Assurance Framework - Oliver Sims, Corporate Risk & Compliance Manager attending	MM	To receive & note	√

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19.	Risk Register - Oliver Sims, Corporate Risk & Compliance Manager attending	TF	To receive & note	√
20.	Annual Equality, Diversity & Inclusion Report 2022- 2023	SMcG	To receive & approve	√
21.	Guardian of Safeworking Annual Report -Dr Mo Quadri Guardian of Safeworking attending	DM	To receive & note	√
22.	Safeguarding Annual Report – Rosie O'Connell Head of Safeguarding attending	TF	To receive & ratify	√
23.	A Framework of Quality Assurance for Responsible Officers and Revalidation, Annex D – Annual Board Report and Statement of Compliance	DM	To receive & note	√
24.	Humber and North Yorkshire Integrated Care System – Mental Health and Learning Disabilities Collaborative Programme Update	MM	To receive & note	√
	Assurance Committee Reports			
25.	Charitable Funds Committee Assurance Reports from 2 August & 6 September 2022*	SMcKE	To receive & note	√
26.	Health Stars Key Performance Indicators (KPIs) 2022/23*	SMcG	To receive & ratify	√
27.	Quality Committee Assurance Report & 4 May 2022 Minutes	MS	To receive & note	√
28.	Mental Health Legislation Committee Assurance Report	MS	To receive & note	√
29.	Audit Committee Assurance Report	SMcKE	To receive & note	√
30.	Collaborative Committee Assurance Report	SMcKE	To receive & note	√
31.	Items for Escalation	All	To note	verbal
32.	**Any Other Business**			
33.	**Exclusion of Members of the Public from the Part II Meeting**			
34.	**Date, Time and Venue of Next Meeting** Wednesday 26 October 2022, 9.30am by Microsoft Teams			

*Presented to Board as Corporate Trustee

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Agenda Item 2

Title & Date of Meeting:	Trust Board Public Meeting – 29 September 2022
Title of Report:	Declarations of Interest
Author/s:	Caroline Flint Chair
Recommendation:	

To approve		To receive & discuss	
For information/To note	✓	To ratify	

Purpose of Paper: *Please make any decisions required of Board clear in this section:*	The report provides the Board with a list of current Executive Directors and Non-Executive Directors interests. • The declarations for Rt Hon Caroline Flint and Stuart McKinnon-Evans have been updated

Key Issues within the report:

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

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

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

Monitoring and assurance framework summary:

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

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

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

Directors' Declaration of Interests

Name	Declaration of Interest
Executive / Directors	
Ms Michele Moran Chief Executive (Voting Member)	• Appointed as a Trustee for the RSPCA Leeds and Wakefield branch • Chair of Yorkshire & Humber Clinical Research Network • SRO Mental Health/Learning Disabilities Collaborative Programme. • HCV CEO lead for Provider Collaboratives • IMAS partner • Humber and North Yorkshire ICB Board Member
Mr Peter Beckwith, Director of Finance (Voting Member)	• Sister is a Social Worker for East Riding of Yorkshire Council • Son is a Student at Hull York Medical School
Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals (Voting Member)	No interests declared
Dr Dasari Michael, Interim Medical Director (Voting Member)	• Director Muriel Nandita Dasari Michael Ltd
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 • Member of UK Commission on Covid Commemoration (21.7.22 – 31.3.23)
Mr Mike Smith, Non-Executive Director (Voting Member)	• Director Magna Trust • Director, Magna Enterprises Ltd • Associate Hospital Manager RDaSH • Associate Hospital Manager John Munroe Group, Leek • Non-Executive Director for The Rotherham NHS Foundation Trust • Chair of Charitable Funds Committee at The Rotherham NHS Foundation Trust • Trustee - The Rotherham Minster Development Trust
Mr Francis Patton, Non-Executive Director (Voting Member)	• Non-Executive Chair, The Cask Marque Trust • Treasurer, All Party Parliamentary Beer Group • Industry Advisor The BII (British Institute of Innkeeping) • Managing Director, Patton Consultancy • Non Executive Director of SIBA and Chair of SIBA Commercial, The Society of Independent Brewers • Appointed to Baxi Partnership Limited as a Trustee

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

Item 3

Trust Board Meeting
Minutes of the Public Trust Board Meeting held on Wednesday 27 July 2022 via Microsoft Teams

Present:	Rt Hon Caroline Flint, Chair Mrs Michele Moran, Chief Executive Dr Phillip Earnshaw, Non-Executive Director Mr Hanif Malik OBE, Associate Non-Executive Director Mr Stuart McKinnon-Evans, Non-Executive Director Mr Francis Patton, Non-Executive Director Mr Dean Royles, Non-Executive Director Mr Mike Smith, Non-Executive Director Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals Mr Steve McGowan, Director of Workforce and Organisational Development Dr Dasari Michael, Interim Medical Director Mrs Lynn Parkinson, Chief Operating Officer
In Attendance:	Mr Iain Omand, Deputy Director of Finance Abbie-Leigh, Volunteer (for item 139/22) Ms Emily Magowan, Clinical Psychologist (for item 139/22) Mr Jon Duckles, Head of Business Development, Projects & Innovation (for item 146/22) Ms Sarah Clinch, Strategy & Planning Lead (for item 146/22) Ms Cathryn Hart, Assistant Director Research & Development (for item 148/22) Mr Rob Atkinson, Head of Estates, (for item 151/22) Dr Kwame Fofie, Designate Medical Director Mrs Jenny Jones, Trust Secretary (minutes)
Apologies:	Mr Peter Beckwith, Director of Finance Mrs Michelle Hughes, Head of Corporate Affairs

Board papers are 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.

The Chair welcomed Dr Phillip Earnshaw, Non-Executive Director to his first meeting.

136/22	**Declarations of Interest** The declarations were noted. Any further changes to declarations should be notified to the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest, they declare their interest and remove themselves from the meeting for that item. The Chief Executive and the Director of Finance have a standing declaration of interest in items relation to the Collaborative Committee. The Chair reported that she is a member of the UK Commission on Covid Commemoration. This runs from 21.7.22 – 31.3.23 and is unpaid.

137/22	**Minutes of the Meeting held 22 June 2022** The minutes of the meeting held on 22 June were agreed as a correct record with the following amendments:- **119/22 Performance Report** The third paragraph, fourth sentence should read "Last year in inpatient units is persistently around 12 – 13 **units** and last year it was at 8 **units** for some time, and it has increased with work ongoing to look at the reasons for this". **123/22 Draft Quality Accounts 2021-22** The third paragraph, first sentence should read "Q4" not "Q$"
138/22	**Matters Arising and Actions Log** The action log and work plan were noted. **18/22 Health Inequalities and the Humber Approach** The Chair queried when this work would be completed. Dr Michael will provide an update outside of the meeting. **Post Meeting Note** The Trust has a team which works with the homeless which was established 2 years ago with funding from Hull City Council. In addition to Nursing, Psychology and Social Workers, in-reach into soup kitchens, hostels, churches, they also link up with Drug and Alcohol Services, Charities. The team identify any individuals who may have a Mental Health concern and support them to access not only Mental Health but also other services such as Housing, physical health via GP We as Humber are in the process of developing a more detailed plan to address Health Inequalities in our area as an Anchor Organisation.
139/22	**Patient Story – Abbie's Journey** The Board welcomed Abbie-Leigh and Emily to the meeting. Abbie-Leigh is a volunteer and wanted to share her journey and experience with the Board. She had recently attended the Council of Governors meeting and was pleased to share that she graduated with 1st class honours in Psychology and will be progressing to take a Masters. The Board congratulated her on this achievement. Abbie-Leigh explained the role she has as a volunteer and how this has helped with her confidence and also benefitted staff and patients. She started her volunteering role with the Covid vaccination programme and also became a telephone befriender during the pandemic supporting individuals. These roles encouraged her to become more involved and she now assists the Clinical Psychologist on the inpatient unit and participates in assessments and other patient/staff meetings. Board members asked about any improvements Abbie-Leigh thought could be made to pathways following her experiences and whether there was anything that could be done to improve volunteer recruitment and to retain them. Abbie-Leigh explained that it was about making people aware of the opportunities that are available as there are many volunteering roles in different environments. Staff can also benefit from having volunteers on wards and this should also be promoted. The Board thanked Abbie-Leigh for sharing her experiences and explained that if she needed any support during her studies the Trust's Research Department was available to assist.
140/22	**Chair's Report** The Chair provided a verbal update on activity she has been involved with since the last meeting that included: -

	• Taking part in the interviews for the Medical Director and Head of Corporate Affairs posts. • Time was spent in Scarborough with the Community District Nurses and Specialist Nurses and also the East Hub who are at the forefront of primary care and was an opportunity to hear about their work and changes made to services and home visits. The cost of living situation with fuel was a concern and the ways this is being managed were discussed. The Chair was impressed with the notice boards which were placed in prominent positions and included details on KLOE's and what these meant to the teams. A staff awards event was also held in Scarborough Rugby Club for long service employees. There was also an opportunity to see the physio service that operates from the venue. • A Council of Governors meeting was held earlier this month. Proposals for Governor support were discussed and approved. • A meeting with Non-Executive Directors was held last week with attendance from Dr Kate Yorke who provided an update on Psychology services **Resolved:** The verbal updates were noted
141/22	**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: - • The Digital Clinical Safety policy was presented for approval. • Appointments have been made to the Medical Director and Head of Corporate Affairs post and will be announced when process has been completed • Staff awards event was held at Scarborough which also included a visit to Community teams who felt that overall, the transformation changes that have been made were positive. The Clinical Lead Dr Iqbal Hussain attended and highlighted the GP pressures that are being seen. • Cost of living is an area of concern, and the organisation has put things in place to try to ease this for staff which were detailed in the report. This includes increasing the lease car mileage and continuation of the working from home allowance. Mr Smith added that in some other organisations consideration is being given to salary advances, contact with local Credit Unions and wondered if these are things that might be taken forward. The Chief Executive explained that these are being considered however there are tax implications which have to be worked through. The Executive Management Team continues to discuss suggestions including access to more support vehicles and other initiatives. Any other suggestions are welcome. • The pay award has been announced and is being worked through and will be in September salaries. • Board Assurance Framework (BAF) statements are included in the report. • Place Leads – Erica Daley who was interim Place lead has now been appointed to the post for Hull with the York post still to be confirmed. • Humber Centre gym pictures were included in the report and showed the changes that have been made. • Service pressures continue and Covid infection rates continue to rise adding to system pressures. Trust OPEL levels remain between 2 & 3 with other areas including the ambulance service seeing significant pressures. Winter plans are being reviewed and plans for Flu and Covid vaccination will come to a future meeting. With the heatwave last week, Mr McKinnon-Evans asked if there was any impact or implications for the organisation. The Board was informed that air conditioning units were provided where needed and staff were fantastic in dealing with the heat. Staff were also given the opportunity to

	purchase ice cream or ice lollies paid for by the Trust to help keep cool. The Chief Operating Officer, Mrs Parkinson explained that the Heatwave Plan had been put into action and overall worked well. Work with the Estates team will be undertaken to look at inpatient areas to ensure that the environments are appropriate for any similar events that might arise in the future. Integrated water coolers were installed as part of the Covid response, and these were available for staff and patients. In relation to the BAF statements included in the report, Mr Patton felt these were helpful and suggested that for strategic goal 2 something could be added that would stop already overstretched services being further stretched. He also noted that throughout the Board papers there was a mix up between maximising and optimising with the latter being the correct word. This will be reviewed and brought back to the Board in September Reference was made to the early implementer site evaluation work in the report, and it was queried what the long term impact of this work would be. Mrs Parkinson explained that the organisation was one of the 12 early implementer sites, and the full report will go to the Quality Committee in due course. This did enhance the overall staffing for the primary care mental health staff by around 80 staff. In terms of longevity the ambitions is to make a stepped change in mental health provision and as it is sited in primary care it should augment the prevention early intervention agendas significantly. Onward referrals to secondary services, if working as it should there should be a stepped change for providing early support negating the need for onward referrals. Before the pandemic there was recognition that Community Mental Health Teams were under significant pressure from the volume of referrals and need. There are early signs that this work is coming to fruition with further work to be done. Over the next couple of years more data will be reported, and the focus is not just on the number of referrals but outcomes and patient experience. Having access to mainstream mental health in primary care in a way that has not been done before is expected to make a big difference. Dr Earnshaw welcomed this approach to working giving a holistic pathway to the patient. The Chair noted the training requirement around Autism was pleased to hear that this training programme is in place. The Digital Clinical Safety Policy was ratified by the Board. **Resolved:** The report and updates were noted. Winter plans which include details of Flu and Covid vaccination programmes will come to the September meeting **Action LP** BAF statement around strategic goal 5 and wording to be reviewed and brought back to the next meeting **Action MM**
142/22	**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 Care Quality Commission (CQC) report on the changes they are making. Discussion has taken place with the CQC around the organisation potentially being an early adopter site which is being considered. **Resolved:** The report was noted.
143/22	**Performance Report** Mr Omand presented the report relating to the current levels of performance as at the end of June 2022. Areas brough to the Board's attention included:- • The incidents sheet has been updated to show the % of incidents that were recorded as harm free • The waiting times appendix provided a full review of current waiting times performance,

- Primary Care Quality Outcomes Framework (QOF) performance was appended to the report
- Fill rates on five wards were below target, however Care Hours per Patient Day (CHPPD) levels remain above the threshold for all wards except Malton
- Clinical Supervision is above the revised target at 91.2%

A further verbal update was provided in relation to waiting times with the increase in demand continuing month on month. Capacity and demand modelling work is taking place in all areas to review the capacity to meet the demand on an ongoing basis. Changes are being seen in Children's Autism Spectrum Diagnosis (ASD) services with additional resources provided from an independent provider. Some changes have been seen in the Memory services which should see improvement in the coming months. Early Intervention in Psychosis recruitment has been progressed and staff will be coming into the service during August and September. Reassurance was provided to the Board that operational priorities are progressing to optimise staffing and resources to reduce the waiting times as quickly as possible.

The Director of Nursing, Mrs Gledhill reported that the incidents chart for quarter 1 is showing an increase. She explained this is due to more acuity and complexity of patients and there are two inpatient units driving the numbers and details of these have been provided to the Quality Committee for the next meeting. Of the incidents 97.7% is low or no harm and is a positive culture that staff are reporting incidents and an increase in the reporting of near misses is being seen. North Yorkshire Community services is reporting higher for quarter 1 which is attributed to discharges from the acute sector earlier due to their pressures. It is positive that there is high reporting with low or no harm to patients.

Clinical Supervision has increased and passed the target agreed which is a great achievement given the sickness levels being seen. Current figures show that Pine View is now at 97% for clinical supervision and Swale has reduced due to sickness and acuity levels.

On the safer staffing dashboard sickness is an issue with 16 teams showing red this month compared to 10 the same time last year. This has been discussed at the Workforce & OD Committee and is being driven by increased Covid case as staff go about their work with no social distancing of face mask requirements. Despite the sickness levels there are no teams flagging red with five indicators.

Basic Life Support is a concern as there are some reds showing on the dashboard. The new Resus training has started, and inpatient units are being targeted with sessions already arranged at Whitby Hospital due to their low compliance.

A query was raised about the Referral to Treatment (RTT) Complete and Incomplete cases where cases. Mrs Parkinson reported that that the biggest waiting list impact is from Children's ASD. With the delivery and plans in place it should mitigate the risk of this and July data should show an improvement. One of the new contractors is potentially offering additional services which may be taken up going forward.

Reference was made in the report to contracts including a penalty clause for non delivery. Mr Patton asked about quality assurance around the contract. He was informed that this is to ensure that the quality of interventions meet the organisation's requirements as a new provider. Measures and safeguards are in place with senior clinical staff in the Trust having oversight on the delivery and quality of contracts.

It was commented that the referrals graph showed increasing numbers at an aggregated level and Mr McKinnon-Evans presumed the composition and drivers for this is understood. Mrs Parkinson confirmed there is more detail at an aggregated level which is also seen at team and service level, so trends are identified. A key hotspot is Child & Adolescent Mental Health Services (CAMHS) where a rise in demand is being seen for Neurodiversity services and a correlation with Covid, schools and education on the back of pre-existing challenges particularly

	in Hull. A rise is also being seen in core CAMHS due to Covid and the impact on children and young people which is a national issue. System pressures are also having an impact and is a key focus of the mental health/learning disabilities collaborative programme to see what more can be done in schools at an early stage to help prevention in later years. The Chief Executive added that national work for children and young people is taking place not just around mental health wellbeing bult also eating disorders which is more of an acute concern across the patch and community solutions are being looked at for this. We are having a major effect on out of area not just for Humber and North Yorkshire but from a Y & H perspective. We have a good system flow and a reduced number of beds across the organisation before Covid were an exemplar site in relation to benchmarking. Our throughput, readmission rates are good although there were some restrictions for out of area placements due to Covid resulting in a reduction in capacity. Dr Earnshaw saw the biggest issues being workforce, staff turnover and sickness. Referrals have doubled in the last two years, and he asked if there is any work through the Integrated Care Board (ICB)to help. Patients are being seen more remotely and it has become a more admin process for referrals. If the system is to cope and provide excellent quality of care referral rates need to be looked at in general. The Chief Executive explained that from a system perspective there is more work to do with primary care demand and recruitment and retention issues. The ICB is newly established and is looking at priorities and workplans and the areas raised are on the list. The ICB is doing things differently and already there is massive pressure before we go into winter. The primary care collaborative should build on the the work of PCNs so they can work together, and it would be helpful to have Dr Earnshaw's involvement in this work. The Chair has had discussions previously around referrals, assessments and rates of referrals for GPs or Special Educational Needs Co-ordinator Service (SENCO) in schools and for a better understanding across the different referral routes. She assured the Board that despite the waiting lists there is engagement taking place with individuals and their families, so they are in regular contact. Mrs Parkinson clarified that for any children on any waiting list are protocols and escalation plans in place to ensure there is regular contact. The clock stops on a referral at the point of an Autism and ASD diagnosis and there can be a lot of interventions up to the point of diagnosis. Mr Smith appreciated the additional information and asked what the ambition is for the service if anything was possible. Mrs Parkinson said that it would be around children and young people and a system change to allow children and their families in the early years to get support at that time in a way that is accessible to them. The large demand that is being seen through secondary care would not likely be seen. Hull & East Riding services need to challenge themselves to make stepped changes to make this happen. Support is put into 30 schools in hull and there are plans to expand this. The Chair referred to the Quality outcomes Framework noting that some areas where 10% or more below other areas. Some of this is due to data collection and when this happens through the year. The expectation is that this will improve as the year goes on and it is being monitored. Dr Earnshaw felt that compared to the national average some scores were low. He explained that in his experience prevalence is a struggle for some practices and things difficult to diagnose eg heart failure which relates to finance. There are other areas that could be fruitful for the organisation **Resolved:** The report and verbal updates were noted
144/22	**Finance Report** Mr Omand presented the highlights from the finance paper as at the end of June 2022. Under the ICB planning process which concluded on 20 June the Trust is required to achieve a break-even position for the year and this updated the previous plan which was a £1.011m deficit. • The year-to-date agency expenditure was £2.028m, this is £0.376m more than the

	previous year's equivalent Month 3 position. • Primary Care is showing an overspend of £0.257m which is primarily due to pressures caused by the required increase of Locum Doctors • The Trust recorded an overall deficit of £0.347m for Month 3 consistent with the Trust's planning target • Cash balance at the end of Month 3 is positive with £31.889m in the bank • Work continues with Commissioners in relation to income. • Work to reduce the level of agency costs continues with the aim of recruiting to permanent medical consultancy posts. Plans are in place with EMT to move posts into substantive posts • A Primary Care Recovery Plan has been developed with oversight at Executive Management Team. • The Better Payment Practice Code figures show achievement (*Value*) of 90.4% for non-NHS invoices and 93.6% for NHS invoices, work is ongoing to improve the position. Dr Michael informed the Board that a plan is in place in relation to have a Medical Staffing Strategy that addresses medical staff shortages and the options that can be explored to mitigate against this. Contact has been made with the Royal College of Psychiatrists to see if there is anything that can be done to attract people to the region. The agency spend is high, but this is a national issue and not unique to the Trust. Mr McGowan referred to the targets that are being set for the organisation and there will be scrutiny of these. He wondered if there is the option in the report to show the framework for agency spend within the overall target including primary care spend which might be helpful for the Board to differentiate between the two. Reassurance was provided around the medical staff with all agency staff that work for us having had the opportunity to move into substantive posts. All of them apart from one have agreed to move to temporary posts and go onto the system. Governors have asked about this area and have been reassured every effort is being made to take this forward. The report in two areas showed underspend and Governors in the past have asked why funding is not being used employ more staff in those area and the issue is finding staff to fill these positions. The issue is recruitment which is a major challenge and on the risk register. It isn't that we are holding onto the money and an explanation will be included in future reports. Mr McGowan explained that when 0-19 services is a good example of due to additional investment there are 25 vacancies which looks like they are not filled but are actively recruiting into these new roles. There is a time lag as only just taken the contract on. The Chief Executive has seen the data for mental health and learning disabilities and our recruitment figures are significantly better for new initiatives and we do fill these posts. There is a clearly demonstrable position that the organisation is doing better than others. Mr Omand reported that budgets are designed to be flexible and dynamic to allow underspends in certain areas. Mr Patton provided assurance that the detail is shared across Finance & Investment, Quality Committee and Workforce & OD of which he is a member of . **Resolved:** The report was noted. Narrative for any underspend to be explained in future reports **Action IO/PBec**
145/22	**Trust Suicide Strategy Briefing** The report provided an update regarding the development of a refreshed Suicide Strategy for the organisation. It has been produced in conjunction with the Director of Nursing, Deputy Director of Nursing and Clinical Lead for Mental Health. A consultative process has been undertaken for the strategy and any comments received have been considered and included as appropriate. The strategy uses the findings from the National Confidential Inquiry into Suicide and Safety in Mental Health, The University of Manchester, 2022 as its evidence base which made 10

	recommendations to reduce suicide rates: • Safer wards • Early follow-up on discharge • No out of area admissions • 24-hour crisis resolution/home treatment teams • Family involvement • Guidance on depression • Personalised risk management • Outreach teams • Low staff turnover • Reducing alcohol and drug misuse Progress to date against the 10 areas is described in the strategy with the strategy focusing on the areas where more work is required. Following consultation with the medical workforce the strategy will be finalised and presented to EMT and the Quality Committee in August for further consideration and comment with the aim of presenting the final strategy to the Board in September for approval. It was queried whether consultation included external stakeholders, police and taxi drivers association. Dr Michael confirmed external stakeholders have been involved and will review the other suggestions made. Mr Royles appreciated the reassurance about the work that is already taking place. He referred to the language in the report referring to medical staff assumed this included General Managers, Allied Health Professionals and clinical leads and not just medical staff. it was confirmed it was the terminology used but those groups had been involved in the work. Mr McGowan reported that the strategy has been discussed at the Local Negotiating Committee (LNC) meeting attended by BMA representatives and it was positively received. **Resolved:** The report was noted.
146/22	**Trust Strategy** The refreshed strategy has been developed through a co-production approach with broad input from staff, patients, carers and partner organisations. The process has been closely overseen by EMT. Execs and NEDs have been engaged in the process throughout. Details of the strategy development process were included in the report including the consultation process undertaken with staff. The new strategy retains the 6 strategic goals from the previous strategy and expands on key themes from a newly developed distillation of the Trust's USP: "As a multi-specialty health provider with a broad out of hospital portfolio, we're proud of our role in leading service integration across all six Places in the Humber and North Yorkshire Health and Care Partnership area and beyond. We are passionate about using our high-quality research and our proven track record in co-producing services with our staff, patients and carers to drive innovation." It also proposed a Communications Plan for the launch of the strategy. Reference was made to the photographs used which will be reviewed although there are often issues with permissions if people are in them. It was confirmed that social media and working with the Humber Youth Action Group has been included. Mr Patton noted that the plan on a page referred to maximising rather than optimising as raised in a previous item. Board members thanked Mr Duckles and Ms Clinch for their work with Mr Royles also thanking the Executives for their input and for continuing the work throughout Covid. He recognised

	there had been plenty of opportunities for Non-Executive Directors to engage in the process The Chief Executive appreciated the team's patience in progressing the strategy. She acknowledged that when she commissioned the work, she did not appreciate how good and high quality the level of work would be. Reference was made to the intelligence gathered as part of the work and how it could be used going forward. **Resolved:** The Trust strategy was approved by the Board
147/22	**Six Month Review of Safer Staffing – Inpatient Units Oct 2021– March 2022** Th report presented the outcomes of the review of safer staffing requirements across our inpatient units using the National Quality Board (NQB) guidance and NHS Improvement 'Developing Workforce Safeguards'. The requirements state the need for a comprehensive review of staffing at team level which should be reported to the Board twice a year. This report covered the period October 2021-March 2022. It provides a current position in relation to Care Hours per Patient Day (CHPPD) and key performance indicators (KPI) for each unit. The report provides assurance that our levels of staffing are safe and supports the Director of Nursing and the Interim Medical Director in providing a confirmation statement to the Trust Board to this effect. Mrs Gledhill explained that the report has been discussed at EMT and the Workforce & OD Committee. It was noted that CHPPD remains above national and peer group CHPPD and that good assurance was given that the units were safely staffed in the majority of units (15/18). Work required for the remaining 3 units was noted. No incidents causing harm related to safer staffing in the reporting period was also noted. Inspire, Townend Court, and MVL require further review and improvement in relation to fill rates, sickness and Clinical supervision. The Chair commented that on her visits she had noticed how staff worked together to ensure areas are covered and there are good working relationships **Resolved:** The report was noted.
148/22	**Research & Development Report** The report provided an update on the work of the research team to ensure there are opportunities for our community to participate in research, trial new interventions and enhance quality. It also provided the Board with assurance and reassurance around the Trust's obligations in relation to the delivery of NIHR Portfolio research, performance against targets and the Research Strategy The areas below were highlighted to the Board:- • 49 studies running both local and national • The team was shortlisted for Yorkshire & Humber Clinical Research Network (CRN) awards • An annual review meeting was held with the CRN. The meeting was positive, and the CRN was pleased with performance and impressed with plans for future years in relation work with primary care and GP practices. The target is 45% to be engaged in research and seven out of our eight GP practices are recruiting people into studies. • Research posts are being hosted by the Trust on behalf of the region • A research post has been appointed to with someone who can speak Eastern European languages to work with the Yorkshire & Humber regional team • Research Conference is taking place on 3 November 2022 with speakers confirmed. This will be a blended approach of online and in person. • 96% of people surveyed would take part in research again • 37 clinical staff trained in new interventions as part of research • A case study story was also included in the report

	The Board thanked Ms Hart for her work and for an excellent report. In response to a question about how this information is used to attract people to work in the Trust, it was noted that a video has been produced which features Ms Hart, is about to be signed off. Once agreed it will be shared as part of the resources. Mr Malik was pleased to see the progress with the Eastern European communities. He asked if there was anything planned with the transient communities eg refugees, asylum seekers, destitute etc. Ms Hart explained there is a new programme in Hull, Research Ready Community funded by the Yorkshire & Humber CRN. It is a pilot programme and Hull has been chosen for this to reach out to these communities that are hard to access. The Chief Executive declared an interest as the chair of the CRN. She thanked Ms Hart for work on research. She liked the way the report was structured especially the visual sections and suggested this could be used in other areas. **Resolved:** The report was noted by the Board.
149/22	**Gender Pay Gap Report** The report was presented for the Trust Gender Pay Gap Report 2022 as required under The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, which came into force on 31st March 2017. The report has been considered by the Executive Management Team meeting and the Workforce & OD Committee and any comments received have been included. Mr McGowan explained that the report is a legal requirement for organisations with over 250 employees and shows the difference in the average pay between all men and women in the workforce. • The Trust has a Gender Pay Gap of 11.4%, an improvement of 1.51% on the previous year, which is significantly lower than the national average of 15.4% • The Trust workforce comprised 78.7% Female and 21.3% Male and whilst the Trust has a high proportion of Female staff overall this is generally in line with National NHS Figures (76.7%) • Women occupy 74.84% of the highest paid jobs and 81.08% of the lowest paid jobs. Details of performance in relation to bonus was also included in the report with 16 people receiving a bonus. Sixteen people are reported to have received bonus pay; medical staff who received Clinical Excellence Awards and the Chief Executive. There is recognition of further work to be done in positively impacting the gender pay gap position with a focus on those things that the data and insight are telling us need attention and these areas were outlined in the report **Resolved:** The Board approved the Gender Pay Gap report
150/22	**External Review of Governance Action Plan Update** The updated action plan was presented to demonstrate progress against actions to address the recommendations arising from the external review of governance was presented. All actions to address the recommendations are underway and on track for delivery. **Resolved**: Progress on delivering the action plan was noted and that a review of embeddedness will be undertaken in quarter 3 and reported to Board **Action MM**
151/22	**Annual Non-Clinical Safety Report** Mr Atkinson, head of Estates attended to present the report and highlighted the following areas:-

	• All safety related policies have been approved by the Health & Safety Group are are in date • Safety assessments for the Trust have been completed fully apart from evacuation exercises which were not done during Covid and due to flexible working. Work is taking place with building managers to put these back in place and it is being monitored by the Health & Safety Group • 9 RIDDOR reportable incidents were recorded 6 for violence and aggression, 2 slips and falls and one in the preparation of food • 3 fire incidents were reported, 2 in bedroom accommodation and one relating to food in a microwave • Unwanted fire signals reduced to 68 from 98 the previous year • 34 activations of fire alarms resulted in attendance by the fire service on 5 occasions. The call filtering system in place negated the need for attendance and gives a 30 second delay to contact Scamps to confirm whether there is a fire. • 21 unacceptable behaviour letters sent to service users for verbal abuse to staff • Training compliance was achieved The report has been discussed at the Finance & Investment Committee where Mr Dent, the author was complemented on the report. A fire warden online course has also been developed and is being sold to other organisations. The increase in violence and aggression to staff was noted and reinforced that this was unacceptable. Mr Smith asked if there had been feedback from the fire service about the improvement in call outs. He was informed that there is a good working relationship with the fire service, and they appreciate the work the organisation has done in this area. The Chair commented that Jonathan Henderson from the service will be representing them as a Governor from September. Thanks were extended to Mr Atkinson and the team from the Chief Executive for all their work and their responsiveness throughout the pandemic. **Resolved:** The report was noted.
152/22	**Humber & North Yorkshire (HNY) Integrated Care Board Governance & Operating Arrangements** This item and the following item were taken together. No comments were made on this report **Resolved**: The Board noted the report.
153/22	**Humber & North Yorkshire (HNY) Integrated Care Board Meeting 1 July 2022 Minutes** The minutes from the inaugural meeting on 1 July were presented for information. **Resolved:** The minutes were noted
154/22	**Finance & Investment Committee Assurance Report** The report provided an executive summary of discussions held at the extra meeting held on 20th July 2022. Mr Patton highlighted the areas below from the report:- • Potential issue with pay awards discussed • The Committee felt that the Quality Committee should look at and gain assurance of the use of agency staff. • The forecast deficit and options available to Board within Primary Care should form a topic for a Board Strategic Session. • The Non-Clinical Safety report was received and assurance gained from the report **Resolved:** The report was noted
155/22	**Workforce & Organisational Development Committee Assurance Report & 12 April 2022**

	Minutes The report presented by Mr Royles provide an update of discussions at the meeting held on 13 July 2022. The minutes from the April meeting were presented for information. Discussions took place around the cost of living and the pay award. The Equality Diversion Inclusion report was presented, and it was agreed to delay presentation of the report to the Trust Board until it has been considered by the Quality Committee. The number of leavers is increasing following a fall during the covid period and work is underway to try and encourage people to stay with the organisation. Mr Royles confirmed that he has attended all three sub groups that report into the Committee. **Resolved:** The report was noted.
156/22	**Collaborative Committee Assurance Report** Mr McKinnon-Evans provided an update on the meeting that was held on 30 June where the focus was on the Schoen Clinic and providing oversight and support to return to a business-as-usual position. The frequency of meetings was discussed, and it was agreed to go to follow a similar pattern to other Committees. The Committee will mee every other month going forward. An action for the Committee from the Well Led Review about composition of the Committee has been completed. **Resolved:** The report was noted
157/22	**Council of Governors 14 April 2022 Minutes** The minutes of the public meeting held on 14 April 2022 were presented for information. The Chair highlighted that under positive assurance, the "not quorate" item should have also included the actions taken following the meeting to email Governors who were not present for any items requiring approval. This was done and the appropriate approval levels were received **Resolved:** The minutes were noted
158/22	**Items for Escalation** No items were raised.
159/22	**Any Other Business** No other business was raised
160/22	**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.
161/22	**Date and Time of Next Meeting** Wednesday 28 September 2022, 9.30am via Microsoft Teams

Signed …… Date …….
Chair

Humber Teaching NHS Foundation Trust

Agenda Item 4

Action Log:
Actions Arising from Public Trust Board Meetings

Summary of actions from July 2022 Board meeting and update report on earlier actions due for delivery in September 2022 *Rows greyed out indicate action closed and update provided here*						
Date of Board	**Minute No**	**Agenda Item**	**Action**	**Lead**	**Timescale**	**Update Report**
27.7.22	141/22(a)	Chief Executive's Report	Winter plan will come to the September meeting	Chief Operating Officer	September 2022	On the agenda for the September Board meeting
27.7.22	141/22(b)	Chief Executive's Report	Flu and Covid vaccination programmes will come to the September meeting	Director of Workforce & Organisational Development/Interim Medical Director	September 2022	Flu vaccination update contained in the Chief Executive's update report. Covid programme report on the agenda
27.7.22	141/22(c)	Chief Executive's Report	BAF statement around strategic goal 5 and wording to be reviewed and brought back to the next meeting	Chief Executive	September 2022	The updated BAF is on the agenda
27.7.22	144/22	Finance Report	Narrative for any underspend to be explained in future reports	Director of Finance	September 2022	Narrative In report expanded
27.7.22	150/22	External Review of Governance Action Plan Update	A review of embeddedness will be undertaken in quarter 3 (Oct-Dec) and reported to Board.	Chief Executive	January 2023	Not yet due
Outstanding Actions Arising from Previous Board meetings for feedback to a later Board meeting						

Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
26.1.22	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.
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	On agenda for Board Time Out in October
27.4.22	69/22(b)	External Review of Governance Report, Recommendations and Action Plan	Information on visits for Board members to be updated	Chief Executive/Chair	June 2022	**Sept update** Visits have started. This is with the Chair to progress.
27.4.22	71/22	Chief Executive's Report	A report on the Use of Force Act to be prepared by the Mental Health Legislation Committee for a future meeting	Chief Operating Officer/Medical Director	September 2022	Item on the agenda -
27.4.22	81/22	Freedom to Speak Up (FTSU) Annual Report 2021/22	The next report will break down the data by ethnic group and gender	FTSU Guardian	October 2022	Item not yet due
18.5.22	89/22(a)	Humber Youth	Update on the work of the	Chief Operating Officer	September	Update provided in the

		Action Group (HYAG) – Making A Difference	CAMHS passport to come to a future Board meeting		2022	Chief Executive's report
18.5.22	89/22(b)	Humber Youth Action Group (HYAG) – Making A Difference	The HYAG to consider how ideas on diversity and membership can be linked into the Board structure to influence its work.	Engagement Lead/Head of Patient Carer Experience	June 2022	A meeting has been arranged for 21 June 2022 with the Chief Operating Officer, Children's and Learning Disabilities General Manager, Assistant Director of Patient and Carer Experience and Engagement and Children's Services Engagement Lead to consider how HYAG members can be linked into the Board structure to influence its work.
18.5.22	91/22(a)	Chief Executive's Report	International nurses' story to be considered for a future Board meeting	Director of Nursing, Allied Health and Social Care Professionals	September 2022	Item on the agenda
18.5.22	106/22	Health Stars Key Performance Indicators 2022/23	KPIs to be considered by the Committee and an update on 22/23 KPIs to come back to the Board	Director of Workforce & Organisational Development	June 2022	Paper on the main agenda.
22.6.22	122/22	Summary Briefing – Independent report – Leadership for a Collaborative and Inclusive Future	Further discussion to take place at a future Board Time Out	Director of Workforce & Organisational Development	October 2022	Item not yet due
22.6.22	129/22	Equality Delivery System (EDS2) 2022	Consideration of leads for the work to come to the Board and provide more detail on the process	Director of Workforce & Organisational Development/Medical Director	TBC	**Update 15/9/22.** To be picked up when the ED&I Annual Report is presented in September. The lead for the

						workforce side of this work has left the Trust. An appointment has been made and the discussion at Board is being arranged.

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

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Board Public Workplan 2022/2023 – *(no August or December meeting) (v2n)*

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

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

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Board Dates:- / Reports:	Strategic Headings	LEAD	27 Apr 2022	18 May 2022	22 June 2022	27 Jul 2022	28 Sep 2022	26 Oct 2022	30 Nov 2022	25 Jan 2023	22 Feb 2023	29 Mar 2023
Annual Agenda Items												
Review of Strategic Suicide Prevention Strategy	Strategy	JB/HG	X def			X						
Recovery Strategy Update	Strategy	LP	x									
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 – not due until March 23 moved from Sept 22	Strategy	HG										x
Infection Prevention Control Annual Report moved to Oct to go through Quality Committee	Quality &ClinGov	HG					X def	x				
Safeguarding Annual Report	Quality &ClinGov	HG					x					
Annual EPRR Assurance Report	Quality &ClinGov	LP	x									
EPRR Core Standards	Corporate	LP					X					
Patient Led Assessment of the Care Environment (PLACE) Update –	Quality &ClinGov	LP					x					
Health Stars Strategy Annual Review	Strategy	SMcG		x								
Health Stars Operations Plan Update (moved to May from April)	Perf & Delivery	SMcG		x								
Annual Operating Plan	Strategy	MM									xdraft	x
Report on the use of the Trust Seal	Corporate	MM	x									
Review of Standing Orders, Scheme of Delegation and Standing Financial Instructions	Corporate	MH		x								
Annual Non Clinical Safety Report - moved to July for review by FIC	Corporate	PBec			X moved to July	x						
Annual Declarations Report	Corporate	MH		x								
Charitable Funds Annual Accounts	Corporate	PBec						x				
Equality Delivery Scheme Self Assessment moved to June from May	Corporate	SMcG			x							
Gender Pay Gap	Corporate	SMcG				x						
WDES Report — reports into Workforce & Organisational Development Committee , but separate report to the Board moved from July to October to meet Committee requirements	Reg. Compl	SMcG						x				
WRES Report reports into Workforce Committee with report to Board moved from July to October to meet Committee requirements	Corporate	SMcG						x				

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Board Dates:- Reports:	Strategic Headings	LEAD	27 Apr 2022	18 May 2022	22 June 2022	27 Jul 2022	28 Sep 2022	26 Oct 2022	30 Nov 2022	25 Jan 2023	22 Feb 2023	29 Mar 2023
Equality Diversity and Inclusion Annual Report moved to Sept to go through Committees	Corporate	SMcG				X moved to Sept	x					
Board Terms of Reference Review	Corporate	CF		x								
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						

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Agenda Item 5

Title & Date of Meeting:	Trust Board Public Meeting - 28th September 2022
Title of Report:	Staff Story – Overseas Nurse Recruitment
Author/s:	Tracy Flanagan, Deputy Director of Nursing, Allied Health & Social Care Professionals Thomas Tinashe-Tom- Practice Nurse Donna Groke- Practice Education Facilitator
Recommendation:	

To approve		To receive & discuss	
For information/To note	x	To ratify	

Purpose of Paper: *Please make any decisions required of Board clear in this section:*	Thomas was one of the Trusts first international nurse recruits who came to the Trust from Namibia in September 2021. Thomas will share his story with the board regarding his recruitment, focussing upon his experience and sharing his reflections of the Humber recruitment and re-settlement process. Donna is a Registered Mental Health Nurse by background and supports the recruitment of international nurses working collaboratively with the divisions to establish a process for successful, sustainable international nurse recruitment, in line with the national landscape. In addition to this, Donna focuses upon the education of our overseas colleagues, ensuring that there is a robust OSCE training programme in place and providing a preceptorship that ensures ongoing professional development and growth within the trust for nurses new to the NMC register.

Key Issues within the report:

Matters of Concern or Key Risks to Escalate: N/A	**Key Actions Commissioned/Work Underway:** For this financial year we are on track to recruit a further 30 registered nurses from overseas.
Positive Assurances to Provide: Tom's personal positive experiences of the whole process – • The Trust acknowledged and recognised his previous years of experience • He was offered a developmental role as a trainee practice nurse after successful completion of his OSCE We constantly review our approach to recruiting and training the nurses based on feedback from each cohort. This qualitative data is captured during and after the OSCE training program is completed and when the nurse commences in the clinical area.	**Decisions Made:** N/A

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

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

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

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

Humber Teaching NHS Foundation Trust

Agenda Item 6

Title & Date of Meeting:	Trust Board Public Meeting – 28 September 2022
Title of Report:	Chairs Report
Author/s:	Rt Hon Caroline Flint Chair
Recommendation:	To approve: ; To receive & discuss: ; For information/To note: / ; To ratify:
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	Committee membership for Non-Executive Directors have been reviewed and a summary is attached. The new membership will be effective from October subject to any conflicts of dates with new members to Committees. The changes will be fully in place by January 2023.

Key Issues within the report:

Matters of Concern or Key Risks to Escalate: • No issues to raise	**Key Actions Commissioned/Work Underway:** • Committee dates and attendance being confirmed with NEDs.
Positive Assurances to Provide: • Recognising the positive report following the external review of governance earlier this year the changes made are made from a recognised position of strength.	**Decisions Made:** • Agreement made as outlined in the table below.

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) *ned discussions/paper direct to board*	/

Monitoring and assurance framework summary:

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

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

Non-Executive Director Committee Membership

Tables to demonstrate committee membership:

	Committee Membership 2022/23	Notes
Audit Committee	• Stuart McKinnon-Evans (Chair) • Francis Patton • Mike Smith	ToR require 3 NEDs
Quality Committee	• Phillip Earnshaw (Chair) • Mike Smith • Dean Royles	ToR require 3 NEDs
Finance & Investment Committee	• Francis Patton (Chair) • Stuart McKinnon-Evans • Dean Royles	ToR require 3 NEDs
Workforce & OD Committee	• Dean Royles (Chair) • Francis Patton • Phillip Earnshaw • Hanif Malik	ToR require 3 NEDs
MHLC	• Mike Smith (Chair) • Phillip Earnshaw	ToR require 2 NEDs
Charitable Funds Committee	• Stuart McKinnon-Evans (Chair) • Dean Royles • Hanif Malik • Francis Patton	ToR require 3 NEDs
Collaborative Committee*	• Stuart McKinnon-Evans (Chair) • Hanif Malik • Mike Smith	ToR require 2 (1 Ned/1 Assoc NED) *NED added to support chairing and quorum – ToR to be updated*
Remuneration Committee	All NEDs	

**An additional NED to Collaborative Committee to support quorum and chairing.*
NB The Associate NED is non-voting but counts to quorum.

Summary of committee membership by NED	Member on Committee	Number
Dean Royles	• WF&OD (Chair) • Quality • CFC • FIC	4
Mike Smith	• MHL (Chair) • Quality • Audit • Collaborative	4
Francis Patton	• FIC (Chair) • WF&OD • Audit • CFC	4
Stuart McKinnon-Evans	• Audit (Chair) • Collaborative (Chair) • CFC (Chair)	4

	• FIC	
Phillip Earnshaw	• Quality (Chair) • MHL • WF&OD	3
Hanif Malik	• Collaborative • CFC • WF&OD	3

Humber Teaching NHS Foundation Trust

Agenda Item 7

Title & Date of Meeting:	Trust Board Public Meeting – 28 September 2022
Title of Report:	Chief Executive's Report
Author/s:	Name: Michele Moran Title: Chief Executive
Recommendation:	

To approve	✓	To receive & discuss	
For information/To note		To ratify	

Purpose of Paper: *Please make any decisions required of Board clear in this section:*	To provide the Board with an update on local, regional and national issues.

Key Issues within the report:
Board approval is required for item 1.2 Conflicts of Interest – recommendation made for a change to the Sub Committee Terms of Reference

Matters of Concern or Key Risks to Escalate: • Operational concerns about delayed transfers of care, escalation mechanisms are in place	**Key Actions Commissioned/Work Underway:** • Plan in place to deliver the flu vaccination programme to our staff • Work progressed to improve children's and young people's transitions to adult and other services. • Work in place to meet the requirements of the Patient Safety Incident Response Framework (PSIRF) • The Trust Strategy Launch video has now been edited and will be launched at the Annual Members meeting next month, •
Positive Assurances to Provide: • Conflicts of Interest Internal Audit received significant assurance • Review of the quality of appraisals demonstrates good quality • MAPPA work remains effective	**Decisions Made:** • Safeguarding Children Policy requires board ratification • Board approval is required for item 1.2 Conflicts of Interest – recommendation made for a change to the Sub Committee Terms of Reference

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	✓

Monitoring and assurance framework summary:

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

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

Chief Executive's Report

1 Items for Approval

1.1 Trust Policies

The policy in the table below is 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 policy conforms to the required expectations and standards in order for Board to ratify the following policy.

Policy Name	Date Approved	Lead Director	Key Changes to the Policy
Safeguarding Children Policy	12/9/22	Director of Nursing, Allied Health & Social Care Professionals	Policy reviewed and amended with major amendments to: • Updated staff responsibilities • Updated Trust staff titles • Removal of specific work areas across the Trust. Now referred to as all staff • Update of Early Help • Updated referral guidance • Updated Assessment Tool used to measure impact of parental mental health • Updated partnership titles and contacts Additional links to relevant documents

1.2 Internal Audit Recommendation

Conflicts of Interest Internal Audit Recommendations

Following the internal audit work and significant assurance being received, recommendations were made in the report that:

- all minute templates should include a section for recording any such declarations which should be completed at each meeting to include how any declaration was managed. This action has been completed
- all Board sub-committee Terms of Reference to include a section on how conflicts of interest should be managed

For the recommendation for Sub Committee Terms of Reference, whilst reference is made in committee ToR it is not consistent and it is proposed that the following section should be added to all the terms of reference and Board approval is required for this change to be implemented.

Declarations of Interest

All members and attendees of the Committee must declare any relevant personal, non-personal, pecuniary or potential interests at the commencement of any meeting. The Chair of the Committee will determine if there is a conflict of interest such that the member and/or attendee will be required not to participate in a discussion.

2 Around the Trust

2.1 Speaker
I have been asked to speak at NHSP, Chairs and Chief Executive Meeting, Mental Health CEO meetings, HSJ Integrated Care Summit and the NHSP Digital Summit Conference.

2.2 Visits
My virtual meetings continue but it is also good to visit in person. I have been with the Chair to Whitby during the month, to thank staff for their long service as well as look at the developing services being provided from the hospital and in the community.

It was good to meet our staff at Maister Lodge and Court and to see the positive work being done by the team in challenging times. Delayed transfers of care remain one of our biggest pressures.

2.3 Awards Shortlisitng
It is great news that one of our Humberlievable staff Elvis Jeramiah has been shortlisted in this year's Community Care Social Worker awards in the Mental Health Social Worker of the year category.

2.4 Lecture
Dr Ivana Markova has been asked by University of Hull and Hull York Medical School to deliver a lecture. The lecture is on 'Research in Psychiatry: challenges for a unique discipline' and will be held in Lecture Room 1 in the Allam Medical Building. This is real recognition of Dr Markova's work.

2.5 External Review of Governance Update
The July Board received the action plan to demonstrate progress against all actions to address the recommendations arising from the external review of governance. At that time the action plan had been delivered with some recommendations actioned and progressing.

The results of a review of the quality of appraisals that was underway at the time were presented to the Executive Management Team on 12 September and provided positive assurance in terms of quality and general feedback comments. The Workforce and Organisational Development Committee will receive a summary of the report at its next meeting.

As previously agreed, a review of embeddedness of all actions will be undertaken in quarter 3 (October - December). The review of embeddedness will be undertaken by the Head of Corporate Affairs and reported to the January Board.

4 Operational & Covid Update – September 2022
This update provides an overview of the operational position across our clinical services and the arrangements and continuing work in place in the Trust and with partner organisations to manage operational pressures and ongoing impact of the Covid-19 emergency.

Operational focus this month has been on reaching a final draft of our Winter Plan for 2022/20-23. The plan has been reviewed by the Executive Management Team (EMT) and demonstrates that our approach to planning for the coming winter is robust. The plan recognises that the complexities of planning for a winter when system pressures have remained very high throughout the year and with the lasting impact of the pandemic still evident, the seasonal pressures make this winter likely to be particularly challenging. Consequently, planning began earlier than usual for the coming winter, recognising pressure on the NHS and Social Care is likely to be substantial, particularly in urgent and emergency care. Integrated Care Boards are tasked to maximise the benefits of system working. A lack of capacity across the NHS and social care has an impact on all areas of the system and it is essential that access to primary care, community health services, mental health and learning disability services for urgent patients is sufficient to ensure patients do not need to present to emergency services when alternatives are available. In developing the Trust's Winter Plan, the following Integrated Care Board (ICB) objectives have been considered:

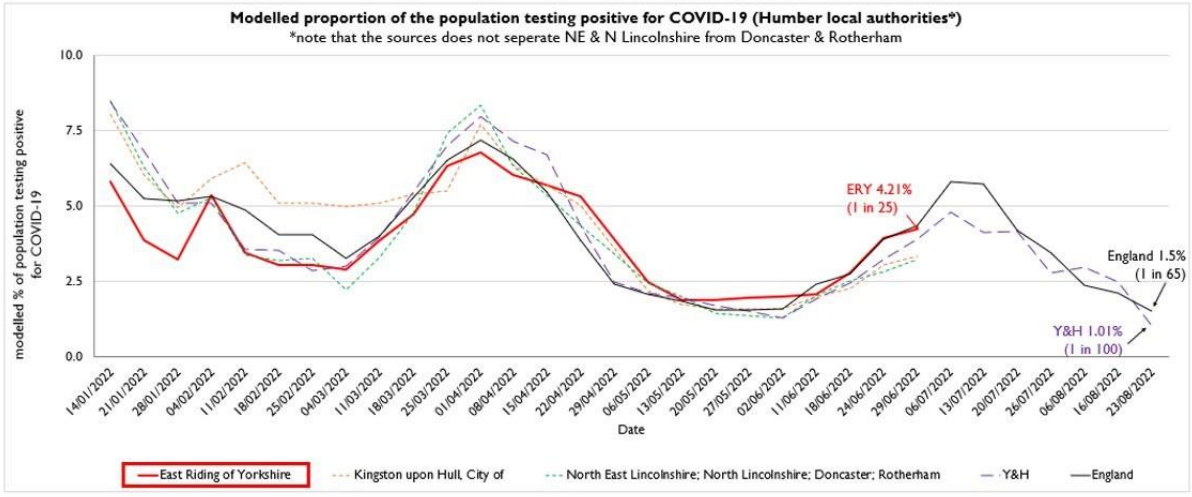
- Prepare for variants of COVID-19 and respiratory challenges, including an integrated COVID-19 and flu vaccination programme.
- Increase capacity outside acute trusts, including the scaling up of additional roles in primary care and releasing annual funding to support mental health through the winter.
- Increase resilience in NHS 111 and 999 services, through increasing the number of call handlers to 4.8k in 111 and 2.5k in 999.
- Target Category 2 response times and ambulance handover delays, including improved utilisation of urgent community response and rapid response services, the new digital intelligent routing platform, and direct support to the most challenged trusts.
- Reduce crowding in A&E departments and target the longest waits in ED, through improving use of the NHS directory of services, and increasing provision of same day emergency care and acute frailty services.
- Reduce hospital occupancy, through increasing capacity by the equivalent of at least 7,000 general and acute beds, through a mix of new physical beds, virtual wards, and improvements elsewhere in the pathway.
- Ensure timely discharge, across acute, mental health, and community settings, by working with social care partners and implementing the 10 best practice interventions through the '100-day challenge'.
- Provide better support for people at home, including the scaling up of virtual wards and additional support for High Intensity Users with complex needs.

Our Winter Plan has been developed and predicated on work that has modelled the expected changes in service activity as robustly as it can. It will be monitored through our daily sitrep reporting processes in order to identify and respond to pressures quickly across services, ensuring we are clear what our level of pressures are, allowing us to communicate these to the wider system effectively and either respond with or receive mutual aid as necessary.

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

As of the week ending 9th September, the cases of Covid-19 for Yorkshire and the Humber are:

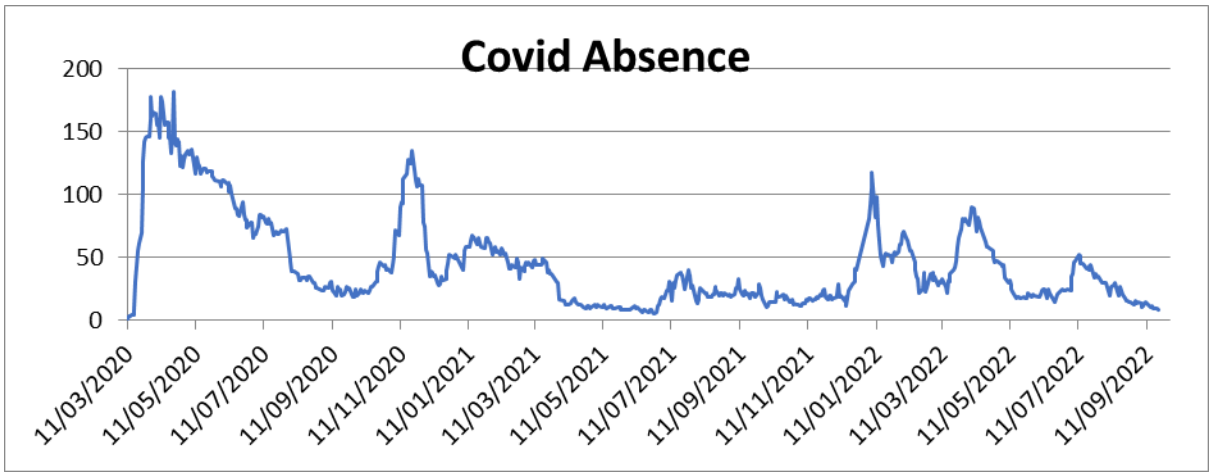
Humber ONS infection survey sub-regional estimate, Yorkshire and Humber: 2022



As of 5th September the 7-day rate per 100,000 population for Scarborough is 49.7, for Ryedale is 37.9 and Hambleton is 45.9. The overall 7- day rate for North Yorkshire is 44.5.

As of 9th September 2022, there have been 1,990 hospital deaths related to COVID-19 across the Humber area. This includes 1,281 deaths registered by HUTH, 679 deaths registered by NLAG, 27 deaths registered by CHCP (East Riding Community Hospital) and 3 deaths registered by HTFT.

The Trust has recorded fewer cases of Covid-19 positive inpatients since the last report, this has reduced to one case currently.



Staff sickness absence related to Covid has reduced slightly in the last month to between 15 and 8 cases daily in August and early September. When combined with non-covid related sickness the overall absence position is currently at 6.43%.

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

Operational service pressures remained high in some areas in August and early September due to the ongoing position related to high system pressures and staff absence. The highest pressures were seen in our community services in Scarborough, Ryedale and Whitby due to ongoing high

demand from the acute hospitals for discharges and increasing delays in discharging patients from our community beds. The Trusts overall operational pressure in the last month have been at escalation levels (OPEL) 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 national surge due to the direct impact of the pandemic on children, young people and their families. Demand has continued to plateau during August and early September with presenting needs continuing to be of high levels of acuity and complexity. Breakdown of placements for young people in residential care continues to lead to urgent and crisis admissions to mental health and acute hospital beds. High demand for young people experiencing complex eating disorders has led to pressure on CAMHS beds locally and nationally leading to admissions to acute hospital beds. System and ICS work is ongoing to enhance provision to support out of hospital care for children and young people including those with eating disorders. A proposal has been developed and is currently under consideration by our commissioner to establish a new eating disorder day treatment service. Focus continues on reducing waiting times in these services, particularly in relation to autism and attention deficit hyperactivity disorder diagnosis.

Nationally requirements are in place to eradicate the use of out of area mental health beds and our services are implementing plans to achieve this. Our out of area bed use has reduced but after recording zero bed days for a short period in July it has risen slightly over the last month due to a further significant increase in the number of delayed transfers of care. Our overall bed occupancy has remained high in August and early September with the pressures especially high for mental health, learning disability beds and our community beds at Malton and Whitby Hospitals, it has been between 82.9 – 86.9%.

Delayed transfers of care from our community and mental health beds have unfortunately risen during the last month. Patients are waiting predominantly for specialised hospital placements with other NHS providers or local authority provided residential placements. Escalation mechanisms are in place with partner agencies to take action to resolve the delayed transfers and discharges that our patients are experiencing.

System pressures have remained very high in North Yorkshire and York and in the Humber areas in August and early September 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 in order to improve patient flow, reduce ambulance handover times and to recover elective activity.

Ongoing work has been taking place by our recruitment team to increase the number of staff available to us on our bank, recruitment campaigns focussed on specific clinical areas e.g., CAMHS have had some success. Effort is taking place to reduce the number of health care assistant vacancies to reduce reliance on agency use.

Testing, Infection Prevention and Control Requirements and Isolation Arrangements
The Trust continues to follow the nationally updated infection prevention and control (IPC) guidance which uses a risk-based approach. Monitoring of community prevalence of COVID and seasonal flu and their impact on services will continue to be led by matrons and the infection control team, overseen by the Director of Nursing and the Chief Operating Officer. Increased use of PPE and staff and patient testing for COVID will resume for specific services as determined by infection prevalence/outbreaks to maintain patient, staff safety and sustainability of services.

Staff Testing

A new **National Update to the COVID-19 Testing Requirements for Patients, Staff and Residents Within the UK During a Period of Low Prevalence** was published on 24th August which reported that the prevalence of COVID-19 in the community had been noted to have fallen and remains at a comparatively low level. This means that the likelihood that individuals entering high-risk settings such as the NHS are infectious has also reduced and the relative risk of onward transmission into these settings is lower. To reflect the lower levels of disease, the government, acting upon advice from the United Kingdom Health Security Agency (UKSA) outlined the intended COVID-19 testing approach that should be adopted during periods of low prevalence. These arrangements were implemented nationally for all NHS organisations from 1 September 2022 and will remain under regular review. The Trust reviewed all current COVID-19 testing protocols in light of this new guidance, and made the necessary changes. In line with national guidance the **routine** twice weekly LFD testing of our asymptomatic Trust staff was paused for the majority of patient facing staff. We realise however that there will still be instances when testing may still be required to protect both our staff and patients. Examples of this includes the need to consider asymptomatically testing of staff who are at higher risk of serious illness from COVID-19 and/or those staff who may be in contact with patients who are at higher risk of serious illness from COVID-19. Individual advice will be provided from the individuals clinician or the Occupational Health Department. No changes have been made to the current symptomatic testing requirements for staff.

Patient Testing

Routine testing of our asymptomatic in-patient population was paused in line with the updated guidance for the majority of individuals. We realise however that there will still be some instances when testing may still be required to protect our patients and staff. Examples of this include the continuation of asymptomatic testing for patients identified to be at higher risk of serious illness from COVID-19, or those who are admitted to Granville Court (PCR required prior to admission).

Covid-19 Vaccine

A national Autumn vaccination programme has now commenced. Plans have now been developed to ensure that both our covid vaccine and flu vaccination plans will be well integrated and deliver the capacity to maximise staff take up of both vaccines. Our SRO for the flu vaccine remains our Director of Workforce and OD. The SRO for the covid vaccine is our interim medical director.

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, the supplies of PPE remain at good levels.

Staff Health and Wellbeing

We continue to recognise that for all 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 and Wellbeing Group. Feedback from our staff continues to be positive and they value the support that has been provided. 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 and North Yorkshire 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. The guidance requires managers to liaise frequently with staff in any of the increased risk groups to

support them and to consider if adaptations are needed to their roles. Support remains in place for our staff who are experiencing long covid.

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 July and early August, the group has continued to focus on:

- Ensuring that covid related changes and interventions do not increase restrictive practices.
- Maintaining focus on developing further use of digital clinical interventions.

Operational Planning and Winter Planning

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 aligning to the new ICS boundaries agreed during 2021/22. It asks systems to focus on the following priorities for 2022/23:

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

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

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

5 Director's Updates

5.1 Chief Operating Officer Update

5.1.1 Multi-Agency Public Protection Arrangements (MAPPA) – Update

Multi-Agency Public Protection Arrangements (MAPPA) are the statutory arrangements for managing sexual and violent offenders. Responsible Authorities (including Police, National

Probation Service and Prisons) have a duty to ensure that the risks posed by these offenders are assessed and managed appropriately.

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

There are several system meetings related to the MAPP arrangements and the Trust is represented at the MAPPA Strategic Management Board (SMB) by the Chief Operating Officer. The Associate Director of Psychology provides senior practitioner representation at relevant panel meetings and other system meetings are attended by personnel at a suitably qualified level in the organisation.

The Trust has developed a system of Single Points of Contact or SPOCs in the Divisions, supported by the Associate Director of Psychology so that MAPPA issues can be well coordinated and communicated. The Trust continues to fulfil its responsibilities to MAPPA as a Duty to Cooperate agency achieving 100% attendance across all required meetings.

During and since the COVID- 19 pandemic there have been ongoing adaptations to the way MAPPA strategic work has been caried out with meetings being held using video conferencing which has provided some benefits, however increasingly system wide meetings are now in person which supports with networking between Duty to Cooperate agencies.

Work has been undertaken to refresh the Trusts MAPPA protocol which is available on the Trust Intranet. It was reviewed by the Mental Health Act Legislation Committee. This is now a more concise document but it retains links to all relevant forms and other papers. It makes the document easier to navigate and amend as new forms come into use, keeping it in date more easily. MAPPA has a dedicated section on the Trusts intranet making communication and information easy to navigate, updates are regularly shared through the Trusts Global communication emails.

The Trust MAPPA single points of contact are well established. They assist colleagues in their areas in all issues related to MAPPA and ensure that new processes are disseminated and explained. They ensure that colleagues are signposted to the correct MAPPA referral pathway and the alternative support for offenders or potential offenders who do not fully meet MAPPA eligibility. A new point of contact is now available for children's services so that those at risk of coming into the MAPPA system as they transition to adulthood can be identified and their workers made familiar with MAPPA processes.

Regular training between agencies is now established online developments mean that this is available and can be accessed by staff at all times, the future plan is to provide a blend of online and in person access. Additional training focussed on MAPPA and people with learning disability and autism has been provided to Humberside Police, plans are in place to extend this to the probation service. This helps to foster a better understanding of this potentially vulnerable group.

A recent "lunch and learn" session was held to allow staff to drop in and hear the latest MAPPA updates, this was well attended and led to further discussions with those who want to champion MAPPA work in their areas. This along with the available training and advice via the SPOC staff, supports all staff working with a risky offender, especially in teams where this is a less common clinical presentation.

Reunification of probation services is now complete, and the National Probation Service is again responsible for all offenders on probation rather than just the most serious.

5.1.2 Humber Youth Action Group – Child and Adolescent Mental Health Service (CAMHS) Passport

A key priority identified by the Humber Youth Action Group has been to examine ways in which they can contribute to improving the mental health and wellbeing of children and young people

across Hull and East Riding. Some of the group have direct experience of accessing our children's community and inpatient mental health services and have a keen interest in influencing and improving the quality of care offered. An important area for improvement identified by the young people has been transition of care from children's to adult services or between support services, as they felt this can be a scary, confusing, and a challenging time for them.

Through attending the CAMHS clinical network meetings the Engagement Lead for Children's and Young People's Services became aware of work being led by Dr Nathan Badger (Clinical Psychologist for Complex Emotional Needs Service) on the development of a 'passport'. The purpose of the passport is to ensure children and young people who are moving/transitioning between children's and adult services:

- Is young person centred
- Involves them in every stage of the process
- Enables them to share experiences
- That their transition is well planned

Dr Badger has worked alongside the Humber Youth Action Group and has explained the concept of the 'passport' and gained their valuable experiences and views to help co-produce it. The passport has now been completed and approved by both the CAMHS clinical network and the Mental Health Division practice network. The passport, together with the updated CAMHS transition guidelines is being added to the Trust intranet and several workshops are taking place during October to roll out the passport to staff.
This work is also being supported by the development of an animated video, primarily for young people and families, explaining the transition process and incorporating the leaving CAMHS passport. The HYAG are supporting the development of the video to ensure that it is coproduced.

Following the roll out of the passport, review and evaluation work is planned to ensure that it is embedded in practice. This evaluation work will also be supported by the HYAG to ensure that children and young people's experience and views are heard and that any further changes to the passport and transition guidelines are coproduced.

5.2 Director of Nursing, Allied Health and Social Care Professionals

5.2.1 Patient Safety Incident Response Framework (PSIRF)

The Patient Safety Incident Response Framework (PSIRF) sets out a new approach for how the NHS develops and maintains effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

Publicised in August 2022 the PSIRF replaces the current Serious Incident Framework (2015) and makes no distinction between 'patient safety incidents' and 'serious incidents. As such it removes the 'serious incidents' classification and the threshold for it. Instead, the PSIRF promotes a proportionate approach to responding to patient safety incidents by ensuring resources allocated to learning are balanced with those needed to deliver improvement.

The PSIRF is not a different way of describing what came before – it fundamentally shifts how the NHS responds to patient safety incidents for learning and improvement. The PSIRF is not an investigation framework that prescribes what to investigate. Instead, it:

- advocates a co-ordinated and data-driven approach to patient safety incident responses that prioritises compassionate engagement with those affected by patient safety incidents
- embeds patient safety incident responses within a wider system of improvement and prompts a significant cultural shift towards systematic patient safety management.

Organisations are required to develop a thorough understanding of their patient safety incident profile, ongoing safety actions (in response to recommendations from investigations) and established improvement programmes. To do so, information is collected and synthesised from a wide variety of sources, including wide stakeholder engagement.

The PSIRF approach is flexible and adapts as organisations learn and improve, so they explore patient safety incidents relevant to their context and the populations they serve.

The PSIRF is a contractual requirement under the NHS Standard Contract and as such is mandatory for services provided under that contract, including acute, ambulance, mental health, and community healthcare providers. This includes maternity and all specialised services. Organisations are expected to transition to PSIRF within 12 months from September 2022.

Key Aims of PSIRF

The PSIRF supports the development and maintenance of an effective patient safety incident response system that integrates four key aims:

Compassionate engagement and involvement of those affected by patient safety incidents

The PSIRF recognises that learning and improvement following a patient safety incident can only be achieved if systems and processes that support compassionate engagement and involvement of those affected by patient safety incidents (patients, families, and staff) are in place.

Compassionate engagement and involvement means working with those affected by patient safety incidents to understand and answer any questions they have in relation to the incident and signpost them to support as required. When a patient safety incident investigation (PSII) or other learning response is undertaken, organisations should meaningfully involve those affected, where they wish to be involved.

Organisations must have policies to support this to happen and should consider how they will meet the needs of those affected. Detailed guidance and standards are available.

Application of a range of system-based approaches to learning from patient safety incidents

The PSIRF promotes a range of system-based approaches for learning from patient safety incidents, rather than methods that assume simplistic, linear identification of a single cause.

The focus of a system-based approach is examining the components of a system (eg person(s), tasks, tools and technology, the environment, the wider organisation) and understanding their interdependencies (ie how they influence each other) and how those interdependencies may contribute to patient safety.

A system-based approach recognises that patient safety is an emergent property of the healthcare system: that is, safety arises from interactions and not from a single component, such as actions of people. A system-based approach therefore recognises that it is insufficient to look only at one component, such as only the people involved. A system-based approach will identify where changes need to be made and then monitored within the system to improve patient safety.

Organisations are encouraged to use the national system-based learning response tools and guides, or system-based equivalents, to explore the contributory factors to a patient safety incident or cluster of incidents, and to inform improvement.

Those leading patient safety incident responses (learning response leads) and those involved in the oversight of learning and improvement emerging from patient safety incident response require specific knowledge and experience. These requirements are detailed in the patient safety incident response standards.

Considered and proportionate responses to patient safety incidents

PSIRF supports organisations to respond to incidents in a way that maximises learning and improvement rather than basing responses on arbitrary and subjective definitions of harm.

Organisations can explore patient safety incidents relevant to their context and the populations they serve rather than exploring only those that meet a certain nationally defined threshold. The PSIRF supports organisations to use their incident response resources to maximise improvement, rather than repeatedly responding to patient safety incidents based on subjective thresholds and definitions of harm, from which new learning will be limited.

Some patient safety incidents, such as Never Events and deaths thought more likely than not due to problems in care all require a PSII investigation which offers an in-depth review of a single patient safety incident or cluster of incidents to understand what happened and how to learn and improve. Some incident types will also require specific reporting and/or review processes to be followed. These requirements are detailed in the guide to responding proportionately to patient safety incidents.

The PSIRF sets no further rules or thresholds to determine what needs to be learned from to inform improvement. Incident response activity may include investigation of an individual incident where contributory factors are not well understood, or a thematic review of past learning responses to inform the development of a safety improvement plan. If an organisation and its ICB are satisfied risks are being appropriately managed and/or improvement work is ongoing to address known contributory factors in relation to an identified patient safety incident type, and efficacy of safety actions is being monitored, it is acceptable not to undertake an individual response to an incident – other than to engage with those affected and record that the incident occurred.

Supportive oversight focused on strengthening response system functioning and improvement

All healthcare organisations providing and overseeing NHS-funded care must work collaboratively, with a common understanding of the aims of this framework, to provide an effective governance structure around the NHS response to patient safety incidents. The PSIRF expects ICBs to facilitate collaboration at both place and local system level.

The PSIRF requires regulators and ICBs to consider the strength and effectiveness of NHS providers' incident response processes. Accountability for the quality of learning responses to individual incidents sits with provider leaders. Providers are not required to seek sign off for incident response reports from their ICB; however, they must be open with information relating to patient safety incidents and findings from incident responses, including formal reports, to support continuous development of an effective incident response system. Further information is given in Oversight roles and responsibilities specification.

Trust Response to date and Next Steps

Executive Director of Nursing, Allied Health & Social Care Professionals appointed as the SRO. Assistant Director of Quality and Patient Safety appointed as deputy.

The Quality & Risk Team have met with the SRO and deputy to develop a shared understanding of the work required. Admin support identified. The Trust is already in a good position regarding some of the established approaches to learning from patient safety incidents which fit with the PSIRF model ie zero events, thematic reviews of incident clusters, safety huddles and staff trained (over 100 to date) in a systems approach to incident investigation.

A monthly steering group is to be established to develop and take forward the implementation plan. A briefing to EMT for discussion and agreement regarding support required to implement the required changes will be undertaken in September 2022.

A report to EMT and the Quality Committee regarding the project and progress in with subsequent updates to the Board will be undertaken in November 2022.

5.2.2 Continuous Professional Development Funding

Background
In line with the 2019 Ministerial announcement of £150m increased investment in continuing professional development (CPD) for nursing associates, nurses, midwives and allied health professionals (AHPs) the Trust has been receiving funding to support CPD requirements of nursing associates, nurses, and AHPs in the Trust. The purpose of the investment is to allow access to funding linked to personal professional requirements as well as system and population health priorities. This funding aims to support the NHS, and support building skills and expertise of our workforce.

Each Nursing Associate, Nurse, and AHP individually receives £1,000 to support their CPD over a 3 year period. For some employees, this may be in one sum or in multiple amounts over the 3 years.

For clarity, this funding is an investment solely for CPD and cannot be used for funding backfill or mandatory training.

Use of Funding- Update
To date the funding has supported several staff studying for masters and post graduate qualifications, along with attendance at profession specific conferences. Where we have purchased courses to be delivered in house, we have, as appropriate opened these up to all professions including those who were not part of the original funding. This includes social workers, psychologists, support staff and students.

Some examples of courses staff have used their allocation for are as follows:

- Assessment & Management of suicidality
- Compassion focused care
- DBT skills
- Trauma informed care
- Dementia care
- Sensory training
- Personality disorder
- Working with teenagers who stammer
- Posture, limb, and upper balance
- Sleep practitioner accredited programme
- Specialist Workshop in Debridement and Negative Pressure Wound Therapy
- Clinical skills Top to Toe
- Hearing voices & paranoia workshops
- Therapeutic Outcome Measures
- Incident Investigator training

We continue to work with services and support staff to access their final years funding and deliver on the plan we have set. The last 12 month has seen an increase in staff making enquiries and this may be attributed to the changes in working practices because of covid and that training providers have started to deliver courses again.

Arrangements for future funding beyond 2022/2023 have not yet been announced. Further information is unlikely to be available until the annual spending review process

5.3 Director of Workforce & Organisational Development Updates

5.3.1 SEQOHS

Occupational health received notification in August that they had been successful in the annual renewal SEQOHS accreditation. SEQOHS ensures the ongoing process of quality standards and improvement in occupational health.

5.3.2 Staff Side Chair

The current staff side chair has been successful getting a job in the new ICB. Sarah leaves the Trust at the end of September and we extend our thanks for her help and support and wish her well for the future. We await notification on who the new chair will be.

5.3.3 Flu Vaccination Programme

The Trust plan is place.

1,780 quadrivalent vaccines will be delivered on 3rd October with a further 1,780 on 17th October, along with 140 trivalent attenuated aTIV/QIVc for staff aged 65 years and over.

Peer vaccinator training has been available since August and a programme of clinics has been set up across our geographical area.

Flu vaccine is again included in the list of requirements to access the extra annual leave day incentive.

Weekly reporting on take up will commence w/c 10th October.

5.3.4 Pay Award 2022/23

A consequence of the 2022/23 pay award and pension changes means that some staff in the Band 8A range will take home less pay, up to a maximum of £200, in September. To mitigate the impact of this, all staff affected have been written to and offered the chance to spread this payment over six months.

5.3.5 Appraisal Window

94.89% of staff have had their Appraisal in 2022, 125 remain outstanding. A sample check on the quality of the appraisal was recently undertaken by each Director. This work revealed no significant issues.

5.4 Director of Finance Update

5.4.1 Cyber Security Updates

There are two types of CareCert notifications,

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

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

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

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

In terms of CareCerts

- CareCERT notices issued during 2022: 152 (Inc. 17 in August)
- High Priority CareCERT notices Issued during 2022: 7 (1 issued in August)

August Statistics

- CareCERT Notices with patch(s) NOT approved for deployment: 0
- CareCERT notices with patch(s) applied to all devices: 12
- CareCERT notices with devices still to check in to patch: 3

Workstations update:

- Total workstations detected 3,335 (2,812 are laptops, 43 are servers)
- Workstations non seen in last 60 days (58)
- Workstations non seen in last 90 days (10)

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

5.4.2 Winter Funding for Children's Safe Space

The Trust has secured £0.086m of winter funding and plans are in place to reinstate the Children's Safe Space to the end of the financial year.

The overall allocation of Mental Health Winter funding to the ICB was £0.295m, and the funding the childrens safe space was secured following an assessment process undertaken by the Mental Health and Learning Disability partnership.

5.4.3 Pay Award Impact on Pensions Contributions

The Trust has contacted all members of staff whom are affected by an increase in pension contributions due to the recent pay award, where the impact has seen pension arears exceed the value of the pay award.
Staff affected have been offered an advance of pay to mitigate the impact in September, which is repayable over the remainder of the year.

5.4.4 Changes to Pension Contributions from 1st October

The Department of Health and Social Care (DHSC) is making changes to the NHS Pension Scheme member contributions tiers and rates, these come into effect from the 1st October 2022. Contribution Rates from members will change from this date with contributions dependant on actual pay. Salary range to determine contribution rates will rise each year in line with the annual increase to Agenda for Change Pay Scales.

5.4.5 Trust Strategy Launch Video

The Trust Strategy Launch video has now been edited and will be launched at the Annual Members meeting next month,

5.4.6 New Trust HQ Project

First property nearing completion (programmed completion date of Friday 16 September), with all works currently on programme. This project is linked to the Blend and Thrive and will provide modern accommodation for the corporate service who previously occupied Trust HQ, the scheme has been developed in consultation with staff, with wellbeing being a key driver for the project.

5.4.7 Humber Centre – Phase 2 (Reception / Airlock re-configuration; Health Garage refurb)

Tenders have returned for Phase 2 of the Humber Centre Works, this involves major re-configuration of the reception back office, and formation of a staff only airlock, refurbishment works to the Health Garage, and other minor works; the team are in the process of appointing a preferred contractor for these works, with that target of commencing works mid October, and completing early January 2023.

5.4.8 Alfred Bean Masterplan

Master planning exercise to consolidate Driffield based services into vacant space at Alfred Bean Hospital. This includes adult and children's CMHTs. The project incorporates the wider stakeholder engagement, including wider health partners and the LoFs.

5.4.9 PPE Store
The COVID Recovery Task Group have supported the proposal to retain a centralised PPE storage and logistics provision for the Trust. This is to ensure that the enhanced systems that were developed during COVID are retained, to provide an efficient service. A proposal is being developed for review at ODG and will be built into the Trusts financial planning process.

5.4.10 PLACE
Assessments of inpatient environments have commenced and are planned to conclude at the end of November 2022.

5.4.11 Salix
Window for latest grant applications is anticipated to open on 19 September. Schemes have been developed in readiness to decarbonise; Westend (Admin Block), Alfred Bean Hospital, St Andrews Place and Hornsea Hospital, all of which meet the eligibility criteria for funding. The bids will comprise of fabric upgrades, LED lighting, energy generation (solar and heat pumps), to enable gas boilers to be removed.

If we are successful we will have a window of three years to complete all works.

5.4.12 NED Input to Costing
NHS England approached Trusts to find Non Executive directors (NEDs) who were willing to volunteer to help them develop of costing information for use by their Non Executive peers, forging links between stakeholders to create robust connections with the people that can affect change.

The aim of the project is to make costing more accessible to non-executive directors, to provide them with information that is both meaningful and accessible, to help them make more informed decisions. NHS E have started to develop an open learning platform specifically for NEDs and two of our Trust NEDs Francis Patton and Stuart McKinnon-Evans have both kindly offered their help and experience to help take the NHSE project forward. They will be involved in ensuring content is suitable for their peers and assist with engaging NEDs into the world of costing and its benefits.

6 Communications Update

Quarterly Communications Update

New Marketing & Communications Report
Our new board update focuses on our delivery of the 2022-25 Marketing Plan. Activity is summarised under the themes of the Trust strategy and will demonstrate our contribution to reaching our strategic goals, as well as our delivery against our three-year plan.

Operation Tower Bridge Support
The team led on the co-ordination of activity in response to the announcement of the death of Her Majesty the Queen. Trust communications were timely, responsive and reached out to all our audiences with targeted messages in line with national guidance.

Recruitment Update
We are in the process of advertising the post of Communications and Events Officer to the team. The role will design and lead a programme of internal and external events, to engage with staff, stakeholders, partners, patients, and members of the public.

Theme 1: Promoting people, communities, and social values

- **Brand Activity**

The Brand Portal will be relaunched this month to ensure we continue to drive traffic to a useful and supportive resource for staff that ensures brand consistency. It will include new design

templates such as PowerPoint templates, Microsoft Teams backgrounds, leaflet and booklet designs.

The portal has been redesigned with input and feedback from staff and will include a system to help direct enquiries better and encourage use and understanding of the brand portal. The portal can be viewed at https://brand.humber.nhs.uk/

- **Health Stars**

We are supporting the charity with the Whitby Hospital Appeal and buying a brick campaign.

- **Staff Survey**

The communications plan for the staff survey has been created and shared for approval. Work has begun on the initial actions to improve on last year's completion rate of 43%.

- **Flu Vaccination**

Meetings have been held to discuss the strategies for promoting the Flu vaccination programme. And a communications plan created and shared for approval. Work has begun on the initial actions and the intranet page is being developed.

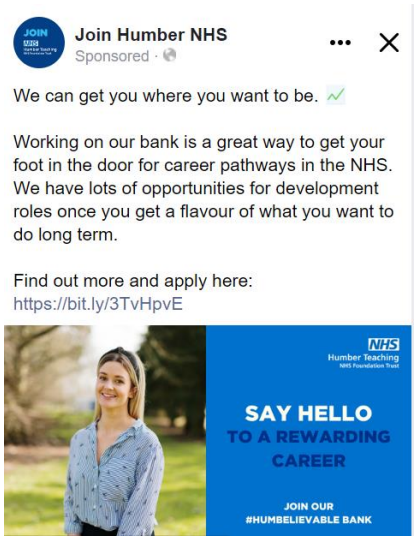
- **Awareness Days**

Details included in Appendix A

- **Social Media**

Social media continues to be a key platform for promoting Trust vacancies. Engagements with the Join Humber Facebook page have increased by 215% over the period, while followers (those monitoring the page for jobs) have increased by 82%. Posts have reached over 140,000 people.

Examples of posts from the campaign can be seen below:



Our usual social media calendar was paused due to the death of Her Majesty the Queen. However, this has been managed well with a quick response. The CEO and Chair's messages of

condolence and updates on plans to celebrate Her Majesty's life have hit the right tone with our audience and have received excellent engagement.

- **Media Coverage**

A total of nine positive stories were published on our Trust website news page this month. The top three performing stories over the period were :

1. **Granville Court recruitment event**, published in Withernsea Community News, Hornsea Community News and the Driffield and Wolds Weekly
2. **HSJ Award finalist announcement**, published in That's TV Humber, Hull Is This and the Hull Story
3. **Suicide Prevention Day**, and the support we provide to our communities, published in Hull Daily Mail, That's TV Humber and Driffield and Wolds Weekly

We also covered topics such as our Medical Workforce Recruitment Campaign in the British Medical Journal, Social Worker of the Year finalist, Bank Holiday health and social care support and availability in local areas, a Bank recruitment campaign, Black Breastfeeding Week and a Neurodiversity Service update.
Media coverage is lower than average over the period due to the period of mourning being in place for part of the month.

KPI	Measure of success by 2025	Benchmark (2021/22 avg)	This month	Progress to target
Positive media stories published	Positive vs negative coverage maintained at 5:1	5 stories covered by media per month	9 unique stories 15 publications total	100%
Visits to brand portal	+ 20%	150	248	+65%
Facebook engagement rate	4%	3.5%	4.2% (HTNFT) 5.63% (Join Humber)	+ 0.2% + 1.63%
Twitter engagement rate	4%	1.6%	2.4%	+1.6%
LinkedIn growth	+ 15%	2,652	7.7%	+7.3%

Theme 2: Enhancing prevention, wellbeing and recovery

- **Stakeholder Newsletter**

Work to relaunch our monthly stakeholder newsletter is under way. The newsletter is currently sent to GP's via the local place based communications teams newsletters and to anyone that signs up on our website. A targeted marketing campaign will encourage sign ups throughout the year as well as a design refresh to the newsletter itself.

Theme 3: Developing an effective and empowered workforce

- **Humbelievable Marketing Recruitment Campaign**

As part of the Recruitment Task and Finish Group, we support our teams to recruit to all areas of the Trust, including our four hard to recruit areas. Campaigns this month included:

Psychiatry Recruitment – Medical Workforce Video

The Medical Workforce Recruitment Video was launched this month with both paid for and organic social media advertising, PR, advertising in the British Medical Journal, updates to the Psychiatry page on the Join Humber recruitment website and a new version of the Psychiatry Career Guide, which teams can attach to job adverts in Trac automatically, to further support recruitment to these posts. The video can be viewed on our youtube channel. The join humber website can be viewed here Jobs at Humber Teaching NHS Foundation Trust | Join Humber

GP Recruitment – Photoshoot and Materials Refresh

We held a professional photography session in Bridlington for our GP staff, to aid future recruitment campaigns and materials. The GP page on our Join Humber recruitment website has been refreshed and are working on an updated version of the GP Career Guide. Primary Care have also been provided with new templates for job adverts, to ensure quality and consistency of adverts.

Bank Recruitment

This month we also launched a recruitment to the Trust Bank campaign, by running paid advertisements on Facebook. The plan is to develop this coverage over the next months to aid our winter workforce growth goals.

Nursing Recruitment

This month we have been working with the nursing team to refresh our international nursing recruitment campaign and ensure good news is celebrated both internally and externally. We are also supporting teams with a relaunch of our Community Nursing videos on social media.

KPI	Measure of success by 2025	Benchmark (2021/22 avg)	This month	Progress to target
Intranet bounce rate reduced	< 50%	57%	57.63%	-7.63%
Intranet visits maintain at current level	7,300 visits p/m	4293	7402	+1.39%
Global click through rate (CTR) increase	7%	4.6%	11%	+58.2

Theme 4: Fostering integration, partnerships and alliances

- **Partnership Communications**

This month, we worked with East Riding Council and Children's Centres to promote Breastfeeding Week and support available to families in the local area. We also promoted Free NHS Health Checks which are available through our Your Health Prevention and Lifestyle Services and have supported a survey to help collect information on the falling rates of childhood immunisations post covid.

In August we supported the message of staying safe on the August Bank Holiday, including opening times for our local UTC and other services which remained open for support. Similar information has been shared ahead of the Bank Holiday for the Queen's funeral.

For A Level results day, we used content from NHS Careers to encourage people getting their results to consider a career in the NHS and with our Trust.

Theme 5: Innovating for quality and patient safety

- **Awards**

In the first quarter of 2022-23, we supported the successful submission and shortlisting for three awards: NHS Parliamentary Awards (7 entries), HSJ Patient Safety Awards (3 entries) and the HSJ Awards (8 entries). 18 total entries in a 3-month period.

- **Events**

Whitby Hospital Celebration Event

Preparations for the Whitby Hospital Opening Event are well underway ahead of the event on 3rd October. We have sent out the formal invitations and we are hoping for at least 50 people to attend.

A tree planting ceremony will be streamed from the Hospital back to Whitby Pavilion where speeches will take place from individuals associated with the Whitby project. A video montage set to a poem written about the project will be played and guests will be able to view a booklet and exhibition on the history of the hospital created by the communications team in partnership with local residents, staff and governors.

- **Key Updates from Divisions**

Through the attendance of Communications Partners at divisional ODG's we have agreed a new annual plan for awareness days.

We are positive that this new approach will encourage more fruitful discussions and collaboration between services, so we can really show our expertise regionally when it comes to awareness topics. The Annual Awareness Day Plan 2023 is included as an appendix at the end of this report for interest.

- **Research and Development News**

We have worked with our research colleagues to promote the upcoming Research Conference in November, and we also have included monthly General Practice updates to cover the current Active Brains study and the wider Join Dementia Research campaign.

KPI	Measure of success by 2025	Benchmark	This month	Progress to target
Annual number of awards nominations	2 local and 4 national shortlists p/a	4 national p/a	3 submissions this quarter	**100%** Achieved measure of success

			2 local, 4 national shortlists	following successful submissions to HSJ awards

Theme 6: Optimising an efficient and sustainable organisation

- **Website Development**

The first year of our website improvement plan, includes the redevelopment of the home page and piloting service microsites for key Trust services to improve patient experience.

Extensive background work has been carried out on the website to improve the search function for users, so they can find the content or help they need more easily. We will be working with our provider to carry out search indexing which will improve the 'scanning' process for the search function of the website. Initial improvements to the home page have been completed and will be followed by a home page refresh in October,

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- **Partnerships and Strategy Collaboration**
-

We have supported the Strategy Team to create a video to launch the strategy at the Annual Members Meeting. The meeting will be followed by an online campaign to share the strategy with our audiences.

KPI	Measure of success by 2025	Benchmark (2021/22 avg)	This month	Progress to target
Reduce homepage bounce rate	Under 50%	64.9%	67%	+17.1%
Increase average page visits per session	+ 2 per visitor	2	1.9	-0.1
Increase average dwell time	+ one minute	1m28s	1m31s	+31s

Appendix A

Awareness Days Annual Plan 2023

Signed off by all divisions as per Sept 2022.
To be reviewed September 2023.

January

- Martin Luther King Day (Corporate Divisions – EDI, Kiza Ishemo)

National dates of note:

- New Years Day (1 Jan, Comms)
- Chinese New Year (26 Jan, EDI)

February

- LGBT History Month (Corporate Divisions) INTERNAL
- Children's Mental Health Week* (Children's and LD – Early Intervention and CAMHS)
- Time to Talk Day (Mental Health Services – Peer Support Workers)
- Mental Health Nurses Day (Mental Health Services – Unit Services)

March

- No Smoking Day (Community and Primary Care – Your Health)
- International Social Prescribing Week (Community and Primary Care – Your Health)
- Safer Sleep Week (Children's and LD – ISPHNs)
- Neurodiversity Celebration Week (Children's and LD – Neurodiversity Service)
- Social Work Week (Community and Primary Care – Social Work)
- Zero Discrimination Day (Corporate Divisions – EDI) INTERNAL
- International Women's Day (Corporate Divisions – EDI)
- Trans Day of Visibility Day (Corporate Divisions – EDI)

National date of note:

- Overseas NHS Workers Day (3 March, NHSE)
- Holi (8 March, EDI)

April

- Stress Awareness Month (Mental Health Services – Emotional Wellbeing Service)
- World Autism Awareness Day (Children's and LD – Neurodiversity Service)
- World Immunisation Week (Corporate Divisions – Occupational Health) INTERNAL
- Experience of Care Week (Corporate Divisions – PACE)
- Stephen Lawrence Day (Corporate Divisions – EDI)

National dates of not:

- Ramadan (1 Apr, EDI)
- Good Friday (7 Apr, EDI and PACE)
- Easter Monday (10 Apr, EDI and PACE)

May

- International Nurses Day (Community and Primary Care)
- Mental Health Awareness Week* (Mental Health)
- Dementia Action Week (Mental Health Services – OPMH)
- International Clinical Trials Day (Corporate Divisions – Research and Development)

National dates of note:

- Eid al-Fitr (2 May, EDI)

June

- Infant Mental Health Awareness Week (Children's and LD – ISPHNs and Perinatal Services)
- Learning Disability Week (Children's and LD – LD services)
- Carer's Week (Corporate Divisions – PACE)

- Volunteers Week (Corporate Divisions – Voluntary Services)
- NHS Sustainability Day (Corporate Divisions – Sustainability Team)
- Pride Month (Corporate Divisions – EDI)
- Disability Pride Month (Corporate Divisions – EDI)
- Armed Forces Day (Corporate Divisions – Veterans Services)

National dates to be noted:

- Windrush Day (22 June, EDI)
- Eid al-Adha (28 June, EDI)

July

- Hull Pride (Corporate Divisions – PACE and EDI)
- NHS Birthday* (Corporate Divisions)
- World Day Against Trafficking In Persons (Corporate Divisions)

August

- Cycle to Work Day (Community and Primary Care – Health and Wellbeing) INTERNAL
- World Breastfeeding Week (Children's and LD – ISPHNs)
- Black Breastfeeding Week (Children's and LD – ISPHNs)

September

- National Fitness Day (Community and Primary Care – Your Health)
- Youth Mental Health Day (Children's and LD – Early Intervention and CAMHS)
- World Suicide Prevention Day (Mental Health Services – Emotional Wellbeing Service)
- International Day of Charity (Corporate Divisions – Health Stars and HEY Smile)
- World Patient Safety Day (Corporate Divisions – Patient Safety)
- World Sepsis Day (Corporate Divisions – IPC) INTERNAL
- National Inclusion Week (Corporate Divisions – EDI) INTERNAL

October

- Speak Up Month (Corporate Divisions – FTSU)
- Black History Month (Corporate Divisions – EDI)
- Domestic Abuse Month (Corporate Divisions – Safeguarding)
- Sober October (Community and Primary Care – Your Health)
- World Mental Health Day* (Mental Health Services)
- Allied Health Professionals Day (Community and Primary Care – AHPs)
- Back Care Awareness Week (Corporate Divisions – Occupational Health) INTERNAL

- World Menopause Day (Corporate Divisions – Occupational Health) INTERNAL
- Occupational Therapy Day (Community and Primary Care – AHPs)

November

- Islamophobia Awareness Month (Corporate Divisions – EDI)
- Disability History Month (Corporate Divisions – EDI) INTERNAL
- Alcohol Awareness Week (Community and Primary Care – Your Health)
- Stop Pressure Ulcer Day (Community and Primary Care – Tissue Viability) INTERNAL
- Carers' Rights Day (Corporate Divisions – PACE)
- Safeguarding Week (Corporate Divisions – Safeguarding)
- White Ribbon Day and 16 Days of Action (Corporate Divisions – Safeguarding)
- World Antimicrobial Awareness Week (Corporate Divisions – IPC) INTERNAL

National dates of note:
Diwali (12 Nov, EDI)

December

- Grief Awareness Week (Corporate Divisions – PACE and Health and Wellbeing)
- International Day of People with Disabilities (Childrens and LD – LD Services)
- International Migrants Day (Corporate Divisions – EDI)

National dates of note:
Hanukkah (7 Dec, EDI)
Christmas (25 Dec, Comms)

7 Health Stars Update

Health Stars Golf Day

Due to the passing of HRH Queen Elizabeth II the decision was made to cancel the Golf Day on the 9th September 2022.

We had a total of 14 teams signed up to the event, together with additional hole sponsors and donations. The event has been postponed until Spring 2023 and we are in the process of rescheduling a new date.

Forthcoming Fundraising Events

We are currently supporting Gary Jennison, Health & Wellbeing Specialist, with the preparations for his Stand Up for Health Stars Comedy Night, which will take place at Hull Truck Theatre on the 4th November 2022. Health Stars will be in attendance on the evening to support with fundraising activities.

The Whitby Bricks Appeal is ongoing, with sign ups and donations continuing to come in slowly. Over the summer a static promotional stand was situated in the Waiting Area of the Outpatients Department at the Hospital and additionally a promotional stand was taken to the local Egton Show. Information continues to be cascaded and the Trust Communications Team are supporting with this.

We are continuing to fundraise for the Whitby Hospital Appeal and are in the process of planning some new initiatives.

Wishes

We are continuing to receive a good number of Wishes each week and are seeing applications for a wide range of resources including decorative items, gardening equipment, patient information packs, gym equipment and cooking utensils.

The deadline for Christmas Wishes is the end of November 2022 and this information will be cascaded globally as soon as it is appropriate to do so.

Profile

Over the next few months, we will refreshing the Health Stars Notice Board at Trust HQ and looking at ways to improve our website.

Michele Moran
Chief Executive
September 2022

NHS
Humber Teaching
NHS Foundation Trust

Agenda Item 8

Title & Date of Meeting:	Trust Board Public Meeting – 28 September 2022
Title of Report:	Publications and Policy Highlights
Author/s:	Name: Michele Moran Title: Chief Executive
Recommendation:	To approve ( ) To receive & discuss (/) For information/To note ( ) To ratify ( )
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	To inform and update the Trust Board on recent publications and policy since the July Board: I. CQC New Single Assessment Framework II. Secure Data Environment Policy Paper III. Building the right support for People with a Learning Disability and Autistic People IV. Offering Patients Access to their future Health Information V. Tackline Inequalities in Healthcare Access, Experience and Outcomes

Key Issues within the report:

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

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

	Date		Date
Audit Committee		Remuneration & Nominations Committee	
Quality Committee		Workforce & Organisational Development Committee	
Finance & Investment Committee		Executive Management Team	9/6/22
Mental Health Legislation Committee		Operational Delivery Group	
Charitable Funds Committee		Collaborative Committee	

Caring, Learning & Growing Together

			Other (please detail)	

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

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

Publications and Policy Highlights

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

1. Our new single assessment framework Care Quality Commission 18 July 2022

Our assessment framework is built on our five key questions and well-known ratings system and is what we use to set out our view of quality and make judgements. We will start to introduce it in phases and be clear when it will directly affect health and care providers. We are publishing our new framework now so that providers and other stakeholders can start to become familiar with it.

From today, 18 July 2022, providers and others will be able to read more about our quality statements and evidence categories. We'll build on this with more detail about how it will work in practice over the coming weeks and months. For example, information on the evidence we'll require in our assessments of each service type and what our assessments will look like.

There are three main reasons why we need to change:

- We need to make things simpler so we can focus on what really matters to people.
- We need to better reflect how care is actually delivered by different types of service as well as across a local area.
- We need one framework that connects our registration activity to our assessments of quality.

We've already confirmed that our quality ratings and five key questions will stay central to our approach. But we're replacing our existing key lines of enquiry (KLOEs) and prompts with new 'quality statements'. These will reduce the duplication that's in our four current separate assessment frameworks to allow us to focus on specific topic areas under each key question, and will link to the relevant regulations to make it easier for providers.

Importantly, we'll base our assessments of quality in all types of services, and at all levels, on this single assessment framework. For local authorities and integrated care systems, we will use a subset of the quality statements being published today.

To make our judgements more structured and consistent, we have also developed six categories for the evidence we collect:

- people's experiences
- feedback from staff and leaders
- observations of care
- feedback from partners
- processes
- outcomes of care.

To fulfil the ambitions in our strategy, the assessment framework emphasises the need to create cultures that learn and improve, and we set expectations for how services and providers need to work together, and within systems, to plan and deliver safe, person-centred care.

We will not release everything at once. We want to learn as we go, starting small and rolling out the changes in stages – working in partnership with our stakeholders. We'll be clear at every step about what it means for people through clear guidance and support, using the voices of those involved to tell the story to help build confidence around what we're doing.

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

CQC move to new way of regulating noted. We attend webinars with the CQC and discuss with our relationship manager to ensure we are informed of the latest developments and have previously briefed the Board on the approach proposed by CQC.

The new single assessment framework will apply to the Trust from January 2023. As there may be some changes and further clarity following the testing of the approach it is proposed a full briefing to the Board is undertaken in October when we should have more information about the single assessment framework and its roll out.

2. **Secure Data Environment Policy Paper** Department of Health & Social Care 6 September 2022

These guidelines set out clear rules for how secure data environments will be used to access NHS health and social care data for research and analysis.
Secure data environments were identified in the Data saves lives strategy as the default way that NHS health and social care data will be accessed for research and analysis in future. These policy guidelines set out expectations for how secure data environments will be used, and the rules by which all platforms providing access to NHS data will need to comply.
The guidelines are intended to:

- provide an introduction to secure data environments
- add detail to the policy commitments made in the Data saves lives strategy
- describe the minimum requirements that secure data environments must meet
- outline how secure data environments will be delivered
- communicate the next steps for secure data environments policy

Lead: Director of Finance

This paper will be discussed at both the digital delivery group and the information governance group to ensure that the guidelines and considered as part of the Trusts existing policies and procedures

3. **Building the right support for people with a learning disability and autistic people** Department of Health & Social Care19 August 2022

An action plan to strengthen community support for people with a learning disability and autistic people, and reduce reliance on mental health inpatient care.
https://www.gov.uk/government/publications/building-the-right-support-for-people-with-a-learning-disability-and-autistic-people/building-the-right-support-action-plan

Lead: Chief Operating Officer

This action plan builds on a broad range of existing evidence and best practice. This includes the lessons that have been learned from the Transforming Care programme, the evaluation of Building the Right Support (published November 2021), and the many reports that have recommended ways to improve the lives of people with a learning disability and autistic people in society. It seeks both to disseminate the very best practice, and to learn from and prevent the appalling cases of abuse and poor care that have continued to come to light since Winterbourne View, including Whorlton Hall and Cawston Park. Work continues in the Trust, with our partners and led by the Mental Health, Learning Disability and Autism Collaborative to improve further the lives of

people with learning disability and autism. This report will be considered by our clinical governance network for Children's and LD services.

4. **Offering patients access to their future health information** NHS England 21 July 2022

Better access to health information enables patients to become partners in managing their health. Evidence has shown that this increases patients' feelings of autonomy and reduces the need for patients to contact general practice1 . There is now a revised timeline for the automatic switch on of prospective access. On 01 November 2022, patients at practices using TPP and EMIS systems will automatically have access to their prospective records online https://www.england.nhs.uk/wp-content/uploads/2022/07/B1821_Offering-patients-access-to-their-future-health-information_July2022_-WEB.pdf

Lead: Director of Finance

A Data Privacy Impact Assessment and Standard Operating Procedure in respect of GP Online has been developed and approved by the Information Governance Group ahead of the go live date of 1st November 2022.

5. **Tackling inequalities in healthcare access, experience, and outcomes** NHS England 21 July 2022

This guide has been commissioned by The Health Foundation and NHS England and co-written by the Yorkshire and Humber Academic Health Science Network with an expert reference group. https://www.england.nhs.uk/wp-content/uploads/2022/07/B1779-Actionable-Insights-Tackling-inequalities-in-healthcare-access-experience-and-outcomes-guidance-July-202.pdf

Lead: Interim Medical Director

This guide is welcomed by our organisation as it sets a clear direction in addressing Health Inequalities. The document summarises four themes that have emerged from case studies. The four themes include:

1. Creating an enabling system context

2. Building clear and shared understanding

3. Maintaining a sense of urgency and commitment to act

4. Focusing on implementation, impact and evaluation

It is vital that the Trust addresses this systemic challenge to better understand the health inequalities of the communities we serve and work towards narrowing the gap for our patients, service users and carers. Our Trust will evaluate against the four themes to identify a baseline of where we are as an organisation, scope the existing work happening within the Trust and across the ICS and would identify opportunities to strengthen our organisational approach to addressing health inequalities.

Humber Teaching NHS Foundation Trust

Agenda Item 9

Title & Date of Meeting:	Trust Board Public Meeting – 28th September 2022
Title of Report:	Performance Report August 2022
Author/s:	Name: Peter Beckwith/Richard Voakes Title: Director of Finance/Business Intelligence Lead
Recommendation:	To approve: [ ] To receive & discuss: [ ] For information/To note: [✓] To ratify: [ ]
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	This purpose of this report is to inform the Trust Board on the current levels of performance as at the end of August 2022. The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format

Key Issues within the report:

Matters of Concern or Key Risks to Escalate:

- Safer Staffing Dashboard - The thresholds for CHPPDs have been revised upwards based on the latest model health system data and this accounts for the increased number of units flagging at red.

  5 wards continue to have below target levels of fill rates on days in most instances this is due to having 1 RN on duty instead of 2. The registered fill rates on nights are all above the threshold with the exception of Pine view which is showing fill rates of 60% due to frequently having 1 registered nurse on nights. The fill rates on Inspire are based on an incorrect demand template which has now been corrected.

- Waiting Times - Appendix B provides a review of current waiting times performance.

- August 2022 saw a 0.6% increase in

Key Actions Commissioned/Work Underway:

- Focus will be maintained on improving the delayed transfers of care position in order to achieve the best outcomes for our patients and to ensure it does not adversely impact on the improved position we have achieved in reducing out of area placements. The ICB and Provider Collaborative are escalating DTOC as an issue requiring action.

incident reporting when compared to July 2022, increasing slightly from 1040 incidents to 1046. There had been an increase in reporting between June and July with the incident rate increasing by 10.1%, with the increase rate being sustained into August. Overall incident reporting for the month remains above the level at the same time last financial year and above the average monthly reporting rate for 21-22. It is pleasing to see that near miss reporting is increasing which accounts for some of the increase. 97.8% of the total reported incidents in August resulted in no harm or low harm. 99.5% no/low harm in the previous month. The highest reported category of incident for the month was 'Self Harm' at 21.6% of the total incidents reported in-month • The performance for Care Programme Approach (CPA) reviews is below target but has been maintained. Recovery plans are in place with robust monitoring within planned services within the Mental Health Division for those areas that are lower than target. Robust reports are in place at patient and team level reporting to support the recovery plans and the requirement is expected to be met in October. • After reducing to zero for a short period in the summer, the number of *out of area placements* is beginning to increase as a direct result of the increasing number of patients whose discharge is delayed due to available social care packages or specialised hospital placements. • *The number of delayed transfers* of *care* has risen above the upper control limit and means that of the available beds between 18-20% are occupied by a patient who is ready to be discharged. These patients are waiting predominantly for specialised hospital placements with other NHS providers or local authority provided residential	

placements. System escalation mechanisms are in place to address this overseen by the Chief Operating Officer. Focus will be maintained on improving this position in order to achieve the best outcomes for our patients and to ensure it does not adversely impact on the improved position we have achieved in reducing out of area placements. The ICB and Provider Collaborative are escalating DTOC as an issue requiring more action particularly as we enter the Winter period.	
Positive Assurances to Provide: • Statutory and mandatory training overall remains above the Trust target of 85%, currently at 91%.	**Decisions Made:** • n/a – report to note.

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

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

Monitoring and assurance framework summary:

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

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

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

Financial Year
2022-23

NHS
Humber Teaching
NHS Foundation Trust

TRUST PERFORMANCE REPORT

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

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

Chief Executive: Michele Moran

Prepared by: Business Intelligence Team

Reporting Month:
Aug-22

Humber Teaching NHS Foundation Trust
Trust Performance Report

For the period ending:	Aug 2022

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

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

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

Dashboard	Safer Staffing	A dashboard to provide overview on a number of clinical indicators for the Trust's inpatient units across all services
Dashboard	Mortality	Learning from Mortality Reviews
Goal 1	Mandatory Training	A percentage compliance for all mandatory and statutory courses
Goal 1	Vacancies	Proportion of posts vacant when compared to the budgeted establishment. This information is taken from the Trust financial ledger.
Goal 1	Number of Incidents per 10,000 Contacts	Number of Incidents per 10,000 Contacts (based on contacts and occupied bed days)
Goal 1	Clinical Supervision	Percentage of staff with appropriate clinical supervision taken place within the last 4-6 weeks
Goal 1	FFT - Patient Recommendation	Results where patients would recommend the Trust 's services to their family and friends
Goal 2	FFT - Patient Involvement	Results where patients felt they were involved in their care
Goal 2	72 hour follow ups	Percentage of patients who had a follow up within 72 hours (3 days) of discharge from hospital
Goal 2	CPA - Reviews	Percentage of patients who are on CPA and have had a review in the last 12 months

For the period ending:	Aug 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 (East Riding)	Recovery Rates for patients who were at caseness at start of therapeutic intervention
Goal 3	Out of Area Placements	Number of days that Trust patients were placed in out of area wards
Goal 4	Delayed Transfers of Care	Results for the percentage of Mental Health delayed transfers of care
Goal 4	Staff Sickness	Percentage of staff sickness across the Trust (not including bank staff). Including and Excluding Covid Sickness
Goal 4	Staff Turnover	Percentage of leavers against staff in post (excluding employee transfers wef April 2021
Goal 6	Complaints	The number of Complaints Responded to and Upheld
Goal 6	Compliments	Chart showing the number of Compliments received by the Trust by month

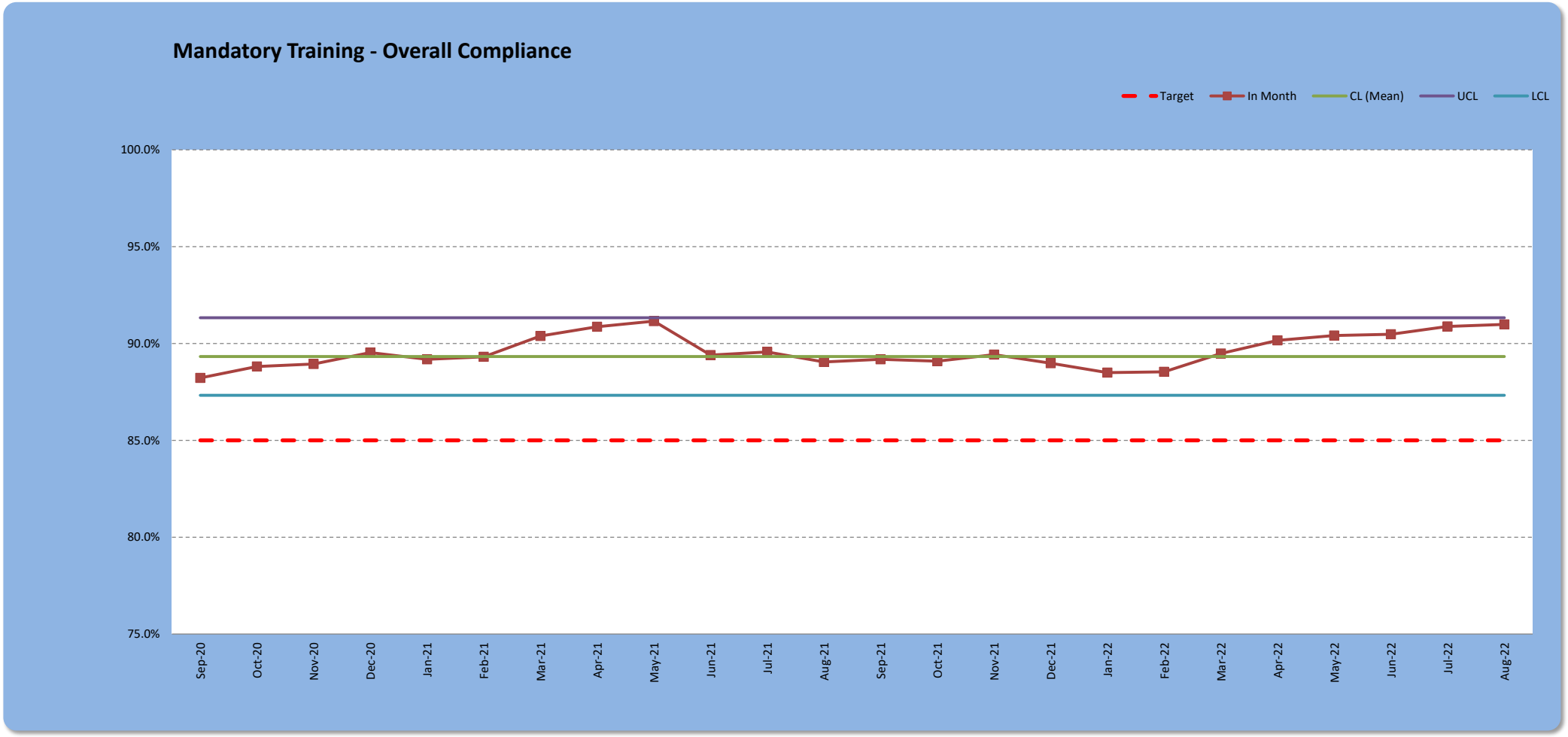
PI RETURN FORM 2022-23

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Aug 2022**

Target:	Amber:	Current month stands at:
85%	80%	91.0%

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



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

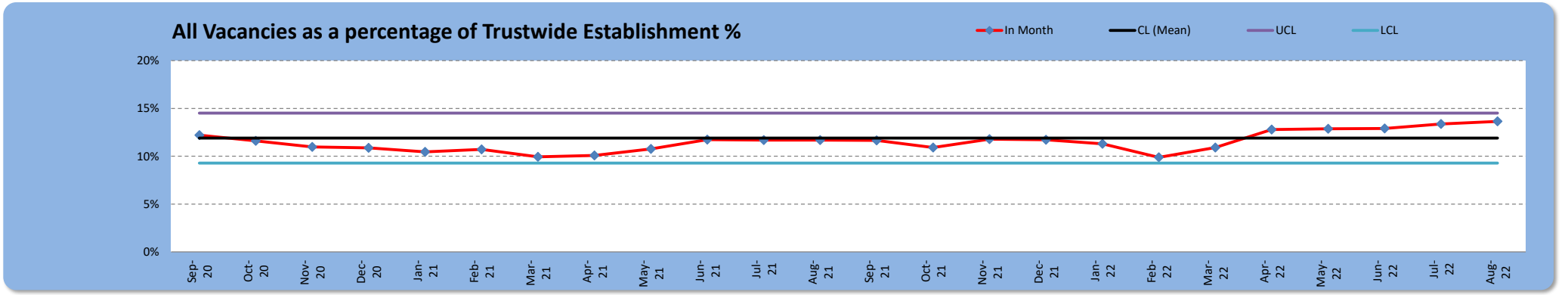
PI RETURN FORM 2022-23

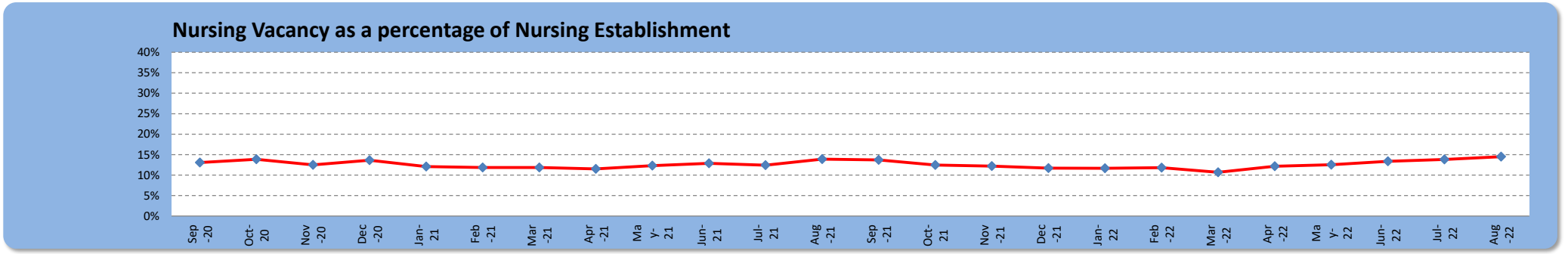
Target:	Amber:	Current month stands at:
85%	80%	13.6%

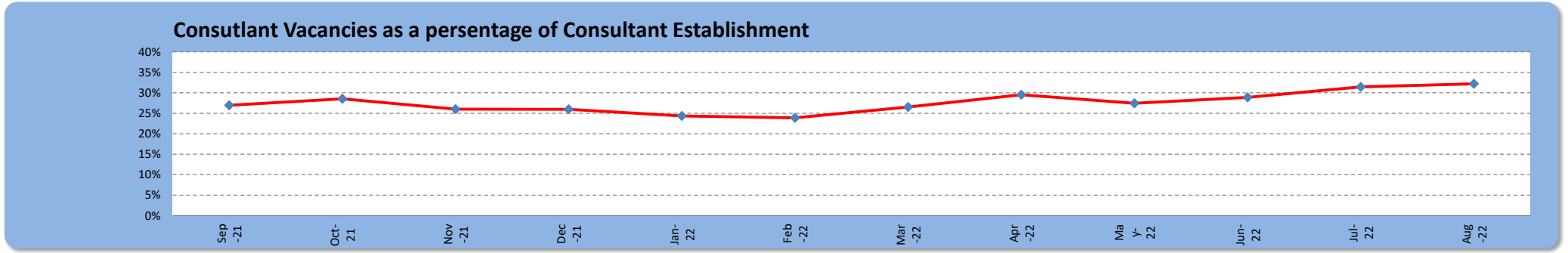
Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Aug 2022**

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







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

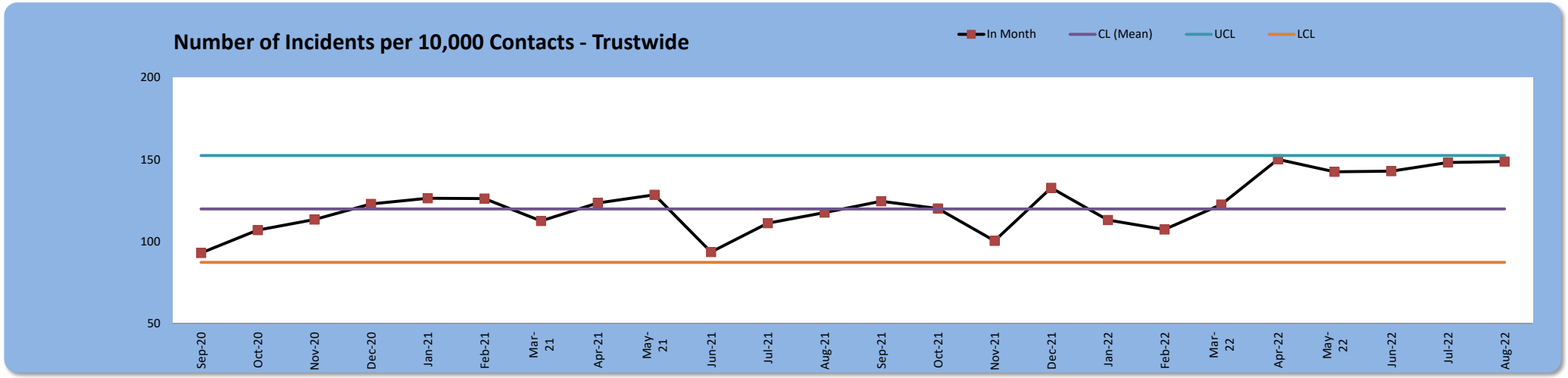
PI RETURN FORM 2022-23

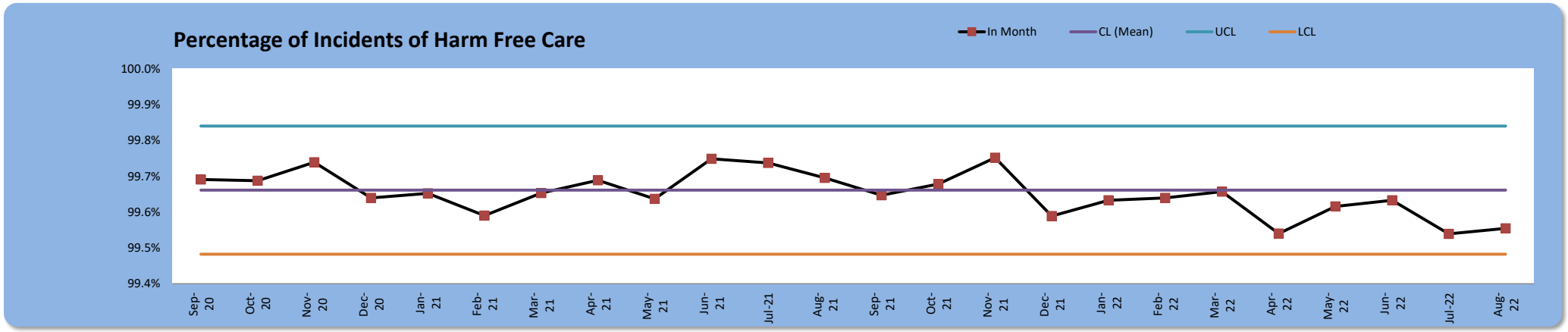
Target:	Amber:	Trustwide current month stands at:
0	0	149

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Aug 2022**

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





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

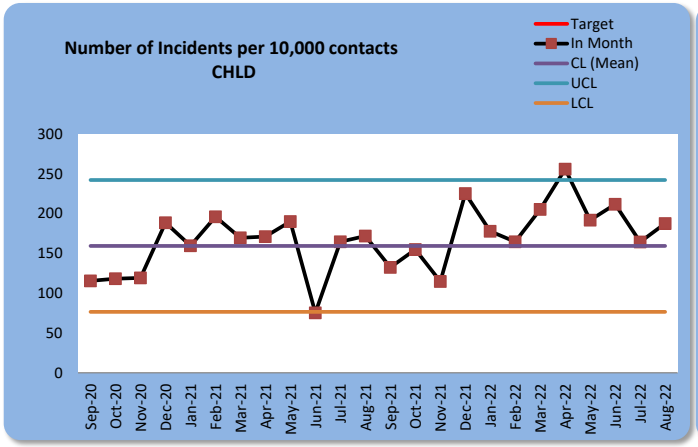
PI RETURN FORM 2022-23

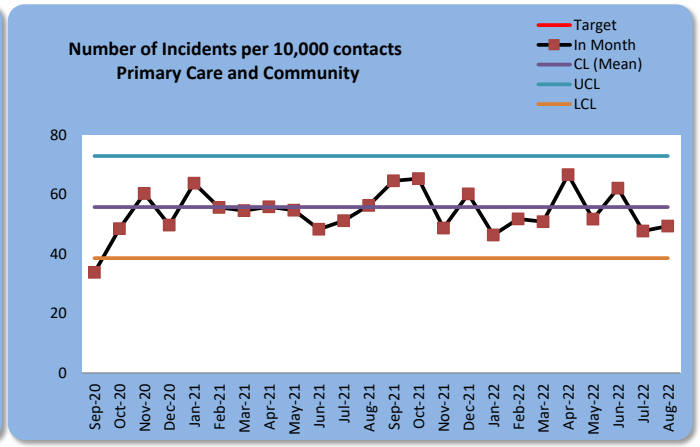
Goal 1 : Innovating Quality and Patient Safety

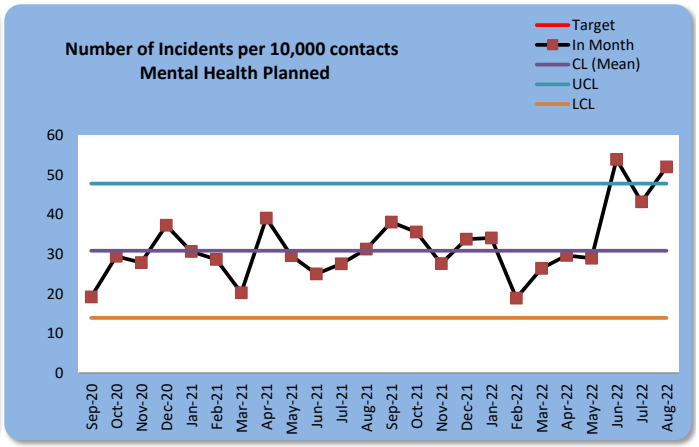
For the period ending: **Aug 2022**

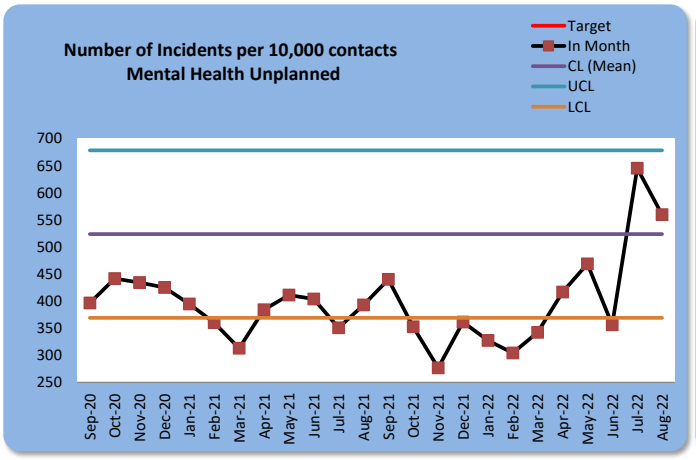
Target:	Amber:	Trustwide current month stands at:
0	0	149

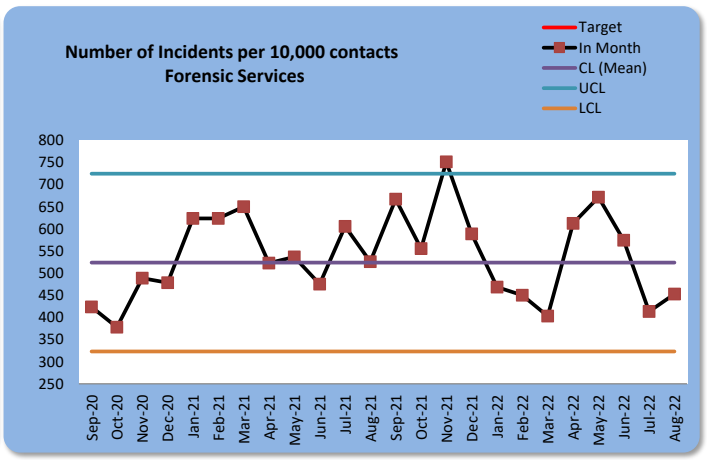
Indicator Title	Description/Rationale		KPI Type
Incidents	Number of Incidents per 10,000 Contacts (based on contacts and occupied bed days)	Executive Lead Hilary Gledhill	IA_TW











Current Month per Division

Children and Learning Disability	188
Primary Care and Community	49
Mental Health Planned	52
Mental Health Unplanned	559
Forensic Services	453

Incident Analysis

	Jul-22	Aug-22
Never Events	0	0
% of Harm Free Care	99.5%	99.6%
% of Incidents reported in Severe Harm or Death	0.9%	0.3%

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

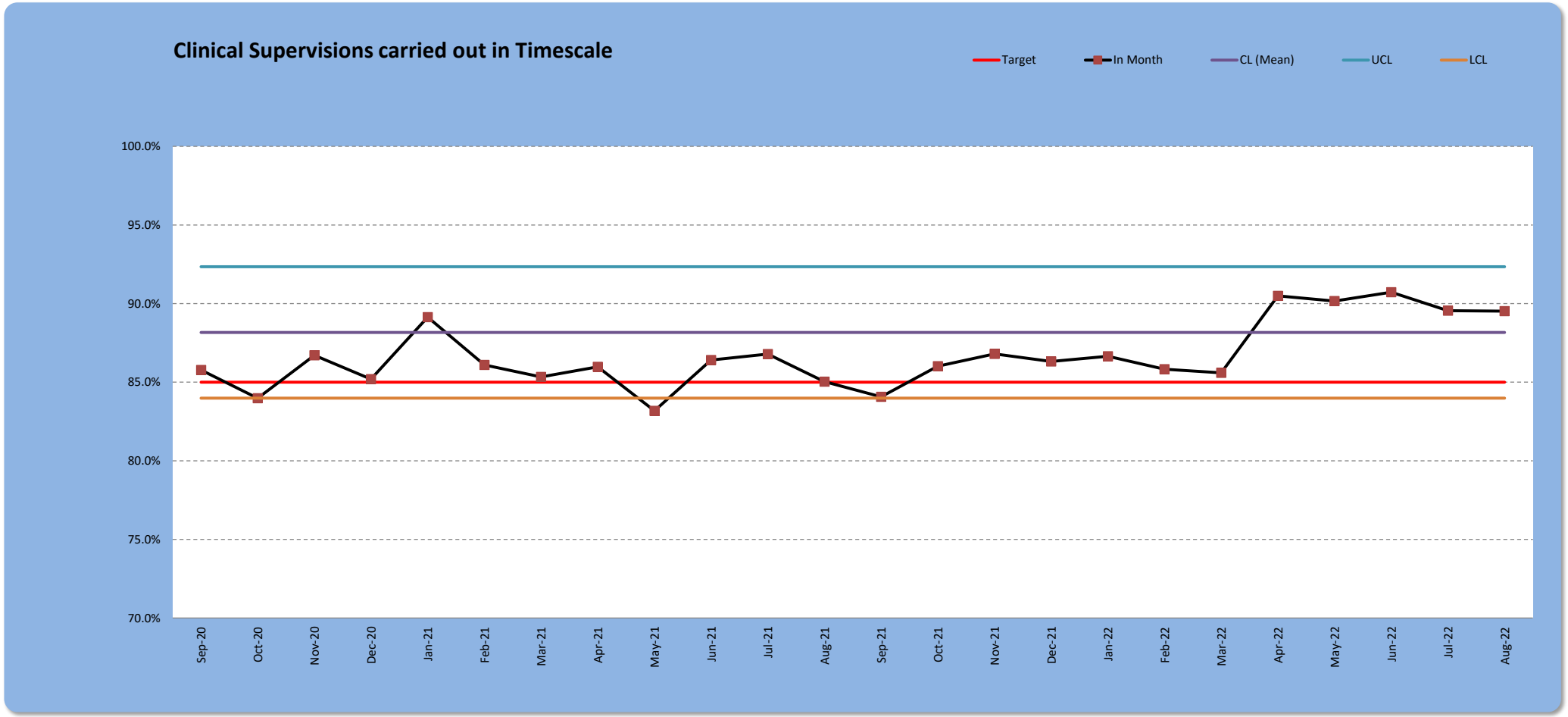
PI RETURN FORM 2022-23

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

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Aug 2022**

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



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

HUMBER TEACHING NHS FOUNDATION TRUST
SAFER STAFFING INPATIENT DASHBOARD

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

NHS Humber Teaching NHS Foundation Trust

Shown one month in arrears

Units						Bank/Agency Hours				Average Safer Staffing Fill Rates				High Level Indicators																	
										Day		Night		QUALITY INDICATORS (Year to Date)														Indicator Totals	
Speciality	Ward	Speciality	WTE	OBDs (inc leave)	CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Registered	Un Registered	Registered	Un Registered	Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ partly upheld)	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	Sickness Levels (clinical)	WTE Vacancies (RNs only)	Jun-22	Jul-22
Adult MH	Avondale	Adult MH Assessment	26.8	73%	12.0	31.0%	↓	6.9%	↑	78%	88%	99%	100%	0	10	8	0	77.3%	89.0%	75.0%	66.7%	5.4%	4.0	0	1
Adult MH	New Bridges	Adult MH Treatment (M)	38.4	98%	7.93	8.8%	↑	6.0%	↑	78%	84%	92%	101%	0	21	2	0	77.8%	93.9%	82.4%	84.0%	10.9%	1.8	2	3
Adult MH	Westlands	Adult MH Treatment (F)	35.0	89%	9.15	20.7%	↓	24.9%	↓	90%	74%	95%	122%	1	18	2	0	87.1%	91.5%	92.9%	72.7%	14.6%	2.4	3	3
Adult MH	Mill View Court	Adult MH Treatment	24.3	92%	7.97	22.5%	↓	16.5%	↑	82%	80%	90%	105%	0	5	0	0	80.0%	91.6%	80.0%	73.3%	2.6%	4.6	5	2
Adult MH	STARS	Adult MH Rehabilitation	36.6	92%	24.68	18.8%	↑	1.5%	↓	62%	175%	100%	100%	0	1	0	0	74.3%	93.9%	84.6%	79.2%	3.4%	-0.5	4	3
Adult MH	PICU	Adult MH Acute Intensive	29.9	78%	20.00	25.9%	↑	26.5%	↑	87%	113%	95%	131%	1	41	0	0	100.0%	80.5%	71.4%	73.3%	6.8%	4.0	0	1
OP MH	Maister Lodge	Older People Dementia Treatment	30.2	71%	14.86	17.5%	↑	5.0%	↑	89%	99%	107%	97%	0	33	0	0	100.0%	94.7%	81.8%	95.5%	4.2%	2.0	2	0
OP MH	Mill View Lodge	Older People Treatment	23.1	95%	17.23	20.2%	↓	15.5%	↑	70%	116%	107%	137%	0	22	0	0	83.3%	91.6%	90.9%	85.7%	3.5%	1.8	3	2
	Maister Court	Older People Treatment	16.4	90%	17.39	21.7%	↑	14.3%	↑	107%	83%	100%	111%	0	1	0	0	100.0%	96.7%	100.0%	90.0%	0.5%	0.8	1	0
	Pine View	Forensic Low Secure	31.8	89%	8.06	16.9%	↑	0.0%	→	79%	99%	69%	94%	0	6	0	9	100.0%	95.6%	100.0%	81.8%	5.9%	0.2	1	2
	Derwent	Forensic Medium Secure	27.1	95%	11.92	28.2%	↓	0.0%	→	86%	90%	96%	114%	0	4	1	0	95.7%	93.1%	88.9%	82.4%	9.5%	0.8	2	2
	Ouse	Forensic Medium Secure	24.9	80%	7.70	14.7%	↑	0.0%	→	86%	90%	100%	97%	0	1	1	1	96.0%	94.5%	100.0%	84.2%	10.2%	2.6	0	2
	Swale	Personality Disorder Medium Secure	25.6	95%	9.72	34.0%	↑	0.0%	→	72%	119%	100%	100%	0	5	6	5	69.6%	95.5%	90.0%	88.2%	9.5%	2.2	3	4
	Ullswater	Learning Disability Medium Secure	27.7	58%	17.21	16.7%	↑	0.0%	→	86%	128%	97%	123%	0	7	0	1	89.3%	91.9%	66.7%	90.0%	10.6%	2.6	1	1
Child & LD	Townend Court	Learning Disability	39.6	72%	29.30	31.0%	↓	0.0%	↑	51%	72%	78%	111%	3	48	0	2	82.8%	89.9%	91.7%	52.0%	16.2%	3.0	3	4
Child & LD	Inspire	CAMHS	49.8	67%	28.78	0.0%	↑	21.8%	↓	45%	86%	66%	100%	5	0	0	0	80.4%	88.4%	66.7%	54.8%	10.6%	6.2	5	4
Child & LD	Granville Court	Learning Disability Nursing Care	49.8		83%	17.36	27.6%	↑	14.1%	↓	120%	83%	106%	103%	0	3	0	0	95.8%	88.6%	83.3%	94.1%	5.7%	0.0	0	1
CH	Whitby Hospital	Physical Health Community Hospital	46.1	97%	7.85	2.6%	↑	0.0%	↑	90%	84%	100%	100%	0	0	0	0	88.6%	87.9%	50.0%	30.4%	4.9%	-1.4	4	4
CH	Malton Hospital	Physical Health Community Hospital	32.1	87%	6.72	Not on eRoster	↓	Not on eRoster	↓	105%	69%	113%	92%	0	0	0	0	100.0%	80.3%	94.4%	44.4%	8.9%	-2.0	4	3

HUMBER TEACHING NHS FOUNDATION TRUST
SAFER STAFFING INPATIENT DASHBOARD

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

Humber Teaching NHS Foundation Trust

Exception Reporting and Operational Commentary

Safer Staffing Dashboard Narrative : July

The thresholds for CHPPDs have been revised upwards based on the latest model health system data and this accounts for the increased number of units flagging at red. Five wards continue to have below target levels of fill rates on days. In most 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 60% due to frequently only having one registered nurse on nights. The fill rates on Inspire are based on an incorrect demand template which has now been corrected.

ILS compliance has improved to 88% overall in September and Whitby and Ullswater are now at 100%. BLS at Townend Court has improved to 60% in September and Inspire has improved to 59.5%. Whitby and Malton have improved to 70% and 72% respectively.

Supervision is above target for all units with the exception of STARs and Swale. This been addressed with the Matrons who report significant clinical pressures, vacancies and absence as the reasons.

Sickness remains a significant concern and the clinical leads have been asked to provide a more detailed review of contributory factors which would suggest that this has been covid related.

The CHPPD RAG ratings are based on the Organisational National Average Benchmark as at March 2022

For all MH units other than Pine View/Ouse the RAGs are set at: >10.3 = Green, 9.3 to 10.3 = Amber, < 9.3 = Red.
Pine View/Ouse ratings are set as: >6.3 = Green, 5.8 to 6.3 = Amber, < 5.8 = Red
Community Hospitals are RAG rated based on Model Hospital national average: > 9.07 = Green, 9.07 to 8.07 = Amber, < 8.07 = Red
We are now collecting Occupied Bed Days for Granville Court. However as this is a nursing home and not MH unit. As such the fill rate and CHPPD is not RAG rated

OBD RAG ratings for Safer Staffing (exc Forensics) are: < 87% = Green, 87% to 92% = Amber, > 92% = Red
OBD RAG ratings for Safer Staffing for Forensics are: < 50% = Red and > 50% = Green

Registered Nurse Vacancy Rates (Rolling 12 months)

Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
8.70%	11.20%	8.70%	10.90%	10.30%	10.50%	8.80%	7.20%	13.90%	13.80%	14.90%	15.27%

Slips/Trips and Falls (Rolling 3 months)

	May-22	Jun-22	Jul-22
Maister Lodge	5	9	12
Millview Lodge	1	3	2
Malton IPU	2	6	6
Whitby IPU	11	5	0

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

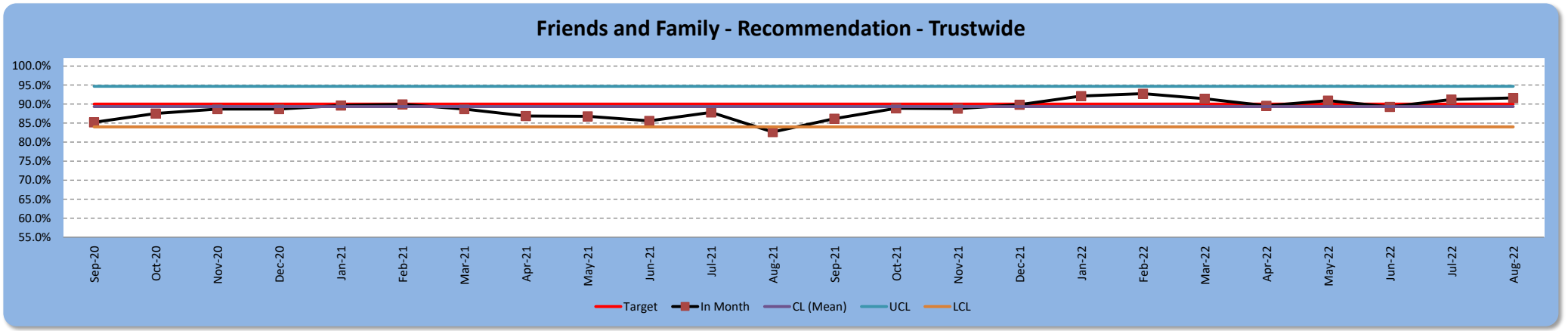
PI RETURN FORM 2022-23

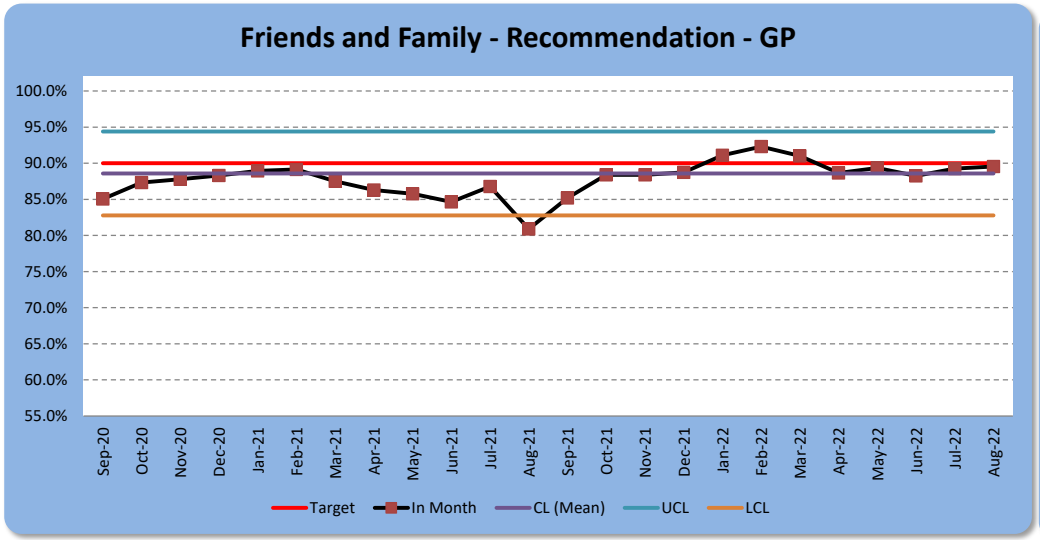
Goal 1 : Innovating Quality and Patient Safety

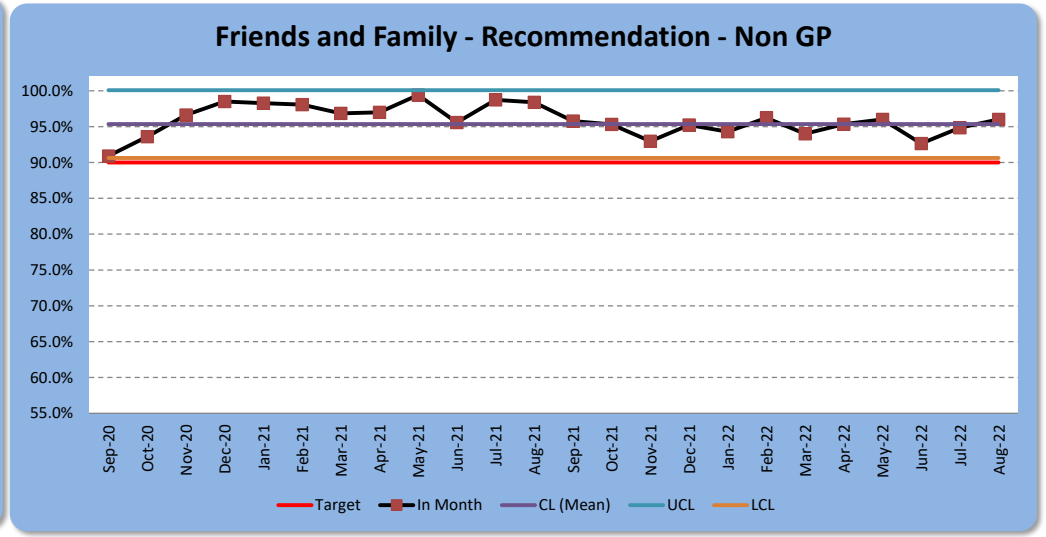
Target:	Amber:	Current month stands at:
90%	80%	91.6%

For the period ending: **Aug 2022**

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







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

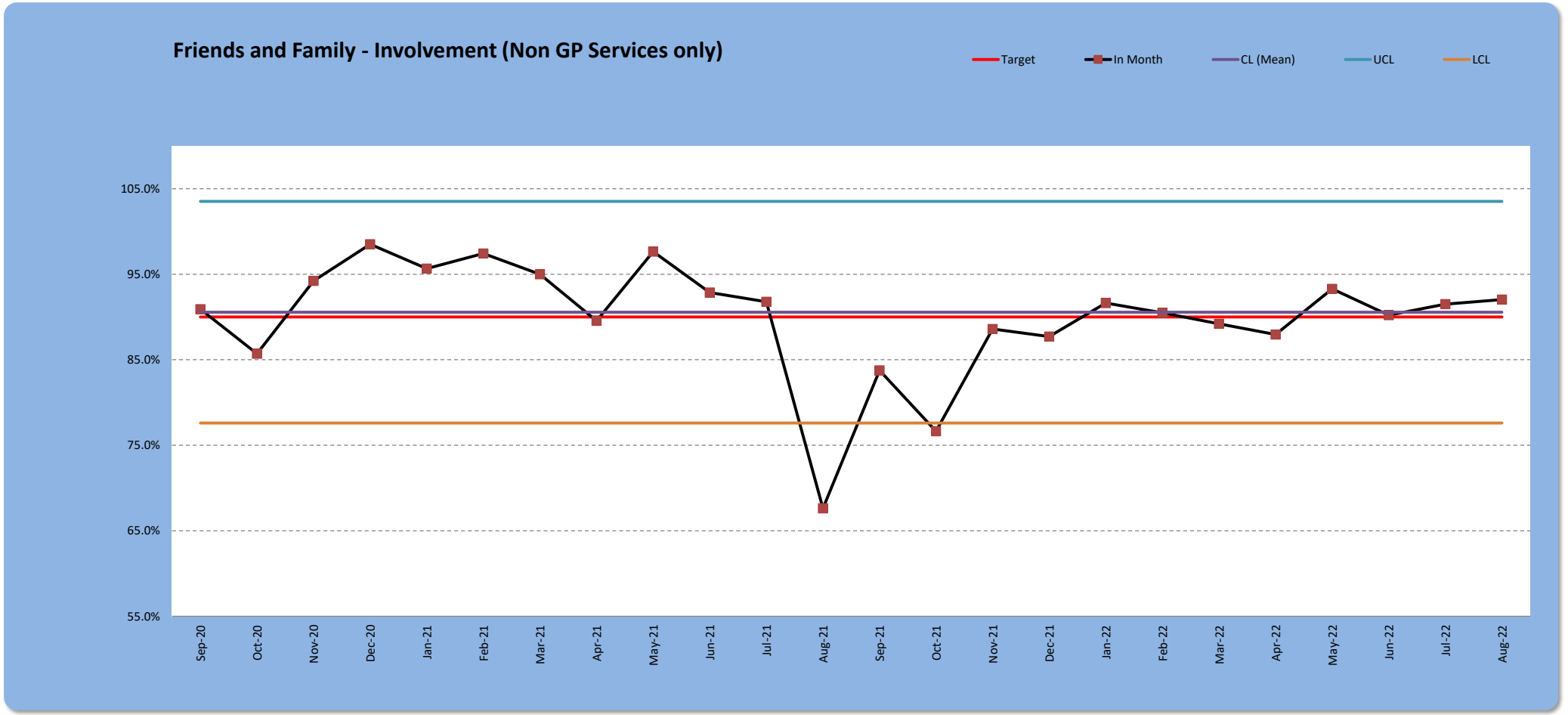
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2022**

Target:	Amber:	Current month stands at:
90%	80%	92.0%

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 %



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

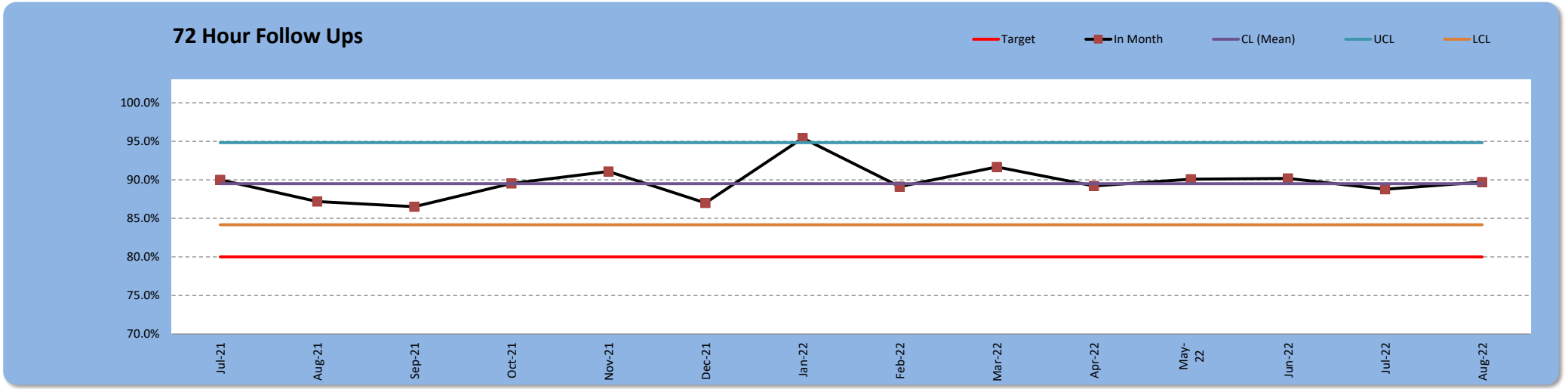
PI RETURN FORM 2022-23

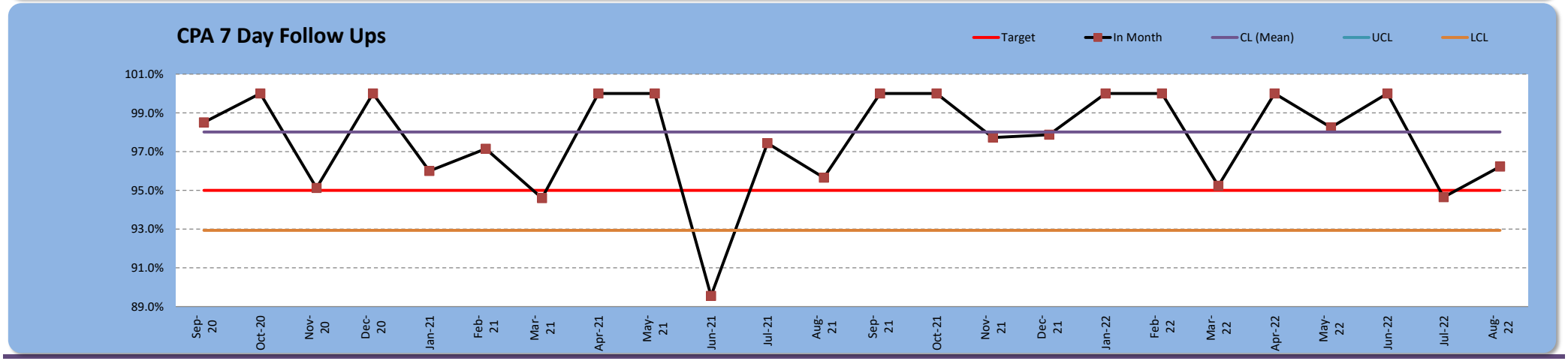
Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2022**

Target:	Amber:	Current month for 72 hour stands at:
80%	60%	89.7%

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





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

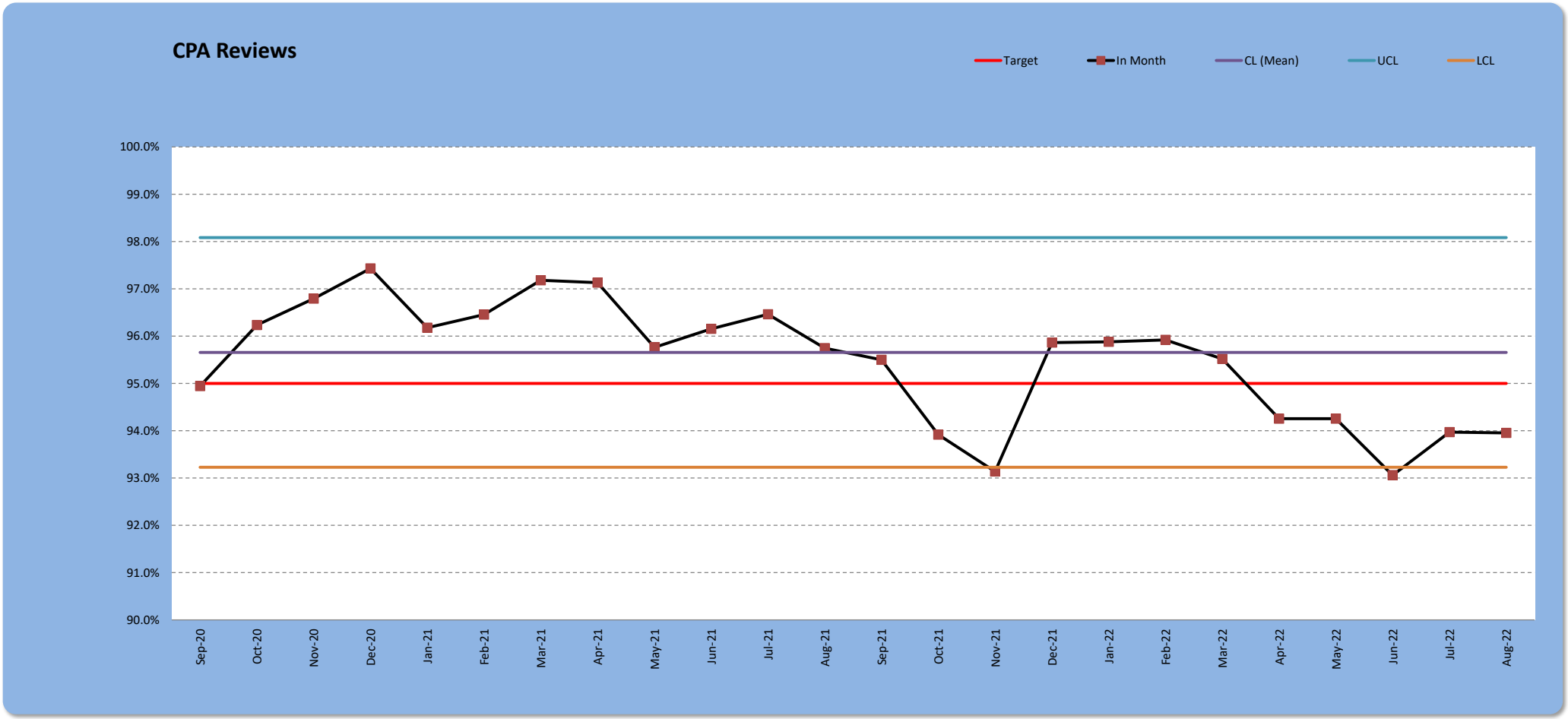
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2022**

Target:	Amber:	Current month stands at:
95%	85%	94.0%

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



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

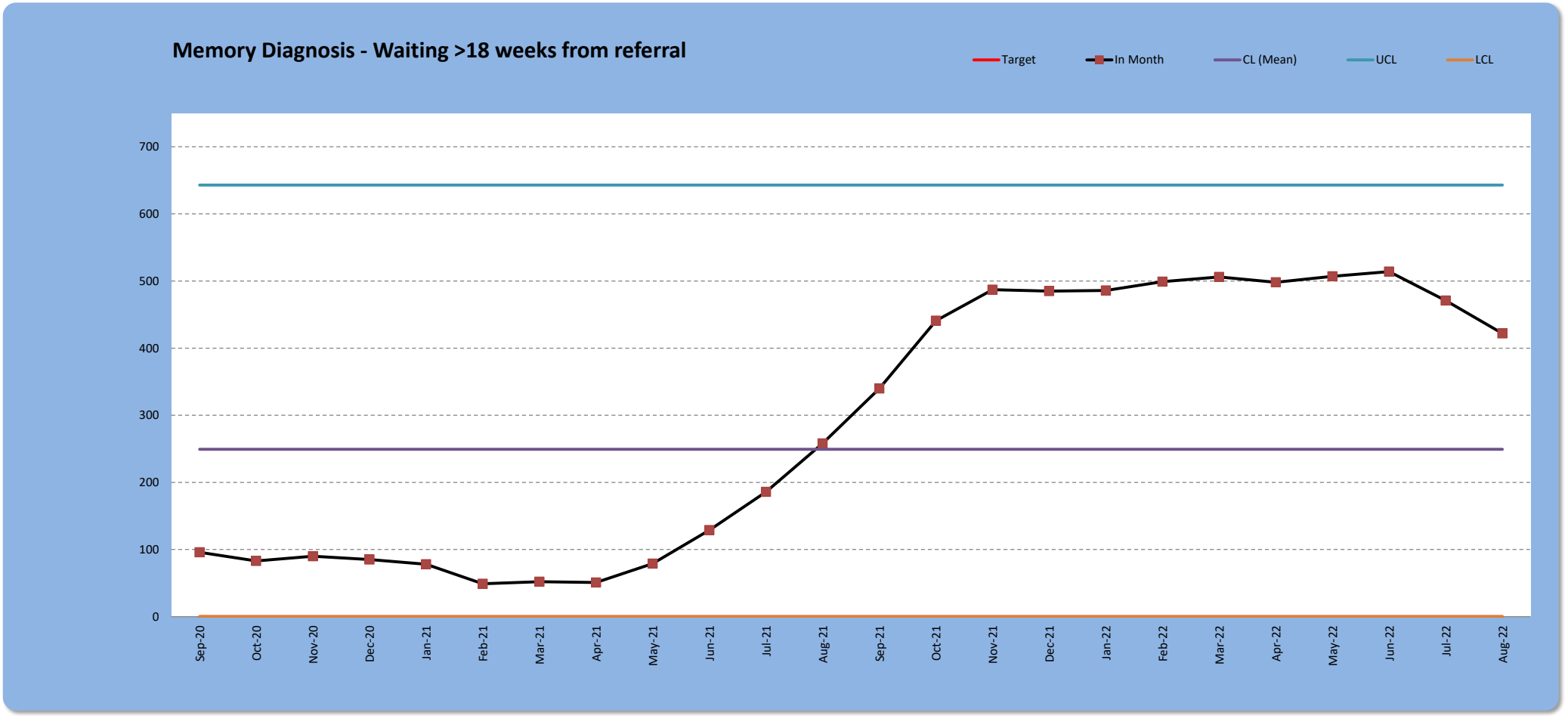
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2022**

Target:	Amber:	Current month stands at:
n/a	n/a	422

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



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

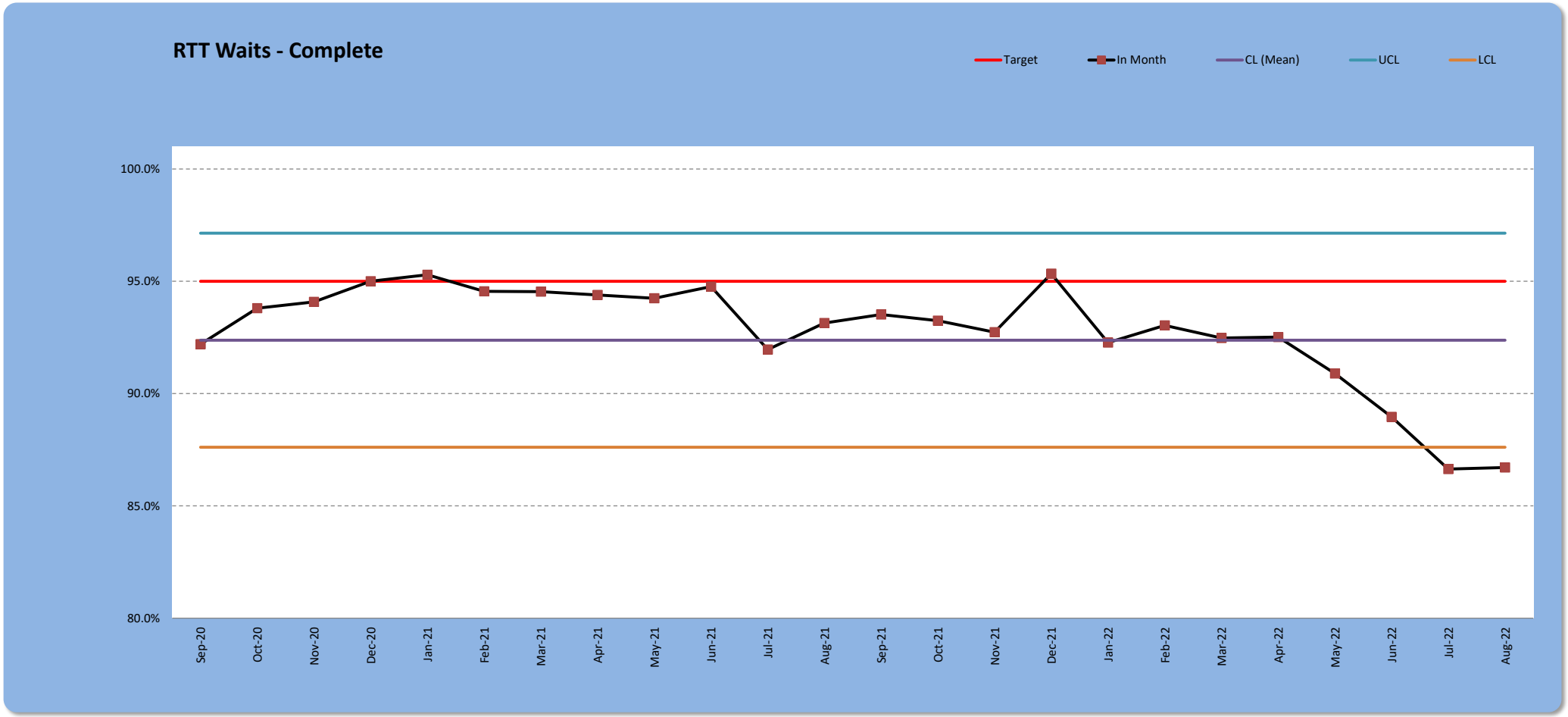
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2022**

Target:	Amber:	Current month stands at:
95%	85%	86.7%

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



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

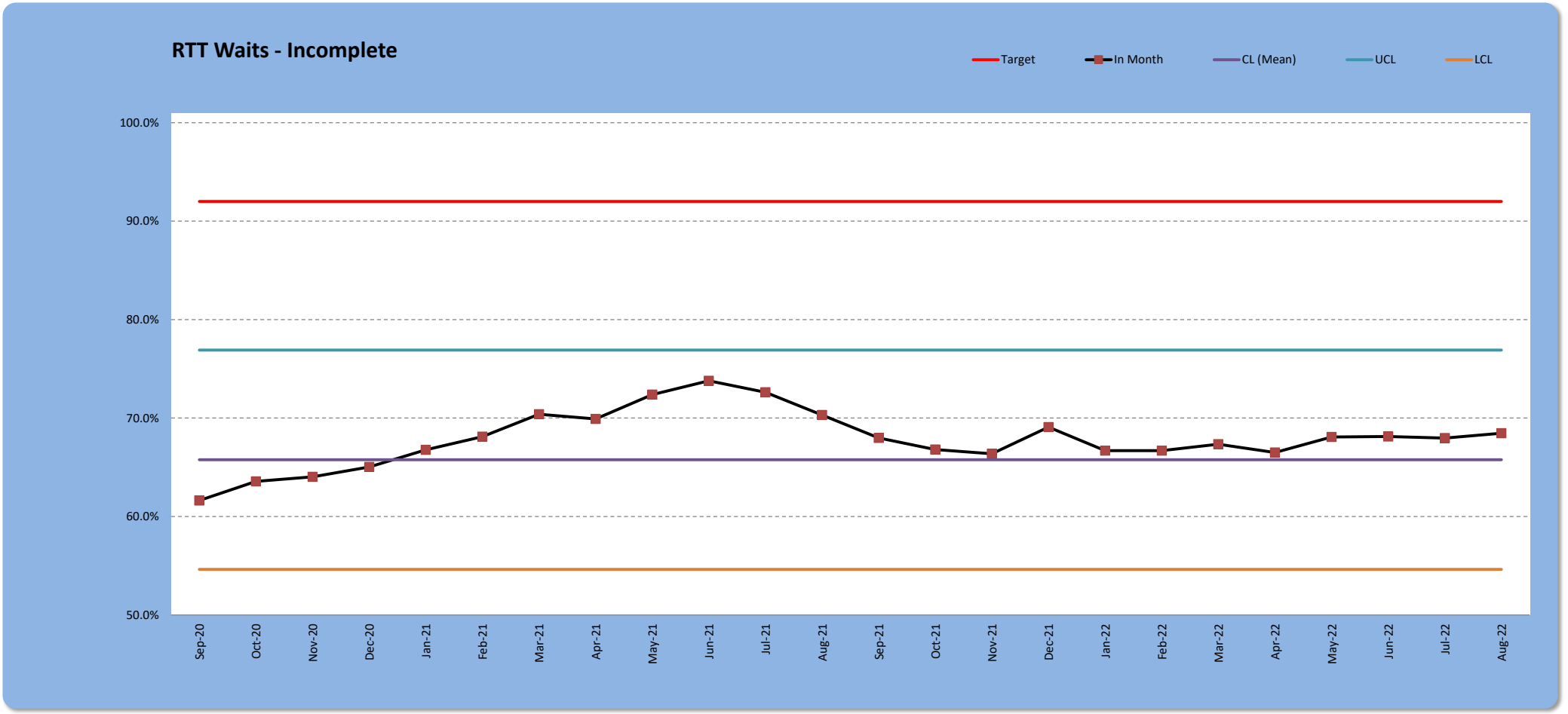
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

Target:	Amber:	Current month stands at:
92%	85%	68.5%

For the period ending: **Aug 2022**

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



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

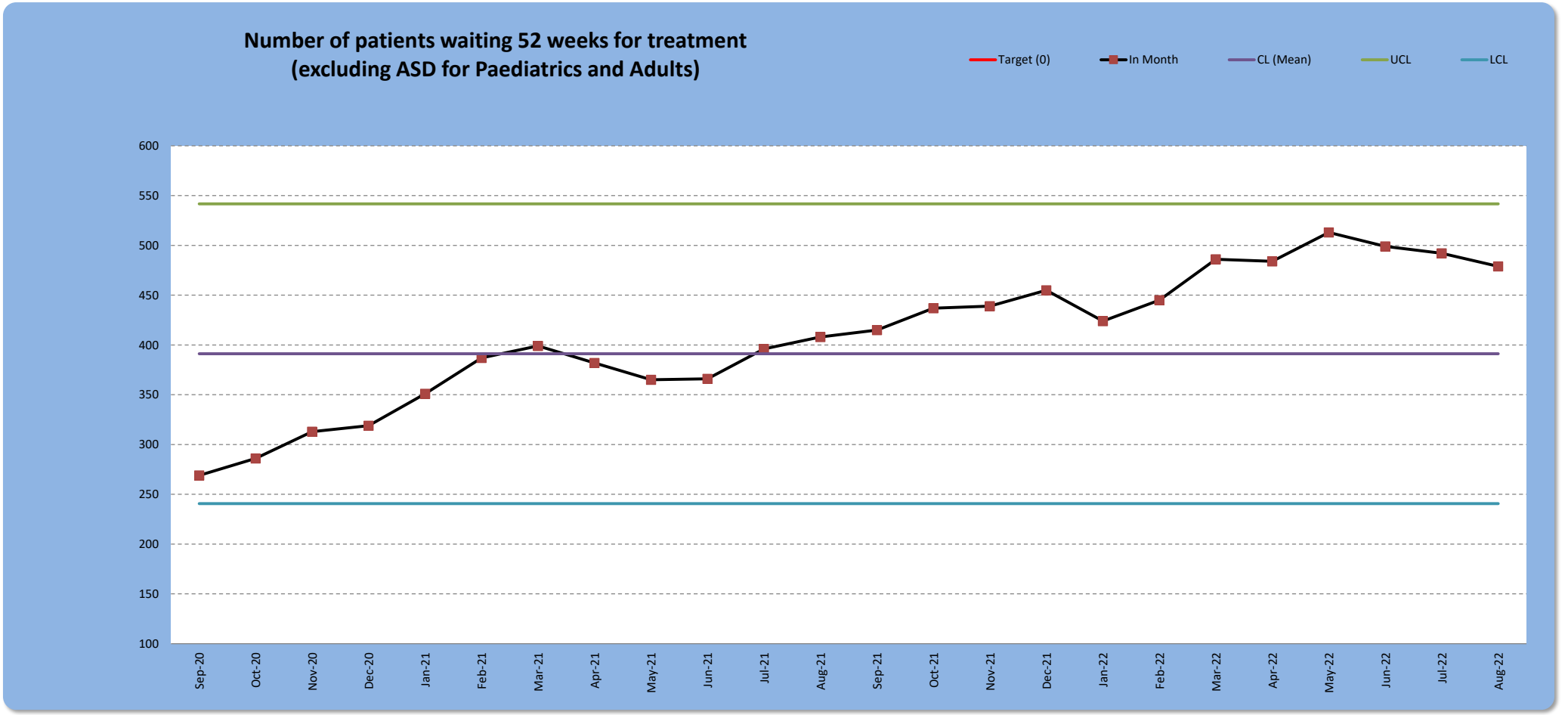
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2022**

Target:	Amber:	Current month stands at:
0	0	479

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



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

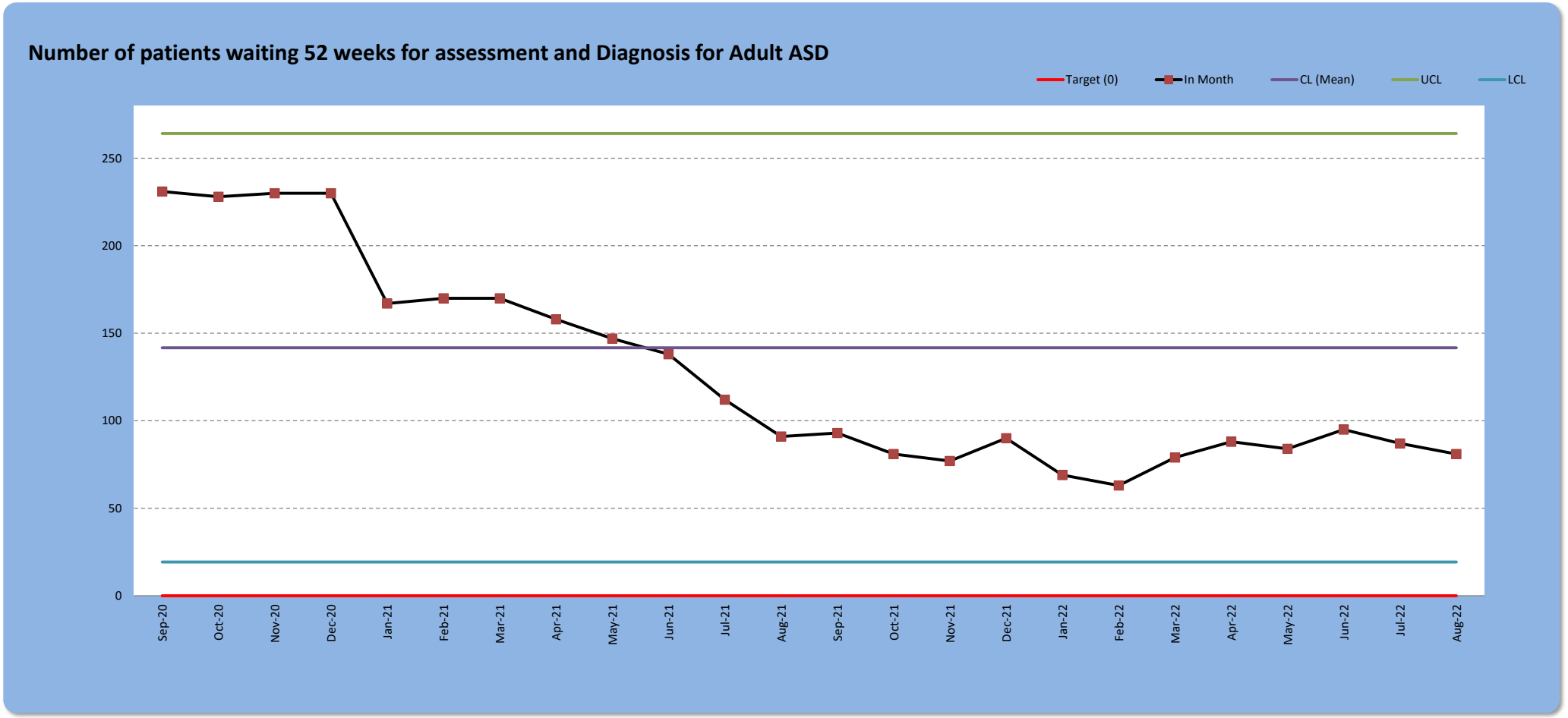
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

Target:	Amber:	Current month stands at:
0	0	81

For the period ending: **Aug 2022**

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



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

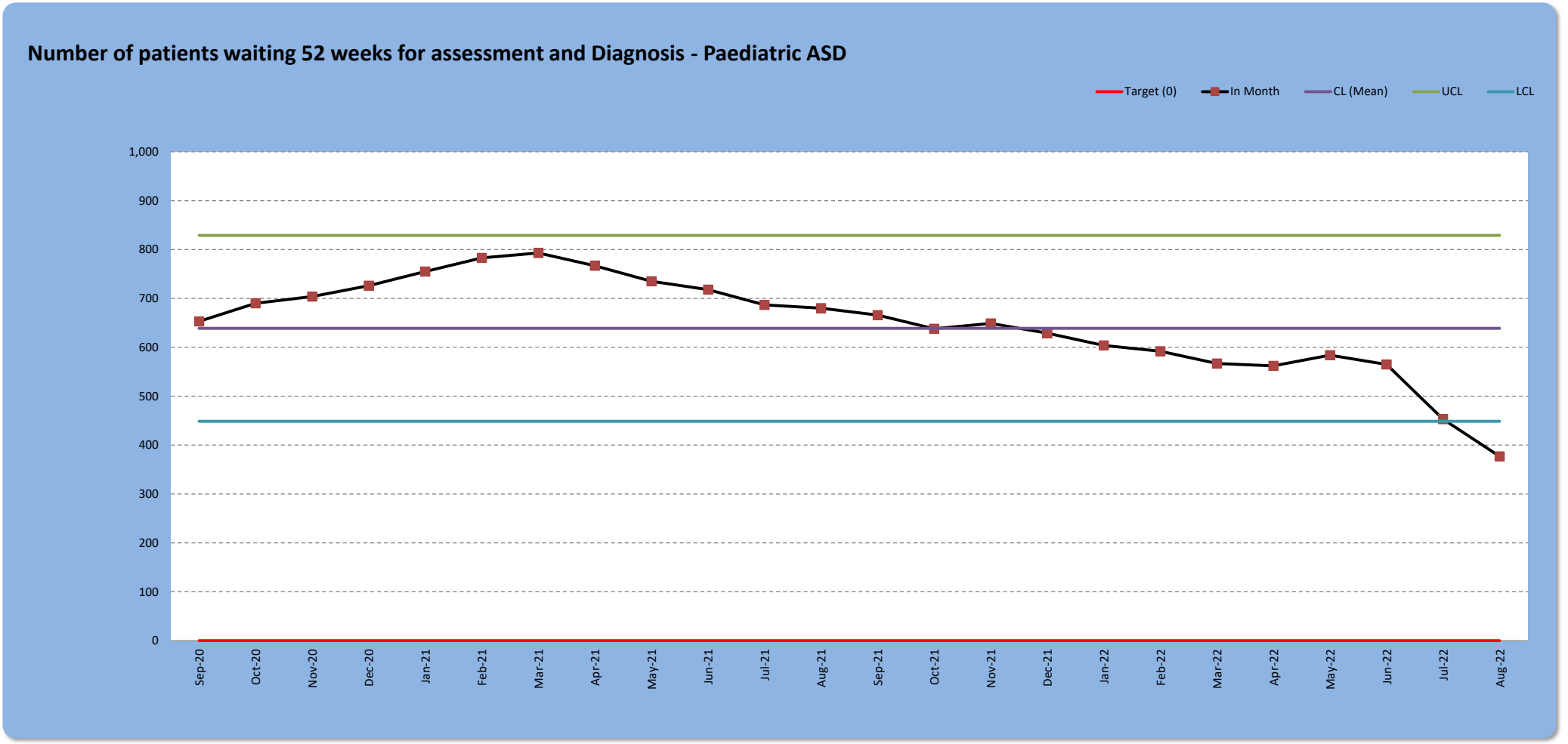
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2022**

Target:	Amber:	Current month stands at:
0	0	377

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



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

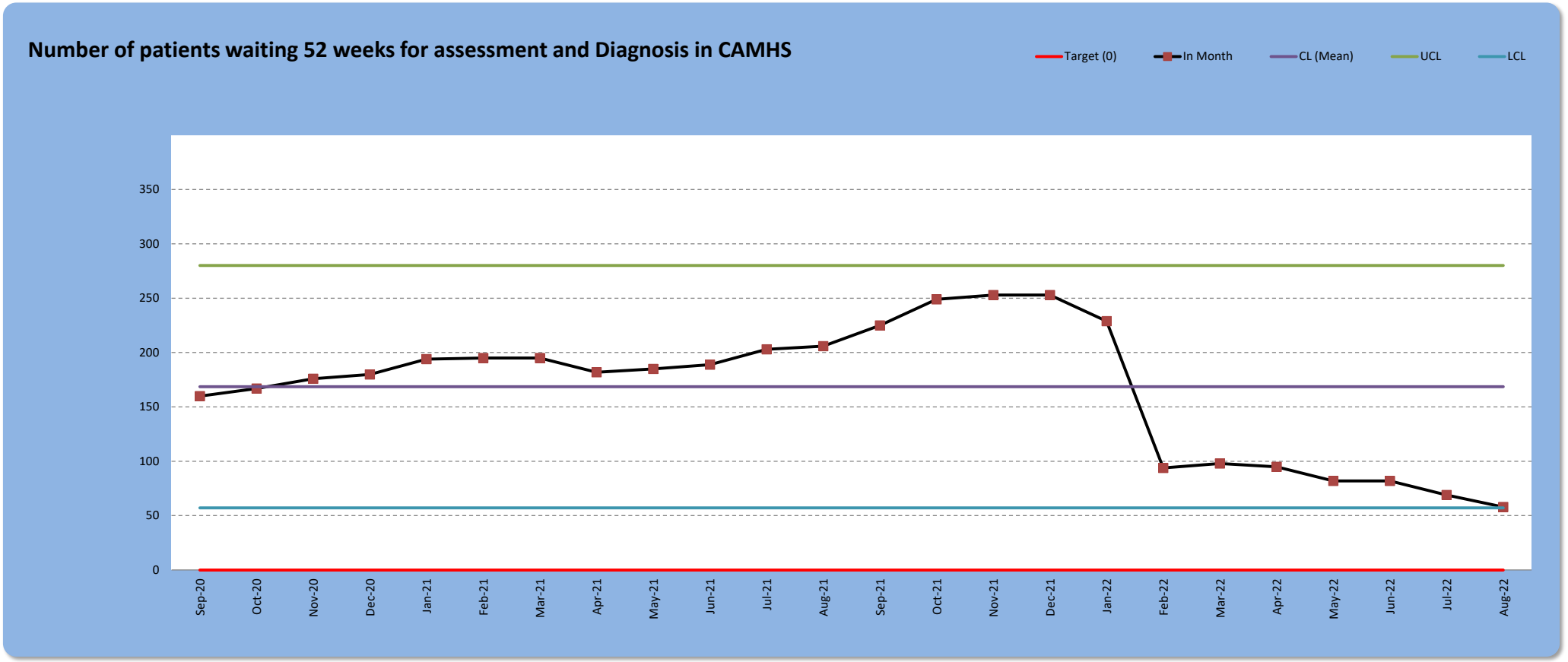
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

Target:	Amber:	Current month stands at:
0	0	58

For the period ending: **Aug 2022**

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



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

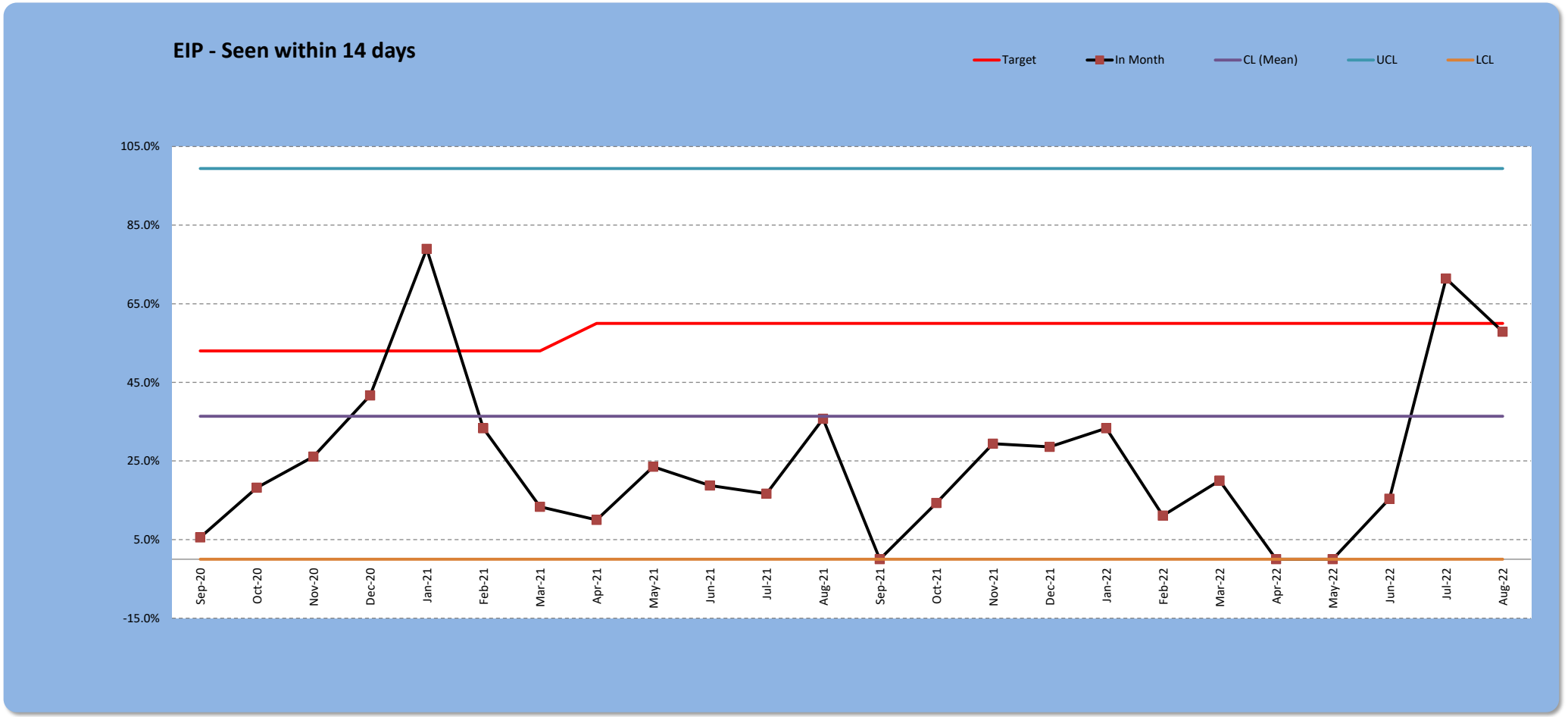
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

Target:	Amber:	Current month stands at:
60%	55%	57.9%

For the period ending: **Aug 2022**

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



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

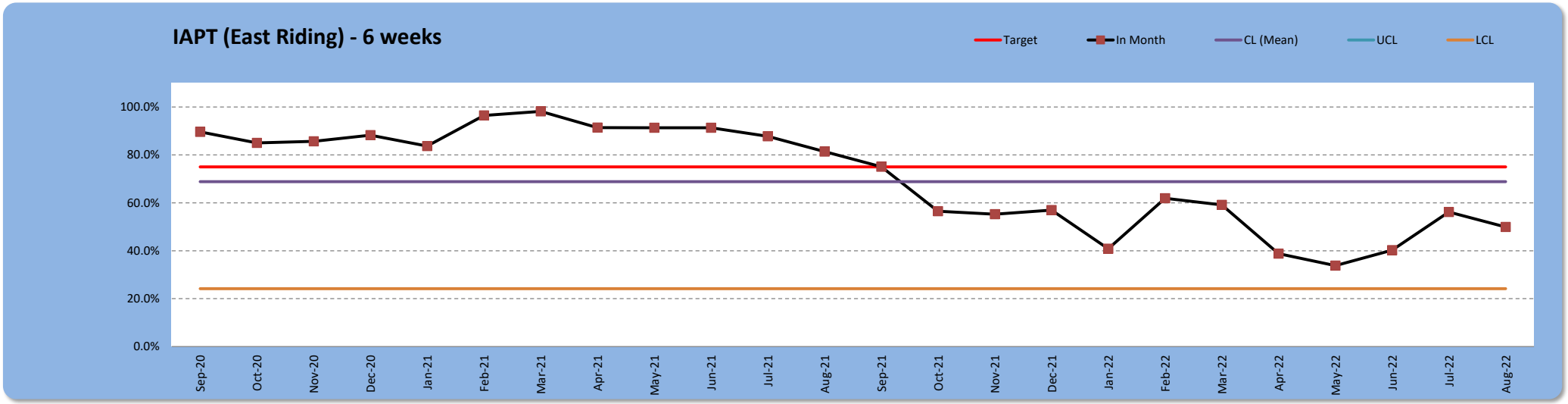
PI RETURN FORM 2022-23

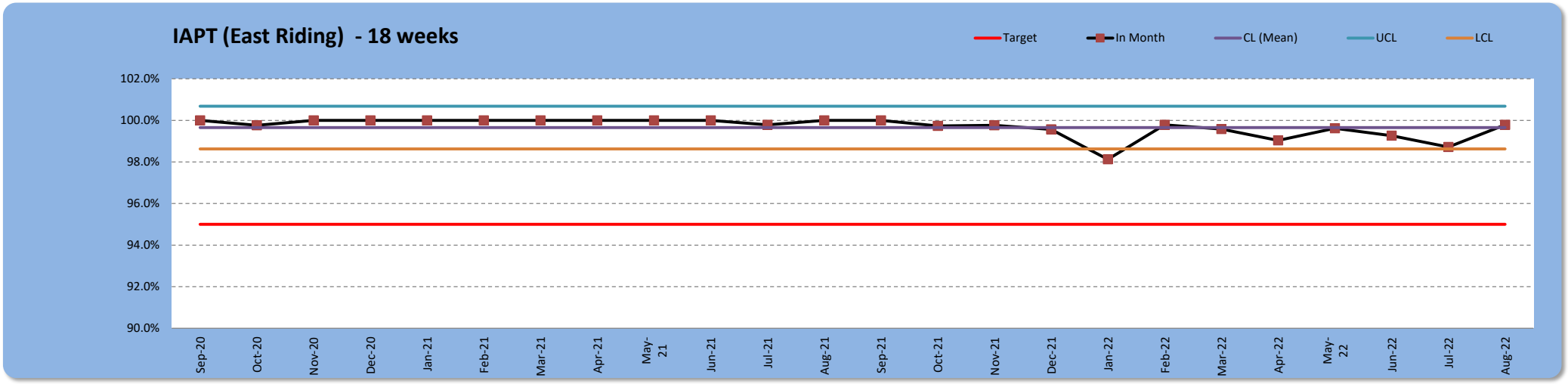
Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2022**

Target:	Amber:	Current month 6 weeks stands at:	Target:	Amber:	Current month 18 weeks stands at:
75%	70%	49.9%	95%	85%	99.8%

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





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

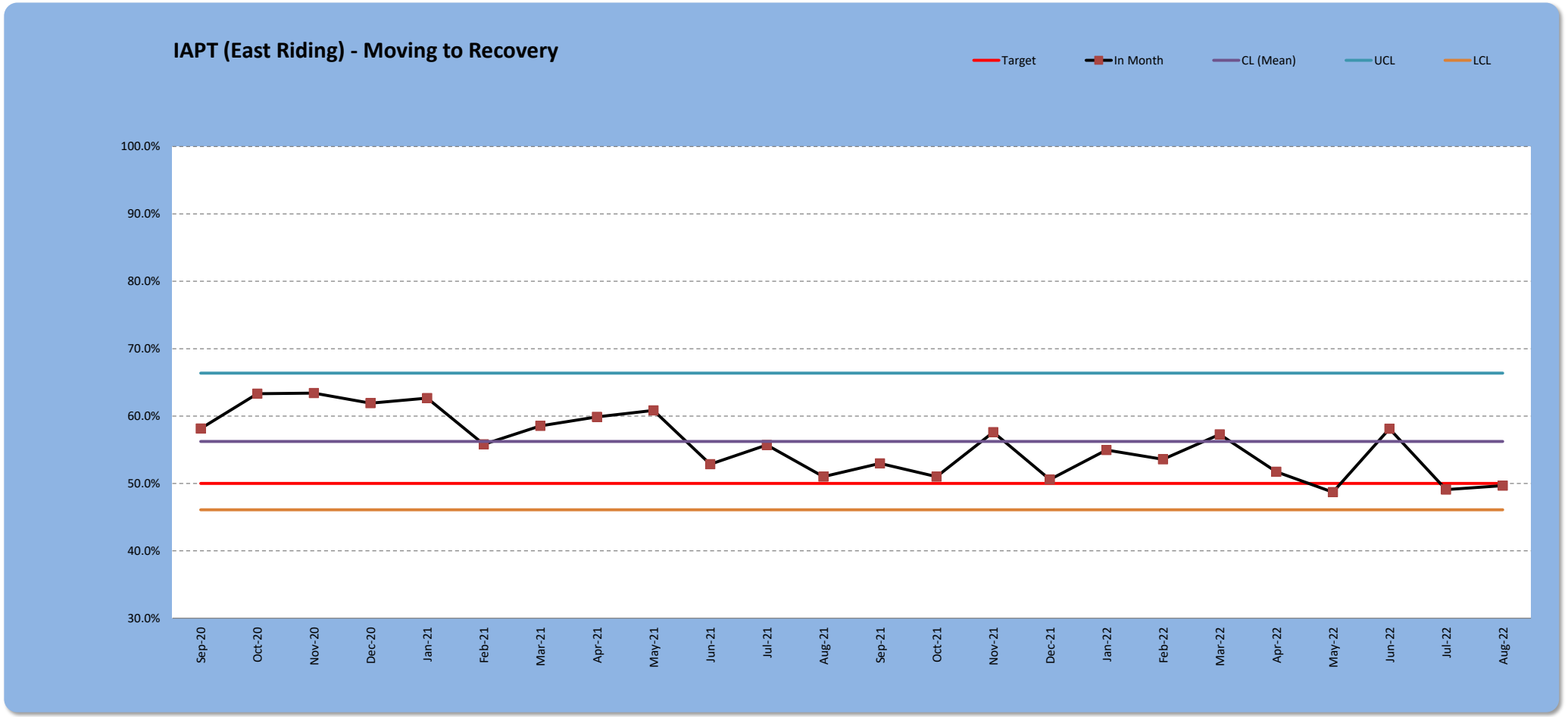
PI RETURN FORM 2022-23

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

Target:	Amber:	Current month stands at:
50%	45%	49.7%

For the period ending: **Aug 2022**

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



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

PI RETURN FORM 2022-23

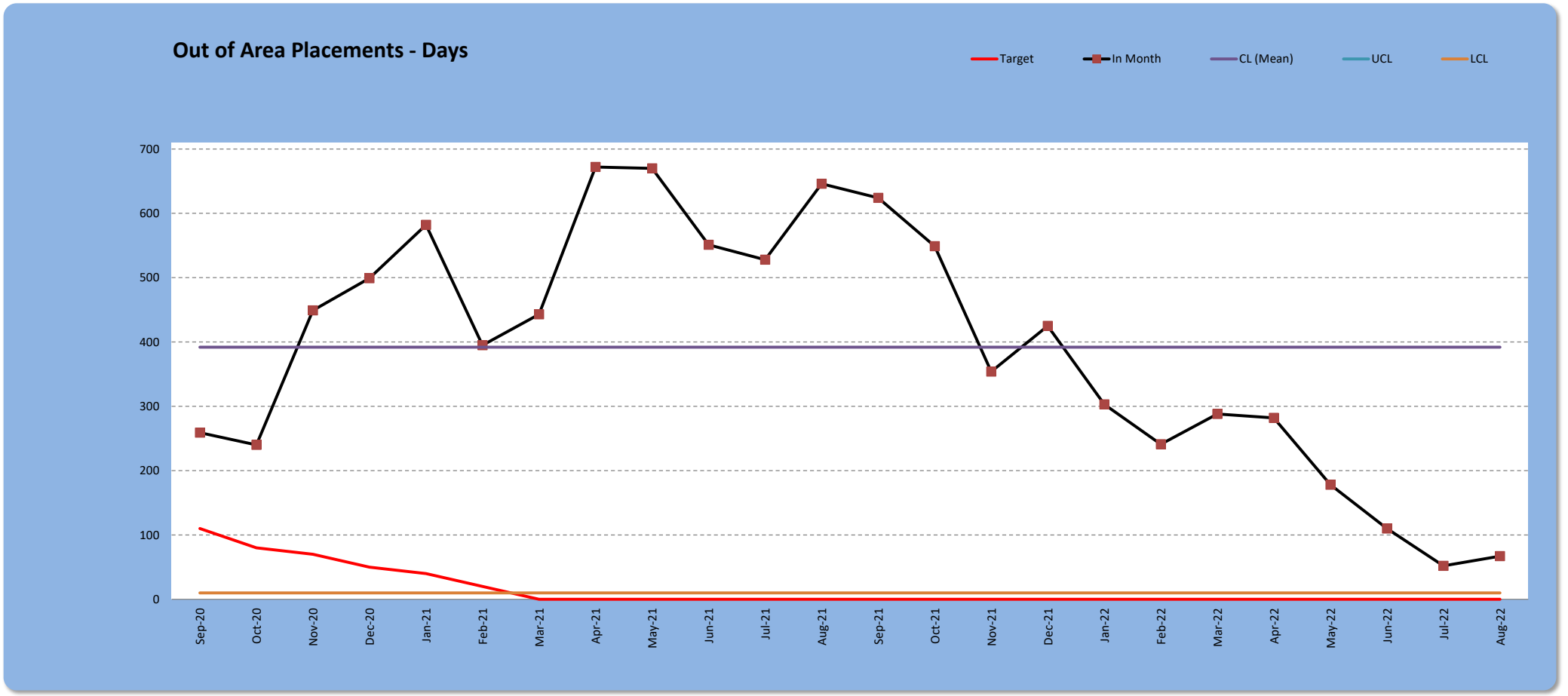
Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Aug 2022**

Target:	Amber:	Patients OoA within month:
0	0	5

Split:	# days	# patients
Adult	25	3
OP	42	2
PICU	0	0

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



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

PI RETURN FORM 2022-23

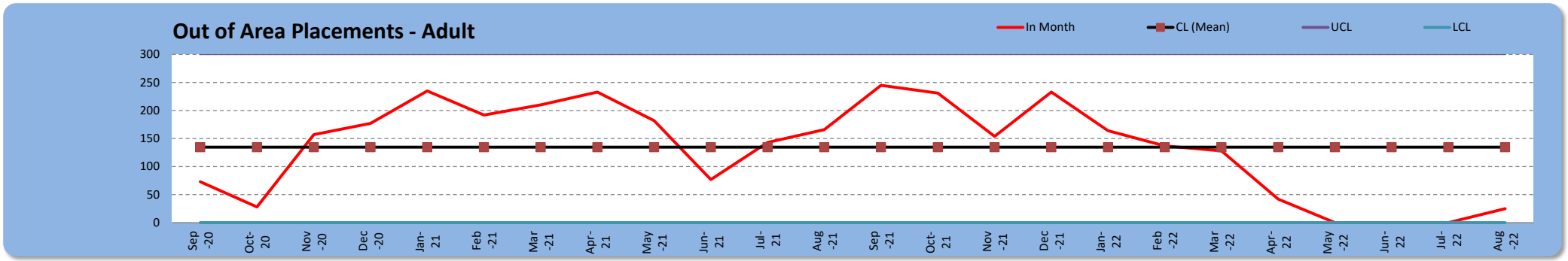
Goal 3 : Fostering Integration, Partnership and Alliances

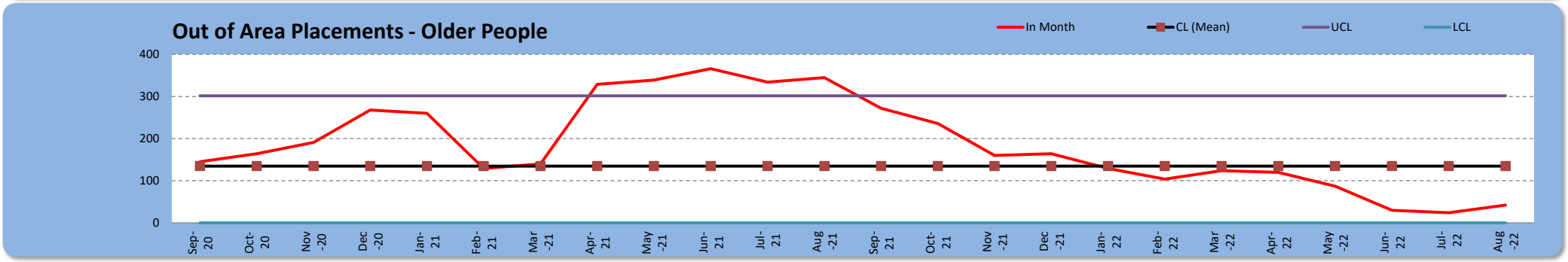
For the period ending: **Aug 2022**

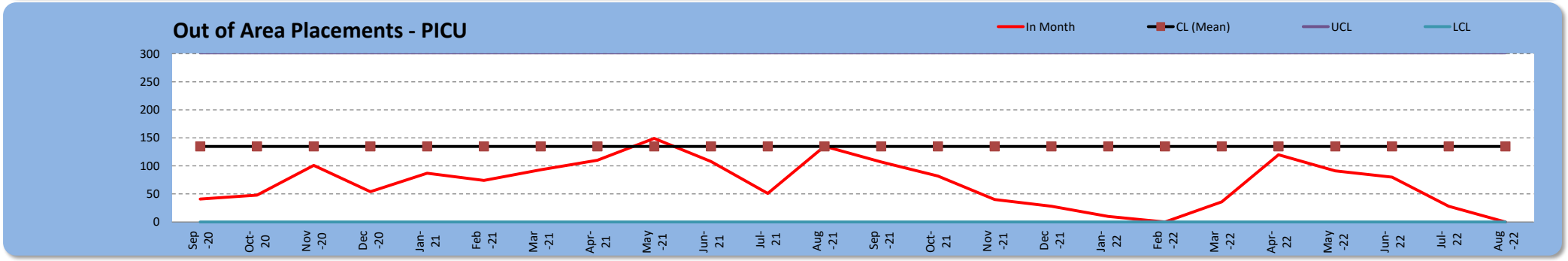
Split for Current month:

Aug-22	
25	Adult
42	OP
0	PICU
67	Total

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







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

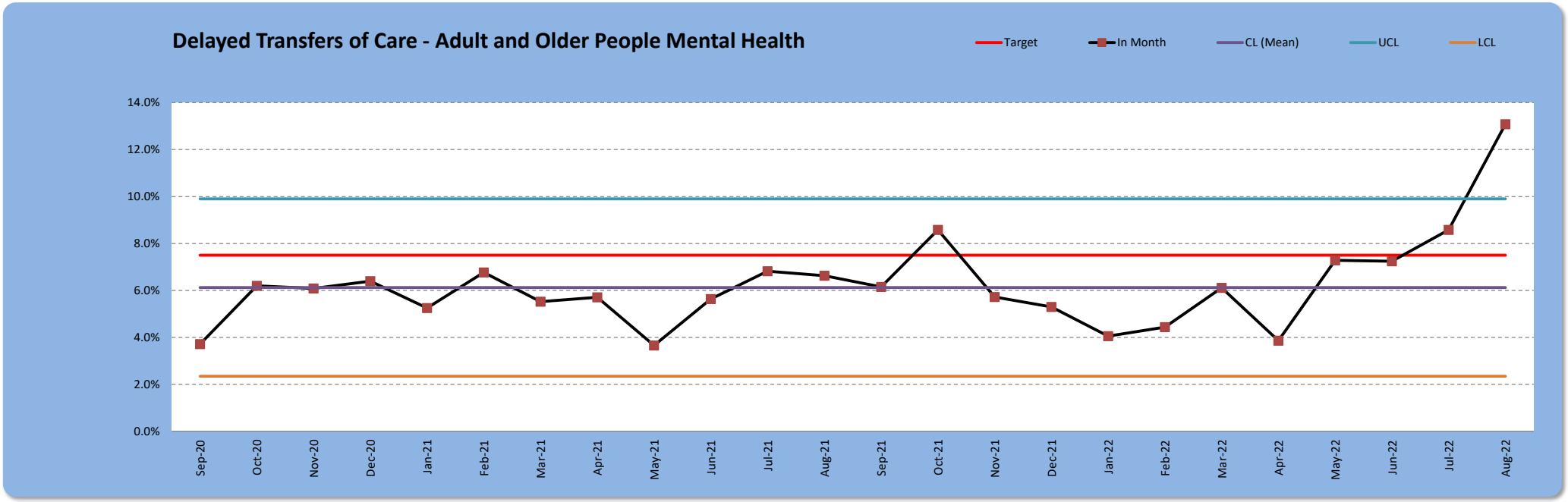
PI RETURN FORM 2022-23

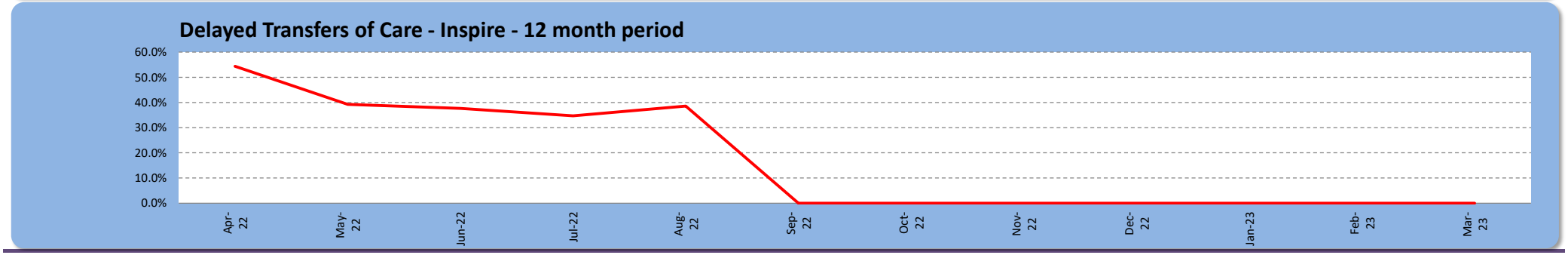
Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Aug 2022**

Target:	Amber:	Current month stands at:
7.5%	7.0%	13.1%

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





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

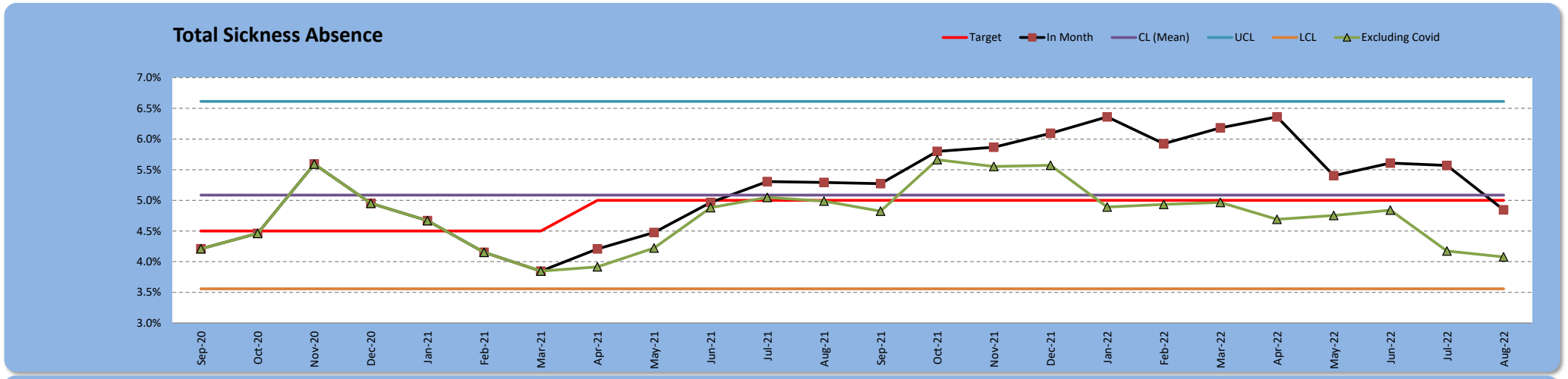
PI RETURN FORM 2022-23

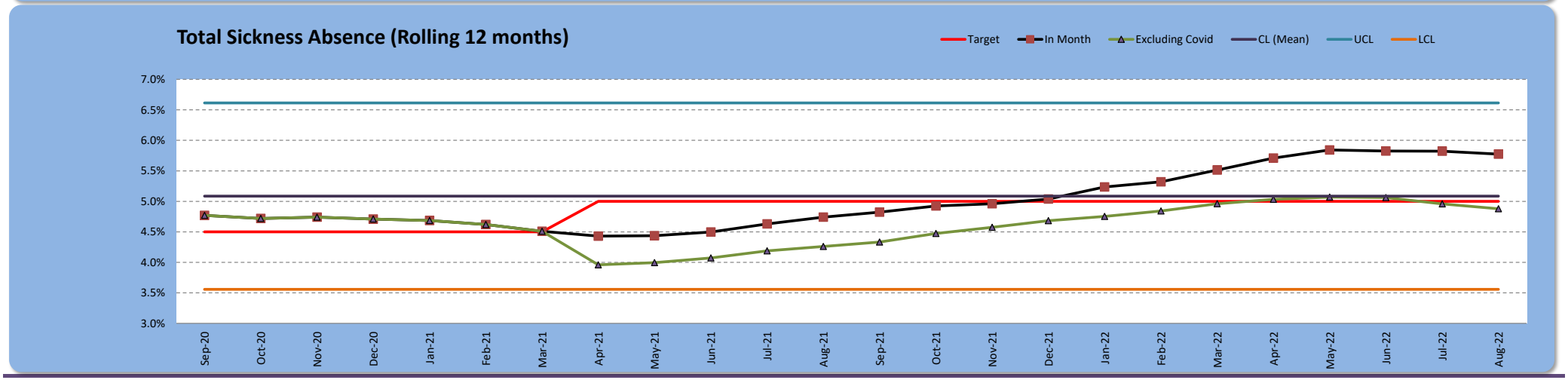
Goal 4 : Developing an Effective and Empowered Workforce

Target:	Amber:	Current month stands at:
5.0%	5.2%	4.8%

For the period ending: **Aug 2022**

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





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

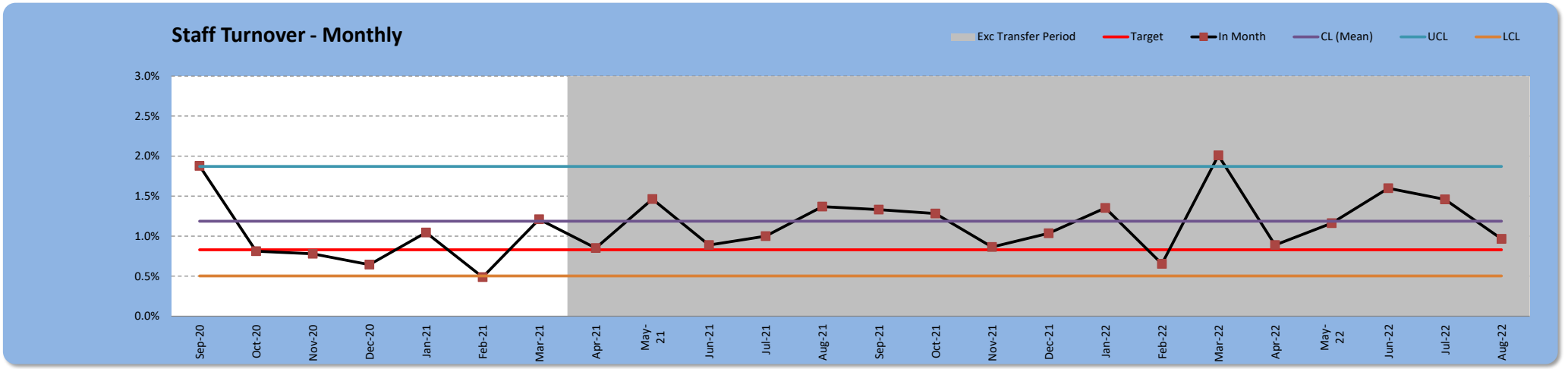
PI RETURN FORM 2022-23

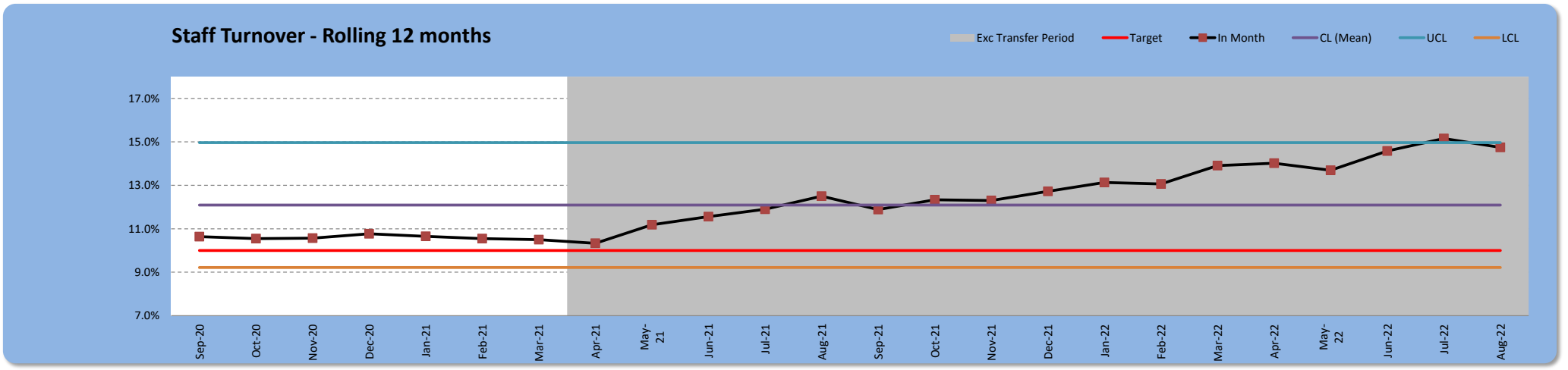
Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Aug 2022**

Target:	Amber:	Current month stands at:	Target:	Amber:	Rolling figure stands at:
0.8%	0.7%	1.0%	10%	9%	15%

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





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

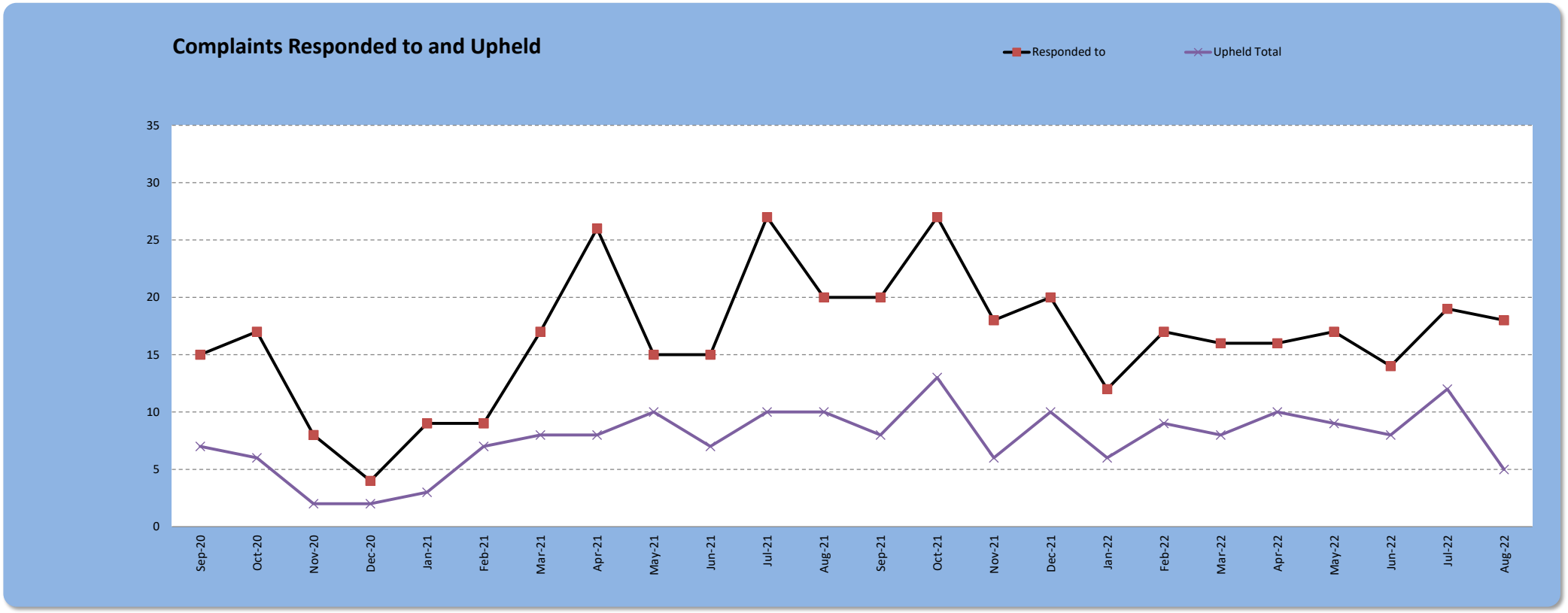
PI RETURN FORM 2022-23

YTD Upheld	No. of Complaints upheld in month	Current month upheld stands at:
50.0%	n/a	0

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Aug 2022**

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



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

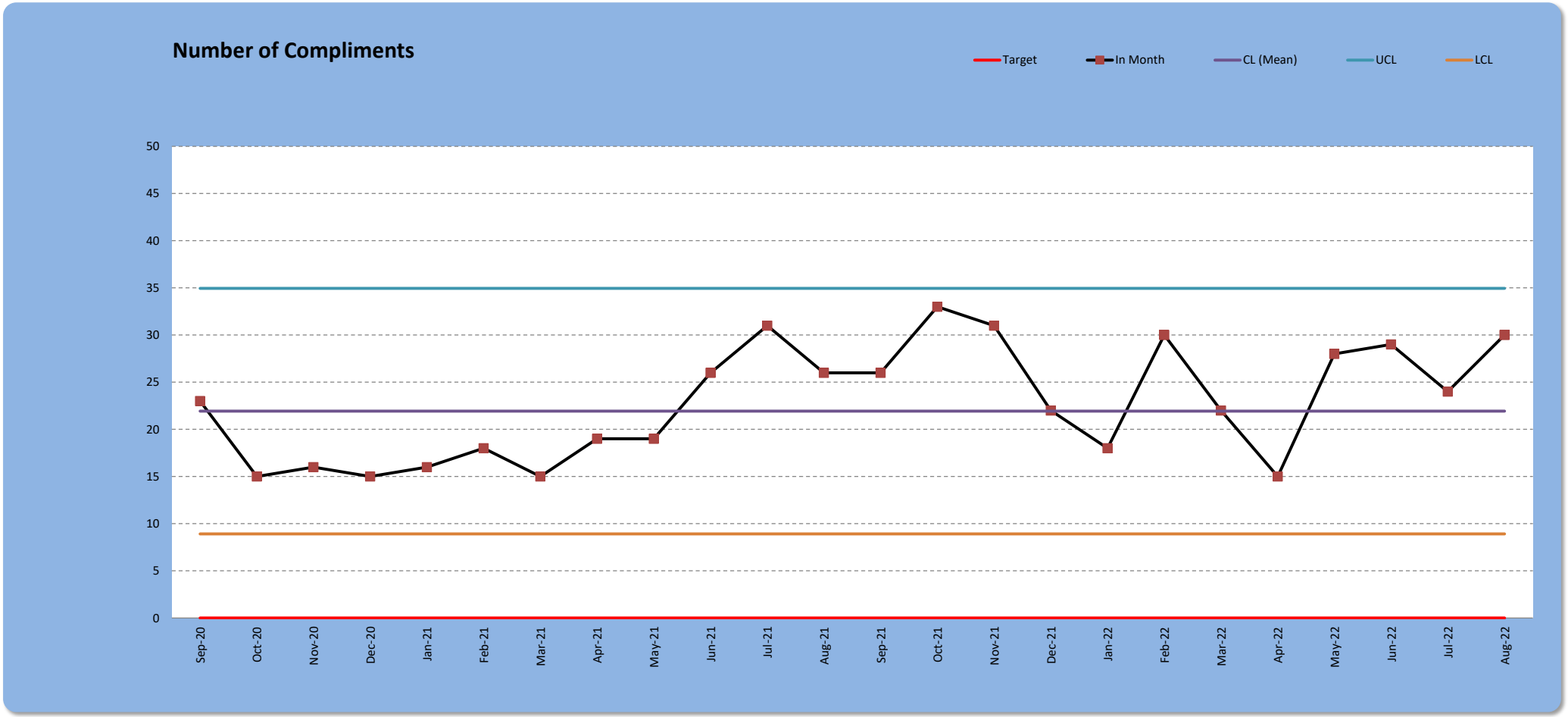
PI RETURN FORM 2022-23

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Aug 2022**

Target:	Amber:	Current month stands at:
n/a	n/a	30

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



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

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Executive Team:

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

Caring, Learning
& Growing Together

Issue Date: 14/09/2022

Appendix B

Indicator/Service	Narrative
RTT Waits – Complete	August's position continues to demonstrate an anticipated deterioration as a result of having a higher number of clock stops for patients who have already waited longer than 18 weeks. Recovery plans and our focus on achieving reduction in over 52ww being the main contributing factors. This position will continue to be adversely impacted during the recovery phases and will improve once waiting times have been driven down to perform within the 18ww standard – detailed analysis was provided in the last detailed waiting times report and will be provided in the next quarterly update to the board.
RTT Waits - Incomplete	Whilst focus remains on eradicating the longest waiting patients, attention and emphasis continues on ensuring waiting lists are validated, operational processes for communicating with patients waiting are in place and that improvement trajectories are being closely monitored. Detailed recovery plans are in place to improve wating times in the following areas, these are directly overseen weekly by the Deputy Chief Operating Office, the Operational Delivery group and Patient Care Performance and Accountability Reviews with the executive directors. - Paediatric Autism Spectrum Diagnosis (ASD) (recovery of over 52ww position) - Adult Attention Deficit Hyperactivity Disorder (ADHD) - Adult ASD - Core CAMHS - Paediatric ADHD - Memory Assessment Service
52 Week Waits	August's position demonstrates a continued improving position in relation to the over 52wws. This is mainly attributed to the work in place to recover and improve in the following areas: - Continued weekly process of validation for all over 52wws - **Paediatric ASD** recovery plan – the new provider has delivered the expected activity in August - **Adult ASD** recovery plan - the current trajectory forecasts recovery of the over 52 week wait position will be achieved by December 2022. - **Memory Assessment Service** recovery plan - **Core CAMHS** recovery plan
IAPT	Compliant against the 18ww access standard. Recovery planning work is in place to address the 6ww standard. The service continues to work with sub- contracted providers to increase capacity against the required clinical modalities within the model.

Humber Teaching NHS Foundation Trust

Agenda Item 10

<table>
<tr><td>Title & Date of Meeting:</td><td colspan="4">Trust Board Public Meeting – 28 September 2022</td></tr>
<tr><td>Title of Report:</td><td colspan="4">Finance Report Month 5 (August 2022)</td></tr>
<tr><td>Author/s:</td><td colspan="4">Name: Peter Beckwith
Title: Director of Finance</td></tr>
<tr><td>Recommendation:</td><td colspan="4">
<table>
<tr><td>To approve</td><td></td><td>To receive & discuss</td><td></td></tr>
<tr><td>For information/To note</td><td>✓</td><td>To ratify</td><td></td></tr>
</table>

The Trust Board are asked to note the Finance report for August and comment accordingly.
</td></tr>
<tr><td>Purpose of Paper:
Please make any decisions required of Board clear in this section:</td><td colspan="4">This report is being brought to Board Members to provide the financial position for the Trust as at the 31 August 2022 (Month 5).

The report provides assurance regarding financial performance, key financial targets and objectives</td></tr>
<tr><td colspan="5">Key Issues within the report:</td></tr>
<tr><td colspan="2">Matters of Concern or Key Risks to Escalate:
• The Year to Date Agency expenditure was £3.773m, this is £0.911m more than the previous year's equivalent Month 5 position.
• Primary Care is showing an overspend of £0.681m which is primarily caused by the increased use of Locum Doctors</td><td colspan="3">Key Actions Commissioned/Work Underway:
• An Agency Recover Plan has been developed aimed at reducing the level of agency costs and of recruiting to permanent medical consultancy posts
• A Primary Care Recovery Plan has been developed with oversight at Executive Management Team</td></tr>
<tr><td colspan="2">Positive Assurances to Provide:
• The Trust recorded an overall financial position consistent with the Trust's planning target
• Cash balance at the end of Month 5 was £29.862m of which £3.734m relates to the Provider Collaborative.
• The Better Payment Practice Code figures show achievement of 90.6%</td><td colspan="3">Decisions Made:
• The Trust Board are asked to note the Finance report for August 2022, and comment accordingly.</td></tr>
</table>

Caring, Learning & Growing Together

for Non NHS invoices and 93.2% for NHS invoices, work continues to maintain/improve the position	

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)	

Monitoring and assurance framework summary:

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

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

FINANCE REPORT – August 2022

1. Introduction

This report is being circulated to The Board to present the financial position for the Trust as at the 31 August 2022 (Month 5). The report provides assurance regarding financial performance, key financial targets and objectives.

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

2. Position as at 31 August 2022

Under the ICB planning process which concluded on 20 June, the Trust is required to achieve a break even position for the year and this updated the previous plan which was a £1.011m deficit.

The Month 5 target accounts for this change with the profiled position being a deficit of £0.275m which has been achieved. Going forward the monthly targets will reflect the requirement to break even at the yearend which will mean a minor monthly surplus.

Table 1 shows for the period ended to 31 August 2022 the Trust recorded an operating deficit of £0.275m, details of which are summarised in table 1 on the following page.

The current financial position is based on the planning assumption of a 2% ay award, confirmation of pay award funding is awaited from the ICB and the impact of the pay award will be factored into the month 6 financial position. The expectation from NHSE is that funding distributed will cover the impact of the pay award for Trusts.

There is one item which doesn't count against the Trust's financial control targets, which is the Donated asset Depreciation of £0.024m year to date, this takes the ledger position to a deficit of £0.299m.

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Table 1: 2022/23
Income and Expenditure

	22/23 Net Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Income							
Trust Income	**157,249**	**13,087**	**13,151**	**63**	**65,270**	**64,392**	**(877)**
Clinical Income	**16,104**	**1,371**	**1,462**	**92**	**6,723**	**7,295**	**572**
Total Income	**173,353**	**14,458**	**14,613**	**155**	**71,993**	**71,687**	**(305)**
Expenditure							
Clinical Services							
Children's & Learning Disability	35,275	2,861	2,942	(82)	14,529	14,375	154
Community & Primary Care	30,596	2,547	2,682	(134)	12,927	13,301	(374)
Mental Health	53,207	4,478	4,393	84	22,676	22,440	236
Forensic Services	11,896	989	986	3	5,049	4,992	56
	130,975	**10,875**	**11,004**	**(129)**	**55,181**	**55,108**	**72**
Corporate Services	**36,793**	**2,975**	**2,815**	**159**	**14,176**	**13,362**	**814**
Total Expenditure	**167,767**	**13,849**	**13,819**	**30**	**69,357**	**68,470**	**886**
EBITDA	**5,585**	**609**	**794**	**185**	**2,636**	**3,217**	**581**
Depreciation	4,596	411	446	(35)	1,719	2,230	(511)
Interest	148	12	(18)	30	61	(45)	107
IFRS 16	-	-	17	(17)	-	88	(88)
PDC Dividends Payable	2,341	195	195	-	976	976	-
ICS Contribution	-	-	-	-	-	64	(64)
Operating Total	**(1,499)**	**(10)**	**152**	**162**	**(120)**	**(96)**	**24**
BRS	(1,500)	(45)	116	(161)	155	179	(24)
Operating Total	**1**	**36**	**36**	**1**	**(275)**	**(275)**	**0**
Excluded from Control Total							
Donated Depreciation	70	6	5	1	29	24	5
	(69)	**30**	**32**	**2**	**(304)**	**(299)**	**5**
Excluded							
Commissioning	1	0	(0)	0	1	1	0
Ledger Position	**(71)**	**30**	**32**	**2**	**(305)**	**(300)**	**6**
EBITDA %	**3.2%**	**4.2%**	**5.4%**		**3.7%**	**4.5%**	
Surplus %	**-0.9%**	**-0.1%**	**1.0%**		**-0.2%**	**-0.1%**	

2.2 Income

Trust Income is showing a position of under achieving against budget by £0.877m. Of this £0.613m relates to Covid income which has been received and deferred to offset future potential pressures relating to Covid expenditure including the seasonal risk of Out of Area funding demands.

Clinical income which is specific to other income sources is overachieving by £0.572m.

2.3 Staffing Expenditure

Staffing accounts for the majority of the Trust's expenditure, as at the end of Month 5 the following table highlights the aggregate position of staff expenditure for the Trust

Year to Date Budget	£59.966m
Year to Date Expenditure	£60.233m
Year to Date Variance	£0.267m

It should be noted that no posts are being held back from recruitment and that the Trust has a group established focussing on hard to recruit posts.

2.4 Divisional Expenditure

The overall Operational Divisional Gross Expenditure is showing an underspend of £0.072m.

2.4.1 Children's and Learning Disability

Children's and LD is reporting a £0.154m underspend. There are some pressures relating to the CAMHS Inpatient Unit and the use of Agency Medics in Community CAHMS, this is offset by underspends elsewhere in the service.

2.4.2 Community and Primary Care

Community and Primary Care is reporting an overspend of £0.374m.

Primary Care is showing an overspend of £0.681m which is primarily due to pressures caused by the required increase of Locum Doctors which are significantly more expensive than substantive staff, offset by underspends in Community of £0.307m.

Primary Care have produced a recovery plan which has oversight at Executive Management Team. The main aim of this plan is to reduce the reliance on Locum Doctors. Three new GPs were due to start with the Trust in August however visa delays have stalled this and Locum expenditure has continued to be used to fill these roles.

2.4.3 Mental Health

The Division is showing an underspend of £0.236m. There are pressures within the Unplanned service division which relates to the acuity of patients within PICU and the Older Adult Units which requires increased safer staffing numbers. This is currently offset by underspends within the Planned division.

2.4.4 Corporate Services

Corporate Services are showing an underspend of £0.814m.

2.4.5 Depreciation

The actual Depreciation position at Month 5 is currently showing an overspend of £0.511m. A review of Depreciation in line with the Revaluation of Assets is currently being undertaken and will be reported through the Finance and Investment Committee.

3. Cash

As at the end of Month 5 the Trust held the following cash balances:

Table 2: Cash Balance

Cash Balances	£000s
Cash with GBS	29,531
Nat West Commercial Account	243
Petty cash	52
Total	**29,826**
Of this £3.734m relates to the Provider collaborative	

Included within this amount is the Provider Collaborative cash amount of £3.734m, this has increased as the payment mechanism between lead provider collaboratives has moved to recharges rather than the former block payment mechanism.

4. Agency

Actual agency expenditure for August was £0.889m. The year to date spend is £3.773m, which is £0.911m above the same period in the previous year.

Table 3: Agency Spend v previous years

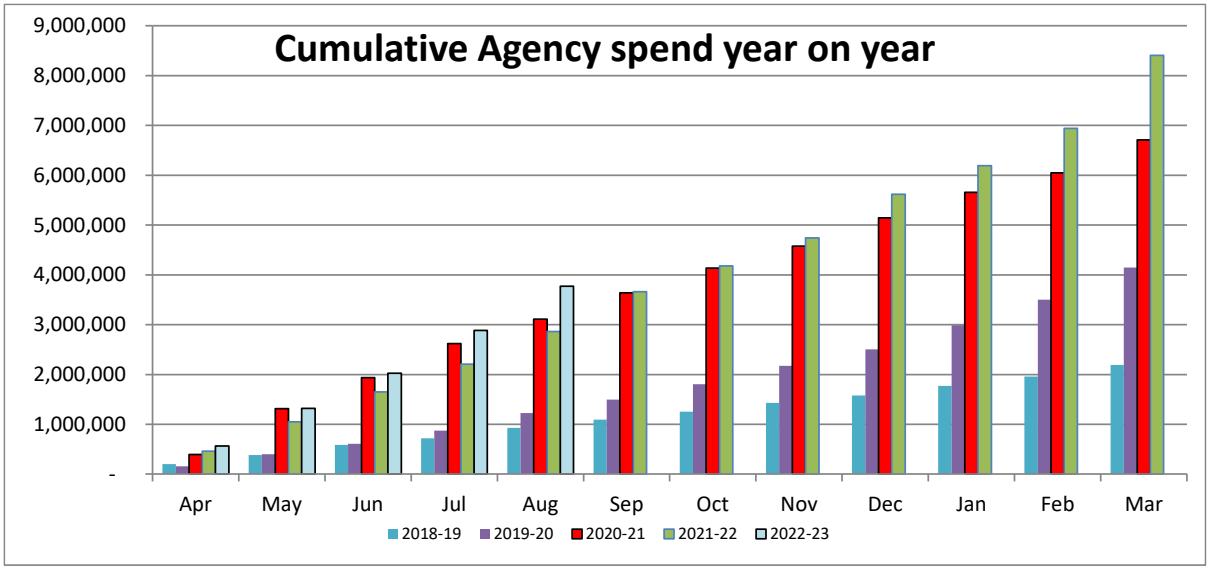

Table 4: Agency Spend by Staff Group

Staff Type	Apr-22	May-22	Jun-21	Jul-22	Aug-22	Total
	£000	£000	£000	£000	£000	£000
Consultant	319	313	279	553	384	1,848
Nursing	125	201	230	135	289	979
AHPs	13	(27)	27	14	10	38
Clinical Support Staff	50	214	132	95	154	645
Administration & Cleri	56	57	39	59	53	263
Grand Total	**563**	**759**	**706**	**855**	**890**	**3,773**

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

A plan to recover agency spend has been approved by EMT and is being overseen by the Director of Finance as SRO.

5. Better Payment Practice Code BPPC

The BPPC figures are shown at Table 6. The current position is 90.6% for Non NHS and 93.2% for NHS. This represents an improvement on the previous month which were 89.9% and 92.5%. The overall payment is 91.0% and is an improvement on the previous months by 0.9%. Work is ongoing to improve the position internally through Communications and then by monitoring.

Table 6: Better Payment Practice Code

Better Payment Practice Code	YTD Number	YTD £
NON NHS		
Total bills paid	16,092	43,748
Total bills paid within target	13,999	39,623
Percentage of bills paid within target	**87.0%**	**90.6%**
NHS		
Total bills paid	511	7,813
Total bills paid within target	434	7,284
Percentage of bills paid within target	**84.9%**	**93.2%**
TOTAL		
Total bills paid	16,603	51,561
Total bills paid within target	14,433	46,907
Percentage of bills paid within target	**86.9%**	**91.0%**

6. Recommendations

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

Humber Teaching NHS Foundation Trust

Agenda Item 11

Title & Date of Meeting:	Trust Board Public Meeting – 28th September 2022
Title of Report:	Use of Force Act – Update Report
Author/s:	Lynn Parkinson Deputy Chief Executive & Chief Operating Officer
Recommendation:	To approve: ; To receive & discuss: ✓ For information/ To note: ; To ratify:
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	The purpose of this paper is to provide an update on the new statutory obligations aimed at preventing inappropriate use of force applied to organisations providing inpatient mental health units, including NHS Trusts and independent sector organisations that provide NHS-funded care from 31st March 2022. The Act (known as 'Seni's law) placed new duties on hospitals in relation to the use of force (e.g. record keeping, training and investigations) and required police officers visiting mental health units to wear body cameras. Organisations needed 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. This paper sets out the progress made and mechanisms in place to meet the requirements including data and reporting.

Key Issues within the report:

Matters of Concern or Key Risks to Escalate: • .	**Key Actions Commissioned/Work Underway:** • Further work to be undertaken to develop a dashboard to make the data more accessible. • Complete the review of the patient and carer information leaflets. • Continue via the task and finish group to ensure that staff remain fully aware of the requirements. • Data monitoring and work on the reduction of the use of force and restrictive interventions to continue via the Reducing Restrictive Interventions (RRI) group
Positive Assurances to Provide: • The Chief Operating Officer has been appointed as the Trust's 'responsible person'. • A Use of Force Act task and finish group was established last year to undertake the work required to be ready to meet the new requirements of the Use of Force Act.	**Decisions Made:** • .

• This work built on the pre-existing and well established work on Reducing Restrictive Interventions in the Trust • A new Use of Force Policy was developed and is now in place. • Reporting mechanisms are now in place to capture the data required by the new Act. • The Use of Force Act requirements will be reported via the Reducing Restrictive Interventions quarterly report received by the Executive Management Team (EMT) and Mental Health Act Legislation Group	

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	12th September 2022
Mental Health Legislation Committee		Operational Delivery Group	
Charitable Funds Committee		Collaborative Committee	
		Other (please detail)	

Monitoring and assurance framework summary:

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

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

Mental Health Units Use of Force Act 2018

1. Introduction

From 31 March 2022, new statutory obligations aimed at preventing inappropriate use of force applied to organisations providing inpatient mental health units, including NHS Trusts and independent sector organisations that provide NHS-funded care.

The Act (known as 'Seni's law) placed 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 needed 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 apply to all patients in mental health units, whether detained or not.

2. Key Requirements of the Act

The key requirements set out in the Act are summarised below:

- 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.

3. Work undertaken within the Trust to meet the requirements

Work has been undertaken to ensure that our services are prepared for these changes and the key actions are summarised below:

- 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 (RRI) work that had already been established within the Trust and which has been reporting regularly to the Mental Health Act Legislation Committee.
- A task and finish group has been established to focus on the key requirements within the Use of Force Act, reporting to the RRI group 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' has been approved and disseminated to staff. The policy was developed through engagement with various patients, carers and young people groups for consultation.

- Information leaflets for patients and their relatives about the use of force have been developed and are available in all areas that it applies to. This includes an “easy read” version. Work is currently underway to review the information leaflets to ensure that patients and carers are satisfied with them now that they have been in use for some months.
- Staff training on the 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

4. Progress on meeting the reporting requirements of the new Act.

As a requirement of the new Act the Trust must be able to report information about the use of force within our inpatient areas. This information must include:

- the place, date, duration and reason for the use of force
- the type or types of force used on the patient
- the name and job title of any member of staff who used force on the patient
- the reason any person who was not a member of staff in the mental health unit was involved in the use of force on the patient
- the patient's mental disorder and if they have a learning disability or autistic spectrum disorders
- the relevant characteristics of the patient for e.g. gender, race, age, whether pregnant, sexual orientation etc.
- the outcome of the use of force
- any efforts made to avoid the need to use force on the patient

The Trust was in a good position to meet these reporting requirements due to the RRI work which was already in place. To address the additional requirements, the Use of Force task and finish group worked with the clinical systems team on the process for capturing the information, which has largely involved updating and making changes to the adverse incident reporting template held in the electronic patient record. A practice note has been issued to advise all staff of the required reporting changes. This data is now being extracted from our systems in a reportable format that meets the requirement and is being included in the mental health data set report that the Trust submits nationally. Further work is taking place to develop a dashboard that will provide the information in a more easily accessible format and as close to “real time” reporting as possible. Development of an additional audit tool built into our “MyAssure” clinical audit system that is already in use to capture data compliance is also planned.

5. Monitoring, patient safety and reducing use of force and restrictive interventions

The Trust has robust mechanisms in place to ensure that all incidents of use of force, restraint, isolation, seclusion and segregation are reported in our “Datix” incident recording system. These incidents are reviewed daily by matrons and clinical leads within the Trust safety huddle. An initial incident review can be requested where additional information is required which also details the action taken in response to the incident. These incidents are then presented and discussed at the weekly Clinical Risk Management Group (CRMG) meeting chaired by the Deputy Director of Nursing to ensure that they have been adequately responded to in order to reduce the likelihood of reoccurrence and harm. Lessons that need to be disseminated to other areas are identified and addressed.

The purpose of the RRI group is to ensure that best practice in reducing the use of

restrictive interventions is taking place in all inpatient mental health and learning disability areas. The group reviews the data by each ward area and in statistical process control charts in order that trends can be monitored for each type of restrictive intervention used. Areas are required to present patient case studies demonstrating that care is being delivered in the least restrictive ways and following best practice. The Executive Management Team (EMT) and the Mental Health Act Legislation Committee receives reports quarterly from the RRI group, this contains the data on use of restrictive interventions and examples of the patient case studies. The report sets out the findings from the analysis of the data and the focus on the further work and actions that will be taken to reduce the use of force and restrictive interventions. It also contains benchmarking information where this is available which demonstrates that overall, the Trust uses low levels of restrictive practices when compared with other areas. This report will now include the additional data necessary to meet the requirements of the Use of Force Act.

6. Conclusion

The board are asked to note the work undertaken to implement the required changes, specifically the introduction of the new Use of Force policy and the work to ensure that the reporting requirements are being met. The data will be reported within the Reducing Restrictive Interventions quarterly report that is received by the Mental Health Act Legislation Committee and any relevant escalation will be made as required to the Quality Committee and the board.

Agenda Item 12

Title & Date of Meeting:	Trust Board Public Meeting 28th September 2022
Title of Report:	Suicide and Self-harm Strategic Plan 2022-2025
Author/s:	Michael Dasari: Executive Medical Director (Interim) Tracy Flanagan: Deputy Director of Nursing Allied Health and Social Care Professionals Paul Johnson: Divisional Clinical Lead Mental Health Kwame Fofie: Clinical Director
Recommendation:	To approve: ; To receive & discuss: ; For information/To note: x ; To ratify:
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	• The Suicide and Self-harm strategic plan 2022-2025 represents a refreshed and updated approach by the Trust utilising the latest available evidence. We have chosen to adopt the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) toolkit which is based on a 10 way approach to safer care. • The plan outlines how the 5 strategic priorities have been developed and aligned to the Trust strategic goals. It also provides a position in relation to the work already completed and being delivered in relation to suicide and self harm prevention. • The Trust Board is asked to note the Suicide and Self harm strategic plan

Key Issues within the report:

Matters of Concern or Key Risks to Escalate: • Benchmarking using the NCISH 10 ways toolkit has identified significant progress and assurance in relation to the Trust approach to suicide and self harm prevention and has also identified areas for further development which require an ongoing strategic approach outlined in this 3 year plan	**Key Actions Commissioned/Work Underway:** • Consultation with the AMH service user reference group; Divisional clinical leads and professional leads to agree co- production of implementation plan.
Positive Assurances to Provide: • The trust achievements in relation to suicide prevention are outlined in Section 6 • The Trust position in relation to the 10 way areas	**Decisions Made:** • It was agreed at the Quality Committee on the 03.08.22 that the strategic plan would be shared with partners at the Humber & North Yorkshire

not directly referenced in this strategic plan are outlined in Appendix B.	Health and Care Partnership Suicide prevention programme and their comments have been incorporated into the plan

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

	Date		Date
Audit Committee		Remuneration & Nominations Committee	
Quality Committee	03.08.22	Workforce & Organisational Development Committee	
Finance & Investment Committee		Executive Management Team	13.06.22
Mental Health Legislation Committee		Operational Delivery Group	
Charitable Funds Committee		Collaborative Committee	
		Other (please detail)	

Monitoring and assurance framework summary:

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

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

NHS
Humber Teaching
NHS Foundation Trust

Suicide and Self-harm Strategic Plan 2022-25

Carlng, Learnlng
& Growlng Together

Contents

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Section 1: Forward from Anthony Houfe

It's difficult to know how to begin this forward, but all I can say is that on the 29th of April 2016 our lives changed for ever with the death by Suicide of our beloved Sharon.

Adjusting to our loss hasn't been easy for us over the past 5 years and it's always been tinged with regret and the knowledge that it didn't have to be that way. There could have been a different outcome. The coroner's court which was concluded in December 2018 was helpful in confirming our own beliefs.

In writing this forward I just want to reiterate that we are doing this from a perspective of reducing the chances of others sharing the same experience as us. It's done from a positive perspective of making sure the key learnings for Sharon's death are not forgotten. There is lots that I could say but for us there are a few key messages for families, individuals and organisations living, supporting or caring for somebody in crises, and, just as importantly responding to events when some things go wrong.

Our first message is about communication. It's vital that organisations seek to understand the family perspective on a continuous basis as things change and that our perspective in a crisis is sought out, heard, listened to and really importantly shared with others so that it can help inform their decision making. This isn't about overriding an individual's autonomy or confidentiality, but the coroner was clear that by not exploring the family perspective and subsequently not sharing that perspective that there were opportunities that were missed.

We are pleased to see that Humber Teaching NHS Foundation Trust is responding in its new plan by placing an emphasis on thinking about families and carers support in decision making and formulating plans. Secondly, we would say to families with a loved one in crisis to be tenacious, make sure your voice is heard and your concerns are acknowledged, and just as importantly that they will be shared appropriately to help the clinical team adjust its plans.

Our second message is to people and organisations to think about how they respond to when things go wrong. We still struggle with the fact that nobody seemed to recall the fact that we contacted the services to share our escalating worries and concerns in the days leading up to Sharon's death. No one denies that this vital call took place, but nobody felt they could step forward to say 'It was me, I'm sorry, I got it wrong'.

I do know that the Trust has worked hard on changing the culture about how it seeks to respond to harm. We played a part with regard to the patient safety strategy which was rewritten with a strong and positive emphasis on transparency and openness. We hope that work will continue as its aligned to this plan too.

In conclusion we welcome the opportunity to comment on the plan. We are mindful that at the end of a traumatic experience in a coroner's court we decided for ourselves that we would reach out and endeavor to work with the Trust. We hope that this will continue going forward and that Sharon's death as traumatic and tragic will have a positive legacy. That's what she would have wanted and is why we will keep going.

Section 2 Executive Summary

From Dr Dasari Michael , Executive Medical Director (Interim)

In Humber Teaching NHS Foundation Trust, we constantly strive to update our operational plans so that we can respond to the best available evidence base with regard to the organization and delivery of our services.

One of the key opportunities that has arisen is the chance to refresh our existing Suicide and Self-harm mitigation strategy with an updated plan utilising the latest available evidence. We have chosen to adopt the National Confidential inquiry into Suicide and Self-harm approach which is based on a 10-way approach to safer care. We are mindful that NHS England are planning to revise its own strategy this year and the Humber & North Yorkshire Health and Care Partnership Suicide prevention programme have requested that each each mental health organisation have competed the NCISH toolkit, this has been shared and a number of recommendations and actions have been developed

It's important to remember that the 10 ways model is not seen in isolation, in fact it links to other national strategies such as the 5 year plan for mental health as well as our own Trust plans with regard to patient safety, patient and carer experience, quality improvement, improved physical estate and of fundamental importance our approaches to safer staffing.

We are excited about our community mental health service transformation work which is well underway as this will be a key part of providing enhanced care and support. The transformation plans are based on organisational learning from historical events which have occurred in the Trust, and this is especially the case with regard to improved family liaison during a time of crisis.

In this plan we talk about the evidence base that we are using going forward. This is a short synopsis of the National Confidential Inquiry report. We make no apology for including this as it forms the evidence base for what is required and it's of real value in terms of understanding the complexity around the suicide and safety agenda.

We have identified 5 key priority areas aligned to the 10 ways model , however, we also outline other improvement work that is in place.
The 5 key actions are based on:

1. **Family Involvement:** Continue to strengthen the opportunities for a person's circle of support to be involved in all aspects of decisions about a person's care and treatment (with the person's consent)

2. **Develop Guidelines for both depression and self-harm across the primary and secondary care pathway:** Based on NICE guidance and best evidence and collaborate with system partners on system level guidance

3. **Personalised Risk Management:** through the provision of training and practice that is focussed on collaborative formulation and through the roll out of Person-Centred Care Planning to replace the Care Programme Approach

4. **Focus on reducing drug and alcohol use**: Develop a strategy for co-existing mental illness and alcohol and drug misuse for the organisation which is consistent with the system wide developments

5. **Lower staff turnover;** Through initiatives including the introduction of Professional Nurse Advocate and Educator roles and an executive led retention project

Section 3: National Context

Suicide prevention is a complex system-wide challenge which requires close working between the NHS, public health and partner organisations, tailoring evidence of what works to local need and determinants.

The national agenda for improving mental health is outlined in the NHS Long Term plan NHS Mental Health Implementation Plan 2019/20 – 2023/24 (longtermplan.nhs.uk) which has a focus on many of the components which the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) identifies as evidenced actions which can play a role in suicide reduction.

The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) led by The University of Manchester is considered to hold the key data and evidence base around suicide prevention. 10 key evidenced based actions have been identified which can play a role in improving outcomes as follows:

1. Safer wards
2. Early follow-up on discharge
3. No out-of-area admissions
4. 24-hour crisis resolution/home treatment teams
5. Family involvement
6. Guidance on depression
7. Personalised risk management
8. Outreach teams
9. Low staff turnover
10. Reducing alcohol and drug misuse

NCISH has developed a 10 ways tool kit to support organisation's to benchmark their services against the evidence base captured in the 10 ways. Professor Louis Appleby who is the lead for the NCISH will be leading the refresh of the national suicide prevention strategy later this year and this will undoubtedly be informed by the extensive data base and best evidence collated through the NCISH since 1996.

Section 4: Regional / ICS Context

The Humber & North Yorkshire Health and Care Partnership Integrated care System (ICS) suicide prevention plan is predicated on 4 work streams. These include reducing stigma and is being actioned by promoting a #TalkSuicde approach including access to online training; developing real time surveillance across the ICS; working with providers to develop approaches to reducing self-harm and finally developing programs to target the male cohort. The ICS place an emphasis on targeting the male cohort as part of the talk suicide agenda, which in turn would hopefully bring more men into contact with a broad range of mental health services.

These interventions are linked to the NCISH 10 ways, and are credible approaches with regard to a wider public health agenda. It's positive to see the suicide and self-harm agenda have a platform within the ICS through the work of the Mental Health partnership and the development and success opportunities will be based on it as being part of a wider public health agenda and not just a single-issue focus.

Section 5: Regulatory Context

The CQC approach to suicide and safety is not articulated with regard to a defined 'provider guidance' tool such as the tool developed by NCISH, however, through its thematic reviews, KLOE'S and Insight reports it can be seen that some of the 10 ways are cross referenced either in data review or qualitative review of clinical records.

Section 6: Local context

Whilst this plan highlights 5 key priority areas it is important to place this in the context of work that has been taking place for some time. This work includes elements of the 5 chosen priorities and also covers other areas from the 10 ways toolkit that are not included in this plan (see Appendix B) . This work is linked to other enabling strategies such as the Patient Safety Strategy and the Patient and Carer Experience strategy amongst others. It's important to signal the significant progress has already been delivered against these areas including:

- CMHT transformation
- Refreshed front door/urgent care pathway
- 3-day follow up reporting established
- Review of ligature policy and involvement in national workstream
- Supportive engagement policy
- Family inclusive care co-ordination
- Person-centered care planning replacing CPA
- NICE guidance implementation
- Trauma Informed Care
- Dual Diagnosis strategy development
- Patient Safety strategy; Patient safety partner roles
- Professional Nurse Advocate (PNA) and Professional Nurse Educator (PNE) roles to support retention

We have identified that improving access to, and quality of the approach to people with a co-existing mental illness and alcohol or drug misuse problem within the Trust is a real opportunity for us to deliver better care. The community service transformation work that's underway will support this.

One area that is worth highlighting is the ongoing work with regard to clinical risk management. We are clear that we need to go further in terms of embedding a consistent approach to risk management. This is done from a perspective of supporting all of our clinical colleagues when it comes to managing complexity and uncertainty in clinical decision making. A review of clinical risk practice including a review of the policy has been undertaken including the following workstreams:

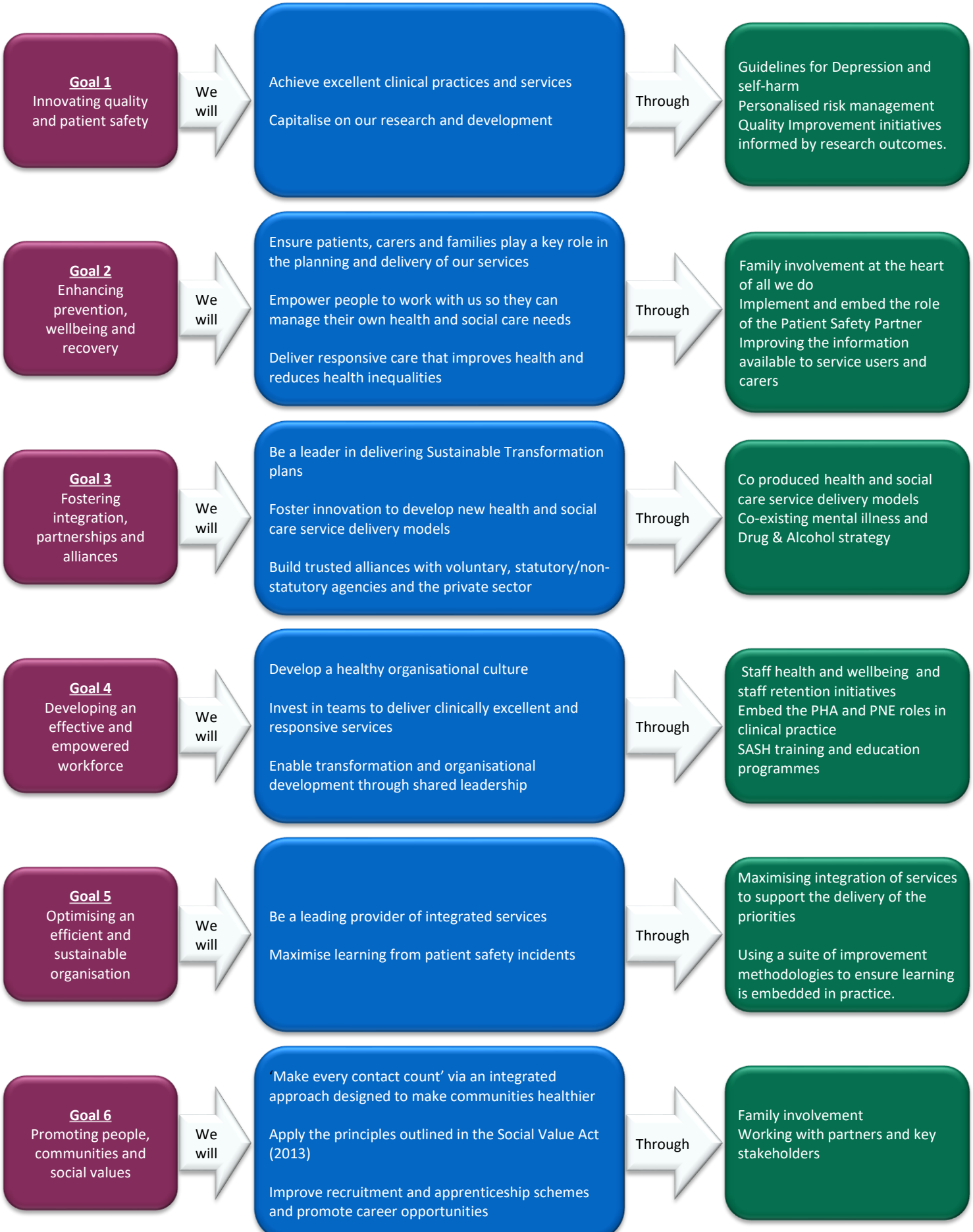
- Review of available risk assessment tools including the tools currently endorsed by the Trust
- Review MDT role in assessment and formulation of risk
- Identify opportunities for co-production of clinical risk resources with carers and service users
- Review of current training provision and external packages/resources
- Review how we use our reporting processes to enhance learning and sharing of best practice
- Review processes for supporting teams to work with services uses who have more complex risks
- Develop strategies for building staff confidence and promoting the value placed on professional judgement

Section 7: Alignment with the Trust Strategy

To develop and implement this strategy, we have aligned our priorities to the Trust's six strategic goals:

The strategy has been designed to support delivery of the Trust's Mission, Vision and Values which include:

7.1 Suicide and Self-harm Plan Priority Alignment to the Trust Strategic Goals



Section 8: Priority Areas of Work

8.1 Development process

As described in section 6 a significant amount of work has already been undertaken across the organisation and continues to progress. Our Adult Mental Health Services have undertaken a benchmarking exercise in relation to the NCISH 10 ways to establish the trust position in relation to each recommendation. A local action plan has been developed to address gaps in assurance identified through the 10 ways toolkit. The majority of these will be delivered at a service level. For some areas we have established service models and pathways already in place and continue to report and monitor against key performance indicators as required. It was felt that the following areas are already being delivered or robust plans are already in place to achieve compliance.

- Safer wards: Services should review in-patient safety, and remove ligature points from wards.
- Early follow-up on discharge
- No out-of-area admissions
- 24-hour crisis resolution/home treatment teams
- Outreach teams: Community mental health teams should include an outreach service that provides intensive support to patients who are difficult to engage or who may lose contact with traditional services.

A summary of the Trust position in relation to the areas that were not included in the strategy is provided in appendix B

Following the benchmarking process additional Trust wide priorities, aligned to five areas in the 10 ways toolkit were also identified that would benefit from a more strategic approach for inclusion in this strategic plan. These proposed priority areas were then shared with the Clinical Leads and Modern Matrons from the Forensic and Children's and Learning Disability divisions for further discussion and agreement through their clinical networks. The proposed priority areas were also shared with the Patient and Carer Engagement forums and with the Consultant Psychiatrists for wider consultation and confirmation of the identified priorities.

Agreement was subsequently reached that the following priorities would be incorporated into our 3 year plan

- Family Involvement
- Depression and Self-harm Guidelines
- Personalised Risk Management
- Co-existing mental Illness and alcohol and drug misuse strategy
- Reducing staff turnover (non medical staff)

The Trust already has established strategies and initiatives to support low staff turnover including;

- Induction for new staff with the CEO and Trust chair
- Six monthly check in with an executive director for new starters
- Retention payment to band 5 nurses each year
- 'Refer a friend' scheme for hard to fill roles
- End to end recruitment system in place
- Humbelievable recruitment campaign
- Competitive relocation scheme
- Birthday extra annual leave day
- Employee of the month scheme
- Annual staff awards

- £3.000 golden hello for band 5 nurses
- Increased mileage payments Bridge toll reimbursement
- Agile working
- 260,000 assigned to bring in overseas nurses in 2022/23

However it was agreed that the national work in relation to nursing retention including a focus on preceptorship and new roles including the Professional Nurse Advocate and Professional Nurse Educator roles should be included in the strategy

The proposed priorities were aligned to the Trust strategic goals and values and we also identified short term deliverable actions for each priority for delivery over the next year and longer term sustainable change to be delivered over the 3 year plan.

8.2 Overview

8.3 Priority Area 1- Family involvement

8.3.1 Key priorities and their alignment to the strategic goals

No.	Key Priorities	Strategic Alignment: Innovating Quality	Enhancing Prevention	Fostering Integration	Developing workforce	Optimising Organisation	Promoting People
1	Continue to strengthen the opportunities for carers to be involved in all aspects of decisions about a persons care and treatment (with the person's consent)						
2	Evaluate family connections initiative and expand training and capacity to offer this approach to more service users and families						
3	Enhanced offer of support to carers through, improved quality and access to information; provision of a named contact person and carer pathway including scoping of family liaison roles						
4	Patient safety partners roles to be recruited						
5	Person-Centred care planning approach to replace CPA with clearly articulated role for carers						

8.3.2 Short-term deliverables and long term sustainable change

Year 1	Continued Roll out of family inclusive care co-ordination training to include CAMHS and forensic services Increase the number of trainers for family connections and numbers of participants in the approach Carer pathway standards to be developed Improving the information available to service users and carers across different platforms
Years 2 and 3	Implement and embed new patient safety strategy including the patient safety partners role Implementation and evaluation of Person-Centred care planning to replace CPA

8.4 - Priority Area 2 – Development of Guidelines for Depression and Self-harm across the primary and secondary care pathway

8.4.1 -Key priorities and their alignment to the strategic goals

No.	Key Priorities	Innovating Quality	Enhancing Prevention	Fostering Integration	Developing workforce	Optimising Organisation	Promoting People
1	Review baseline assessment against NICE guidance for depression and self-harm						
2	Identify key evidence-based interventions to be offered across the primary/secondary care pathway						
3	Contribute to development of system level guidance and pathways						

8.4.2 -Short-term deliverables and long-term sustainable change

Year 1	NICE guidance review and action plan Local pathway and resources for depression and self-harm to be mapped and articulated across our GP practices; IAPT; PCN and secondary services
Years 2 and 3	Development of co-produced depression and self-harm pathway in collaboration with system partners including community development opportunities

8.5 - Priority Area 3 Personalised Risk Management

8.5.1 - Key priorities and their alignment to the strategic goals

		Strategic Alignment					
No.	Action	Innovating Quality	Enhancing Prevention	Fostering Integration	Developing workforce	Optimising Organisation	Promoting People
1	Review of current clinical risk practice including provision of new clinical risk training and resources to deliver same						
2	Evaluation of collaborative/MDT formulation working including service user and carer involvement						
3	Implementation plan to be developed and delivered in respect of Person-Centred care Planning						

8.5.2 Short-term deliverables and long term sustainable change

Year 1	Clinical risk training to be rolled out for all registered practitioners KUF training and trainers to be extended and offered across the system Quality survey and dip sample audit of MDT formulation
Years 2 and 3	Embedding of Person-Centred-Care Planning to replace CPA

8.6 - Priority Area 4 reducing drug and alcohol use

8.6.1 - Key priorities and their alignment to the strategic goals

		Strategic Alignment					
No.	**Action**	Innovating Quality	Enhancing Prevention	Fostering Integration	Developing workforce	Optimising Organisation	Promoting People
1	Develop a strategy for co-existing mental illness and alcohol and drug misuse for the organisation which is consistent with the system wide developments						
2	Develop, resource and deliver training to support the strategy						
	Development of specialist roles as determined by the strategy to support the delivery of collaborative services						
3	Develop local community of practice around co-existing mental illness and alcohol and drug misuse						

8.6.2 Short-term deliverables and long term sustainable change

Year 1	Development and consultation of strategy and roll out of training prior to launch Identification of need for specialist roles and identify partner leads for delivery of strategy
Year 2 and 3	Launch and implementation of strategy Contribution to system wide approach and pathway

8.7 - Priority Area 5 lower staff turnover

8.7.1 - Key priorities and their alignment to the strategic goals

		Strategic Alignment					
No.	Action	Innovating Quality	Enhancing Prevention	Fostering Integration	Developing workforce	Optimising Organisation	Promoting People
1	Roll out of Professional Nurse Advocate role to achieve national target						
2	Embedding and expanding professional Nurse educator role						
3	Retention project group to agree key workstreams						

8.7.2 Short-term deliverables and long term sustainable change

Year 1	Establishment of retention project group with executive lead
Year 2 and 3	Established career support, developmental pathways and progression opportunities.

Section 9 - Next steps

The new strategy will be launched in Autumn 2022 during a week of events including webinars; workshops; training and a social media campaign. Depending on timelines this will be planned to coincide with the new national suicide prevention strategy launch and in collaboration with the ICS workstreams lead

The strategy will be shared with our partner organisations including the ICS; further and higher education colleagues, CQC through our relationship and quality monitoring forums. The strategy will align to the refreshed Patient Safety and Patient and Carer experience strategy

Delivery and evaluation of the strategy will be co-ordinated and monitored through the Operational delivery Group and Quality Committee. Individual work streams will have an identified task and finish group aligned to them to ensure a focus on delivery and impact is maintained. A dedicated Suicide Prevention page on the Trust's intranet will allow regular updates on progress to be shared and will also provide a resource for new evidence; guidance; suicide prevention publications and updates; good practice; innovation and celebration of successes.

We will know we have realised the aspirations that have driven our strategy when we have achieved the following:

- **We have a measurable reduction in suicide and self-harm in our service**
- **We have improved carer and service user satisfaction around involvement in care and treatment**

- **We attract and retain a highly skilled workforce significantly reducing the need for agency, locum and bank use.**
- **We are recognised regionally and nationally for our contribution to suicide prevention**
- **Evidence of reduced out or area admissions**

9.1 5 Key Priorities

Completion Timeline

AppendixA

The National Confidential Inquiry evidence base

We are including a short review of the evidence base produced from the work carried out by the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH). Their ongoing work provides findings relating to people who died by suicide published in an annual report
The significant data base collated since 1996 has allowed NCISH to recommend its 10 way approach on the best available evidence which is why we are intrinsically linking it to our plan.

- The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) has collected in-depth information on all suicides in the UK since 1996, with the overall aim of improving safety for all mental health patients.
- They provide crucial evidence to support service and training improvements, and ultimately, to contribute to a reduction in patient suicide rates and an overall decrease in the national suicide rate.
- Based on their evidence from studies of mental health services, primary care and accident and emergency departments they have developed a list of 10 key elements for safer care for patients. These recommendations have been shown to reduce suicide rates.
- They have developed a toolkit which presents the 10 key elements as quality and safety statements about clinical and organisational aspects of care, based on more than 20 years of research into patient safety. It also includes statements about aspects of care in the Emergency Department and in primary care

Safer wards: Services should review in-patient safety, and remove ligature points from wards. There should be measures in place to prevent patients from leaving the ward without staff agreement; this might be through better monitoring of ward entry and exit points, and by improving the in-patient experience through recreation, privacy and comfort. Observations policies should recognise that observation is a skilled intervention to be carried out by experienced staff and should recognise that suicide risk is increased within the first week of admission.

Evidence: Following NCISH recommendations, suicide using non-collapsible ligature points became an NHS 'never event' (a serious incident that is preventable) in 2009. This means that health services are required to monitor their incidence, and are provided with advice to reduce the risk. Since then suicide by mental health in-patients has fallen by 46%, although the number of in-patient suicides in 2017-2019 have not fallen; there were 67 suicides by in-patients in the UK (excluding Northern Ireland) in 2019. Between 2009 and 2019, over a third of in-patient suicides took place on the ward. Many of these deaths were by hanging/strangulation from low-lying ligature points. Half of inpatients who died by suicide were on agreed leave. In NCISHs study of clinicians' views of good quality practice in mental healthcare, clinicians emphasised practices that improved safety in a ward environment such as observations conducted by trained staff.

Early follow-up on discharge Patients discharged from psychiatric in-patient care should be followed-up by the service within 72 hours of discharge. A comprehensive care plan should be in place at the time of discharge and during pre-discharge leave.

Evidence In the UK, there were 2,496 suicides within three months of discharge from inpatient care between 2009 and 2019. 14% of these post-discharge suicides occurred within the first week of leaving hospital, with the highest number occurring on day 3 after leaving hospital (day 1 = day of discharge, 21%)

No out-of-area admissions Very ill patients should be accommodated in a local in-patient unit. Being admitted locally means that patients stay close to home and the support of their friends and family, and are less likely to feel isolated or to experience delayed recovery. Local admission should also result in simpler discharge care planning.

Evidence In the UK, 225 patients (9% of post-discharge deaths) died after being discharged from a non-local in-patient unit. In 2019 there were 13 suicides after discharge from a non-local unit. There has been a downward trend in the number of suicides by patients recently discharged from hospital in the UK. There were an estimated 180 post-discharge deaths in 2019, down from a peak of 299 in 2011

24-hour crisis resolution/home treatment teams :Community mental health services should include a 24-hour crisis resolution/home treatment team (CRHT) with sufficiently experienced staff and staffing levels. CRHTs provide intensive support in the community to patients who are experiencing crisis, as an alternative to in-patient care. CRHT teams should be monitored to ensure that they are being used safely. Contact time with CRHTs should reflect the specialist and intensive nature of that role.

Evidence The setting where suicide prevention can have the greatest impact is the crisis team; the main location where patients with acute illness are now seen. In England, there are on average 180 suicides per year by CRHT patients – over two times as many as under in-patient services. The introduction of a 24-hour CRHT appears to add to the safety of a service overall, with a reduction in suicide rates in implementing mental health services. In our study of the assessment of clinical risk in mental health services, both patients and carers emphasised the need for clarity about what to do and who to contact in a crisis.

Family involvement in 'learning lessons' Working more closely with families could improve suicide prevention. Services should consult with families from first contact, throughout the care pathway and when preparing plans for hospital discharge and crisis plans. Staff should also make it easier for families to pass on concerns about suicide risk, and be prepared to share their own concerns. This could help to ensure there is a better understanding of the patient's history and what is important to them in terms of their recovery, and may support better compliance with treatment. There should be a multi-disciplinary review following all suicide deaths, involving input from and sharing information with families.

Evidence Staff told us that greater involvement of the family by the service would have reduced suicide risk in 18% of patients. One example of how clinicians think services can improve contact with families is by informing them when a patient does not attend an appointment. In only 27% of deaths by suicide the service contacted the family when the patient missed the final appointment before the suicide occurred. Policies for multidisciplinary review and information sharing with families were associated with a 24% fall in suicide rates in implementing NHS Trusts, indicating a learning or training effect. Patients tell us they want their families to have as much involvement as possible in their assessment of clinical risk, including sharing crisis/safety plans with them. Clinicians tell us family involvement is vital to enhancing patient safety in mental health care settings.

Personalised risk management All patients' management plans should be based on the assessment of individual risk and not on the completion of a checklist. Patients should have the opportunity to discuss with their mental health team the signs that they will need additional support, such as specific stresses in their life (e.g. economic adversity, experience or threat of domestic violence), anniversaries and dates that are important to them and online experience. Families and carers should have as much involvement as possible in the assessment process, including the opportunity to express their views on potential risk. Consulting with the patient's GP may also be helpful. Risk assessment is one part of a whole system approach that should aim to strengthen the standards of care for everyone, ensuring that supervision, delegation and referral pathways are all managed safely.

Evidence Most risk assessment tools seek to predict future suicidal behaviour. Clinicians tell us that tools, if they are used, should be simple, accessible, and considered part of a wider assessment process. Treatment decisions should not be determined by a score. Risk tools and scales have a positive predictive value of less than 5%, meaning they are wrong 95% of the time, and miss suicide deaths in the large 'low

risk' group. In a sample of patient suicides, the quality of assessment of risks and management was considered by clinicians to be unsatisfactory in 36%. In our study of suicide risk assessment in UK mental health services, we found risk is often individual, suggesting the management of risk should be should be personal and individualised.

Outreach teams Community mental health teams should include an outreach service that provides intensive support to patients who are difficult to engage or who may lose contact with traditional services. This might be patients who don't regularly take their prescribed medication or who are missing their appointments.

Evidence Implementation of an assertive outreach policy was associated with lower suicide rates among patients who were non-adherent with medication or who had missed their last appointment with services, and with lower suicide rates overall in implementing Trusts. In our study of clinicians' views of good quality practice in mental healthcare, clinicians emphasised dedicated outreach services that provide intensive support to enhance patient engagement

Low staff turnover There should be a system in place to monitor and respond to non-medical staff turnover rates. Non-medical staff are all other health staff except doctors.

Evidence Organisations with low turnover of non-medical staff had lower suicide rates than organisations where staff changed frequently. In addition, those services with low staff turnover saw a greater reduction in their suicide rates when they implemented NCISH recommendations that services with high staff turnover.

Reducing alcohol and drug misuse We recommend there are local drug and alcohol services available that work jointly with mental health services for patients with mental illness and alcohol and drug misuse. Other clinical measures that could reduce suicide risk in this group are alcohol and drug misuse assessment skills in frontline staff and specialist alcohol and drug misuse clinicians within mental health services.

Evidence Across all UK countries, alcohol and drug misuse is common among patients who die by suicide (47% and 37% of all patient suicides UK-wide, respectively, higher in Scotland and Northern Ireland). However, only a minority of patients who died by suicide between 2008 and 2018 were in contact with specialist alcohol and drug misuse services. In England, there was a 25% fall in rates of suicide by patients in those NHS Trusts which had put in place a policy on the management of patients with co-morbid alcohol and drug misuse.

Managing self-harm There is evidence that recent self-harm is increasingly common prior to suicide in people that have been admitted to inpatient units and in people not in contact with mental health services. Self-harm should be recognised as a suicide warning - presenting an indication of risk and a chance to intervene. We recommend protocols for managing self-harm patients who are under mental health care highlight the short-term risk of future suicidal behaviour.

Evidence Recent self-harm (in the previous 3 months) has risen as an antecedent of suicide in mental health patients. In the UK, over a quarter (29%) of patients who died by suicide between 2006 and 2016 had recently self-harmed – an average of 434 deaths per year. Self-harm is particularly evident in younger age-groups. Our findings show an episode of self-harm is common as a recent experience in mental health patients who die by suicide but risk can be under-estimated at assessment – most (76%) patients who had recently self-harmed were thought to be at low risk of immediate suicide at their final service contact.

Safer prescribing Our evidence indicates a key measure to reduce suicide risk includes safer prescribing in primary and secondary care, particularly opiates/opioids prescribed to people with long-term physical illness (especially older patients) and benzodiazepines prescribed to people with anxiety disorders. These are medications that may have been prescribed for long-term pain, for someone else in the patient's household or bought over the counter in a pharmacy or shop.

Evidence The main substances taken in fatal overdose are opiates and the main source (where known) is by prescription. In the UK, opiates (including opioid compounds) account for 36% of patient suicide deaths by fatal overdose, the most common being heroin/morphine (38%), codeine (18%), tramadol (17%) and methadone (13%). In Scotland fatal overdose by opiates is more common (49%). 38% of patients with a physical health problem die by self-poisoning, significantly more than patients without a physical co-morbidity (20%). The most common substances taken in this group are opiates/opioids, mostly prescribed. Management of chronic primary pain in people aged 16 years and over should not include certain medications, such as opioids

Monitoring for depression Good physical healthcare may help reduce suicide risk. Health care professionals working across all medical specialties should be vigilant for signs of mental ill health, especially when treating major physical illnesses including cancer, coronary heart disease, stroke or chronic obstructive pulmonary disease (COPD). Clinical services should also be aware of the increased risk of fatal overdose, particularly by opiates/opioids in older patients with long-term physical illness.

Evidence Physical illness can increase the risk of suicide among mental health patients. In the UK in 2009-2019, a quarter of patients who died by suicide also had a co-morbid physical health problem and the figure rises to 47% in patients aged 65 and over. Depression is linked to increased suicide risk among physically ill people, particularly in certain diagnoses such as coronary heart disease, stroke, chronic obstructive pulmonary disease (COPD) and cancer. Often affective disorders have been present for more than 5 years in patients with a comorbid physical illness who died by suicide. 71% of people who died by suicide and had presented to their GP had a diagnosis of depression.

Appendix B

10 Way recommendation	Trust position
Safer wards: Services should review in-patient safety, and remove ligature points from wards.	All wards have ligature reviews in in place in line with national guidance and all ligatures where possible have been removed or replaced by appropriate collapsible alternatives. Environmental ligatures are monitored and reviewed continuously through internal governance structures. Work is also continuing regarding the aspirations to reprovide and refurbish current estate in AMH and forensics services with a appropriate clinical design based on current best guidance .
Early follow-up on discharge	Discharge risk assessments and discharge care plans are in place recognising the balance between risk and harm minimisation, positive risk taking and supporting recovery . three day follow up is monitored through internal governance processes and all breach of three day follow up is reviewed to identify if the breaches could have been avoided. The trust was an early adopter of 3 day follow up
No out-of-area admissions	The trust continues to reduce the need for out a of area beds following the covid 19 pandemic where previously out of area bed use was not quired for acute admissions. When an out of area bed is required on the grounds of safety the mental health division has mechanisms in place to ensure this is only considered when all other alternatives have been exhausted. The bed management team will follow up the service user while out of area and will support repatriation to a local bed as soon as possible.
24-hour crisis resolution/home treatment teams	The Trust continues to constantly review and evolve the availability of 24 hour crisis and home based treatment support for people who are in crisis and to avoid hospital admission . The trust has a long history of providing dedicated 24 hour crisis support and home based treatment services and works in partnership with other third sector colleagues to ensure appropriate support is available through 24 hour support lines and crisis pad facilities. Provision of 24 hour crisis care is also reviewed with system partners through the crisis care concordat strategic and operational group.
Outreach teams: Community mental health teams should include an outreach service that provides intensive support to patients who are difficult to	Work has been undertaken across mental health services to support an assertive approach when needed to engage people who may be hard to reach. This includes the ongoing development of the complex emotional needs service and the homeless mental health team who take an assertive approach to engaging people with complex needs. Work is also ongoing with development of the community mental

engage or who may lose contact with traditional services.	health pathway to ensure that an ongoing or intermittent assertive approach can be provided through person centred care planning .

Humber Teaching NHS Foundation Trust

Agenda Item 13

Title & Date of Meeting:	Trust Board Public Meeting 28 September 2022
Title of Report:	Patient and Carer Experience Annual Report including Complaints and Feedback (2021/22)
Author/s:	Mandy Dawley (Assistant Director of Patient and Carer Experience and Engagement) Susan Cameron (Complaints and Feedback Manager)
Recommendation:	

To approve		To receive & discuss	
For information/To note		To ratify	X

Purpose of Paper: *Please make any decisions required of Board clear in this section:*	To ask the Trust Board to ratify the Patient and Carer Experience Annual Report) including Complaints and Feedback (2021/22).

Key Issues within the report:

Matters of Concern or Key Risks to Escalate:

- A critique to triangulate qualitative and quantitative analysis of feedback relating to the Trust's GP practices including Friends and Family Test (FFT) survey responses, complaints, and compliments took place to better understand peoples' experiences when attending the Trust's GP practices. Appointments, communication, values and behaviours of staff and patient care are dominant themes across GP practices. Issues included getting an appointment to see a clinician; from getting through on the appointments line, to receiving the type of appointment of choice (virtual or face to face), to the appointment being cancelled or not on time. There are instances were values and behaviours of staff including communication are a concern and feedback highlights that staff could improve their

Key Actions Commissioned/Work Underway:

- The Trust is participating in phase 2 of the Scale, Spread and Embed national project where we will use new digital processing of Friends and Family Test (FFT) data to drive improvements in patient experience. This is phase 2 of a 3-year project. The project builds on the Imperial College experience and aims to test and evaluate the usability of the Natural Language Processing (NLP) technology in combination with QI methodology across a range of NHS Trusts to improve patient experience. Because the Trust receives large volumes of FFT feedback from Primary Care, it is hoped that the feedback received will help us to better understand patients' positive

communications processes when people are waiting to see a clinician or are waiting for results. Once people attend their appointment, most appear happy with the service they receive and there is a lot of positive feedback (compliments and FFT responses) to confirm how friendly, warm, professional, and considerate the Primary Care staff are and what an efficient service is provided.	and negative experiences so we can celebrate what is working well and develop Quality Improvement Charters were innovation is required. • Work is in progress to refresh existing demographical data templates on our IT systems. This will deliver a strengthened approach to identify who our wider communities are to enable us to engage and involve them so that their voices are heard to inform service redesign and improvements. *Source; Equality, Diversity and Inclusion priority 21/22*.
Positive Assurances to Provide: By listening to feedback, it is helping us to understand and influence our service provision as well as shape the services we deliver. Key highlights from the past year include: • We are capturing the views of young people through the introduction of the Youth Board (Humber Youth Action Group) • We have launched the Panel Volunteers initiative where we are strengthening our approach to values-based recruitment so that we employ the right staff. *Source; Quality Accounts Priority 21/22* • We have launched an eight module Patient and Carer Experience training package on the Recovery College platform to provide patients, service users, carers and staff with the knowledge, information, tools and techniques when getting involved in Trust activities. *Source; Patient and Carer Experience Strategy (2018 to 2023)* • We have launched the Making Every Member Count initiative to maximise involvement opportunities with the Trust. *Source; Governor Quality Improvement initiative* • We continue to reach out to our communities through our Patient and Carer Experience forums, virtual services and awareness weeks ○ We are strengthening our approach to involving carers, families and loved ones in Trust activities and launched	**Decisions Made:** The annual report was presented to the Quality Committee on 3.8.22 where the following feedback was received and has been addressed in this report as follows: • A short film including highlights of the annual report was presented to the committee and the following amendments have been made: ○ To include compliments for 2021/22 ○ To include the reason why complaints received have increased year on year (from 2020/21 to 2021/22). This is due to the restrictions lifting regarding the Covid-19 pandemic and the Trust has returned to the expected level of complaints. ○ To include the Co-production stamp initiative. The updated film can be accessed here: https://youtu.be/vdppc5EX6Fg • Goal 5 has been amended to 'Optimising an efficient and sustainable organisation'.

our first Carers Involvement forum in April 2021 • We continue to initiate implementation of the Patient Safety Partners role in line with the National and Trust Patient Safety Strategies (July 2019) with an aim to have a minimum of two Patient Safety Partners by September 2022 • During the past year the Trust has responded to a total of 535 complaints: 235 formal complaints and 300 informal complaints. For the same period last year, the Trust responded to a total of 344 complaints: 133 formal complaints and 161 informal complaints. • Of the 235 formal complaints, 37 (16%) were upheld, 68 (29%) were partly upheld and 130 (55%) were not upheld. For the previous year, the Trust responded to 133 formal complaints of which 19 were upheld (14%), 42 were partly upheld (32%) and 71 were not upheld (54%).	

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

	Date		Date
Audit Committee		Remuneration & Nominations Committee	
Quality Committee	3.8.22	Workforce & Organisational Development Committee	
Finance & Investment Committee		Executive Management Team	
Mental Health Legislation Committee		Operational Delivery Group	
Charitable Funds Committee		Collaborative Committee	
		Other (QPAS)	1.6.22

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	

Humber Teaching
NHS Foundation Trust

Patient and Carer Experience Annual Report (2021/2022) including Complaints and Feedback

Caring, Learning
& Growing Together

Contents

1.0 Executive Summary

The Patient and Carer Experience Annual Report (Apr 2021 to March 2022) including the Complaints and Feedback service provides an overview of the work carried out across the organisation over the twelve month period to support the patient and carer experience and engagement agenda.

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

1.1 Patient and Carer Experience

We continue to host regular forums albeit virtual to enable patients, service users, carers, staff and partner organisations to be actively engaged with the Trust. April saw the introduction of our Carers Involvement forum where teams and carers support organisations are engaging to share good practice, knowledge, experience and resources. This will strengthen our approach to involving carers, families and loved ones in Trust activities.

Work continues to support the Armed Forces Covenant; this year the Trust launched a new champion role called the Armed Forces Community Navigator. Staff who have a passion for advocating and championing the needs of serving personnel, veterans and their families are taking on this extremely valuable responsibility to enhance their job role and support their team.

This year saw the introduction of the Humber Youth Action Group (HYAG), which has been developed to bring together young people between the ages of eleven and twenty-five to get involved in Trust activities. The Trust has been working with young people to co-produce the design of the group from creating the vision to developing the ways of working. The young people are developing an understanding of our Children's and Young People's services and the Trust and are starting to be active participants in improving and shaping these services. We now have eighteen young people involved in the HYAG.

On the 1 March 2022 three initiatives were launched, including; the Panel Volunteer initiative to support the organisation to employ the right staff by including patients, service users and carers on interview panels, the Patient and Carer Experience Training programme where individuals are now able to access several training resources to develop their knowledge when getting involved in Trust activities and the Making Every Member Count initiative where the Trust is delivering a standardised approach to make 'Every Member Count' when individuals are getting involved in Trust activities. A qualitative survey is in development and will be sent out to individuals who participate in Trust activities six months following their first contact with the Trust. The survey will be designed to gain a better understanding of what impact getting involved in Trust activities has on an individual.

The Trust is supporting the development of a system-wide Integrated Care System (ICS) Engagement strategy which will build on the strong established networks in place and utilise existing relationships and good practice to support engaging with people and communities across the ICS footprint.

1.2 Complaints and Feedback

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

1.3 Patient and Carer Experience Strategy (2018 to 2023)

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

Patient and Carer Experience Priorities	Humber Teaching NHS Foundation Trust Objectives
Priority One: Actively listening to patient, service user and carer feedback so we can learn from, act and improve	Innovating for quality and patient safety
Priority Two: Continuing to engage patient and carer champions across the organisation to make real change happen	
Priority Three: Continue to strengthen our involvement with patients, service users and carers in decisions about their care	Enhancing prevention, wellbeing and recovery
Priority Four: Further involvement with patients, service users and carers in Trust activities and influencing the organisation	
Priority Five: Ensuring that at all times we provide information that is accessible	Fostering integration, partnership and alliances
Priority Six: Working and collaborating with other organisations to share learning and best practice	
Priority Seven: To expand our staff knowledge and understanding of patient, service user and carer experience and how that influences their practice	Developing an effective and empowered workforce
Priority Eight: Making patient and carer experience the business of all Trust staff	
Priority Nine: Hold an annual patient and carer experience event to share achievements and future aspirations	Optimising an efficient and sustainable organisation
Priority Ten: Patients, service users and carers will be at the centre of all our quality improvement and transformation work	
Priority Eleven: Continue to collaborate and work in partnership with other organisations to benefit our patients, service users and carers	Promoting people, communities and social values

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

2.0 Achievements over the Past Year

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

Priority One*:* *Actively listening to patient, service user and carer feedback so we can learn from, act and improve*	**Trust Goal:** *Innovating for quality and patient safety*
Priority Two: Continuing to engage patient and carer champions across the organisation to make real change happen	

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

2.2 Humber Youth Action Group (Youth Board): This year saw the introduction of the Humber Youth Action Group (HYAG), which has been developed to bring together young people between the ages of eleven and twenty-five to get involved in Trust activities. The Trust has been working with young people to co-produce the design of the group from creating the vision to developing the ways of working. The young people are developing an understanding of our Children's and Young People's services and the Trust and are starting to be active participants in improving and shaping these services. We now have eighteen young people involved in the HYAG.

The Children's Services division has a dedicated engagement lead and because of the post there has been an increase in staff from the division encouraging young people with lived experience to join the HYAG. Also, staff are identifying more projects for co-production. As a result, the division is creating more opportunities for young people to meaningfully contribute and shape services to make sure they are right for young people.

The members meet every four to six weeks. Some workshops involve guest speakers at the request of the young people, to expand their knowledge and understanding, and others bring opportunities to contribute to research, Trust activities and service improvements/development. Three members have had social media training via the Trust's Communications Team and are starting to contribute to the running of the HYAG Instagram account to engage other young people interested in joining the group and sharing positive health messages that resonate with young people.

Charlie's Story: Becoming a member of the HYAG has led Charlie to a week's work experience in the Trust

Both of Charlie's parents work in the NHS and he hopes to have a career in health too. He plans to join the military and gain some health-related qualifications and experience, and then utilise these skills within the NHS. Attending the HYAG has helped Charlie to gain a better understanding of Children's and Young People's health services and how an NHS organisation functions. He is keen to make a difference, however, wants to learn more and is looking forward to his work experience with the Trust. Charlie will be spending two days with YOURhealth/ Health Trainers where he will have an opportunity to learn about the support they offer to the fishermen in Whitby and Bridlington, as well as participate in the Sewerby Park Health walks. Charlie will also spend two days with SMASH to gain a better understanding of the support they offer young people in schools and will also join a SMASH Young Evaluator Session. His last day will be spent with Estates to gain an understanding of their role.

Izzy's Experience: Izzy is a member of the HYAG

I've really been enjoying being a part of Humber Youth Action Group because it's such a positive group of people and the workshops we have help me learn so many things which I can apply to myself or my friends. My motivation to join Humber Youth Action Group was to have a platform to voice my opinions and see some progress within the help young people receive. I've had great insight in what the Trust stands for from the meetings we have - it's a great opportunity to learn about the Trust and the care for young people as a whole. It has given me chance to develop my skills in creating posts which will help others. My hope is to see the difference HYAG will make in the NHS services. To see the ideas/suggestions we bring up and watch them to come to life."

2.3 Friends and Family Test (FFT) Survey: The Trust continues to collect feedback about all the services it provides using the FFT online and hard copy survey forms. From a total of 21,946 completed surveys received during the year, 88% of patients had a positive experience of or services. Other scores include 88% of patients thought our staff were friendly and helpful, 87.8% of patients thought they were involved in their care and listened to and 93.6% of patients felt they receive sufficient information. From the thousands of comments received over the past 12 months here is a snapshot of some of the feedback:

- **Primary Care Services**: "Reception staff fantastic! Care, wellbeing service excellent, mental health excellent."
- **Mental Health Planned Services:** "My worker is kind and helpful, does so much to help me and make sure I have all the support I need. She never judges, I can be honest all the time."
- **Mental Health Unplanned Services:** "Listened to me, understanding."
- **Community Services:** "Listened. I was never rushed. All the team a great credit to helping a stroke patient."

- **Children's and Learning Disability Services:** "Named staff member was reassuring and warm, knowledgeable, and left me feeling confident."

Improvements made in Primary Care following FFT feedback:

Two-way text service has been introduced across surgeries to improve call waiting times, online consultations (Engage Consult) introduced, and patients can access these 24/7, to reduce Did Not Attends (DNAs), all GP surgeries' website home pages include the number of people who DNA their appointment to highlight the number of missed appointments.

- **2.4 Community Mental Health Service User Survey (2021):** Each year, a national study takes place across the NHS to gather patients' experiences of using community-based mental health services (CMHT). The survey was sent to 1,250 service users. The 2021 response rate was 31% (372 usable responses from a usable sample of 1215). Five questions scored in the top 20% of Trusts surveyed, most of the scores sat in the intermediate range and three questions scored in the bottom 20%. Due to the pandemic several questions that scored in the top 20% of Trusts surveyed in 2020 are in the intermediate range this year. This is in line with the national picture which has seen a similar change because of Covid- 19. The Trust's Community Mental Health Service User Survey working group continues to meet on bi-monthly and includes service users, carers and staff to make the survey more meaningful. A workshop has taken place to develop an action plan to address areas where improvements can be made. Particular attention has been made to the questions were the Trust scored in the lowest 20% threshold compared to the national picture, the Trust's bottom five scoring questions and specific targeted questions of concern and these are discussed at each working group meeting where an action tracker is updated, to note any changes or developments.

Positive impact experienced by a Service User following the action planning process

"Did the person you saw understand how your mental health needs affect the other areas of your life?"

A Service user was identified as requiring Dialectical Behaviour Therapy (DBT) as an intervention but did not feel confident in going to the base where the interventions were being held due to past history. The Service user had no access to the internet at home, so the CMHT arranged for a room at their base and gave her a pre-loved laptop for her to access the intervention.

Positive outcome: The service user was able to engage in the intervention and it had a positive impact on her recovery and has reduced her attendance at the Accident and Emergency (A&E) Department.

2.5 Primary Care Feedback: A critique to triangulate qualitiatve and quantitative analysis of feedback relating to the Trust's GP practices including Friends and Family Test (FFT) survey responses, complaints, and compliments took place to better understand peoples' experiences when attending the Trust's GP practices. To summarise; appointments, communication, values and behaviours of staff and patient care are dominant themes across GP practices. Issues include getting an appointment to see a clinician; from getting through on the appointments line, to receiving the type of appointment of choice (virtual or face to face), to the appointment being cancelled or not on time. There are instances were values and behaviours of staff including communication are a concern and feedback highlights that staff could improve their communications processes when people are waiting to see a clinician or are waiting for results. Once people attend their appointment, most appear happy with the service they receive and there is a lot of positive feedback (compliments and FFT responses) to confirm how friendly, warm, professional, and considerate the Primary Care staff are and what an efficient service is provided. The table below informs on the number of FFT responses received from patients accessing the Trusts GP practices and their overall experience of the service received.

Month	FFT %	Total No. of responses	Total Number of 'Positive' Responses	Total Number of 'Don't Know'	Total Number of 'Negative'
Dec 21	88%	1028	919	59	50
Jan 22	92%	1575	1451	52	72
Feb 22	93%	1372	1275	58	39
Mar 22	91.4%	1305	1194	44	67

90% and Above **85% and Above**

2.5.1 National GP Patient Survey: The GP Patient Survey assesses patients' experience of healthcare services provided by GP practices, including experience of access, making appointments, the quality of care received from healthcare professionals, patient health and experience of NHS services when their GP practice was closed. The most recent survey took place from January to March 2021. The results are on the following website: https://www.gp-patient.co.uk/.

Refer to appendix 1 and appendix 2 which provide an overview of the Trust's GP Patient survey results for 2021 in comparison to 2020 and local results in comparision with national results. Overall, the Covid- 19 pandemic has been very influential on the the results because access to see GPs and primary care clinicians was significantly affected.

On comparing the percentage of patients who describe their overall experience of our GP practices as good; all but two of our practices score higher and the remaining 2 are on par with the national picture. This information has been discussed in operational meetings

where actions and shared learning are taking place and are linked to the Friends and Family Test learning.

As a result of this year's national GP Patient Survey our surgeries want to answer telephone calls faster. Improvements include:

- On ringing the surgery, before the patient gets through to the reception team, the automated voice has been altered to introduce more signposting options. It is hoped that these additional messages of support will offer additional information to signpost individuals to the relevant service. where the GP receptionist is not the correct person to deal with the call, it is hoped that this will reduce the wait time on the telephone line.
- The Trust has introduced a new Customer Service training course aimed at primary care staff when managing enquiries. The training explores; the virtual platform (e.g., video chats, instant messaging), using the 'Humber tone' in communications and interactions, efficient ownership of an enquiry and focuses on the bedside manner at a reception desk.
- Monitoring of telephone performance is now included in Primary Care level 3 reports.

2.6 Patient and carer Stories at Trust Board and Council of Governor Meetings:

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

Graham's Story: Trust Board, September 2021

Graham has been in receipt of our Learning Disability services for a number of years. He felt alone until he started receiving care from the Community Learning Disabilities Team. When with the nurses he didn't feel alone anymore, and they support boosted his confidence. Previously Graham lacked confidence, felt intimidated and he didn't understand medical terms. He was given a 'My Health Action Plan' and since then everything fell into place. Graham says, "If you get your health right, you can get the rest of your life sorted out." He was asked what he wanted to do with his life which led to him to learning to read and write. Graham went to college to gain qualifications in English and Maths and won best student award! Since then, Graham has joined the Trust PACE forum and is an active PACE champion. He speaks to carers to get their views about services and sits on interview panels. He has also shared his story on various occasions so more people can understand what it is like to be a patient. "I now help supporting others as a thank you to everyone that has helped me."

2.7 Co-Production Stamp:

Co-production Stamp Quarterly Draw:

Every time the co-production stamp is approved, the team is entered into a draw and the winner is randomly selected at the Staff Champion of Patient Experience forum. The first ever draw winner was Gavin Hamilton and the Yorkshire, Coast and Wolds Primary Care Mental Health Network who won a £25 voucher. Gavin works alongside people with lived experience to produce the monthly Beat the Blues magazine which is a fantastic read and supports those on their recovery journey.

Gavin says "It was a huge surprise winning the prize draw and I am on behalf of Beat the Blues very grateful." hnf-tr.beattheblues@nhs.net

The Trust has developed a Co-production Stamp to demonstrate work that has been co-produced in partnership with patients, service users and carers. This is a great way to add value and recognition to the hard work and support that goes into co-produced work.

2.8 Hospital Managers Survey: The survey is completed by the patient following Hospital Managers reviews/hearings. During the past year the Trust received eight completed surveys. Few comments have been received to date and Hospital Managers have raised concerns that the feedback is generally negative due to patients not being discharged from their detention.

Key Learning Outcomes include:

- All teams/units reminded to ensure they give all patients a Hospital Managers' patient information leaflet prior the hearing and to discuss the content with them and their family, where appropriate to do so.
- To remind staff to take into consideration the diverse needs of people in respect to additional support they might need to help them to read and understand the leaflet and what is written about them.
- Hospital Managers reminded of the need to ensure they ask the patient if they would like to speak with them privately before the hearing/review.

2.9 Feedback from the Covid Vaccination Hub: From March 2021 to February 2022 the Trust delivered Covid- 19 vaccinations to staff, partner organisations and volunteers. The vaccination hub was a huge success and realised excellent qualitative and quantitative feedback. Key highlights include:

Refer to appendix 3 which includes additional data and feedback on the successful vaccination programme led by the Trust.

Excellent feedback from the Trust led vaccination programme:

- 7,840 staff hours and 8,278 volunteer hours were worked
- 50,000 (plus) vaccinations were given
- 102 staff and 126 volunteers supported the vaccination programme
- 94.09% positive feedback was received for the month of January 2022
- "Thank you. Very fast, friendly and really pleased to have been offered the vaccine."
- "Thank you for making me feel safe and relaxed."
- Thank you very much. Very well organised from start to finish. Great, polite and friendly team."
- Excellent job guys – professional and friendly. Thanks."

Priority Three: Continue to strengthen our involvement with patients, service users and carers in decisions about their care	**Trust Goal:** *Enhancing prevention, wellbeing and recovery*
Priority Four: Further involvement with patients, service users and carers in Trust activities and influencing the organisation	

2.10 Carer Involvement: As part of their Quality Improvement Plan, the Mental Health Services division is strengthening its approach to involving carers. A Carers Involvement task and finish group has been brought together to oversee this work. A number of actions are being addressed to improve carer involvement across all teams within the division.

The Trust has a Carers Dashboard where all divisions review monthly at team level. Refer to the Carers Dashboard overleaf, which provides a snapshot of data for each division at April 21, October 21 and March 22 including; number of patients on caseload, with a carer identified, who have been screened, offered a carers assessment, and have a plan in place.

It is anticipated that numbers of carers identified, screened, and offered a carer's assessment where appropriate will increase over the forthcoming months due to this strengthened governance process.

Carers Dashboard 2021/22

Division	Month	Caseload	With Carer	Screened	Offered	Plan in Place	With Carer as % of Caseload	Screened as % of With Carer	Offered as % of Screened	Plan in Place as % of Offered
Children & Learning Disability Services	Apr-21	4514	1684	20	6	4	37.3%	1.2%	30.0%	66.7%
	Oct-21	4625	1734	18	4	2	37.5%	1.0%	22.2%	50.0%
	Mar-22	4638	1685	17	3	2	36.3%	1.0%	17.6%	66.7%
Community Services	Apr-21	13505	443	180	3	3	3.3%	40.6%	1.7%	100.0%
	Oct-21	14192	389	179	2	2	2.7%	46.0%	1.1%	100.0%
	Mar-22	14394	379	176	2	2	2.6%	46.4%	1.1%	100.0%
Mental Health Planned Services	Apr-21	5386	2542	839	529	127	47.2%	33.0%	63.1%	24.0%
	Oct-21	6119	2562	736	488	99	41.9%	28.7%	66.3%	20.3%
	Mar-22	6744	2451	670	459	98	36.3%	27.3%	68.5%	21.4%
Mental Health Unplanned Services	Apr-21	1038	647	53	30	9	62.3%	8.2%	56.6%	30.0%
	Oct-21	987	638	50	33	9	64.6%	7.8%	66.0%	27.3%
	Mar-22	959	607	53	27	8	63.3%	8.7%	50.9%	29.6%
Secure Services	Apr-21	178	146	111	6	4	82.0%	76.0%	5.4%	66.7%
	Oct-21	199	159	106	6	4	79.9%	66.7%	5.7%	66.7%
	Mar-22	200	162	102	8	1	81.0%	63.0%	7.8%	12.5%
Total	**Apr-21**	**24621**	**5462**	**1203**	**574**	**147**	**22.2%**	**22.0%**	**47.7%**	**25.6%**
	Oct-21	**26122**	**5482**	**1089**	**533**	**116**	**21.0%**	**19.9%**	**48.9%**	**21.8%**
	Mar-22	**26935**	**5284**	**1018**	**499**	**111**	**19.6%**	**19.3%**	**49.0%**	**22.2%**

2.11 Making Every Member Count Initiative: Historically, members of the public who participate in a Trust activity are not always aware of other involvement opportunities within the Trust. This Quality Improvement initiative was launched in March to standardise the approach which includes a dedicated pathway to ensure that members of the public are informed of all the different involvement opportunities available in the Trust from their initial contact with our services. Therefore, when any of the following teams sign up a new member, they send a welcome letter with details of all the involvement opportunities on offer, including volunteering, getting involved in research, participating in a quality improvement initiative, joining patient and carer experience forums, becoming a member of the Trust or supporting the Trust's Recovery College by either becoming a Tutor or signing up for a training module/class.

2.12 Panel Volunteer: The Patient Experience Team has been working with our patients, service users, carers and staff to standardise how the Trust involves patients, service users and carers in the recruitment process. From 1 March 2022 there is a standardised approach whereby any member of staff can access a Panel Volunteer database to invite individuals who have consented to sit on interview panels to support the Trust's recruitment process. Panel Volunteers are existing or former patients, service users, carers and members of the public, who are willing to volunteer to sit on Trust staff interview panels. They play an active role in the recruitment process by assisting the recruitment panel. Their involvement in the recruitment and selection process benefits both patients and the Trust; the Panel Volunteer's perspective positively influences recruitment and selection decisions, which is crucial to the delivery of high-quality services. Whilst qualifications, experiences, knowledge and professional skills are imperative to effective care and treatment, of equal importance is the demonstration of how the candidate possesses the values, positive behaviours and personal qualities that would enhance the patient experience. Patient involvement in recruitment and selection activity offers an invaluable perspective on this.

2.13 Patient Safety Partners (PSPs): NHSE/I have published a draft framework for involving patients in patient safety in line with the strategic intentions outlined in the national patient safety strategy published in 2019. PSPs are patients, carers, family members or other lay people who are recruited to work in partnership with staff to influence and improve the governance and leadership of safety within an NHS organisation. The organisation has made a commitment to recruit a minimum of two PSPs and have them in post by September 2022.

2.14 Improving the uptake of Covid- 19 vaccinations: Patient's, service users and carers were involved in a discussion around improving the uptake of Covid- 19 vaccinations for people with Severe Mental Illness (SMI). Utilising the Peer Support Worker role to provide peer support throughout the process as well as providing clear information about the vaccine so that people can feel supported and make a more informed decision was suggested through this work, which is ongoing to improve the uptake of the Covid- 19 vaccine for people with SMI.

Staff have learned through the feedback the importance of language and how this can impact upon those experiencing SMI. For example, referring to vaccines and vaccination rather than 'jabs and injections' which can raise anxiety.

Priority Five: Ensuring that at all times we provide information that is accessible	**Trust Goal:** *Fostering integration, partnership and alliances*
Priority Six: Working and collaborating with other organisations to share learning and best practice	

Equality, Diversity, and Inclusion: There are several initiatives either underway or have been launched, as follows:

2.15 Research animation: A co-produced animation to increase opportunities for patients, carers and service users to be given the opportunity to benefit from participation in research has been developed. In the virtual world we increasingly find ourselves operating in, this animation is one of the tools that can be used to reach out to and encourage greater participation amongst more underserved communities. Existing animations and national research campaigns tend to be designed with hospital patients in mind. Those accessing mental health, primary care and community services are often not treated in hospital settings and more medicalised images can be off-putting. 'My Research Journey' was co-produced with research champions with lived experience, patients, carers and clinical staff.

The film has been translated into Polish and Urdu and soon Arabic. Further work is underway to co-produce an Afghan and African character for an alternative version of the film including different language options.

Existing animations and national research campaigns tend to be designed with hospital patients in mind. Those accessing mental health, primary care and community services are often not treated in hospital settings and more medicalised images can be off-putting. 'My Research Journey' was co-produced with research champions with lived experience, patients, carers and clinical staff. Alternative versions with different characters and sub-titles are also being designed.

This 3 minute animation helps staff to start a conversation about participating in research. It can be played in waiting areas, included as a link in letters, emailed out, played during an appointment, etc.
https://www.youtube.com/watch?v=EuVukYWF6pE

"Being a Research Champion is fantastic; it gives me the opportunity to contribute to the broader mental health profession by being a part of the research process. My patients often say they enjoy participating in studies as it allows them to help others too!" Staff Research Champion (Adult Mental Health)

2.16 Armed Forces Community Navigator (AFCN): The Trust has committed to the Armed Forces Covenant and to support this, the Trust's Veterans forum continues to meet on a regular basis. Over the past few month's forum members have developed the AFCN role and during the next few months there will be a communication campaign to ask teams across the Trust to identify members of staff to take on this 'champion' role. Anyone who has a passion for advocating and championing the needs of service, ex-service personnel and their families would be an ideal person. They would encourage patients, carers and families to get involved in Trust activities and work to improve experiences for those in receipt of our services who fall under the umbrella of the Armed Forces Covenant. To date we have eight navigators signed up across Primary Care and Mental Health services.

The Armed Forces Covenant is a promise by the nation ensuring that those who serve or who have served in the armed forces, and their families, are treated fairly.

2.17 Demographical data collection: To help us to understand who is accessing our services and their needs an enhanced data collection template is in development and will be supported by a patient/staff information leaflet. The demographical data (including protected characteristics and health inequalities questions) will help us to better identify what certain groups need attention and the most help. It will also help us to better personalise interactions and conversations with patients.

2.18 Accessible Information Standard (AIS): The Trust is strengthening its reporting approach to provide assurance that the AIS requirements are met. A plan has been developed which includes a series of actions to be delivered to ensure the AIS guidance is being met.

The Trust has not received any formal or informal complaints where individuals have a communication need.

2.19 Collaborating with other organisations to share learning and best practice: Refer to item 2.30 which highlights how the Trust is collaborating with other organisations to share best practice and learning.

Priority Seven: To expand our staff knowledge and understanding of patient, service user and carer experience and how that influences their practice	**Trust Goal:** *Developing an effective and empowered workforce*
Priority Eight: Making patient and carer experience the business of all Trust staff	

2.20 The Trust continues to engage and involve staff as equal partners in the Patient and Carer Experience agenda as follows:

- Internal Presentations to Staff - the Patient Experience team continues to raise awareness of the PACE agenda by delivering presentations at;
  - Trust induction days and preceptorship training sessions for new staff
  - team/directorate meetings/divisional meetings
  - divisional clinical governance meetings
  - Trust wide awareness sessions

2.21 Patient and Carer Experience (PACE) Training Programme: This is the first training programme to be launched by the Patient Experience Team and is in collaboration with the Trust's Recovery and Wellbeing College. It was launched on 1 March 2022 and is aimed at patients, service users, carers, members of the public and staff to share the different opportunities that are available for everyone to get involved in. This can be from volunteering, participating in research or quality improvement initiatives, attending a patient and carer experience forum, or sharing your story when accessing the Trust's services. The course is made up of eight modules and on completion of one or more of these modules' individuals will be equipped with the knowledge about the opportunities available and how to take the next step to get involved. When engaging in trust activities, people can discover what it means to work for the NHS and how to truly make a difference to people's lives.

2.22 Peer Support Workers (PSWs): Peer Support Workers are individuals with personal lived experience of mental health challenges, built on shared experiences and empathy, who support those services working towards the individual's wellbeing, giving hope, and supporting recovery. The Trust has 18 Peer Support Worker posts; 13 in East Riding and 5 in Hull (through MIND). Current areas of focus include:

- To continue to develop PSWs based within specialist services throughout the Trust with the implementation of referral pathways, role clarification and effective risk management
- To develop a robust recruitment, induction and training plan for all future generation of PSWs
- To develop a PSW competency and career framework – utilising PSW Apprenticeship, accredited learning and ongoing personal development to ensure a pathway for progression
- To extend the implementation of peer support throughout other areas of the Trust

PSW Feedback: "I wanted to be in the role because I know from personal experience how powerful validation can be. I did not realise I would be involved in so many clinical meetings it is inclusive and is a good thing. Initially I didn't expect this but makes me feel treated as an equal and listen to and I feel valued."

Service User Feedback: "Alex was there to listen to me, encourage me in my small successes and provide validation when I found things hard. I am now in recovery and receiving counselling and I honestly believe I would not have come this far without Alex's help."

Priority Nine: Hold an annual patient and carer experience event to share achievements and future aspirations.	**Trust Goal:** *Optimising an efficient and sustainable organisation*
Priority Ten: Patients, service users and carers will be at the centre of all our quality improvement and transformation work.	

2.23 Annual Members Meeting (AMM): The Patient Experience team presented at this year's AMM in the marketplace, including achievements over the past twelve months and the 21/22 priorities for the PACE agenda.

2.24 Patient Experience to Inform Quality Improvement: The Quality Improvement strategy was refreshed this year. Patients, service users and carers contributed towards the process and developed the purpose of Quality Improvement for the Trust: "Quality Improvement will support our patient and carer centred vision for a holistic person-centred approach, which will offer seamless, consistent services and ensure patient involvement in all decisions around care."

Coproduction with our patients and carers was identified as one of the key parts of the QI programme and so it was important that a member of the group supported creating the strategy.
Our patients and carers remain an important part of the delivery of the strategy and provide assurance that the work is being completed.

The following objectives are linked to the patient and carer experience agenda have been identified:

- Staff, patients, service users and carers to feel empowered to identify an idea and engage in the activity – develop a clear process
- Ensure patients, service users and carers are offered opportunities to be involved in the Quality Improvement Programme
- Develop bespoke training session for PACE involved in Quality Improvement activities
- QI methodology to support teams to undertake improvement activities identified via Friends and Family Test

At the end of March 2022, 83 (44%) of activities underway or complete indicated that they have included patients and carers in the planning and delivery of the work and 87% of the charters would benefit Patients/Service Users/Carers. The charters which were supported by patients and carers include supporting the development of training sessions, advising on short videos to introduce services, designing new services and ways of working, and even optimising the covid-19 vaccination clinic.

One Quality Improvement activity was to Reduce Anxiety and Improve Appointments for our Learning Disability Patients by increasing the quality of productive time whilst undertaking an Annual Learning Disability Health Checks in our GP Practices. Using funding provided by Queens Nursing Institute and Burdett Trust for Nursing, the Primary Care Matron worked with Service users to create a Sensory/fidget bag for GP Waiting Areas and gathered feedback from Service Users as to their success.

There are intrinsic links between patient and carer experience (PACE) and quality improvement (QI) and a joint PACE and QI strategies working group has been developed which will replace the PACE strategy working group. The purpose of the working group is to ensure the effective delivery of the Patient and Carer Experience and Quality Improvement strategies.

2.25 Community Mental Health Transformation (CMHT) Programme, Adult Mental Health co-production forum: Brings together people with lived experience of mental health difficulties and provides a platform for individuals to get involved in activities to support the Mental Health Services division.

Service users and carers wanted a regular meeting to receive regular updates on the developments across adult mental health, receive opportunities to get involved in service developments and have a space where they could hear feedback around activities that group members have been involved in. Members have had the opportunity to shape projects that they wouldn't have known about unless attending this forum. Co-production opportunities include; shaping the role of a mental health social worker, supporting the development of a 'hearing voices group' and supporting a Green Social Prescribing project. Through the forum, service users and carers have also supported the CMHT Transformation through discussing the developments within the Primary Care Mental Health Networks.

"I found it very interesting and informative. It was great to listen to committed professionals again that are implementing schemes, projects and endeavouring to improve their services. All with inspiring ideas. Although I am retired and have many hobbies I have lost that sense of purpose many times. Although I know I am only a patient with lived experiences of mental illness, I enjoyed being involved in this meeting." *Primary Care Mental Health Network, Service User*

2.26 Community Mental Health Transformation (CMHT) Programme, The Crisis Involvement and Action Group: This group has been created to support the development of the Crisis services. The initial focus of the group included the improvement of feedback routes for the crisis services by the Trust and Hull and East Yorkshire Mind working together to facilitate focus groups across Hull and East Riding. The group provides a platform so that the voices of service users and carers are heard, and the staff can implement improvements based upon patient experience where possible.

- "I have been on my mental health journey for 26 years now. I love to learn and I want to be involved in improving the Crisis service because I have grandchildren and I want the service to be right should they ever require the service in the future. When I don't feel that I have been listened to and when I feel dismissed, because if my mental health difficulties, I turn that inwards and that can result in sabotaging myself and my mental health deteriorates. This group allows people to feel that they are being heard." Person with lived experience of mental health services

- "I joined the group to see if I could make a difference. I found myself warmly welcomed and my ideas taken into account and thought about. As a result I feel fully included and can see where my ideas have been adapted and adopted. It is wonderful to be able to make a positive impact. The meetings are positive and focuses on what can be done to make things better." Person with lived experience of mental health services

Priority Eleven: Continue to collaborate and work in partnership with other organisations to benefit our patients, service users and carers	**Trust Goal:** *Promoting people, communities and social values*
Priority Twelve: Raising the profile of patient and carer experience whenever we can	

2.27 Collaboration and raising our profile wherever we can: The Trust continues to work in partnership with other organisations to share best practice and learning and raise the profile of patient and carer experience whenever we can. Examples include:

- **National Co-production event:** On 26 April 2021 the Trust was one of three organisations to present at the national co-production webinar for Experience of Care Week where we shared an insight into our co-production journey over the past four years.
- **Sheffield University:** Over the past year the Patient Experience Team has supported NHS England and Improvement on a few occasions to present to students on our patient and carer experience journey including how we engage and involve patients, service users and carers in Trust activities.
- **National Carers event:** The Trust presented at a national lunch and learn webinar in November 2021 about how we are working to improve the identification and support for carers. The Patient Experience team together with the Family Therapy and Interventions team delivered a joint presentation on our work to date to create a carer friendly culture. The lunch and learn webinars aim to bring together carers and professionals from across the country in an informal atmosphere to collaborate, learn and drive the NHS Long Term Plan commitment to carers.
- **National Head of Patient Experience (HoPE) Quarterly meeting:** The Patient Experience team and Business Intelligence team shared our Friends and Family Test data dashboard at the national HoPE quarterly meeting in November 2021.
- **National Digital Storytelling Event:** The Patient Experience team and Recovery College team shared the Trust's three storytelling training courses; telling your story, digital storytelling and sharing your story hosted on the Recovery platform at a national event in March 2022.

National Award:

Each year the Head of Patient Experience (HoPE) Network hosts a Patient Experience for Improvement Conference in March. As part of this conference, HoPE members recognise colleagues from the Network who have shown leadership or who have developed positive practice to resolve solutions members face in day-to-day practice. This year, the Trust's Head of Patient Experience and Engagement won the 'Triangulation' category as s result of a number of nominations including;

- leading work on listening to lived experience and developing the Trust's work around collecting and using stories to co-produce solutions
- always willing to share best practice and to listen to and learn from others
- great presentation on developing the FFT dashboard, including showing the difference the use of the dashboard has made to improving services

3.0 Complaints and Feedback

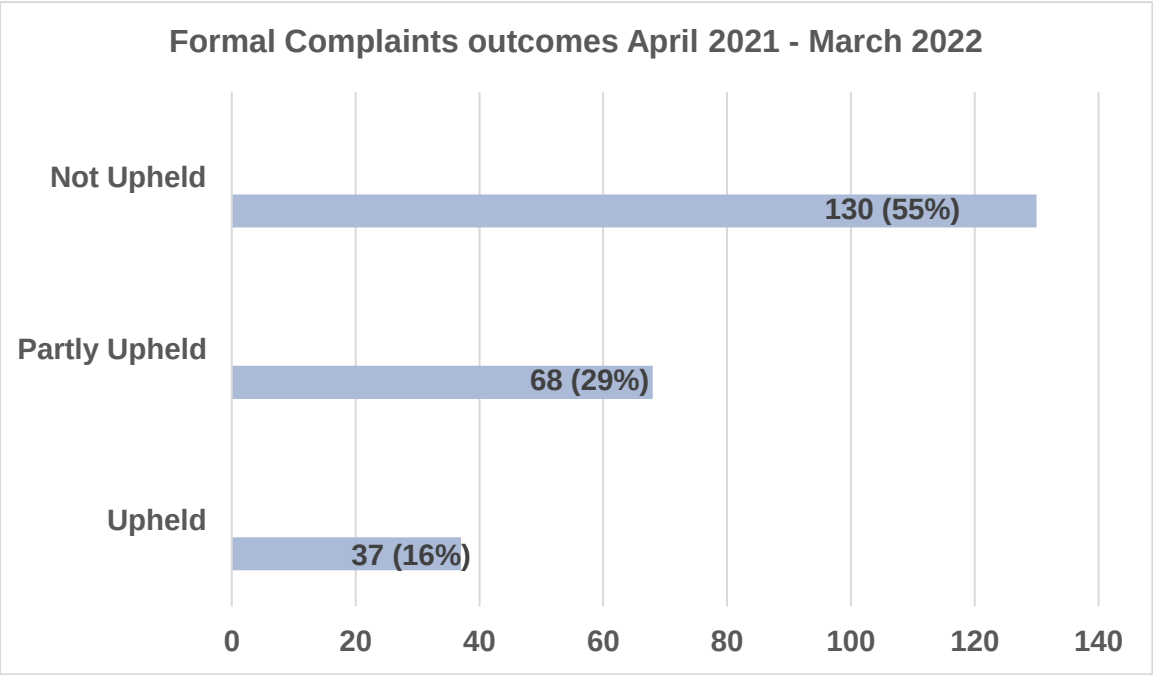
3.1 Complaints

When a complaint is received, it is triaged to either an informal or formal process, unless the complainant has specifically requested an informal or formal resolution to their complaint/concerns.

- A formal complaint includes any complaint from the Care Quality Commission (CQC), Clinical Commissioning Groups (CCGs), Parliamentary and Health Service Ombudsman (PHSO), complaints were the issues are complex, safeguarding or multiple concerns. Also, any complainant who refuses an informal approach or where there has been an informal approach and it has been unsuccessful; these will also be handled as formal complaints.
- An informal complaint is when a complaint is received and triaged and if appropriate is sent to the team/service for an informal resolution. Once the issue has been resolved the Complaints and Feedback team are informed of the discussion/action taken, this is recorded and the case is closed.

This year the Trust has responded to a total of 535 complaints: 235 formal complaints and 300 informal complaints. For the same period last year (2020/21) the Trust responded to a total of 344 complaints: 133 formal complaints, 161 informal complaints (1 July 2020 to 31 March 2021) and 50 PALS contacts (1 April 2020 to 30 June 2021).

Of the 235 formal complaints responded to, 37 (16%) were upheld, 68 (29%) were partly upheld and 130 (55%) were not upheld. For the previous year, the Trust responded to 133 formal complaints of which 19 were upheld (14%), 42 were partly upheld (32%) and 71 were not upheld (54%).



On comparing the 2 years, there has been an overall increase of 102 formal complaints and 89 informal complaints; this is due to the restrictions lifting regarding the Covid-19 pandemic and has returned the Trust to the expected level of complaints.

The top two primary subjects for both formal and informal complaints are patient care and communications.

An annual review of the partly and fully upheld complaints outcomes can confirm the following observations/themes:

- Market Weighton Practice received an exceptionally higher number of complaints compared to previous years. This was mainly due to pressures on the practice due to Covid- 19 and staffing. Key themes include; access to appointments including appointment availability and access to face to face appointments.
- Adult Community Mental Health Teams (Hull) received several complaints around access to the service and communication.
- Child and Adolescent Mental Health Services (CAMHS) Hull and East Riding received several complaints around waiting times to access the service.
- Swale Ward (Humber Centre) received a few complaints from three patients in total and there were no themes and no areas of concern.

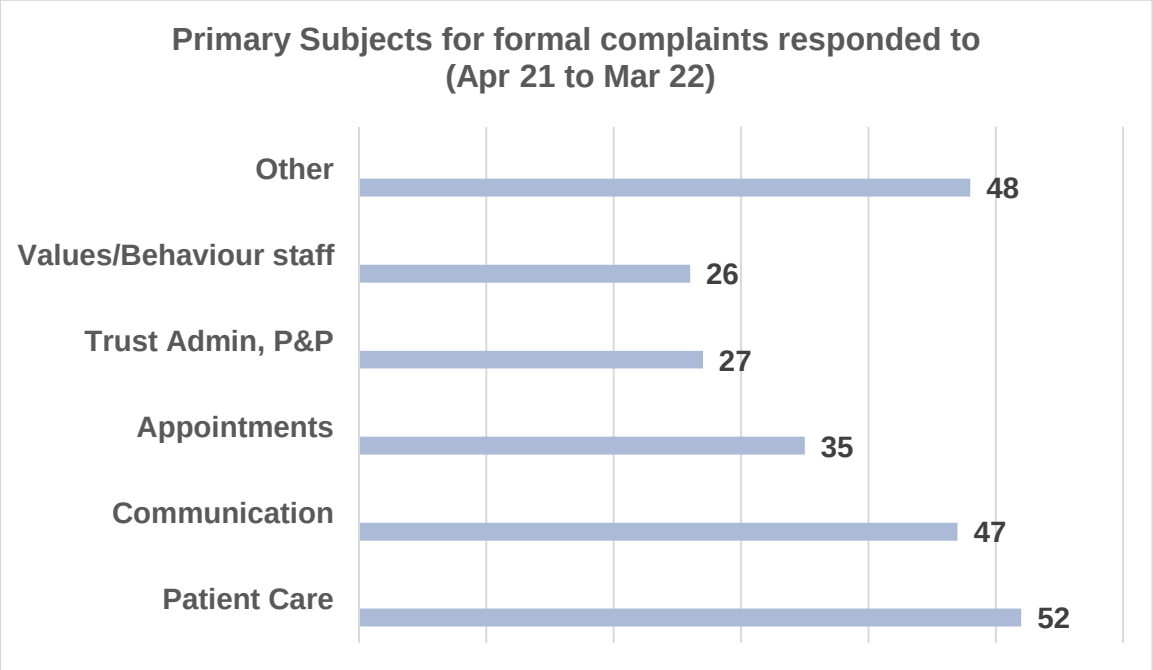
The Trust continues to implement actions to address formal complaints responded to where the outcomes are upheld/partly upheld, and lessons are learnt from the feedback. A robust governance process is in place to ensure actions are addressed and closed.

Some of the lessoned learnt include:

- Family had not been made aware of a home visit for a patient with dementia - staff were reminded of the importance of informing family members of such visits.
- The clinician had referred a patient for an x-ray for a blood clot which was the incorrect service to refer to - this was discussed at the practice meeting for all staff to be aware.
- The procedure for purchasing an item had not been followed - the procedure was to be reconsidered in consultation with patients and the staff team.

3.1.1 Formal Complaints

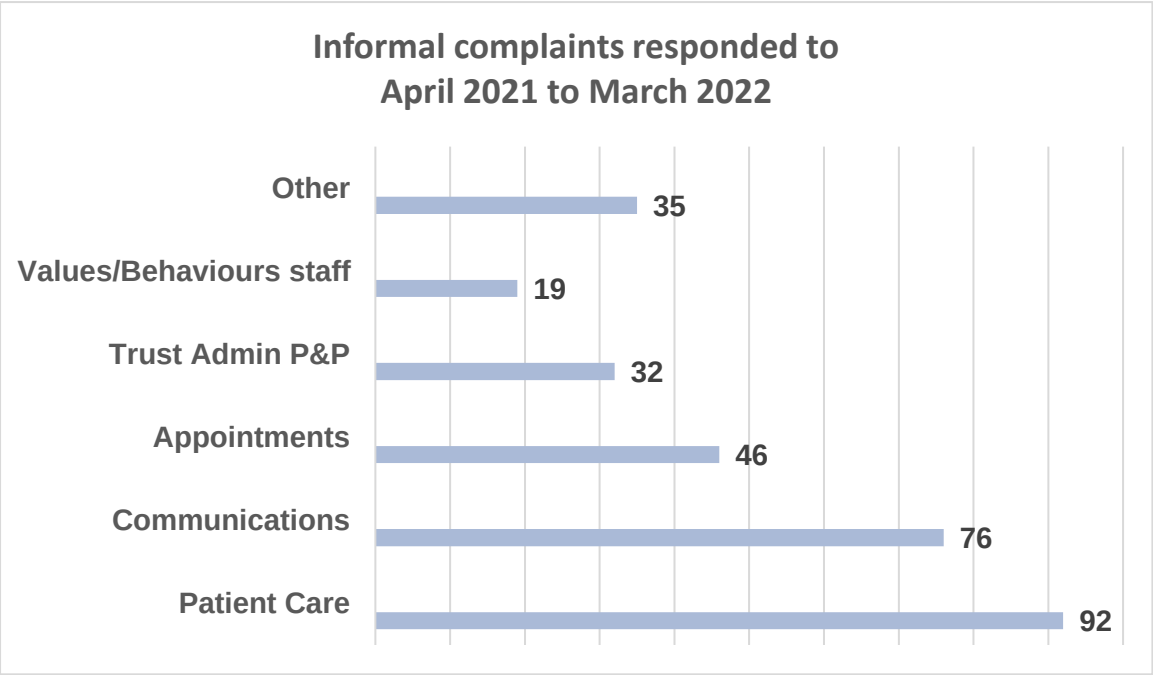
For the past six months the Trust received 131 formal complaints compared to 60 for the previous year. The graph below includes the top 5 primary subjects for formal complaints responded to.



3.1.2 Informal Complaints

For the period 1 April 2021 to 31 March 2022, the Trust responded to 300 informal complaints, in addition, there were 28 queries, comments and suggestions.

Of the 300 informal complaints responded to, the primary subjects/themes are highlighted in the graph below.



3.1.3 What we have learnt because of feedback:

Formal complaints

- Community Nursing Services: There had been a miscommunication around the offer of Rapid Response for a community nurse visit - All staff were reminded to provide the information leaflets so that families and patients are better informed.

- Mental Health Services: Patient had not been sent the paperwork he needed - Staff were reminded of the importance of doing this and documenting it in the record.

- Older Peoples Mental Health Services: Family had not been made aware of a home visit for a patient with dementia - Staff were reminded of the importance of informing family members of such visits.

- Primary Care Services: The clinician had referred a patient for an x-ray for a blood clot which was the incorrect service to refer to - This was discussed at the practice meeting for all staff to be aware.

- Secure Services: The procedure for purchasing an item had not been followed - The procedure was to be reconsidered in consultation with patients and the staff team.

- Mental Health Services: A new team did not seek the correct advice in regard to the possible detention of a patient under the Mental Health Act - Training for the staff had been arranged to ensure this did not happen again.

Informal complaints

- Children's Services: Mother had been offered a telephone consultation but wanted a face-to-face appointment - She was contacted and her concerns were listened to; she was then offered a face to face appointment which was further for her to travel to due to availability, which she accepted.

- Mental Health Services: Patient had missed an appointment due to the letter arriving late - Apologies were given and the appointment was rearranged.

- Mental Health Services: Delay in the patient getting medication for arthritis (there has been a short delay due to a new prescription being prepared) - Staff had met with the patient and explained what had happened and reassured her.

- Secure Services: Mother of a patient was concerned that her son was being transferred to High Secure services and requested a second opinion - This was agreed and arranged.

- Community Hospital Nursing: A family member was unhappy that only one person could visit the patient - The ward had organised for a second visitor to be able to visit the patient. Staff had explained the visitor policy and local increase in Covid 19 and explained that visiting could change if infections rise further. The lady understood this rationale regarding patient and staff safety.

- GP: Repeat prescriptions were incorrect - The patient was contacted by the Practice Manager who arranged for him to have a full review

3.2 Parliamentary and Health Service Ombudsman (PHSO)
Of the formal complaints responded to from 1 April 2021 to 31 March 2022, none of the complainants have to date taken their case to the Parliamentary and Health Service Ombudsman. One further case from 2020 was considered but this was closed by the PHSO with no further action for the Trust.

There are currently 2 cases being considered by the PHSO.

3.3 CQC Guidance around Receiving and Dealing with Complaints
This guidance has been updated by the CQC in direct response to the Paterson Inquiry as follows:

- **Recommendation 6a**

'We recommend that information about the means to escalate a complaint to an independent body is communicated more effectively in both the NHS and independent sector'.

- **Recommendation 6b**

'We recommend that all private patients should have the right to mandatory independent resolution of their complaint'.

The Trust advises the complainant on the PHSO in an information leaflet that accompanies the acknowledgement letter and this information is also included in the final response should the complainant be dissatisfied with the outcome. The information is also available on the Trust's website. In regard to 6b, the Trust does not offer private healthcare, therefore this does not apply to us.

3.4 Compliments
Patients, service users, carers and families sometimes compliment our staff offering their gratitude and thanks for the wonderful service they provide. The Trust received **304**

compliments for the period 1 April 2021 to 31 March 2022, which compares to **212** compliments received for the same period during 2020/2021.

4.0 Priorities for 2022/23

Over the next twelve months we will demonstrate improvement based on patient, service user and carer involvement and will achieve this by continuing to deliver the priorities set out in our co-produced five-year PACE strategy (2018 to 2023). Please refer to the milestones which can be found on pages 19 to 30 (years 4 and 5) of the PACE strategy by clicking on the Trust's website: Patient and Carer Experience (humber.nhs.uk).

Over the next twelve months we will refresh our PACE strategy (to involve patients, service users and carers in Trust activities 2023 to 2028). This will be achieved by working together in partnership with everyone to capture their thoughts and opinions on how the Trust can effectively engage and involve our communities in Trust activities such as volunteering, research and attending Patient and Carer Experience forums, to what services we provide, how they are delivered and how we can improve them in the future. There will be several ways in which individuals will be able to have their say to inform the next chapter of patient and carer involvement and engagement across all our services to really make a difference.

We will continue to deliver on the initiatives identified within the current PACE strategy (2018 to 2023) and will pay particular attention to the following key priorities**:**

Patient and Carer Experience Priorities (Patient and Carer Experience Strategy 2018 to 2023)	**Humber Teaching NHS Foundation Trust Objectives**	**Priorities for 2022/23**
Priority One: Actively listening to patient, service user and carer feedback so we can learn from, act and improve	Innovating for quality and patient safety	• Refer to pages 19 & 20 of the PACE strategy 2018 to 2023, years 4 & 5 milestones. • We will continue to engage with and involve everyone in Trust forums. • We will continue to capture the views of young people through the Humber Youth Action Group. • We will continue to seek new and innovative ways to collect feedback to inform service redesign and improvements.
Priority Two: Continuing to engage patient and carer champions across the organisation to make real change happen		

Priority Three: Continue to strengthen our involvement with patients, service users and carers in decisions about their care	Enhancing prevention, wellbeing and recovery	• Refer to pages 21 & 22 of the PACE strategy 2018 to 2023, years 4 & 5 milestones. • We will continue to recruit Panel Volunteers to sit on Trust interview panels • We will continue to support with the implementation of the Patient Safety Partners role. • We will roll out the Patient and Carer Experience training package on the Recovery College platform *(also aligns to priorities 7 and 8)*
Priority Four: Further involvement with patients, service users and carers in Trust activities and influencing the organisation		
Priority Five: Ensuring that at all times we provide information that is accessible	Fostering integration, partnership and alliances	• Refer to pages 23 & 24 of the PACE strategy 2018 to 2023, years 4 & 5 milestones. • We will continue to implement Equality, Diversity and Inclusion and Health Inequalities priorities. • We will continue to promote virtual services and awareness weeks
Priority Six: Working and collaborating with other organisations to share learning and best practice		
Priority Seven: To expand our staff knowledge and understanding of patient, service user and carer experience and how that influences their practice	Developing an effective and empowered workforce	• Refer to pages 25 & 26 of the PACE strategy 2018 to 2023, years 4 & 5 milestones. • We will roll out the Patient and Carer Experience training package on the Recovery College platform *(also aligns to priorities 3 and 4)*
Priority Eight: Making patient and carer experience the business of all Trust staff		

Priority Nine: Hold an annual patient and carer experience event to share achievements and future aspirations	Optimising an efficient and sustainable organisation	• Refer to pages 27 & 28 of the PACE strategy 2018 to 2023, years 4 & 5 milestones.
Priority Ten: Patients, service users and carers will be at the centre of all our quality improvement and transformation work		
Priority Eleven: Continue to collaborate and work in partnership with other organisations to benefit our patients, service users and carers	Promoting people, communities and social values	• Refer to pages 29 & 30 of the PACE strategy 2018 to 2023, years 4 & 5 milestones.
Priority Twelve: Raising the profile of patient and carer experience whenever we can		

Appendix 1 – National GP Patient Survey: 2020 v 2021

Questions	National Average		Fieldhouse		King Street Medical Centre		Manor House		Market Weighton		North Point		Peeler House		Practice 2 - Bridlington(aquired surgery during 20/21)		Princes Medical Centre	
	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021
% of patients who describe their experience of making an appointment as good	65%	↓ 46%	54%	↑ 57%	52%	↓ 38%	54%	↑ 66%	45%	↑ 46%	57%	↑ 73%	75%	↓ 72%		63%	58%	↑ 65%
Your last appointment																		
% of patients who say the healthcare professional they saw or spoke to was good at listening to them during their last general practice appointment	88%	↑ 89%	73%	↑ 90%	84%	↔ 84%	92%	↑ 94%	86%	↓ 82%	90%	↓ 89%	84%	↑ 88%		86%	87%	↑ 89%
% of patients who say the healthcare professional they saw or spoke to was good at treating them with care and concern during their last general practice appointment	87%	↑ 88%	76%	↑ 90%	81%	↑ 83%	91%	↑ 93%	82%	↑ 83%	92%	↓ 89%	83%	↓ 82%		83%	85%	↔ 85%
% of patients who were involved as much as they wanted to be in decisions about their care and treatment during their last general practice appointment	93%	↔ 93%	81%	↑ 91%	87%	↑ 90%	97%	↓ 92%	91%	↑ 93%	94%	↓ 90%	89%	↓ 86%		86%	93%	↓ 90%
Overall experience																		
% of patients who describe their overall experience of this GP practice as good	82%	↓ 58%	72%	↑ 78%	72%	↓ 58%	84%	↓ 65%	65%	↓ 58%	82%	↑ 85%	83%	↔ 83%		82%	80%	↑ 83%

Appendix 2 – National GP Patient Survey: Local v National Results

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

Appendix 3 Vaccination Hub Feedback

83 dedicated vaccination days between January 2021 and February 2022

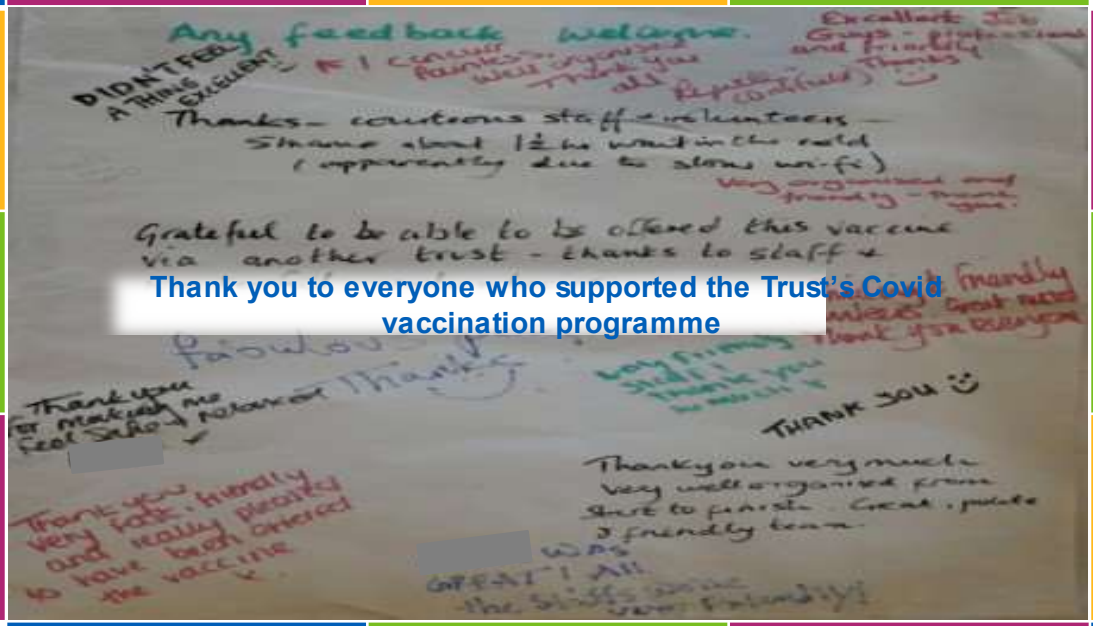
1,098 12-15 year olds were vaccinated

126 volunteers supported the vaccination programme

7,840 total hours worked by volunteers

Humber Teaching NHS Foundation Trust

6,000 (appx.) health and social care staff from other organisations were vaccinated by our teams



Thank you to everyone who supported the Trust's Covid vaccination programme

8,278 total hours worked by Trust staff

82 other health and social care service providers were supported

721 doses were administered in one day (20th August 2021)

220 Friends and Family test responses received in January 2022

90 years was our oldest patient

Caring, Learning & Growing Together

94.09% positive feedback received in January 2022

50,000 (plus) vaccinations were given

102 staff supported the vaccination programme

53 vaccinations per hour (on average)

NHS
Humber Teaching
NHS Foundation Trust

Agenda Item 14

Title & Date of Meeting:	Trust Board Public Meeting – 28th September 2022
Title of Report:	Winter Plan – Summary Report
Author/s:	Lynn Parkinson, Deputy Chief Executive & Chief Operating
Recommendation:	

To approve		To receive & discuss	
For information/To note	x	To ratify	

Purpose of Paper: *Please make any decisions required of Board clear in this section:*	To purpose of this paper is to provide a summary of the winter planning process undertaken, the key issues that are likely to impact on our operational response and the plans developed to mitigate the service pressures and risks anticipated for the Winter 2022/23

Key Issues within the report:

Matters of Concern or Key Risks to Escalate: • System pressures have not eased during 2022 • Winter pressures compounded by new variants of C19 and flu prevalence is anticipated to have a greater impact in 2022 • Cost of living rises will impact on our patients and staff • Likelihood of industrial action is increased causing disruption to services.	**Key Actions Commissioned/Work Underway:** • Report details the range of work in place and underway to address the impact of winter 2022/3 on the operational delivery of services.
Positive Assurances to Provide: • The Trust plan has been developed with Place and system partners to identify a range of actions to mitigate the impact of Winter 2022/3 • That the ICB objectives have been considered and addressed in the plan where they are appropriate • The plan has been predicated on operational capacity and demand modelling that has considered seasonal variation, covid, flu and respiratory virus prevalence, staff availability, impact of adverse weather and possible industrial action.	**Decisions Made:** • .

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	12th September 2022
Mental Health Legislation Committee		Operational Delivery Group	
Charitable Funds Committee		Collaborative Committee	
		Other (please detail)	

Monitoring and assurance framework summary:

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

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

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Winter Plan – 2022/23

1. Introduction

This paper sets out a summary of the key elements that have informed our planning and preparedness for Winter 2022/23. It demonstrates that our approach to planning for the coming winter is robust, however that the complexities of planning for a winter when system pressures have remained very high throughout the year and with the lasting impact of the pandemic still evident, the seasonal pressures make this winter likely to be particularly challenging. Consequently, planning began earlier than usual for the coming winter, recognising pressure on the NHS and Social Care is likely to be substantial, particularly in Urgent Emergency Care, Integrated Care Boards are tasked to maximise the benefits of system working. A lack of capacity across the NHS and social care has an impact on all areas of the system and it is essential that access to primary care, community health services, mental health and learning disability services for urgent patients is sufficient to ensure patients do not need to present to emergency services when alternatives are available.

In developing the Winter Plan, the following Integrated Care Board (ICB) objectives have been considered in all the Trusts plans:

- Prepare for variants of COVID-19 and respiratory challenges, including an integrated COVID-19 and flu vaccination programme.
- Increase capacity outside acute trusts, including the scaling up of additional roles in primary care and releasing annual funding to support mental health through the winter.
- Increase resilience in NHS 111 and 999 services, through increasing the number of call handlers to 4.8k in 111 and 2.5k in 999.
- Target Category 2 response times and ambulance handover delays, including improved utilisation of urgent community response and rapid response services, the new digital intelligent routing platform, and direct support to the most challenged trusts.
- Reduce crowding in A&E departments and target the longest waits in ED, through improving use of the NHS directory of services, and increasing provision of same day emergency care and acute frailty services.
- Reduce hospital occupancy, through increasing capacity by the equivalent of at least 7,000 general and acute beds, through a mix of new physical beds, virtual wards, and improvements elsewhere in the pathway.
- Ensure timely discharge, across acute, mental health, and community settings, by working with social care partners and implementing the 10 best practice interventions through the '100-day challenge'.
- Provide better support for people at home, including the scaling up of virtual wards and additional support for High Intensity Users with complex needs.

The following key considerations have been taken into account in developing the plan following the Trusts learning from Covid- 19 and from gauging the impact of the current economic challenges:

- **IPC management -** the management of infection outbreaks is pragmatic and is focussed on the local implementation of national guidance.
- **Vaccination -** to continue to encourage and support the vaccination and booster programmes for flu and Covid- 19 to protect our workforce and patients and in the knowledge that there is an anticipated increase in the prevalence of flu.
- **Testing -** staff and patient testing in line with guidance will be maintained to minimise outbreaks for the welfare of our staff and patients

- **Cost of Living -** the services have anticipated an inflated impact on referrals due to the ongoing cost of living rises and the challenges that this creates for our patients, staff and the wider public.
- **Industrial Action -** consideration of the ongoing risk of industrial action and the disruption this creates nationally and locally. Services have considered the impact on staffing availability and reflected operational approaches to create flexible capacity to mitigate any risk this may within service business continuity plans.
- **Surge and escalation - r**esilience plans must be inclusive of the organisation and system pressures and feed into ICB plans.
- **Impact of adverse weather -** ensured that organisation plans are robust and align with service business continuity plans.

The Winter Plan will continue to be overseen by the Service Planning and Transformation Group to align winter planning with annual service planning cycle. The Project Management Team will work with Divisions to support where necessary with the implementation of Winter Plans. Progress against the plan will be monitored by the Operational Delivery Group with escalation to the Executive Management Team (EMT) and the board as necessary.

The development of the plan has also ensured that the following factors have been considered and included:

- Impact of winter on waiting list performance
- The impact of delayed transfers of care (DTOC) on bed availability and patient flow
- Staff availability due to vacancies and turnover
- Trust objectives to reduce agency spend
- Adverse Weather

The Trust will continue to work with our partners, utilising agreed standard OPEL (operational escalation levels) reporting protocols and agreed system triggers to determine when mutual aid and joint working arrangements may be required. The Trust continues to work closely with our wider system partners across a wide range of forums and the work is focussed on ensuring robust joint working and communication mechanisms are in place to respond to system surge and complex case needs when the winter period commences, Weekly Winter Planning meetings have been held and led by Place partners to determine the likely demand and capacity of services over the coming winter and to agree schemes in response to this. The Humber and North Yorkshire ICB will advise NHS England of the outcome of this planning in early September 2022.

This summary paper will set out the key elements that have informed the Trust planning and preparedness, that the approach to planning for the coming winter is robust, however that the complexities of planning for an ongoing impact of the pandemic, winter seasonal pressures and the cost-of-living challenges, make this winter likely to be more difficult than the previous year. The detailed Winter Plan which sets out the action that is planned and will take place for each division and corporate area has been reviewed and approved by the executive management team.

2. Emergency Preparedness, Resilience and Response (EPRR)

A key element of our winter planning is to ensure that our service business continuity plans are robust and fit for purpose. The EPRR team have worked closely with Divisions and corporate areas to refine the business continuity plans in light of previous learning and actions associated with their OPEL reporting. Desk top exercises have been reintroduced to test service responses to major incidents, with the first to taking place being the requirement to evacuate the Humber Centre which is scheduled for 5th September 2022.

With the statutory responsible body for EPRR changing to the Integrated Care Board on 1 July 2022, the emergency planning Team and Trust Accountable Officer are working closely with EPRR Teams across the ICS to meet the newly revised core standards. A significant element of this, is for all managers involved in incident responses and those taking part in the manager

and Director on call rotas, to complete ICB provided EPRR training. This training has already commenced, with a number of senior personnel already having completed it. This purpose of this training is to further enhance the training that took place in 2021 which was based on the JESIP principles, a recognised decision-making framework designed to respond effectively to emergencies.
The EPRR team have also reviewed the Sitrep reporting approach for the Trust, ensuring that the triggers and responses in the OPEL reporting framework adequately reflect the impact on all of the clinical services.

3. Performance, Demand and Activity

The Trust is working closely with colleagues at Place and Humber and North Yorkshire Integrated Care Board, to effectively shape the service responses to expected Winter pressures for 2022/23. The objectives set by NHSE and the ICB have determined the response by the Trust.

Each area of service has developed detailed draft plans and these will be subject to review and challenge prior to final submission to be incorporated into the systemwide Winter Plans. The following sections provide an overview of the key issues, the plans in place and being developed to address and mitigate, where possible, the impact of winter and the expected additional pressures.

Mental health acute care pathway

Acute Hospital Urgent and Emergency Care is currently under significant pressure. Staff have faced one of their busiest summers with record numbers of Accident & Emergency attendances, very high numbers of urgent ambulance call outs, all alongside continuing waves of Covid- 19. Key to our planning is working closely with our system partners to maintain patient flow through the acute care pathway. The Trusts acute mental health care services generally performed well last winter significant to this was:

- Bed occupancy was high but managed well
- Length of stay in beds was stable
- Block purchase of out of area beds mitigated bed reduction due to infection, prevention and control cohorting requirements.
- Improved levels of Delayed Transfers of Care (DTOC)

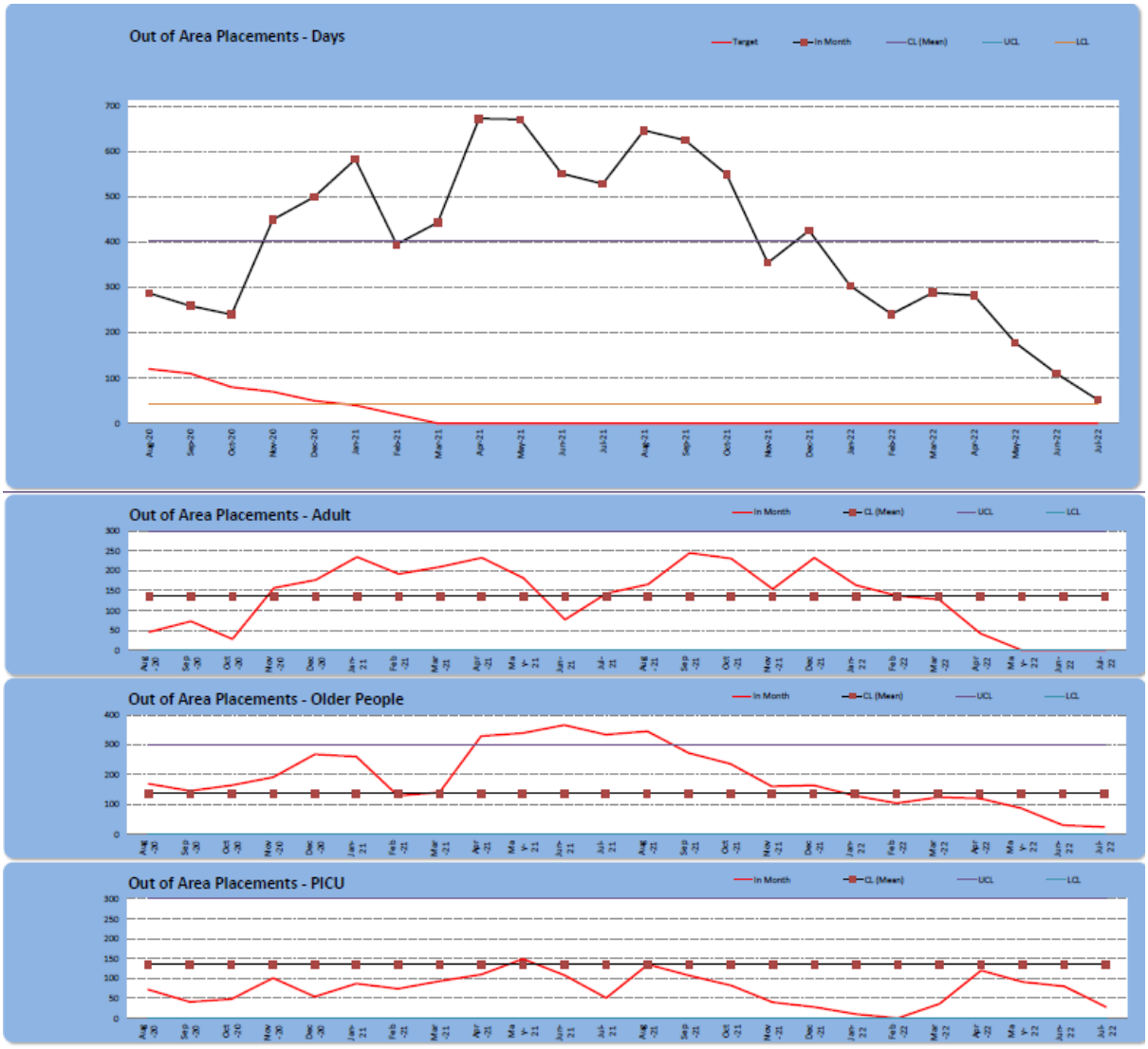
Since last winter, bed occupancy has remained high but managed well, length of stay has remained stable and the Division have been successful in reducing out of area placements despite ongoing outbreaks of Covid- 19. The use of block booked out of area beds was ceased at the end of winter 2021/22. The expansion of the older people's bed base by five beds supported this position alongside the change to a local risk-based approach to manage covid cases in the wards.

The additional challenge this year is a significant rise in the number of delayed transfers of care (DTOC). This is predominantly due to patients waiting for specialised hospital or residential placements. This has an adverse impact on bed availability and patient flow through our acute mental health beds.

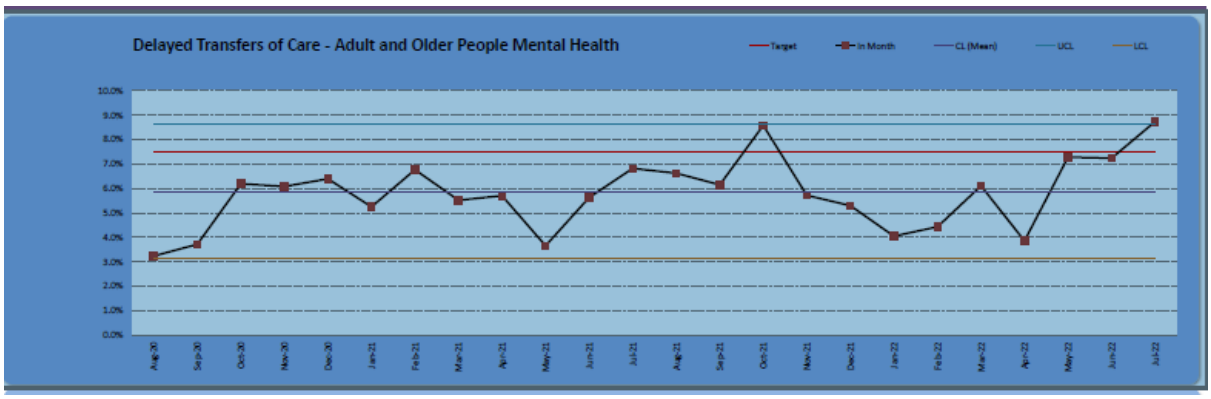
The service will continue to:

- have daily escalation meetings with the bed management team
- utilise step down beds where this is clinically appropriate
- Work closely with Place partners and local authorities to resolve the large number of complex DTOCS
- to use the system escalation mechanisms in place
- to ensure that the out of hospital urgent and emergency mental health pathways are optimised

Whilst out of area bed use has significantly improved, maintaining this will be challenged if the DTOC position does not improve or worsens through the coming winter.



The chart below demonstrates the increasing level of DTOC which is placing pressure on out of area placements. The service is in discussion with Hull and East Riding of Yorkshire Place partners regarding the introduction of “Step Up” beds (provided in the third sector) over the winter months that will be managed by the mental health Crisis and Home Treatment Teams to further support the avoidance of admissions to mental health acute beds and reduce the likelihood of out of area bed use.



The mental health response service and mental health acute hospital liaison service are key in addressing the demand for acute mental health care. The Trust has worked closely with Hull University Teaching Hospital (HUFT) and the ICB to develop a mental health streaming service to move patients for whom it is clinically safe away from the Emergency Department. A capital bid of £1.8m has been submitted and final confirmation is awaited to commence the introduction of a modular build and building work adjacent to A&E. Funding was received during 2021/22 to support the staffing required and a Standard Operating Procedure has been developed jointly between HUFT and the Trust. Timescales need to be finalised but it is expected that the scheme might be available by the end of Q4 2022.23. Meanwhile patients will be streamed away from ED via Miranda House where appropriate and the hospital Mental Health Liaison Service will continue to provide a timely response to referrals to maintain flow through the emergency department.

The Mental Health and Crisis Line for Humber Teaching NHS Foundation Trust changed during 2021/22 and is now called the Mental Health Advice and Support Line. The new line is available 24 hours a day, 7 days a week and is free to access for anyone over the age of 16 who lives in Hull and the East Riding of Yorkshire (ERY). The Trust has extended its well-established partnership with Hull and East Yorkshire Mind to achieve this change and implemented a new team who are integrated with our existing Mental Health Response Service who answer the calls. The timeliness of the performance of the response to this Crisis Line is now consistently improved and meeting its key performance indicators.

Service changes remain in place to enhance the mental health pathways for adults and older adults and avoid admission to hospital. These include the older people's acute community service, which is being expanded to provide satellite provision in Bridlington to improve access, continuing access to the mental health crisis pad and the older peoples home treatment team.

Working with ICB colleagues, support has been gained to work with ambulance colleagues, introducing a dedicated mental health response vehicle which is supported by a mental health practitioner. This service is aimed at diverting patients away from ED and providing support at the scene allowing the patient to receive appropriate treatment outside of a hospital setting. Pilots of this programme have been running for periods over the last year and it is expected that the service will be established in Q4 2022/3.

An additional team of peripatetic staff is being recruited now for this winter and will support increasing capacity wherever it is needed across the mental health services. This will support patients getting timely access to community mental health teams and to reduce demand on the mental health acute care pathway. The primary mental health care service within the Primacy Care Networks supports the capacity in Community Mental Health Teams for those with moderate to severe illness and needs.

The service will continue to promote both face and face and virtual clinical pathways to increase the number of patients entering for treatment in the most efficient and effective way possible.

Children and Adolescent Mental Health Service (CAMHS) and Learning Disability Services.

Considerable learning took place during the previous Winter and the service have adopted those schemes that worked well and developed initiatives for areas of pressure which were introduced over 2021/22.

The primary focus is to divert inpatient admissions from the acute hospital sector, especially for young people who have required admission to paediatric beds for treatment of eating disorders a position that has been seen nationally. To achieve this the service have focused on the development of out of hospital eating disorder services and have submitted a proposal for an Eating Disorder (ED) Day Unit, which is designed to support children suffering with an eating disorder on a day case basis to avoid hospital admission. The case is currently awaiting sign off from the Provider Collaborative and ICB to support a staffing model designed to

develop this service. Accommodation options have already been identified along with key personnel with ED expertise.

In addition to this, Inspire, our CAMHS inpatient unit is developing skill and expertise amongst its staff group to admit eating disorder patients to the unit that have been assessed as requiring naso-gastric feeding. treatment on an inpatient basis. The training is being gained with the support of partner organisations and admissions will be able to commence in October in readiness for the winter.

This development coupled with the full opening of the four bedded Psychiatric Intensive Care Unit beds within Inspire will now provide the full complement of support which the unit was designed and commissioned to deliver.

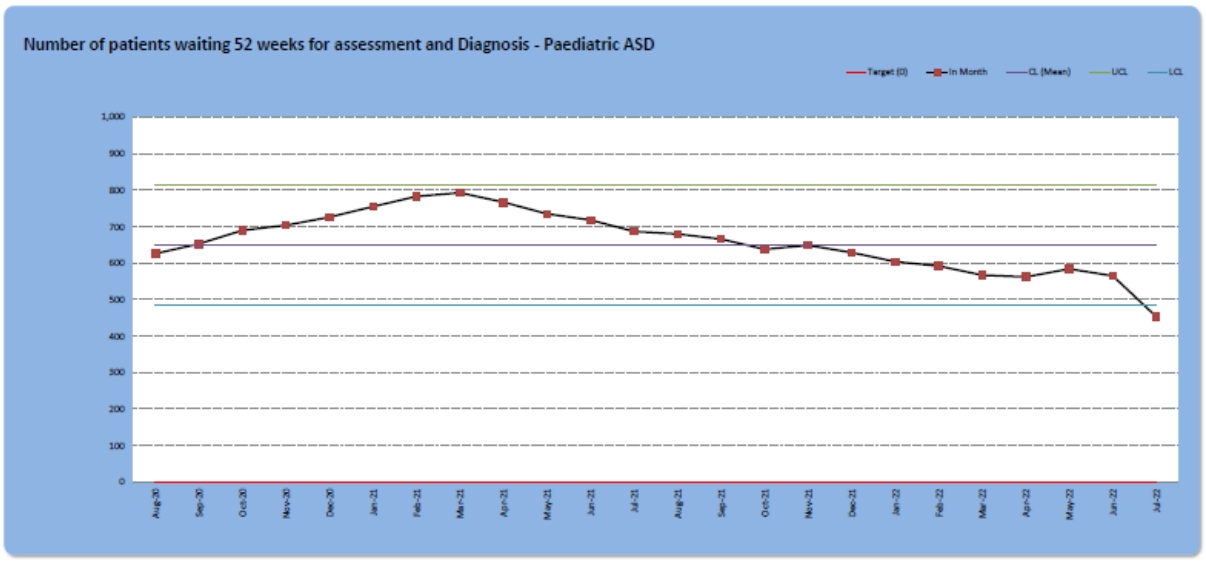
The service continues to work hard to reduce the need for an in-patient admission providing intensive intervention to the young person, supporting parents and other agencies involved including social care, education and acute hospital settings.

Last winter the service introduced a new Inreach Service into the acute hospital to support patients in need of mental health care whilst also receiving physical health treatment. This service has proved invaluable and has now been made permanent and recurrent. This model has been effective in supporting the integration of teams across both the acute and mental health trust. A new children's home treatment service was established last year, this has now been fully integrated with the CAMHS crisis and core community teams, offering a comprehensive alternative to hospital admissions. A new children's Safe Space (crisis pad) was established early this year to further support avoidance of hospital admission. This service provided a place of safety and sanctuary for Children and Young People (CYP) experiencing acute emotional distress/crisis. It was provided in partnership with a third sector provider. Funding for this was provided on a non-recurrent basis and unless additional winter funding is sought it will cease at the beginning of September. A submission for funding is being made.

Work continues to address the high demand for CAMHS and Neurodiversity services in order to meet the continuing increase in referrals, many which are still greater in acuity and complexity than pre-pandemic. The instances where there are significant safeguarding and/or social issues remains high and which cannot be resolved without support from social care services. Bi-weekly systems calls have continued to provide a forum for the discussion of cases which need escalation between health and social care agencies.

The weekly review of waiting times and the development of recovery plans based on demand have/are being developed. The services are working with private providers to identify suitable and appropriate alternative capacity to recover waiting times to an 18-week standard as a minimum and this is monitored through the performance and accountability framework across the organisation. In the meantime, caseloads in core CAMHS are regularly reviewed with the potential that some cases will need to be placed on hold for more urgent cases to be seen if deemed clinically appropriate to do so and some cases may need escalation for a more urgent response.

The Neurodiversity Transformation project is well underway, which is being led by a dedicated Transformation Lead and with oversight of a Project Group and Project Board. The benefits of this work are being seen in the reducing numbers of long waiting patients as demonstrated in the performance for Paediatric ASD below.



Work will continue with multi agency partners to support children presenting with emotional health issues; digital first interventions remain key to this and face to face interventions offered using a clinical risk-based approach.

Robust duty systems will be maintained for 0-19 children's single point of access, neurodiversity front door and Core CAMHS service to ensure the service responsiveness is optimised.

Community Beds and Community (Physical Service) services

The service developments and improvements have continued to take place in our community services in North Yorkshire over the last twelve months to prevent acute hospital admission and support timely discharge. These include:

- Urgent Community Response (within 2 hours) has been implemented across all community services and a new clinical coordinator role has been embedded.
- Virtual Ward development will be operationalised by December 2022 - phase one is for Scarborough community
- Frailty pathway – embedding and maximising appropriate holistic assessment and advance care planning
- Expanding the overnight community nursing service provision across all community areas with a focus on palliative care and hospital avoidance

The service introduced a number of changes to maintain and improve patient flow and to support timely acute hospital discharge including a daily review of Delayed Transfers of Care patients and the introduction of admission and discharges taking place on the community wards 7 days a week. These will be maintained during Winter 2022/23. Delayed Transfers of Care are high within our community inpatient beds in Malton and Whitby; escalation meetings with North Yorkshire City Council are in place to improve patient flow. This is happening in partnership with York and Scarborough acute hospitals to ensure beds are optimised to support effective acute step down.

The Hospital Discharge Service was introduced 7 days a week to aid patient step down into community beds and, whilst an inpatient, all patients continue to receive therapy 7 days a week to achieve timely discharge. The inpatient wards adopted the 5 elements of the SAFER patient flow bundle to aid reduced length of stay, this was implemented with the Red and Green days approach, which evaluates whether the patient's planned day is adding value to the patients care. To support this efficient discharge, the implementation of the Trusted assessor or D2A model has been adopted to avoid duplication of assessments and improve the patient experience.

Increased support has been provided to nursing homes with the alignment of named District Nurse and therapist for each home and the implementation of an MDT/virtual ward round with primary care. The use of pharmacists is being extended into care homes to ensure the effective administration of medicines and their management. Additional training to care home staff will continue to maximise the level of care the home is able to provide to residents and patients in order to support ongoing demand.

Several schemes have been devised with a specific focus on managing demand, these include:

- Scoping and development work with North Yorkshire County Council to improve pathway 1 offer – new monies for maximising therapy/ reablement workforce and pathways.
- Implementation of 'Right to reside / Home today why not?' Adult Discharge and choice policy in community inpatient units.
- Non-medical model being developed to include Advanced Clinical Practitioner (ACP) roles inpatient wards
- Expansion of Intermediate Care Team capacity across Scarborough and Ryedale with development of a similar model across Whitby/Pocklington
- New roles within community developments, extending the scope and number of ACP roles
- Embedding model of Band 7 senior cover across 7 days as standard operating practice
- Improving internal clinical systems to ensure safe, effective, and efficient systems and processes
- One Community Transformation – a new model to provide standardised and equitable care delivery across all community areas (Phase One to be complete by October 2022.

Primary Care

The service pressures across Primary Care remain high, to ensure the services remain responsive to these, the clinical leadership is being strengthened to drive forward changes and support efforts to recruit GPs into vacant posts. A strategic approach to Primary Care has been developed to respond to the ongoing challenges, the most significant of which is the availability of the clinical workforce. This approach is now being implemented to ensure that the practices are sustainable, the plans are progressing in partnership with Primary Care Networks and PLACE partners.

The Division is currently working with the practices to increase the face-to-face appointment offers to patients when requested, whilst also reviewing the digital offer to expand video consultations to complement the current telephone appointment offers in place.

4. Vaccinations

Protecting our work force and our patients from the impact of seasonal flu and Covid 19 has been a priority for the Trust. Early projections for a challenging flu season during the winter of 2022/23 makes the uptake of the flu vaccination programme as well as Covid booster programme ever more important. A project group is in place, developing a delivery plan for the vaccination programme for this year. Weekend sessions delivering both covid booster and flu vaccinations during October are planned and this will be delivered by our peer vaccinators. We will be working in partnership with York and Scarborough Teaching Hospitals NHSFT, who will support the vaccination of our staff placed in the North Yorkshire areas. Flu vaccinations will be delivered by peer vaccinators in all work and clinical areas throughout the campaign.

5. Workforce

Staffing availability remains a significant challenge for the Trust and is reflected already in the risk register. Work on reducing the number of vacancies, improving staff turnover rates and reducing sickness absence remain high priorities. The risk of staff absence during winter due to continued Covid-19 presence in the community, seasonal flu and other sickness related absence remains extremely high and this is reflected in our risk register and mitigated by enhancing temporary staffing levels where possible. The Trust has maintained agile/remote working where possible to support staff wellbeing whilst also reducing infection risk. Continued recognition of the ongoing fatigue faced by healthcare staff within the Trust and across the system is being made and is reflected in the ongoing focus on the staff health and wellbeing programme.

Plans continue to focus on filling vacancies and reducing turnover. Divisions have bespoke plans in place to tackle these challenges in their areas, these are reviewed in the performance and accountability review monitoring mechanisms. The workforce and recruitment teams are supporting the operational divisions with planned recruitment events to fill healthcare vacancies. A continued focus remains on international recruitment for qualified nursing and allied health professionals. Additionally, the Trust are working closely with the ICB and system colleagues on an initiative in partnership with the Indian government to recruit medical personnel and qualified health professionals, with a small delegation attending a recruitment event in the State of Kerala in India during November. Place based approaches are being supported by the Trust to improve recruitment across the health and social care system.

The Flexible Workforce Team are automatically adding newly recruited healthcare personnel onto the Trust bank when they are recruited into a substantive post. The Divisions are developing their own peripatetic teams of health care assistants who can be deployed across services to mitigate immediate roster gaps as required. These approaches will support the reduction in the reliance on use of agency staff. The Divisions continue to work closely with the Flexible Workforce Team to meet their temporary staffing requirements.

6. Infection Prevention and Control Measures

Monitoring of community prevalence of COVID and seasonal flu and their impact on services will continue to be led by matrons and the infection control team, overseen by the Director of Nursing and the Chief Operating Officer. Increased use of PPE and staff and patient testing for COVID will resume for specific services as determined by infection prevalence/outbreaks to maintain patient, staff safety and sustainability of services.

7. Risk of Industrial Action

The risk of industrial action has increased due to the rise in cost-of-living pressures. Recent action has already disrupted rail services with increased risk possible across other public sector areas. Balloting for action is expected to take place by unions representing staff in the health and social care sector. Further work is taking place led by the workforce directorate to assess the likelihood and impact of industrial action on the Trusts services. This risk has been considered in the service business continuity plans and will be monitored and revised as necessary on an ongoing basis

8. Adverse Weather

Adverse weather has been considered as part of our winter planning. Our Severe Weather and Winter Plan has been reviewed considering the learning which occurred during covid. Agile working is now a well-established approach for staff, which has been found to improve productivity overall and to mitigate the risk that severe weather poses for travel. The availability of all wheel vehicles to support the transport of frontline staff remains in place.

9. Conclusion

Winter 2022/23 is predicted to be more challenging than previous years as the system pressures have not eased throughout 2022. This together with the focus on elective activity waiting time recovery, improving ambulance response times, staff sickness, anticipated flu prevalence, possible industrial action and ongoing covid- 19 impact, whilst moving into winter in the context of increased cost of living pressures potentially makes this an unprecedented period.

The services will capitalise on known successful winter initiatives to meet the ICB objectives and will draw on the support of the organisation to maximise resource availability to enable service provision to, not only be maintained, but also maximised during the winter months of 2022/23, whilst focussing on staff wellbeing and retention. The Trust vaccination programme will assist, as covid is predicted to remain within communities, the expectation that flu will be circulating at higher levels than the previous year and that respiratory virus prevalence will be high. Our Winter Plan has been developed and predicated on work that has modelled the expected changes in service activity as robustly as it can.

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

NHS
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Agenda Item 15

Title & Date of Meeting:	Trust Board Public Meeting: 28th September 2022
Title of Report:	Covid-19 Booster Vaccination Programme 2022
Author/s:	Marian Opoku-Fofie: Deputy Chief Pharmacist
Recommendation:	To approve: ; To receive & discuss: ; For information/To note: ✓ ; To ratify:
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	To update the Board on plans for the 2022 Autumn Covid-19 Booster Programme for Staff

Key Issues within the report:

Matters of Concern or Key Risks to Escalate:

- There is a potential for staff to be less enthusiastic to receive the fourth Covid Vaccine.
- To mitigate that, a campaign programme is underway which will include comms, useful information on our trust internet site and question and answer webinar.

Key Actions Commissioned/Work Underway:

- The plan is to deliver the Covid-19 vaccination autumn boosters in according with the NHSE standards and requirements.

Positive Assurances to Provide:

- The plan has operational capacity to deliver Covid booster vaccines, in addition to co-administration of the Flu vaccine to all Humber Teaching NHS Foundation Trust staff.
- The Team is largely made up of members who delivered the successful first two Covid vaccinations and first booster dose programme.

Decisions Made:

- The plan is to co-administer the Covid booster vaccine with the Flu vaccine consistent with National guidance.

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)	

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

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√	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	

HTFT Covid-19 Booster Autumn Programme 2022 Plan Briefing

1. Introduction

It is important that health and social care workers get vaccinated with both the COVID-19 and flu vaccines to protect themselves and their patients; the viruses can be life-threatening and getting both flu and COVID-19 increases risk of serious illness.
All frontline health care and social care workers should be offered vaccination by their employer. This is an employer's responsibility to help protect their staff and patients or clients and ensure the overall safe running of services. Employers should commission or implement a service which makes access to the vaccine easy for all frontline staff, encourages staff to get vaccinated, and monitors the delivery of their programme.

2. Vaccination Plan for Staff

The plan is to co-administer the Covid booster vaccine with the Flu vaccine over 2 weekends.

Supply dates for Flu vaccine – 1st batch Week commencing the 3rd of October and 2nd batch Week commencing the 17th of October.

Covid Vaccination Centre - Trust HQ, Willerby Hill

Booster Vaccine Type currently is - Spikevax® bivalent Original/Omicron COVID-19 vaccine

3. Covid Booster Delivery Dates

1st week of delivery - Friday 21st, Saturday 22nd and Sunday 23rd of October
2nd week of delivery – Two days, either Friday 28th and Saturday 29th or Saturday and Sunday 30th October
8 hours shifts with 1 hour break and 4 vaccinators. Initially starting with delivering 72 an hour ie 504 vaccines a day.

Booking System will be via the Trust booking system. – Staff will have the option of having only the covid vaccine or both. Vaccines given will be recorded on the national NIVS system.

Once the vaccines have been delivered over the 2 weekends any outstanding staff member will have the option of either getting this done at Occupational Health or staff can book through the National Booking Service Book or manage a coronavirus (COVID-19) vaccination - NHS (www.nhs.uk) calling 119 or find a walk-in appointment through the online vaccination walk-in finder Find a walk-in coronavirus (COVID-19) vaccination site - NHS (www.nhs.uk).

There is the Potentially for a half-day session to be considered in November if there is the demand for it.

4. Staff in the York area

York Trust programme commences on Monday the 12th of September 2022 over 2 weeks and our staff based in the area will be able to access this service. The venues are:

- Scarborough – Occupational Health Department, Scarborough General Hospital, Woodlands Dr, Scarborough YO12 6QL
- York Hospital – Ellerby's restaurant, Main corridor, York Hospital, Wigginton Rd, Clifton, York YO31 8HE

5. Conclusion

The Board is asked to note the progress in developing the vaccination plan. Uptake of the vaccines will be reported once the programme commences.

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Agenda Item 16

Title & Date of Meeting:	Trust Board Public Meeting – 28 September 2022
Title of Report:	Cost of Living and Support
Author/s:	Name: Michele Moran Title: Chief Executive

Recommendation:			
To approve		To receive & discuss	x
For information/To note		To ratify	

Purpose of Paper: *Please make any decisions required of Board clear in this section:*	To provide the Board with an overview of ways in which the Trust are providing support to reduce, where possible the impact of the current cost of living.

Key Issues within the report:

Matters of Concern or Key Risks to Escalate: No issues to raise. The continued impact of pressures arising from the cost of living is closely monitored at Executive Management Meetings (EMT).	**Key Actions Commissioned/Work Underway:** n/a
Positive Assurances to Provide: • The impact of cost of living pressures is kept under review and discussed at EMT meetings.	**Decisions Made:** • n/a

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

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

Monitoring and assurance framework summary:

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

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

Cost of Living Rises

1. Introduction

A number of national and international factors have affected the cost of living and it is well recognised that many people and families are finding it difficult to afford day to day necessities which is placing a lot of pressure on households.

As a local employer we have worked with our staff colleagues and patients to provide support where possible and to keep the range of support we offer under review to ensure we are doing all we can to support people during this particularly difficult financial time. In addition, working with our partners in the system, we continue to review the impact and support available.

There is a range of support available to help with household costs so that people have less money going out.

The Sections below outline how we are support our staff and patients

2. Ways in Which we are supporting

2.1 Ways in which we are helping our staff colleagues.

There are a number of ways in which we are directly reducing the costs of travelling to and from work and working from home including:

- Paying bridge tolls as a permanent measure
- Paying band 5 nurses at the top of the band for bank shifts – a review has taken place and this will continue and be reviewed again in March 2023.
- Free parking on all trust sites
- The Working from Home payment has been extended until winter 2022, with a review at that stage.
- Increased mileage rate to assist with increased fuel costs
- Car and lift sharing
- Provision of Trust fleeces for those working from home.
- Local and national discounts and offers
- Intranet sight that provides signposting to external support regarding finances etc.

We have brought together resources that will help our staff colleagues save money and access extra support if needed, wherever they work across our Trust. Managers can let members of staff know of any support that is available if staff have any concerns about their financial wellbeing. Detail on discounts offered to staff is available in our Benefits Booklet. The booklet includes details on everything from a full list of contractual benefits to health and wellbeing benefits like gym membership and mindfulness apps to shopping and transport.

A summary of the wide range of support outlined on our intranet is attached as appendix 1.

2.2 Reducing the need for patients and staff to travel

As a Trust we continue to embrace digital technology. To reduce the need for staff to travel and thereby reduce fuel and transport costs we have implemented the following digital systems;

- Upstream portal to access the Yorkshire & Humber Care Record and a summary of our Lorenzo, PCMIS and SystmOne information. Upstream also provides a secure video consultation system.

- We only issue laptops to staff to allow them to work from home or other locations. This includes docking stations and extra monitors where staff need the extra equipment.
- Provision of softphone so staff can use their laptop as an office telephone.
- A significant increase in the number of smartphones for easier contact to staff. The smart phones can also be used as wi-fi hot spots to remove the need to for short term access to the internet.
- Increased the bandwidth available to staff so they can access the secure virtual private network (VPN) to access corporate information securely. This allows access to all our clinical and corporate systems from home or another remote location.
- Implemented Office 365 which includes desktop and web office applications which includes MS Teams. MS Team allow team to meet virtually and collaborate using video, chat and documentation.
- We buy high energy efficient IT equipment and devices and have configured them to use the minimum amount of power.

2.3 Working with PLACE in our system and impact on the wider community

We continue to work closely with our place and system partners to address all the factors that are currently impacting on health and care pressures, this includes a focus on the impact of the cost of living rises on our patient populations.

We are currently working closely with Hull and the ERY partners to consider the system priorities for winter and the future year plan and cost of living impact is being prioritised in this work. Similar work is taking place in York and North Yorkshire services. Recent work on the Trusts winter plan has modelled the likely impact on demand for services over winter which has also considered the expected impact of the cost of living rises. Existing and new community based schemes are in place to support people with the impact of these pressures and we are ensuring that we are doing everything we can to make sure our staff are able to identify these needs and sign post our patients to these services.

2.4 Advice from our services to patients

The relationship between increased financial hardship resulting in increased health needs has been well documented and researched. Clinical assessment documentation across all service areas is designed to be holistic and identify both health and social care needs, including factors such as financial difficulties, housing issues etc.

Many of our clinical teams have social care staff embedded within them or are working with integrated models of care, this enables access to expertise to support our patients with these needs. Operational services have been focussing on ensuring that staff are equipped and have the relevant information to identify and signpost patients who are experiencing the adverse impact from the cost of living rises to support. This includes focussing on those groups of patients who are more vulnerable to the adverse impact of these pressures, e.g. those with severe and enduring mental illness, older people, vulnerable children, people with long term conditions etc. Some examples of the way in which this is achieved in service areas are set out below:

- Mental Health Wellbeing and Wellbeing Coaches in primary care are trained to support patients with a wide range of needs and have a specific role to engage patients with other services to support their needs and prevent mental health needs deteriorating.
- Dedicated social workers are embedded in mental health, CAMHS and forensic inpatient services to achieve timely discharge, addressing financial and housing support needs specifically where required.
- Peer support workers have a specific role in signposting and engaging patients with community resources to support a wide range of patient's needs.
- Care coordinators have a clear role in understanding and supporting all the needs of patients with factors that will have an adverse impact on recovery and financial needs are specified within this.

- Support, Time and Recovery roles in our hospital liaison team have a defined role in supporting patients who have accessed the emergency department to prevent the need to attend again with a mental health issue, this again involves following patients up and signposting to the relevant agencies and community resources for support.

Operationally it is recognised that the impact of the cost of living rises is very likely to lead to increased demand for services, increased complexity in presenting need and potential further instability of the wider provider market leading to possible delays in our patients accessing the services they need. The impact of this has been considered recently in our winter plan, in our ongoing service planning and in the planning work we are undertaking with our wider system partners.

2.6 Maintaining Safety and Quality

The current cost of living concerns and the impact they are having on our patients may impact upon quality and patient safety potentially leading to;

- A possible increase in did not attends across all of our services due to increasing transport costs. Processes are in place to follow up *did not attend* (adults) and *was not brought* (children).
- Whilst recognising the aim to reduce the use of agency staffing it could possibly be more difficult to cover essential shifts with bank/agency staff due to increased costs associated with travelling to work.

The support outlined above, aimed at mitigating any safety and quality issues are kept under constant review at the Executive Management Team meetings and updates continue to be provided through our communication networks.

September 2022

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NHS Foundation Trust

Staff Intranet Page:

Employee Benefits and Support

We have brought together resources that will help you save money and access extra support if you need it, wherever you work across our Trust.

If you have any concerns about your financial wellbeing speak to your line manager who can let you know of any support that is available to you where you work.

For more detail on discounts offered to staff, read our Benefits Booklet. It includes details on everything from a full list of contractual benefits to health and wellbeing benefits like gym membership and mindfulness apps to shopping and transport.

We will continue to look at how we can support our staff during this challenging time. Updates to support available will be circulated via our weekly global emails sent to all staff and then updated on this page.

Transport

- **Car Parking**

We remain committed to offering our staff **free car parking** at all Trust sites.

- **Mileage Claims**

We have increased the mileage rate to support staff to meet the current increased price of fuel. This is be automatically applied when submitted an expenses claim.

- **Bridge tolls**

Humber Bridge tolls incurred as part of mileage expenses will continue to be paid and can be claimed through the expenses process.

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- **Cycle to Work**

You can hire a brand new bicycle and safety equipment and own it after the hire period with our Vivip scheme.

- **Fleet Car**

Fleet Solutions provides a cost effective way to lease a brand new car via salary sacrifice with no deposit and fully comprehensive insurance. Their cars include hybrid and fully electric vehicles.

- **Lift Sharing**

Lift sharing increases vehicle occupancy and reduces overall journeys made, particularly at peak times saving money and reducing carbon emissions.

Liftshare manages a car sharing scheme that is open to all. It is free to use and can provide significant savings in travel costs.

More information about the scheme and how to find a car share partner can be found on their website:

Click here to visit **Liftshare**.

Payroll Advances

Managers are reminded that a procedure is available for any member of staff requesting an advance of salary. Click here to read the procedure.

Financial Wellbeing Support

If you are concerned about your financial wellbeing please seek support through one of the tools below or by speaking to your line manager.

- **Money Helper Service**

NHS England have teamed up with the Money Helper Service to offer all staff access to provide free, independent support. Their website lists a number of useful tools including budget guides and debt advice.

- **Money and Pensions Service.**

You can get free, confidential and independent money and debt advice from the government's free, impartial Money and Pensions service website.

Childcare and Family Support

We know that over school holidays it can be challenging to manage childcare alongside your work commitments. We've brought together some local resources to help you find activities near you.

- Hull: Summer Holiday Activities | Hull Culture and Leisure (hcandl.co.uk)
- East Yorkshire: Schools Out (activeeastriding.co.uk)
- Holiday activities in Hull and East Yorkshire are also listed on the local Mumbler site Hull & East Riding Mumbler: What's On for Families
- North Yorkshire: Fun Summer holiday activities planned for North Yorkshire | News | North Yorkshire County Council

School Uniform Costs

Ahead of the new school term many parents are concerned about meeting the cost of school uniforms. You can use the government website postcode checker to see what support is available for uniform costs where you live.

A number of local projects support parents to access affordable school uniforms. You can search the internet for a bank near you (Search 'School Uniform Bank + your location) or speak to your child's school who can help you locate a bank.

- **Hull and East Yorkshire**

The Re-uniform project collects and redistributes used school uniform from across Hull and surrounding areas. You can apply on Facebook.

- **Scarborough Uniform Recycle**

The Scarborough Uniform Recycle promote click and collect and giveaway sessions at local churches and community location on their facebook page.

If you know of a Uniform bank near you that we add send it to HNF-TR.communications@nhs.net

Shopping Benefits

As an NHS colleague you can take advantage of discounts at many retailers to help with the cost of everyday goods and one-off treats.

- **Vivup**

You can access deals and discounts from thousands of major retailers, supermarkets, travel, family essentials, dining out, leisure activities, sports nutrition, more with Vivup.

- **Blue Light Card.**

Blue Light Card provides with access to hundreds of discounts both online and in store.

- **Health Service Discounts**

Health Service Discounts provides exclusive discounts, vouchers and cashback for NHS workers.

- **NHS National Benefits**

The NHS England website brings together a range of staff offers on their website.

Mental Health and Wellbeing

- **NHS England Resources**

The safety, health and wellbeing of our people is a priority. NHS England list a comprehensive range of support tools on their website.

- **Staff Counselling**

The Staff Counselling Service aims to help those who are suffering from distress to recover more quickly. The service offers short-term counselling (1-6 sessions but sometimes longer) and can cover personal, family or

work-related issues. Find out more about counselling through Occupational Health.

- **Apps**

Our Benefits Booklet lists a range of apps that can support your health and wellbeing.

- Wellbeing
  - Health and Wellbeing
  - Occupational Health
  - Staff Networks
  - Recovery Champions
  - Employee Benefits and Support

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Agenda Item 17

Title & Date of Meeting:	Trust Board Public Meeting – 28 September 2022
Title of Report:	Formal Board Meetings, Strategic Discussions and Board Development Sessions
Author/s:	Name: Rt Hon Caroline Flint Title: Chair
Recommendation:	

To approve		To receive & discuss	
For information/To note	x	To ratify	

Purpose of Paper: *Please make any decisions required of Board clear in this section:*	To present proposals to change frequency of Board and Board Development meetings.

Key Issues within the report:

Matters of Concern or Key Risks to Escalate: • No issues to raise.	**Key Actions Commissioned/Work Underway:** • Sequence of dates and times for 2023 to be confirmed.
Positive Assurances to Provide: • The planning and frequency of formal Board meetings, Sub-Committee meetings and Board strategy discussions/Board development sessions will provide a continuous flow of information from and to formal Board as well as a high level of assurance.	**Decisions Made:** To recommend holding 6 formal Board meetings a year, and 6 Board strategy sessions as outlined in the paper.

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) *Paper direct to Board*	/	

Monitoring and assurance framework summary:

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

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

Formal Board Meetings, Strategic Discussions, Board Development

1. Introduction

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' and the final report was received earlier this year, in April.

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

Building from a position of strength, at the July Board time out session it was agreed further consideration would be given to the frequency of formal Board meetings alongside the need for strategic board discussions and board development.

The proposals in this paper build on the positive report which showed that the Trust have an excellent governance and assurance structure which allows us to build on our strong position.

The proposal below outlines the plan to hold 6 formal Boards meetings a year, and 6 themed strategic sessions combined with Board development work.

2. Formal Board Meetings

It is proposed the Board meetings move to 6 formal meetings a year (avoiding August and December as usual). Board meetings will be held virtually in January, March, May, July, September and November.

Formal Public Board meeting agendas will have a standing item to discuss and agree the emerging themes for strategic discussion at the Board strategy session the following month – these may include for example staff survey, primary care, winter planning etc and members of the public will be aware of discussions that will take place. The output of these discussions will be reported back to the following formal Board meeting.

On months where no formal Board meeting is held, 6 strategic meetings to discuss emerging themes and Board development sessions will be held (see section 3 below).

2.1 Sub-Committees Reporting to Board

- Sub-Committees provide assurance to the Board and are held quarterly and there are no plans to change the frequency of these meetings which will occur between Boards ensuring good Governance. However, if additional committee meetings need to be called, for example at year end, these can be arranged by exception. Committee assurance reports will continue to be presented to formal Board meetings.

- If anything needs highlighting from a committee on a month where there is no formal Board, the agenda for the Strategic Theme/Development Session will have a standing item for any items for escalation to the Board.

- Due to current timings of Committees some assurance reports are prepared immediately after the meeting to ensure they are included in the Board pack –

committee chairs may want to consider the timings of committees and if required, amend their sequence to align to the revised formal board dates to allow more time for preparation of assurance reports.

3. Strategic Themed Discussions and Board Development

For months where no formal Board meeting is held, the Board strategy discussion/ Board development session will be held in person and split into two parts – see outline agenda below.

The themed discussions will be paper light – generating discussion through outline presentations.

To retain the August and December months without a Board meeting, the sessions in August and December may fall slightly pre or post month.

It may not be necessary for all 6 meetings to have a formal Part II Board development session as these may take the form of an informal Board dinner, getting to know each other session and these will be arranged in year through discussion.

An outline agenda is presented below for these sessions.

Part I – Emerging Themes Strategic Discussion - AM

- Apologies
- Declarations of Interest
- Items for Escalation
- Themed Discussion – [topic]

Part II – Board development - PM

- Board Development

4. Flow of information

The planning and frequency of formal Board meetings and Board strategy discussions/Board development sessions will provide a continuous flow of information from and to formal Board in a cycle that will include generation of emerging issues/themes, discussion at Board, detailed discussion on key themes and output back to Board.

The flow is demonstrated on the diagram at appendix 1.

5. Recommendation

To adopt the proposals outlined above to commence in January 2023.

The revised arrangements will be reviewed after 6 months to ensure the intended outcomes and discussions are taking place effectively.

6. Next Steps

Arrangements will be made to update diary invites for 2023 – the dates will not be changed but meeting titles and times will be updated.

Dates for the August and December 2023 strategic discussion/board development will be reviewed and confirmed.

The January formal Board meeting will agree, as part of its agenda, the topic for February's strategic discussion.

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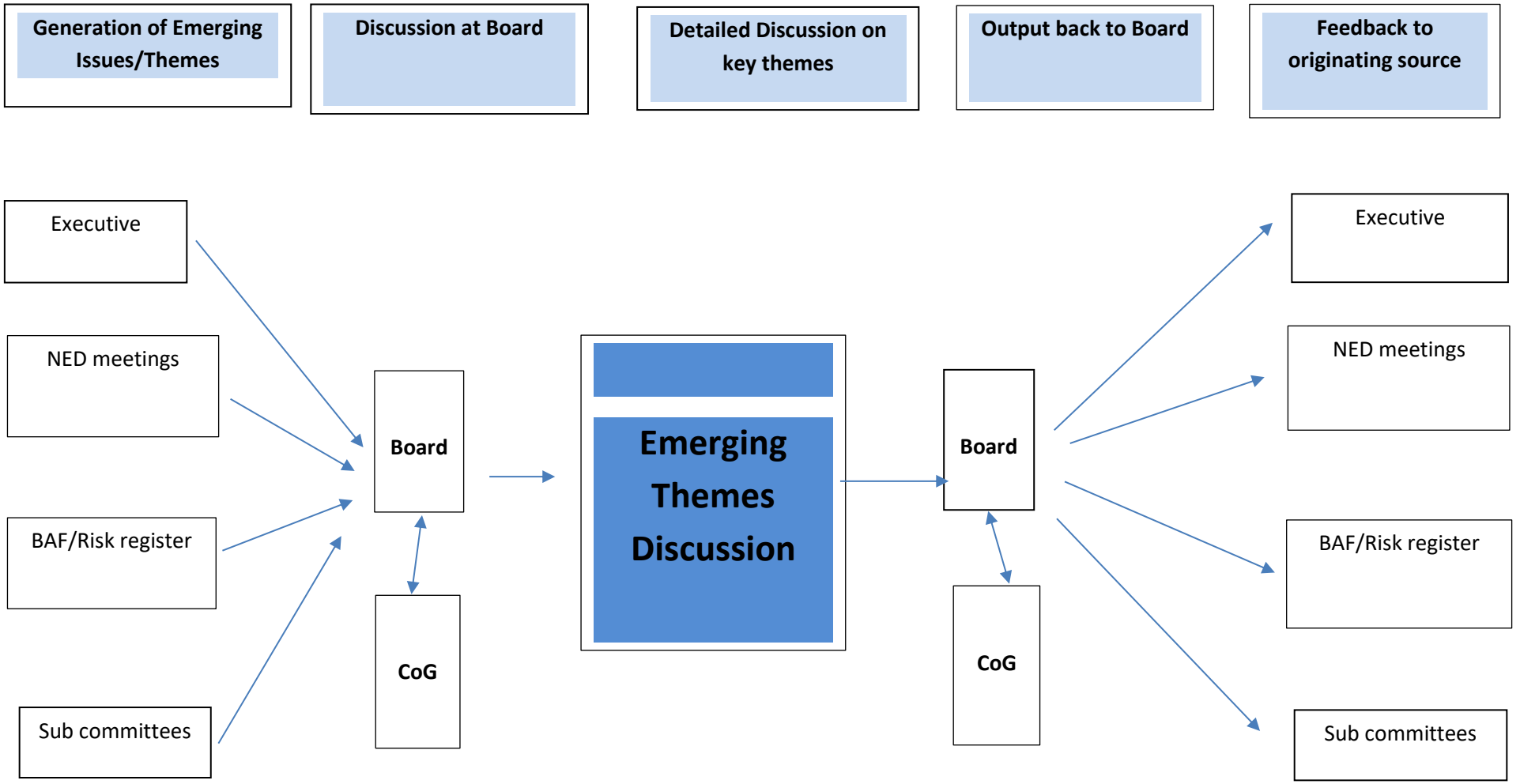

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BOARD ASSURANCE FRAMEWORK				Trust Board							
ASSURANCE OVERVIEW				28 September 2022							
Strategic Goal	Assurance Level	Reason for Assurance Level	Executive Lead	Assuring Committee	Risk Appetite	Assurance Rating					Highest current risk
						Q 2	Q 3	Q 4	Q 1	Q 2	
Innovating for quality and patient safety	Y	Overall rating of 'good' from 2019 CQC Inspection Report. 'Requires Improvement' rating for Safe domain in CQC report. 'Must do' actions completed within Trust including safer staffing and supervision. Positive internal audit of Trust significant event investigation process and duty of candour.	Director of Nursing	Quality Committee	SEEK	Y	Y	Y	Y	Y	16
Enhancing prevention, wellbeing, and recovery	A	Robust monitoring arrangements developed through monthly operational delivery group to monitor waiting times. Areas of long waits reviewed and monitored through ODG and Quality Committee. Impact to Trust services and waiting list targets impacted because of COVID-19 national situation. Patient Access and Performance manager appointed focussing on clinical systems, information capture and reporting. To review reporting and monitoring processes to make sure we maximise our performance reporting and Trust overall performance.	Chief Operating Officer	Quality Committee	SEEK	A	A	A	A	A	16
Fostering integration, partnerships, and alliances	G	Active engagement continues across all stakeholder groups with demonstrable benefits. Trust taking active role in partnership work. Chief Executive involvement in core planning group alongside other system work, as well as participating in a small national working group on Mental Health recovery. Ongoing work will influence and feed into the wider system.	Chief Executive	Audit Committee	MATURE	G	G	G	G	G	12
Developing an effective and empowered workforce	Y	Overall Staff Turnover at 1.38% at the end of May 2022 which is reduced from 2.25% in May 2021. Overall statutory and mandatory training performance remains above target (91% at May 2022 against target of 85%). 117.35 (FTE) Nursing vacancies May 2022 compared with 104.7 (FTE) in May 2021. Qualified Nursing vacancy rate 12.55%. 11.3 (FTE) Consultant vacancies in May 2022 compared with 15.9 (FTE) in May 2021. Consultant vacancy rate 27.35%.	Director of Workforce and OD	Workforce and OD Committee	SEEK	Y	Y	Y	Y	Y	15
Optimising an efficient and sustainable organisation	Y	The Trust has agreed a breakeven financial plan for 2022/23. Trust financial position at Month 3 2022/23 reported a position which is in line with the ICS planning target. Cash position remains stable. At the end of Month 3, the Trust achieved BPPC (Value £) performance of 90% (non-NHS) and 94% (NHS), plans are in place to improve both NHS and non-NHS performance during 22/23. Budget Reduction Strategy to deliver £1.9mm of savings from Divisional and Corporate Services in 2022/23 is established and on plan at month 3. The Trust has plans to dispose of surplus estate in 2022/23.	Director of Finance	Finance and Investment Committee	MATURE	Y	Y	Y	Y	Y	16
Promoting people, communities and social values	G	Place plans and Patient Engagement Strategy implemented, and positive service user surveys received. Social values monitored within Trust and a section is incorporated into the annual report. Further work to promote service users/ care groups. Co-production work continues with regular meetings. Involvement with local groups.	Chief Executive	Quality Committee	SEEK	G	G	G	G	G	8

ASSURANCE LEVEL KEY			
Green	Significant Assurance	- System working effectively / limited further recommendations. - Effective controls in place. - Satisfied that appropriate assurance is available.	**OR** >= 50% of aligned risks scored at **LOW / MODERATE** (RATING SCORE 1-6)
Yellow	Partial Assurance	- System well-designed but requires monitoring/ low priority recommendations. - Some effective controls in place. - Some appropriate assurances are available.	**OR** >= 50% of aligned risks scored at **HIGH** (RATING SCORE 8-10)
Amber	Limited Assurance	- System management needs to be addressed/ numerous actions outstanding. - Controls thought to be in place. - Assurances are uncertain and/or possibly insufficient.	**OR** >= 50% of aligned risks scored at **HIGH** (RATING SCORE 12)
Red	No Assurance	- System not working / actions not addressed. - Effective controls not in place. - Appropriate assurances are not available.	**OR** >= 50% of aligned risks scored at **SIGNIFICANT** (RATING SCORE 15+)

STRATEGIC GOAL 1	INNOVATING QUALITY AND PATIENT SAFETY	Lead Director: Dir. Nursing	Lead Committee: Quality Committee	Assurance Level	Q2	Q3	Q4	Q1	Q2
Quality and patient safety underpins all that we do. Failure to innovate for quality improvement and patient safety could result in service delivery not meeting national and local quality standards resulting in substandard care being delivered which could impact on patient safety and outcomes.					Y	Y	Y	Y	Y

Positive Assurance	
Assurance	**Source**
- Audit and Effectiveness Group which oversees work in relation to all aspects of CQC compliance. - CQC Engagement Meetings. - Quality Dashboard in place and items escalated as required. - Overall rating of 'good' in 2019 CQC inspection report. - Patient Safety Strategy 2019-22 implementation. - CQC 'must do' actions completed. - Internal audit of SEA (significant event analysis) process and Duty of Candour. - Six-monthly safer staffing report / DATIX Reporting / Weekly Ops meeting to discuss staffing - Safeguarding Annual Report - CQC TMA January 2020 – positive outcome.	Quality Committee assurance report to Board. CQC Engagement meeting CQC Inspection Report / TMA Feedback

Negative Assurance	
Assurance	**Source**
- 'Requires Improvement' rating for Safe domain in CQC report. - 'Requires Improvement' rating for Princes Medical GP practice in CQC report.	Trust Board CQC Report Internal Audit

Gaps in Assurance
What do we not have
Good rating in 'safe' domain for CQC rating. Good rating for Princes Medical Centre

Objective	Key Risk(s)	Q1 22-23 Rating	Q2 22-23 Rating	Target	Movement from prev. Quarter
Attain a CQC rating of outstanding for safety to inform our ultimate aim of achieving a rating of outstanding in recognition of our success in delivering high-quality, safe, responsive, and accessible care.	**NQ37 – Inability to meet Regulation 18 HSCA (RA) Regulations 2014 regarding Safer Staffing.**	6	6	3	⇔
	NQ38 – Inability to achieve a future rating of 'good' in the safe domain at CQC inspection.	9	9	6	⇔
	NQ48 – Currently the quality of staff supervision is unknown by the Trust which may impact on effective delivery of Trust services	9	9	3	⇔
Continually strive to improve access to our services and minimise the impact of waiting times for our patients, their carers and families	**OPS11 – Failure to address waiting times and meet early intervention targets which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.**	16	16	8	⇔
Use patient experience and other forms of best available evidence to inform practice developments and service delivery models for the services we provide and commission.	**No risks identified.**				
Work collaboratively with our stakeholders to co-produce models of service delivery and deliver transformation programmes that meet the needs of the communities we serve and address health inequalities, both in our provider role and in our role as lead commissioner.					
Shape the future of our health services and treatments by building on our existing research capacity, taking part in high-quality local and national research, embedding research as a core component of our frontline clinical services and translating research into action.					

Key Controls	Sources of Assurance – Reporting Mechanisms
(NQ37) Routine monitoring of staffing establishments and daily staffing levels.	6-month safer staffing report.
(NQ37) Consideration of nursing apprenticeships and nursing associate roles and greater use of the wider multi-disciplinary team in providing clinical leadership to units	Quality Committee Trust Board
(NQ38) Trust self-assessment against CQC standards.	Quality Committee Trust Board
(NQ38) Review undertaken of safety across Trust services.	
(NQ38) Development of regular audit arrangements to assess, monitor and improve the quality and safety of Trust service in 'MyAssurance' system. Quarterly monitoring reports established and implemented audit as part of standing agenda across Trust clinical network and divisional meeting to monitor divisional compliance with required standard.	Quality Committee QPAS Clinical Networks

Gaps in Control	Actions
(OPS11) Process for mitigating risks to individual patients based on length of waits.	Implementation of method for robust oversight of waiting list and patient risks for all Trust service areas (31/03/2023)
(OPS11) Issues around monitoring arrangements / governance in terms of performance.	Increase governance arrangements to ensure that there is rigour and governance in place to ensure patients are treated in chronological order and according to level of risk based on use of risk stratification tool (31/03/2023)
(NQ38) Outstanding actions from Safe KLOE deep dive.	Safe KLOE actions to be embedded to address identified gaps in practice (31/03/2023)
'Requires Improvement' CQC rating for Princes Medical.	Implementation of improvement action for Princes Medical (31/10/2022)

STRATEGIC GOAL 2	ENHANCING PREVENTION, WELLBEING AND RECOVERY	Lead Director: Chief Operating Officer	Lead Committee: Quality Committee	Assurance Level	Q2	Q3	Q4	Q1	Q2
Failing to enhance prevention, wellbeing and recover could result in patients not accessing support and services that will address their health and care needs leading to poorer health outcomes and adversely widening health inequalities for our populations.					A	A	A	A	A

Positive Assurance	
Assurance	**Source**
- Waiting times continue to be an area of focus as and are reviewed monthly by the Operational Delivery Group. Waiting list update reported into Quality Committee for oversight and consideration of quality impact.	Trust Board ODG
- Proactive contact with patients on waiting list within challenging services.	Quality Ctte
- Collaborative working between Trust and CCGs supportive of additional interventions to reduce waiting times	ODG / CLD Delivery Group
- Patient Access and Performance manager appointed focussing on clinical systems, information capture and reporting. To review reporting and monitoring processes to make sure we maximise our performance reporting and Trust overall performance.	

Negative Assurance	
Assurance	**Source**
- Increase in demand in community health services and primary care. Community health services have seen increase in patients having been discharged from hospital who require ongoing health support.	Trust Board Quality Ctte
- National increase in demand for CAMHs in patient and mental health inpatient beds.	

Gaps in Assurance
What do we not have
Data capture and performance reporting for some patient pathways.

Objective	Key Risk(s)	Q1 22-23 Rating	Q2 22-23 Rating	Target	Movement from prev. Quarter
Focus on putting recovery at the heart of our care. This means supporting people using our services to build meaningful and satisfying lives, based on their own strengths and personal aims. We will offer holistic services to optimise health and wellbeing including our Recovery College, Health Trainers, Social Prescribing and Peer Support Workers. **Empower adults, young people, children and their families to take control by becoming experts in their own self-care, making decisions and advocating for their needs.**	**OPS08 – Failure to equip patients and carers with skills and knowledge need via the wider recovery model.**	6	6	3	⟺
Work in partnership with our staff, patients, service users, carers and families to co-produce integrated services which take a collaborative, holistic and person-centred approach to care.	**OPS04 – Patients don't have the right level of physical healthcare support and there is not a cohesive alignment of mental health and physical health services to get parity of esteem.**	9	9	6	⟺
	OPS11 – Failure to address waiting times and meet early intervention targets which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.	16	16	8	⟺
	OPS13 – Due to the increasing complexity of CAMHs inpatients nationally, an increasing demand for CAMHs inpatient beds far exceeding capacity and increased breakdown of residential care placements for looked after children, there is increased use of out of area and inappropriate hospital beds (e.g. adult mental health beds and acute hospital beds) for young people which may lead to delayed discharges, insufficient management of patients in line with complexity and clinical risk and less good outcomes.	16	16	8	⟺
	SR29 – Increased clinical activity - Scarborough Community core service provision, including increase in number, acuity, and complexity of referrals. The risk identified is that we do not have increased resource or capacity to deliver this increase in clinical activity. There is also a risk of negative impact on staff health and wellbeing related to the additional demand, which may also impact on staff recruitment and retention, and training compliance.	12	12	6	⟺
Embed a trauma informed approach to supporting the people who use our services. In doing this, we will acknowledge people's experiences of physical and emotional harm and deliver our services in a way that enables them to feel safe and addresses their physical, psychological and emotional needs.	**No risks identified**				

Key Controls	Sources of Assurance – Reporting Mechanisms
(OPS11) Work underway with Divisions to address three areas of challenges currently (Children's ADHD / ASD, Memory Assessment Service, Department of Psychological Medicine)	Reports to demonstrate waiting list performance to Trust Board, Quality Committee and Operational Delivery Group. Quality impact on key identified areas monitored via Quality Committee. Weekly divisional meetings with Deputy COO around waiting list performance.
(OPS11) Local Targets and KPIs.	

Gaps in Control	Actions
(OPS11) Process for mitigating risks to individual patients based on length of waits.	Implementation of method for robust oversight of waiting list and patient risks for all Trust service (31/03/2023)
(OPS11) Issues around monitoring arrangements / governance in terms of performance.	Increase governance arrangements to ensure that there is rigour and governance in place to ensure patients are treated in chronological order and according to level of risk based on use of risk stratification (31/03/2023)

STRATEGIC GOAL 3	FOSTERING INTEGRATION, PARTNERSHIPS AND ALLIANCES	Lead Director: Chief Executive	Lead Committee: Audit Committee	Assurance Level	Q2	Q3	Q4	Q1	Q2
Failure to foster integration, partnerships and alliance could result in the Trust not being able to influence the delivery of health and social care regionally, which could impact on the development of system-wide solutions that enhance ability to deliver excellent services.					G	G	G	G	G

Positive Assurance	
Assurance	**Source**
- ICS partnership events. - Mental Health Partnership Board and MOUs in place. - Health Expo event and Planned Members meeting. - High profile visits to Trust. - Visioning event across Humber Coast and Vale - Lead provider role within ICS - Refreshed Operational and Strategic plans shared with stakeholders.	Board of Directors
- Hull Health and Wellbeing Board. - ICS Accredited Programme	Exec Committee

Negative Assurance	
Assurance	**Source**
- Further work needed to take place in engaging with patient, carers and local communities to develop plans. - Continued development of relationships with communities and development of membership and Governors. - Governor links to constitutions.	Board of Directors

Gaps in Assurance
What do we not have
- No gaps identified against overall assurance rating of this strategic goal. - Full ICS system in place – but still developing long-term plans.

Objective	Key Risk(s)	Q1 22-23 Rating	Q2 22-23 Rating	Target	Movement from prev. Quarter
Use our system-wide understanding of our local population's health needs and our knowledge of the impact and effectiveness of interventions to plan services. **Work closely with all six Place-based partnerships across Humber and North Yorkshire to facilitate collaboration and empower local systems. Place-based partnerships have responsibility for improving the health and wellbeing outcomes for the population, preventing ill health and addressing health inequalities at a local level.**	**FII174 - Lack of Trust involvement or influence in work-stream activity associated with Sustainability and Transformation Programmes (ICS), will in turn impact on our ability to influence and shape local commissioning plans. This may result in a failure to deliver strategic priorities, with an associated risk of developing a poor reputation and reduced business/income opportunities that may challenge future sustainability.**	6	6	3	⇔
Collaborate with system partners to maximise the efficient and effective use of resources across health and care services.	**FII180 - There is a risk to future sustainability and reputation, arising from a failure to compete effectively because we have not maintained and developed strategic alliances and partnerships and not increased our commercial/market understanding.**	6	6	3	⇔
Work alongside our partners in health, social care, the voluntary, community and social enterprise sector, Healthwatch, local government and other fields to develop integrated services as part of the Humber and North Yorkshire Health and Care Partnership.	**FII185 - Failure to utilise evidence-based practice to inform and influence business decisions, resulting in the delivery of outdated service models, an inability to effectively compete with other providers and a subsequent loss of business/ income and reputation.**	6	6	3	⇔
	FII222 - Failure to utilise evidence-based practice to inform and influence business decisions, resulting in the delivery of outdated service models, an inability to effectively compete with other providers and a subsequent loss of business/ income and reputation.	12	12	4	⇔
Take a collaborative approach to facilitating the provision of modern innovative services, building on our role as Lead Provider for perinatal mental health and aspects of specialised mental health commissioning. **Empower Humber staff to work with partners across organisational boundaries, embracing a 'one workforce' approach to enable patients to access the right support, in the right place, at the right time.**	**No risks identified**				

Key Controls	Sources of Assurance – Reporting Mechanisms
(FII174) Trust Strategy, values and goals aligned with ICS	Regular ICS updates to Trust Board Formal and informal dialogue with Commissioners
(FII174) Alignment clearly demonstrated within two-year operational plan	Regular ICS updates to Trust Board Formal and informal dialogue with Commissioners Assurance systems for Service Plans/ Strategies Internal Clinical Audit programme R&D programme
(FII174) Chief Executive is Senior Responsible Officer for Mental Health Work-stream.	
(FII185) Enhanced staff structure in Business Development team to explore evidence-based practice	

Gaps in Control	Actions
(FII222) Lack of movement from NHSE to address gaps identified through due diligence.	Ongoing meetings with NHSE and regional team to seek clarification around funding position – 30/09//2022

STRATEGIC GOAL 4	DEVELOPING AN EFFECTIVE AND EMPOWERED WORKFORCE	Lead Director: Dir. of Workforce and OD	Lead Committee: Workforce and OD Committee	Assurance Level	Q2	Q3	Q4	Q1	Q2
Failure to recruit and retain high-quality workforce could result in service delivery not meeting national and local quality standards resulting I substandard care being delivered which could impact on patient safety and outcomes					Y	Y	Y	Y	Y

Positive Assurance	
Assurance	**Source**
- Trust headcount has increased compared to 12 months ago (2897.4 in May 2022 compared to 2708.03 in May 2021)	Trust Board
- Overall Staff Turnover at 1.38% at the end of May 2022 which is reduced from 2.25% in May 2021.	Workforce and OD Committee
- Overall statutory and mandatory training performance remains above target (91% at May 2022 against target of 85%).	Workforce Insight Report Audit Committee Quality Committee

Negative Assurance	
Assurance	**Source**
- 117.35 (FTE) Nursing vacancies May 2022 compared with 104.7 (FTE) in May 2021. Qualified Nursing vacancy rate 12.55%. - 11.3 (FTE) Consultant vacancies in May 2022 compared with 15.9 (FTE) in May 2021. Consultant vacancy rate 27.35%. - Non-compliance with Job Planning process for Medic roles. - Some statutory/mandatory training is below trust target	Trust Board Workforce and OD Committee Workforce Insight Report

Gaps in Assurance
What do we not have
- No gaps identified against overall assurance rating of this strategic goal.

Objective	Key Risk(s)	Q1 22-23 Rating	Q2 22-23 Rating	Target	Movement from prev. Quarter
Grow a community of leaders and managers across Humber with the capability, confidence and values to create a highly engaged, high performing and continually improving culture. **Ensure all colleagues are highly motivated to achieve outstanding results by creating a great employer experience, so that they feel valued and rewarded for doing an outstanding job; individually and collectively.**	**WF07 – The quality of leaders and managers across the Trust is not at the required level which may impact on ability to deliver safe and effective services.**	6	6	3	⟺
Attract, recruit, and retain the best people by being an anchor employer within the locality; with roles filled by staff that feel happy and proud to work for Humber. **Prioritise the health and wellbeing of our staff by understanding that staff bring their whole self to work, so we place mental and physical wellbeing at the heart of the individual's experience of working at Humber.** **Enable new ways of working and delivering health care, anticipating future demands and planning accordingly.**	**WF03 – The ability to recruit registered nurse may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce**	15	15	10	⟺
	WF04 – With current national shortages, the inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	15	15	10	⟺
	WF10 – With current national shortages, the inability to retain GPs may impact on the Trust's ability to deliver safe services.	15	15	10	⟺
	WF33 – Lack of oversight, accountability, and responsibility on the activity of medics due to non-compliance with Job Planning process for Medic roles	12	12	4	⟺
	WF25 – Current Consultant vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact on the credibility/reputation of the organisation.	10	10	5	⟺
Engage with schools, colleges and universities to create a highly skilled and engaged workforce who want to grow and develop to deliver high-quality care. **Develop a culture of learning, high engagement, continuous improvement and high performance that builds on our values and enables us to realise the potential of our people.** **Maximise a diverse and inclusive workforce representative of the communities we serve.**	**No risks identified**				

Key Controls	Sources of Assurance
(WF03) Detailed Recruitment plan in place (progress against which reported to EMT and Workforce and OD Committee).	Trust Board Workforce and OD Committee ODG Task and Finish Group (hard to recruit posts)
(WF04) Trust Retention Plan.	
(WF05) Trust-wide workforce plan.	

Gaps in Control	Actions
(WF10) Divisional use of exit interview data to shape actions to support retention	Programme of 6 monthly deep dives into Leaver data to be undertaken and reported into WFOD Committee (31/03/2023)
(WF04) Lack of career development opportunities indicated through employee exit interviews/questionnaires.	Development of a 'talk before your walk' process / refreshment of exit process to gather more meaningful data to support retention of staff (30/09/22)

STRATEGIC GOAL 5	MAXIMISING AN EFFICIENT AND SUSTAINABLE ORGANISATION	Lead Director: Dir. Finance	Lead Committee: Finance and Investment Committee	Assurance Level	Q2	Q3	Q4	Q1	Q2
Failure to optimise efficiencies will inhibit the longer-term financial sustainability of the Trust which will reduce any opportunities to invest in services where appropriate and put at risk the ability to meet financial targets set by our regulators.					Y	Y	Y	Y	Y

Positive Assurance	
Assurance	**Source**
- Financial position Month 3 2022/23 – The Trust reported a position in with the ICS target.	Trust Board
- Trust cash position remains stable	Finance and Investment Committee
- At the end of Month 3, the Trust achieved BPPC (Value £) performance of 90% (Non NHS) and 94% (NHS), plans are in place to improve both NHS and non-NHS performance during 22/23	
- Budget Reduction Strategy to deliver £1.9mm of savings from Divisional and Corporate Services in 2022/23 is established and is on plan at Month 3.	
- The Trust has plans to dispose of surplus estate in 2022/23	

Negative Assurance	
Assurance	**Source**
- Non recurrent items have been used to balance the financial plan	Trust Board Finance and Investment Committee

Gaps in Assurance
What do we not have
- Longer term Planning Guidance has still to be issued

Objective	Key Risk(s)	Q1 22-23 Rating	Q2 22-23 Rating	Target	Movement from prev. Quarter
Embrace new, safe and secure technologies to enhance patient care, improve productivity and support our workforce across the health and social care system. We will design technologies around the person's needs and will make sure that people are not excluded from accessing services due to digital poverty or poor rural connectivity.	**FII177– Adverse impact of inadequate IT systems, failing to effectively support management decisions, performance management or contract compliance**	8	8	4	
	FII186 – Trust IT systems are compromised due to a Cyber Security attack/incident - this could be a malicious attack from an external third party or an accidental attack from inside the trust network due to inappropriate actions taken by staff, patients or visitors that comprise the IT systems security.	12	12	8	
Work with our partners to optimise the efficiency and sustainability of the Humber and North Yorkshire Health and Care Partnership in our role as lead provider.	**FII223 – Risk to longer-term financial sustainability if block contract values are insufficient to cover the Trust Cost base.**	12	12	8	
	FII224 – Risk to the Trusts ability to deliver its overarching Financial Position (and regulatory intervention) if Agency spend continues to exceed ceiling	16	16	8	
	FII216 – Risk of fraud, bribery and corruption.	9	9	3	
	FII221 – If the Trust cannot achieve its Budget Reduction Strategy in year, it may affect the Trust's ability to achieve its control total which could impact on finances resulting in a loss of funding and reputational harm.	6	6	3	
Continue to develop our estate to provide safe, environmentally sustainable and clinically effective environments that support operational delivery.	**FII58 – Inability to address all risks identified as part of the capital application process due to lack of capital resource.**	8	8	4	
	FII181 – Inability to improve the overall condition and efficiency of our estate.	8	8	4	
Work with our partners and communities to minimise our effect on the environment to meet the NHS climate change target. **Empower all staff to contribute to the efficiency and sustainability of the organisation by making informed decisions about the efficient use of resources.**	**No risks identified**				

Key Controls	Sources of Assurance
(FII223) Budgets and Financial Plan agreed.	Finance & Investment Committee Reports - Cash - Financial Position - BRS - Debtors/ Creditors
(FII223) BRS 2022/23 developed	
(FII223) Small contingency / risk cover provided in plan	
(FII223) MTFP in development to inform plans.	Trust Board Reports - Financial Position - Cash
(FII223) Regular reviews with NHSE/I and relevant Commissioners	

Gaps in Control	Actions
(FII223) Agency Recovery Plan not yet implemented	Agency Recovery Plan needs to be implemented (30/09/2022)
(FII224) Longer-term planning guidance is awaited.	Medium Term Financial Plan to be developed when guidance is issued (31/10/2022)
(FII220) The effect of COVID-19 in terms of the effect on Operational and Corporate Services ability to make efficiency savings.	Ongoing Accountability review process (31/03/2023)
(FII220) The overarching ICS financial position and the ability for Commissioners to invest above the MHIS and to maintain STP Transformation funding.	Continue to work with Commissioners to highlight the requirement for funding through MHIS (31/03/2023).

STRATEGIC GOAL 6	PROMOTING PEOPLE, COMMUNITIES AND SOCIAL VALUES	Lead Director: Chief Executive	Lead Committee: Quality Committee	Assurance Level	Q2	Q3	Q4	Q1	Q2
Failure to promote people, communities and social values may result in Trust services not having a measurable social impact which could affect the health of our population and cause increased demand for services.					G	G	G	G	G

Positive Assurance	
Assurance	**Source**
- Continual development of the Recovery College. - Health Stars developing - Wider community engagement developing through changes to constitution and more work with Governors. - More internal Trust focus on promoting wellness and recovery. - Positive service user survey results. - Trust developed in year social values reporting arrangements - Hull Health and Wellbeing Board - Project Group established to develop wider wellbeing and recovery approach bringing in a focus on both mental and physical elements of recovery. - 'Making Every Contact Count' being led by Trust across ERY - Launch of Social Values Report - NHSI scheme launched	Board of Directors

Negative Assurance	
Assurance	**Source**
- Negative media outweighs positive media regarding promotion of communities. - Trust membership base is not fully operational and negative assurance around membership involvement. - Limited feedback on how local communities are influencing our Trust Strategy.	Board of Directors

Gaps in Assurance
What do we not have
Patient outcome measures. Detailed Community engagement strategy or Relationship strategy.

Objective	Key Risk(s)	Q1 22-23 Rating	Q2 22-23 Rating	Target	Movement from prev. Quarter
Take action to address health inequalities and the underlying causes of inequalities, both in our role as a provider of integrated health services and our role as a developing anchor institution, supporting the long-term aim of increasing life expectancy for our most deprived areas and for population groups experiencing poorer than average health access, experience and outcomes. **Celebrate the increasing cultural diversity of Humber, offering opportunities for our staff, patients, families and the communities we support to safely express their views and shape and influence our services.**	**OPS08 – Failure to equip patients and carers with skills and knowledge needed via the wider recovery model.**	6	6	3	⇔
	MD05 - Inability to implement the Trust's Equality and Diversity strategy may impact on the Trust's ability to have a workforce trained and engaged with the equality and diversity agenda, limit accessibility to services and prevent achievement of the Trust's E&D aims.	6	6	3	⇔
	MD06 - Reduction in patients likely to recommend Trust services to friends and family may impact on Trust's reputation and stakeholder confidence in services provided.	8	8	4	⇔
Work collaboratively with our partners in the voluntary sector to build on our shared strengths - our deep knowledge of service users' needs and our ability to respond to changing circumstances.	**No risks identified**				
Strengthen Humber's relationships with statutory partners including housing, education and Jobcentre Plus to deepen our understanding of our communities.					
Work alongside economic development and health and care system partners to ensure that our investments in facilities and services benefit local communities.					
Offer simplified routes into good employment for local people.					
Provide opportunities to people with lived experience of mental and physical ill health, autism and learning disabilities and people from communities experiencing deprivation.					

Key Controls	Sources of Assurance
(OPS08) CMHT transformation work underway which will impact Recovery College due to its status as a discharge pathway.	Trust Board
(OPS08) Recovery college offer moved to online provision and broadened.	
(MD05) Supporting forums established for development of equality and diversity work within the Trust.	
(MD05) Equality and Diversity Leads identified for 'patient and carers and 'staff' respectively.	Quarterly reporting to Quality Committee and Clinical Quality Forum

Gaps in Control	Actions
(OPS08) Secured funding for Recovery College with Commissioners	Ongoing communication with commissioners regarding funding - awaiting planning guidance around funding (30/09/2022)
(OPS08) Recovery focussed practice still to be fully embedded across the Trust	Delivery of Recovery Strategy implementation plan (30/09/2022)

BOARD ASSURANCE FRAMEWORK

RISK SCORING MATRIX

			IMPACT/ CONSEQUENCE				
			Negligible	Minor	Moderate	Severe	Catastrophic
			1	2	3	4	5
LIKELIHOOD	Almost Certain	5	5 x 1 = 5 **Moderate**	5 x 2 = 10 **High**	5 x 3 = 15 **Significant**	5 x 4 = 20 **Significant**	5 x 5 = 25 **Significant**
	Likely	4	4 x 1 = 4 **Moderate**	4 x 2 = 8 **High**	4 x 3 = 12 **High**	4 x 4 = 16 **Significant**	4 x 5 = 20 **Significant**
	Possible	3	3 x 1 = 3 **Low**	3 x 2 = 6 **Moderate**	3 x 3 = 9 **High**	3 x 4 = 12 **High**	3 x 5 = 15 **Significant**
	Unlikely	2	2 x 1 = 2 **Low**	2 x 2 = 4 **Moderate**	2 x 3 = 6 **Moderate**	2 x 4 = 8 **High**	2 x 5 = 10 **High**
	Rare	1	1 x 1 = 1 **Low**	1 x 2 = 2 **Low**	1 x 3 = 3 **Low**	1 x 4 = 4 **Moderate**	1 x 5 = 5 **Moderate**

RISK TERMINOLOGY DEFINITIONS	
Initial Risk Rating	The initial risk rating represents the inherent or gross risk. It is the assessment of the risk prior to the consideration of any controls or mitigations in place.
Current Risk Rating	The current risk rating presents the residual risk level. It is the assessment of the risk after identification of controls, assurances and inherent gaps, reflecting how the risk is reduced in either likelihood of occurrence or impact should it occur.
Target Risk Rating	The assessment of the anticipated score following successful implementation of identified actions to create further controls. Target risk ratings must also be considered with regards to risk appetite and the level of risk the organisation is willing to accept.
Control	Risk controls represent any action that has been taken to mitigate the level risk. Controls can reduce the likelihood of a risk being realised or the impact of risk should it occur.
Assurance	Sources of evidence used to demonstrate the effectiveness of identified controls. Assurances sources also allow for monitoring of risk controls to ensure that they are appropriate.

RISK APPETITE DEFINITIONS	
Minimal (Low risk)	Preference for ultra-safe business delivery options that have a low degree of inherent risk and only have a potential for limited reward.
Cautious (Moderate risk)	Preference for safe delivery options that have a low degree of residual risk and may only have limited potential for reward.
Open (High risk)	Willing to consider all potential delivery options and choose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc.).
Seek (Significant risk)	Eager to be innovative and to choose options offering potentially higher business rewards, despite greater inherent risk.
Mature (Significant risk)	Consistent in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.

NHS
Humber Teaching
NHS Foundation Trust

Agenda Item 18

Title & Date of Meeting:	Trust Board Public Meeting– 28th September 2022
Title of Report:	Q2 2022/23 Board Assurance Framework
Author/s:	Oliver Sims Corporate Risk and Compliance Manager
Recommendation:	

To approve		To receive & discuss	
For information/To note	√	To ratify	

Purpose of Paper: *Please make any decisions required of Board clear in this section:*	The report provides the Trust Board with the Q2 2022/23 version of the Board Assurance Framework (BAF) allowing for the monitoring of progress against the Trust's six strategic goals. The Trust Board is asked to consider the proposed process outlined in the key actions commissioned section below and to approve this course of action towards embedding the new trust strategy within the Board Assurance Framework.

Key Issues within the report:

Matters of Concern or Key Risks to Escalate:

- Following approval of the refreshed Trust Strategy in July, the Board Assurance Framework document for Q2 2022/23 has been updated to reflect the newly approved strategic goals and their underlying strategic objectives.

- The existing risks referenced in the Board Assurance Framework document for the previous quarter have been reviewed and aligned to the new strategic objectives where applicable and this work has been considered and agreed by the Executive Management Team.

Key Actions Commissioned/Work Underway:

- Further work is planned to take place during the development of the Q3 Board Assurance Framework, to risk assess all the new strategic objectives to ensure that all risks to their achievement are adequately scoped and referenced in future iterations of the document.

- Each of the Trust Executive Management Team will risk assess the new strategic objectives for each of the strategic goals to identify controls and assurance in place, as well as any gaps that require capturing on the risk register or additional assurance such as performance metrics. This work will be completed in line with the ongoing development of key performance indicators for each of the Trust's strategic goals.

- The outcome of the risk assessment process will be reported into the relevant sub committees of the Board for each strategic goal, allowing for further input and feedback into the process ahead of the presentation of the Q3 Board Assurance Framework document to Trust Board in November 2022.

- Trust Board is asked to consider the proposed process outlined above and to approve this course of action towards embedding the new trust strategy within the Board Assurance Framework.

Positive Assurances to Provide: • Progress against the aligned risks is reflected within the framework to highlight the movement of current risk ratings from the previous position at Quarter 1 2022/23. The format allows for consideration to be given to the risks, controls and assurances which enables focused review and discussion of the challenges to the delivery of the organisational objectives. • Each of the Board Assurance Framework sections continue to be reviewed by the assigned board sub-committee alongside the recorded risks, to provide further assurance around the management of risks to achievement of the Trust's strategic goals. • Overall assurance rating for each of the strategic goals is applied based on the review of the positive assurance, negative assurance and gaps in assurance identified against the individual goal, 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.	**Decisions Made:** Agreed assurance ratings for each section of the Board Assurance Framework moving from Quarter 1 2022-23 to Quarter 2 2022-23. **Strategic Goal 1 – Innovating Quality and Patient Safety** - Overall rating maintained at Yellow for Quarter 2 2022/23. **Strategic Goal 2 – Enhancing prevention, wellbeing, and recovery** - Overall rating maintained at Amber for Quarter 2 2022/23. **Strategic Goal 3 – Fostering integration, partnerships, and alliances** - Overall rating maintained at Green for Quarter 2 2022/23. **Strategic Goal 4 – Developing an effective and empowered workforce** - Overall rating maintained at Yellow for Quarter 2 2022/23. **Strategic Goal 5 – Maximising an efficient and sustainable organisation** - Overall rating maintained at Yellow for Quarter 2 2022/23. **Strategic Goal 6 – Promoting people, communities, and social values** - Overall rating maintained at Green for Quarter 2 2022/23.

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

	Date		Date
Audit Committee	08/2022	Remuneration & Nominations Committee	
Quality Committee	08/2022	Workforce & Organisational Development Committee	07/2022
Finance & Investment Committee	08/2022	Executive Management Team	08/2022
Mental Health Legislation Committee	07/2022	Operational Delivery Group	
Charitable Funds Committee		Collaborative Committee	
		Other (please detail)	

Monitoring and assurance framework summary:

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

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

NHS
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Agenda Item 19

Title & Date of Meeting:	Trust Board Public Meeting– 28 September 2022
Title of Report:	Risk Register Update
Author/s:	Executive Lead: Hilary Gledhill, Director of Nursing, Allied Health & Social Care Professionals. Oliver Sims Corporate Risk and Compliance Manager
Recommendation:	To approve: ; To receive & discuss: ; For information/To note: √ ; To ratify:
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	The report provides the Board with an update on the Trust-wide risk register (15+ risks) including the detail of any additional or closed risks since last reported to Trust Board in June 2022.

Key Issues within the report:

Matters of Concern or Key Risks to Escalate:

- No matter of concerns to highlight or key risks further to those included in the Trust wide risk register to escalate.

Key Actions Commissioned/Work Underway:

- Please see the risk register for actions being undertaken for each of the risks.
- Work is underway to risk assess the objectives in the refreshed trust strategy. Once assessed the risks will be included on the respective risk register with any risks scoring 15 or higher included on the trust wide register.

Positive Assurances to Provide:

WF03 - The ability to recruit registered nurses may impact on the Trusts ability to deliver safe services and have an effective and engaged workforce.

- The TUPE transfer of the Hull 0-19 service has resulted in a rise in nurse vacancies due to a refreshed staffing model. Work is underway to recruit to the vacancies. Good progress continues regarding recruitment of nurses from overseas and we are on track to recruit 30 this year.
- No incidents of harm reported due to safer staffing concerns. Monitoring of vacancy rate continues with consideration of a reduction in risk rating when we see a noticeable fall in the number of vacancies which currently stands at a

Decisions Made:

- There are currently **6** risks held on the Trust-wide Risk Register. The current risks held on the Trust-wide risk register are summarised below:

Risk Description	Current Rating	Movement from prev. quarter
WF03 – The ability to recruit registered nurse may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce	15	⟷
WF04 – With current national shortages, the inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	15	⟷

rate of 14.49% for August 2022.

WF04 – With current national shortages, the inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.

- Ongoing retention work within the Trust across hard to recruit roles and Trust staff retention plan in place. Golden Hello payments now in place for Band 5 registered nurses, as well as refer-a -friend process for these roles. Additional retention premiums in place for Band 5 registered nurses.

WF10 - There is a difficulty to retain and recruit GPs, this is contributed to by national shortages and may impact on the Trust's ability to deliver safe services.

- Ongoing retention work within the Trust across hard to recruit roles and Trust staff retention plan in place. Recruitment and retention payments now in place for GPs, as well as refer-a -friend process for these roles. Investment in primary care role to support GP recruitment and resourcing of Locums. Trust has also invested in BMJ subscription to support wider advertising and attraction initiatives.

FII224 – Risk to the Trust's ability to deliver its overarching Financial Position (and regulatory intervention) if agency spend continues to exceed ceiling.

- The Trust has been set a target to reduce agency spend by 10% from 2021/22 expenditure levels. An Agency Recovery Plan has been approved by EMT and is being monitored, with assurance provided to the Finance and Investment Committee.

- An update on agency expenditure is included in the Finance Report to the Trust Board.

OPS11 – Failure to address waiting times and meet early intervention targets which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.

- Recovery plans remain in place to reduce waiting times and achieve 18-week compliance (or below where that is applicable). Data demonstrates that progress is now being made in reducing over 52-week wating times, particularly in the children's autism service which previously had the highest number of patients waiting over 52 weeks. Consideration will be made to reduce this risk rating if the progress is

Risk Description	Current Rating	Movement from prev. quarter
WF10 – There is a difficulty to retain and recruit GPs, this is contributed to by national shortages and may impact on the Trust's ability to deliver safe services.	15	⟷
FII224 – Risk to the Trust's ability to deliver its overarching Financial Position (and regulatory intervention) if agency spend continues to exceed ceiling.	16	⟷
OPS11 – Failure to address waiting times and meet early intervention targets which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.	16	⟷
OPS13 – Due to the increasing complexity of CAMHs inpatients nationally and an increasing demand for CAMHs inpatient beds far exceeding capacity, there is increased use of out of area beds for young people which may lead to delayed discharges, insufficient management of patients in line with complexity and admission to inappropriate settings.	16	⟷

sustained in quarter 3.

OPS13 – Due to the increasing complexity of CAMHs inpatients nationally and an increasing demand for CAMHs inpatient beds far exceeding capacity, there is increased use of out of area beds for young people which may lead to delayed discharges, insufficient management of patients in line with complexity and admission to inappropriate settings.

- Pressure continues nationally on demand for CAMHs beds. Complexity of need remains high, and our inpatient unit is experiencing delays in transfers of care. However, our beds continue to be optimised to reduce the likelihood of out of area admissions and a review of the ratio of general adolescent beds to intensive care beds is taking place. Staff will shortly complete training that will enable them to support patients with complex eating disorders who require naso-gastric feeding as part of their treatment, a need that has previously led to out of area beds being sort.

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

	Date		Date
Audit Committee	08/2022	Remuneration & Nominations Committee	
Quality Committee	07/2022	Workforce & Organisational Development Committee	07/2022
Finance & Investment Committee	08/2022	Executive Management Team	
Mental Health Legislation Committee	07/2022	Operational Delivery Group	08/2022
Charitable Funds Committee		Collaborative Committee	
		Other (please detail)	

Monitoring and assurance framework summary:

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

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

Risk Register Update

1. Trust-wide Risk Register

There are currently **6** risks reflected on the Trust-wide risk register which records all risks currently scored at a rating of 15 or above and is reflected in ***Table 1*** below:

Table 1 - Trust-wide Risk Register (current risk rating 15+) – Provider Risks

Risk ID	Description of Risk	Initial Risk Score	Current Risk Score	Target Risk Score
WF03	With current national shortages, the inability to recruit qualified nursing may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce	**20**	**15**	**10**
WF04	With current national shortages, the inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff	**20**	**15**	**10**
WF10	With current national shortages, the inability to retain GPs may impact on the Trust's ability to deliver safe services.	**20**	**15**	**10**
FII205	Risk to longer-term financial sustainability if tariff increases for non-acute Trusts are insufficient to cover AFC pay award and if sustainability funding is not built into tariff uplift for providers who are not using PBR tariff.	**25**	**15**	**10**
OPS 11	Failure to address waiting times and meet early intervention targets which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.	**20**	**16**	**8**
OPS 13	Due to the increasing complexity of CAMHs inpatients nationally and an increasing demand for CAMHs inpatient beds far exceeding capacity, there is increased use of out of area beds for young people which may lead to delayed discharges, insufficient management of patients in line with complexity and admission to inappropriate settings.	**20**	**16**	**8**

2. Closed/ De-escalated Trust-wide Risks

There are **0** risks previously held on the Trust-wide risk register which has been closed / de-escalated since last reported to Trust Board in June 2022.

3. Wider Risk Register

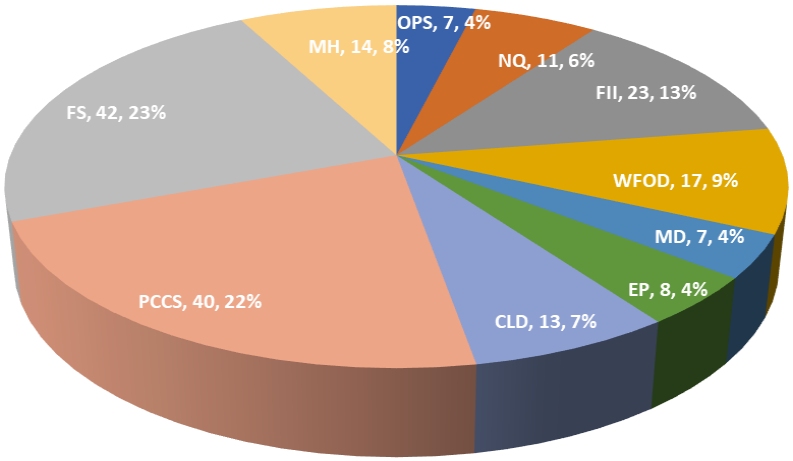
There are currently **182** risks held across the Trust's risk registers. The current position represents an overall increase of **9** risks from the **173** reported to Trust Board in June 2022. The table below shows the current number of risks at each risk rating:

Table 4 - Total Risks by Current Risk level

Current Risk Level	Number of Risks – June 2022	Number of Risks – September 2022
20	0	0
16	1	1
15	4	4
12	48	44
10	10	11
9	40	46
8	22	24
6	39	40
5	2	1
4	4	5
3	3	6
2	0	0

Current Risk Level	Number of Risks – June 2022	Number of Risks – September 2022
Total Risks	173	182

Chart 1 – Total Risks by Division/ Directorate



Key:

OPS – Operations Directorate
NQ – Nursing & Quality
FII – Finance, Infrastructure & Informatics Directorate
WFOD – Workforce & OD Directorate
MD – Medical Directorate
EP - Emergency Preparedness, Resilience & Response
PCCS – Primary Care and Community Services
CLD – Children's and Learning Disabilities
FS – Forensic Services
MH – Mental Health Services

Trust-wide Risk Register 15+

Row	Risk ID	Description of Risk	Date Opened	Impact/ Consequence Type	Likelihood (Initial)	Impact (initial)	Initial Risk Score	Initial Risk Rating	Key Controls	Sources of Assurance	Gaps in Controls	Gaps in Assurance	Likelihood (Current)	Impact (Current)	Current Risk Score	Current risk	What additional actions need to be completed?	Date Reviewed	Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk
PROVIDER RISKS 15+ (Identified through Trust Divisional / Directorate Risk Registers)																										
1	WF03	The ability to recruit registered nurse may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce	10/06/2019 2019	Objectives	Likely	Catastrophic	20	Significant	1. Detailed Recruitment plan in place (progress against which reported to EMT and Workforce and OD Committee). 2. Recruitment task and finish group in place. 3. Launch of 'Humbelievable.' 4. International recruitment programme (20 new nurses per annum) 5. Availability of Nurse Degree Apprenticeship Programme. Workforce planning process and overarching plan to be discussed at WFOD Committee 6. Workforce planning process and overarching plan reviewed by WFOD Committee 7. Investment in marketing and communications for Nurse recruitment 8. Preceptorship Academy 9. Recruiting Nurses permanently even where funding is non recurrent 10. Trust investment in R&R payment for band 5 nurses. Apprenticeship Programme. Workforce plan 11. Annual recruitment targets exceeded 21/22 12. Safer Staffing for inpatient areas indicates services are safe. 13. Weekly review of staffing going into weekends with COO/DON 14. Safer Staffing escalation policy. 15. Recruitment of a resource in medical workforce team to support nurse recruitment.	1. Workforce and OD Committee. 2. Divisional Business Meetings. 3. EMT 4. Trust Board 5. ODG 6. DATIX reports 7. Safer Staffing Reports	1. Expansion of new clinical roles needed. 2. Qualified Nurses and Nurse Managers hard to recruit vacancies.	1. 117.3 (FTE) Nursing vacancies May 2022 compared with 104.7 (FTE) in May 2021. 2. 12.55% Registered Nursing vacancy rate May 2022. 3. TUPE transfer of 0-19 Service has contributed to a rise in nursing vacancies, which have been identified and work is underway to recruit to these posts..	Possible	Catastrophic	15	Significant	1. Development of Apprenticeship career pathway programme - target of 20 for year which will enter trust as HCA through career pathway programme (31/03/2023) 2. Ongoing recruitment to Registered Nurse and hard to recruit nursing vacancies (31/03/2023) 3. ICB solution to recruitment of nurses with work to identify leads and collaboration for regional solution for the recruitment of nurses (30/09/2023) 4. Through Recruitment task and finish group there is a target of 30 international nurses internally by (31/03/2023)	12/09/2022	Julie Taylor	Hilary Gledhill	WFOD / EMT	Trust Board	Rare	Catastrophic	10	High
2	WF04	With current national shortages, the inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff	10/06/2019 2019	Objectives	Likely	Catastrophic	20	Significant	1. Appraisal process. 2. Leadership and management development programmes. 3. Staff Health & Wellbeing Group and action plan. 4. PROUD programme. 5. Health and Social Care Professional Strategy. 6. Trust Retention Plan. 7. Review completed for new year staff survey results and development of departmental / divisional action plans monitored through accountability reviews. 8. Quarterly Nurse Transfer Window 9. R&R Payment for band 5 Nurses 10. Exit Interview process 11. HRBPs present data to divisions monthly 12. TNA budget for nurses 13. Programme of 6 monthly deep dives into Leaver data undertaken and reported into WFOD Committee. 14. Recruitment and retention premium for Band 5 nurses. 15. Bridge toll payment incentive to encourage prospective staff. 16. Birthday annual leave day as part of R&R offer.	1. Trust Board monthly performance report. 2. Staff surveys. 3. Insight report to Workforce and OD Committee. 4. Workforce and OD Scorecard. 5. Accountability Reviews.	1. Trust-wide workforce plan delivery. 2. Formalised Band 5 Nurse Career development provision.	1. Current turnover 12.40% as at May 2022 (9.63% Nov 2021) 2. Lack of career development opportunities indicated through employee exit interviews/questionnaires.	Possible	Catastrophic	15	Significant	1. Development of a 'talk before your walk' process / refreshment of exit process to gather more meaningful data to support retention of staff (31/12/22)	12/09/2022	Divisional General Managers	Lynn Parkinson	WFOD / EMT	Trust Board	Rare	Catastrophic	10	High

Trust-wide Risk Register 15+

Row	Risk ID	Description of Risk	Date Opened	Impact/ Consequence Type	Likelihood (Initial)	Impact (Initial)	Initial Risk Score	Initial Risk Rating	Key Controls	Sources of Assurance	Gaps in Controls	Gaps in Assurance	Likelihood (Current)	Impact (Current)	Current Risk Score	Current risk	What additional actions need to be completed?	Date Reviewed	Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk
3	WF10	There is a difficulty to retain and recruit GPs, this is contributed to by national shortages and may impact on the Trust's ability to deliver safe services.	10/06/2019 2019	Objectives	Likely	Catastrophic	20	Significant	1. Staff engagement though TCNC (Trust Consultation and Negotiation Committee). 2. Staff Health & Wellbeing Group and action plan. 3. Trust retention plan as agreed with NHSI. 4. PROUD programme. 5. Recruitment and retention incentives 6. LNC - Positive staff engagement with medical workforce. 7. HRBPs support divisions with WOD scorecard. 8. Transfer of medical workforce team to HR and appointment of new Team Leader and Manager 9. Being monitored by the Task and Finish group 10. GP roles have been put on the 'hard to recruit' list. 11. Investment in band 5 primary care role to support GP recruitment and resourcing of Locums. 12. Invested in BMJ subscription to support wider advertising and attraction initiatives.	1. Workforce and OD Insight Report. 2. Staff surveys. 3. Staff Friends and Family Test. 4. Workforce and OD committee. 5. EMT. 6. Workforce scorecard.	1. Lack of career development opportunities indicated through employee exit interviews/questionnaires.	1. Current medical staff turnover 16.14% as at May 2022 (10.95% November 2021).	Possible	Catastrophic	15	Significant	1. HR Business Partners ongoing review of exit questionnaire results to identify any hot spots (31/03/2023) 2. Ongoing PROUD programme implementation plan - ongoing 3 year programme (Review at 31/03/2023) 3. Programme of 6 monthly deep-dives into Leaver data to be undertaken and reported into WFOD Committee (31/03/2023) 4. Trust divisions to develop bespoke plans supported by deep dive analysis - specifically Priamry Care has developeod deep dive work groups to fill GP post and reduce turnover 31/12/2022	12/09/2022	Karen Phillips	Steve McGowan	WFOD / EMT	Trust Board	Rare	Catastrophic	10	High
4	OPS11	Failure to address waiting times and meet early intervention targets which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.	04/05/2021	Objectives	Almost Certain	Severe	20	Significant	1. Work underway with Divisions to address three areas of challenges currently (Children's ADHD / ASD, Memory Assessment Service, Department of Psychological Medicine) 2. Local Targets and KPIs. 3. Close contact being maintained with individual service users affected by ongoing issues. 4. Waiting Times Procedure in place 5. Waiting times review is key element of Divisional performance and accountability reviews. 6. Review completed of all services with high levels of waiting times and service-level recovery plans developed.	1. Reports to demonstrate waiting list performance to Trust Board, Quality Committee and Operational Delivery Group. 2. Quality impact on key identified areas monitored via Quality Committee. 3. Weekly divisional meetings with Deputy COO around waiting list performance. 4. Areas of positive improvements	1. Work to understand issues for all services with waiting times issues with some areas breaching 18 weeks and 52 weeks waiting times targets. 2. Process for mitigating risks to individual patients based on length of waits. 3. Waiting times issues for some services have been compounded by Covid-19 situation and associated changes to working arrangements. 4. Issues around monitoring arrangements / governance in terms of performance.	1. Limited historical monitoring arrangements linked to ensuring chronological treatment of patients.	Likely	Severe	16	Significant	1. Increase governance arrangements to ensure that there is rigour and governance in place to ensure patients are treated in chronological order and according to level of risk based on use of risk stratification tool - 31/12/2022 2. Implementation of method for robust oversight of waiting list and patient risks for all Trust service areas - 31/12/2022	12/09/2022	Claire Jenkinson	Lynn Parkinson	ODG / EMT	Trust Board	Unlikely	Severe	8	High
5	OPS13	Due to the increasing complexity of CAMHs inpatients nationally, an increasing demand for CAMHs inpatient beds far exceeding capacity and increased breakdown of residential care placements for looked after children, there is increased use of out of area and inappropriate hospital beds (e.g. adult mental health beds and acute hospital beds) for young people which may lead to delayed discharges, insufficient management of patients in line with complexity and clincal risk and less good outcomes.	21/06/2021	Objectives	Almost Certain	Severe	20	Significant	1. Staffing levels adjusted to take into account the acuity of patients 2. Beds reduced as appropriate in response to acuity levels and the staff levels required to support 3. Recruitment/training plan in place to open PICU capacity in Inspire 4. Sytem work at ICS level to address the pressures with appropriate parters. 5. Recruitment undertaken to increase staffing levels and allow Inspire to increase PICU bed availability. 6. Two PICU inpatient beds now open to admission and plan for further expansion by end of March.	1. Weekly updates received regarding staffing/capacity 2. Implementation plan in place to demonstrate timeframe for staff recruitment/training to open the CAMHs PICU 3. Local system escalation taking place through OPEL reporting and other system arrangements.	1. Instances of Under-18 patient being admitted to adult beds due to complexity of patient mix on Inspire. 2. National deficit in CAMHS PICU / general adolescent beds. 3. Children who would meet the threshold for PICU admission nursed in general adolescent beds impacting on staffing and ward safety arrangements. 4. Breakdown of residential care placements leading to admission to hospital beds for young people for whom this could be avoided if alternative community packages of care could be found.	None identified	Likely	Severe	16	Significant	1. Ongoing communication and escalation to Specialist Commissioning and CCGs (31/03/2023)	12/09/2022	Claire Jenkinson	Lynn Parkinson	ODG / EMT	Trust Board	Unlikely	Severe	8	High

Trust-wide Risk Register 15+

Row	Risk ID	Description of Risk	Date Opened	Impact/ Consequence Type	Likelihood (Initial)	Impact (Initial)	Initial Risk Score	Initial Risk Rating	Key Controls	Sources of Assurance	Gaps in Controls	Gaps in Assurance	Likelihood (Current)	Impact (Current)	Current Risk Score	Current risk	What additional actions need to be completed?	Date Reviewed	Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk
6	FII224	Risk to the Trust's ability to deliver its overarching Financial Position (and regulatory intervention) if agency spend continues to exceed ceiling.	13/06/2022	Objectives	Almost Certain	Svere	20	Significant	1. Weekly agency reports 2. Scheme of Delegation	1. Agency Recovery Plan requested by EMT 2. Agency Deepdive reports to EMT and Finance and Investment Committee 3. Agency spend highlighted in Trust Board Report	1. Agency Recovery Plan not yet implemented	None identified.	Likely	Severe	16	Significant	1. Budget Reduction Strategy implementation - 31/03/2023 2 Implementation of Agency Recovery Plan - 31/03/2023	12/09/2022	Iain Omand	Peter Beckwith	FIC / EMT	Trust Board	Unlikely	Severe	8	High

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Agenda Item 20

<table>
<tr><td>Title & Date of Meeting:</td><td>Trust Board Public Meeting– Wednesday 28th September 2022</td></tr>
<tr><td>Title of Report:</td><td>Annual EDI Report 2022 – 2023</td></tr>
<tr><td>Author/s:</td><td>Alison Meads, Head of HR Services and Mandy Dawley Head of Patient Experience</td></tr>
<tr><td>Recommendation:</td><td>
<table>
<tr><td>To approve</td><td>√</td><td>To receive & discuss</td><td></td></tr>
<tr><td>For information/To note</td><td></td><td>To ratify</td><td></td></tr>
</table>
</td></tr>
<tr><td>Purpose of Paper:
Please make any decisions required of Board clear in this section:</td><td>The Trust has a duty to create a comprehensive annual report on equality, diversity and inclusion in line with the Equality Act 2010 and the Public Sector Equality Duty (Equality Act 2010 s.49). This report is drafted collaboratively and details progress against workforce and PACE equality objectives.

The purpose of the paper is to inform the Trust Board of the work taking place across the Trust to support the EDI agenda and to provide insight into the progress against EDI objectives in line with the various national EDI reports.

The EDI Annual report has been discussed at both the Workforce & OD Committee (July) and Quality Committee (August)s, as well as being consulted upon with the EDI Working group and networks.</td></tr>
</table>

Key Issues within the report:

Matters of Concern or Key Risks to Escalate:

Workforce

- Representation of BME staff and staff with a disability in higher bandings
- Widening of the bonus gender pay gap
- Staff with disabilities that feel pressure to come to work when they are unwell

Key Actions Commissioned/Work Underway:

Patients, Service Users and Carers:

- Trust involvement and engagement in Hull Pride 2022 (stand and parade)
- Development of a Clinical Template for Collecting Demographical Data including Protected Characteristics and Health Inequalities.
- Development of an information brochure to explain to patients, service users, carers and staff on why we collect demographical data including protected characteristics and health inequalities.

Workforce

- Bullying and harassment leadership training
- Multiple career progress schemes to be actioned including mentoring and career coaching with a focus on staff with protected characteristics
- Recruitment and selection training for managers

	• A review of the Trust Behavioural standards to ensure it is EDI focused • Talent and succession programmes to encourage women to apply for promotion
Positive Assurances to Provide: **Patients, Service Users and Carers:** • Reachdeck accessibility resource on Trust website • The Friends and Family Test (FFT) survey forms have been translated into seven of the most popular languages used in the Trust and hard copies are available for staff to share with their patients, service users and carers. • The FFT electronic survey form is available on the website and can be translated into most languages using the Reachdeck translation tool • Regular Equality, Diversity and Inclusion and Inequalities Operational Group meetings. • Armed Forces virtual awareness week where a series of events were arranged to celebrate National Armed Forces Day (26 June 2021) with a schedule of events, speakers and resources in June/July 2021. • Pride in Humber virtual awareness week where a series of events were arranged to celebrate Hull Pride with a schedule of events, speakers and resources in July 2021. • Virtual services were hosted by the Trust Chaplain. • Introduced the Humber Youth Action Group (HYAG) to bring together young people between the ages of eleven and twenty-five to get involved in Trust activities. • Hosting a two-year engagement lead post to support Learning Disabilities and Autism services across Hull, East Riding, North Lincolnshire and North East Lincolnshire. Key area of focus is to engage people with lived experience to offer them development opportunities to get involved in co-production activities. • Introduced the Panel Volunteer across all services in the Trust to give an opportunity for members of the public to sit on interview panels to influence recruitment and selection decisions. • Co-produced animation film created to reach out and encourage greater research participation amongst more underserved communities. • Development and implementation of the Armed Forces Community Navigator (AFCN) role. • Development of Accessible Information Standard guidance to ensure that patients,	**Decisions Made:** N/A

service users, carers and parents with information or communication needs relating to a disability, impairment or sensory loss receive information in a format they can understand and any communication support they need to enable them to access services appropriately.
- Coproduction of a Patient and Carer Experience training programme to share the different opportunities that are available for everyone to get involved in. There are eight modules which are accessible to all via the Recovery College website.

Workforce
- Improvement in the number of BME non-clinical staff at B6+
- Improvement in the representation of BME staff on the Board
- The Trust outperforms the national gender pay gap benchmark
- Low numbers of staff from BME backgrounds entering formal disciplinary process
- Improvement in BME staff accessing non-mandatory training and CPD courses
- Improvement in representation of staff with disabilities at bands 8c to 9 VSM
- Improvement in perception of staff with disabilities that there is equal opportunity for progression within the organisation

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

	Date		Date
Audit Committee		Remuneration & Nominations Committee	
Quality Committee	03.08.22	Workforce & Organisational Development Committee	13.7.22
Finance & Investment Committee		Executive Management Team	11.7.22
Mental Health Legislation Committee		Operational Delivery Group	28.7.22
Charitable Funds Committee		Collaborative Committee	
		Other (please detail)	

Monitoring and assurance framework summary:

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

Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			

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

NHS
Humber Teaching
NHS Foundation Trust

Humber Teaching NHS Foundation Trust

Equality Diversity and Inclusion Annual Report

2022 – 2023

Caring, Learning
& Growing Together

contents

1.0

Equality diversity and inclusion opening statement

Humber Teaching NHS Foundation Trust, as a public sector body, is governed by the Equality Act 2010 and the Public Sector Equality Duty (section 149 of the Equality Act 2010) in relation to its equality duties. At the start of the COVID-19 pandemic, the Equality and Human Rights Commission, the regulatory body in England for equality, confirmed that due to the pandemic the specific reporting duties of the Public Sector Equality Duty would be suspended for the financial year 2020-2021.

It is important to note, however, that the general duties of the Public Sector Equality Duty remained in place throughout the pandemic, as the importance of paying due regard to the general duties throughout the pandemic was recognised.

The general duties are:

Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.

Advance equality of opportunity between people who share a protected characteristic and those who do not.

Foster good relations between people who share a protected characteristic and those who do not.

As the financial year 2021-2022 commenced, the specific duty reporting requirements were reinstated, and this annual report reflects this.

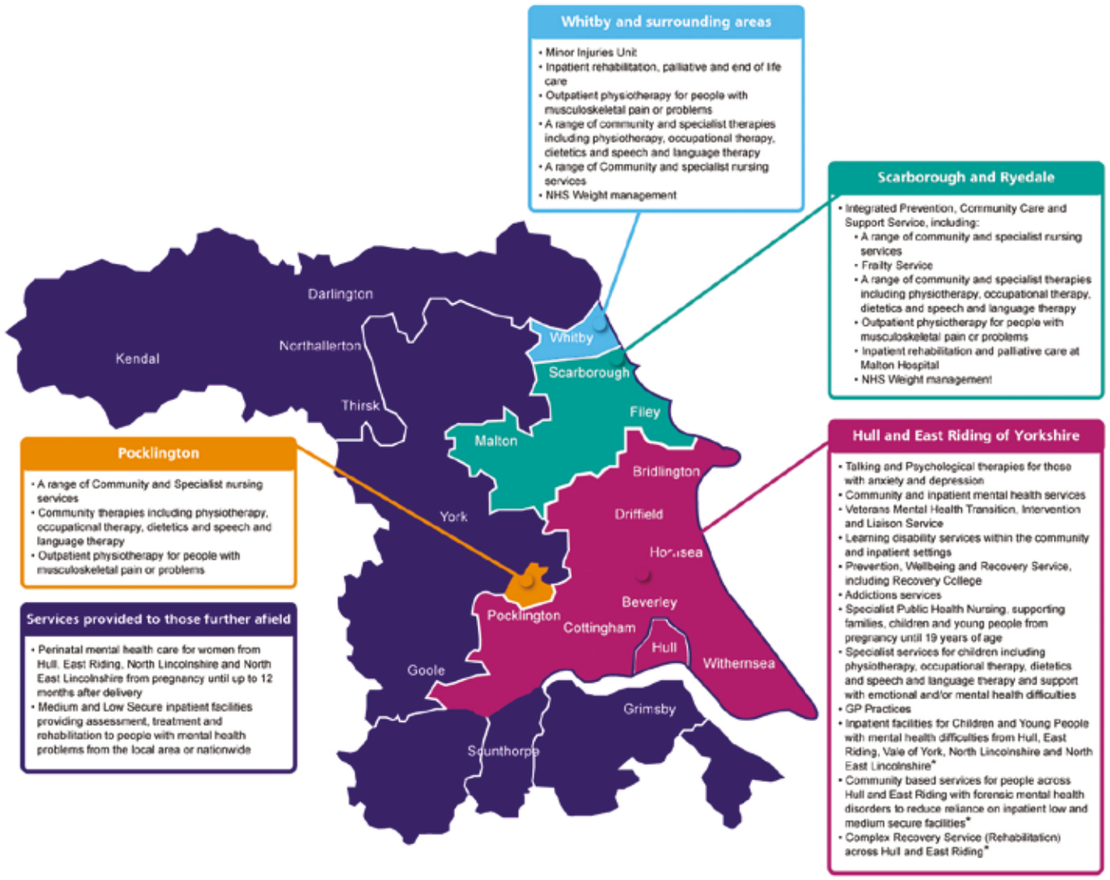
Through the experience of the pandemic, the Trust continued to deliver a range of services across a wide geographical area and in addition delivered important milestones to ensure patients, service users and staff were actively supported.

As we move into 2022/23 the Trust, and all key stakeholders will continue to prioritise and deliver key national priorities, with a clear focus on ensuring the equality and health inequalities highlighted by the pandemic are addressed in a structured and robust manner.

2.0

Introduction to Humber Teaching NHS Foundation Trust

Humber Teaching NHS Foundation Trust provides a broad range of services across a wide geographical area.



Services marked with an asterix * are new services for 2020/2021

Humber Teaching NHS Foundation Trust employs approximately 3,500 staff across more than 80 sites at locations throughout five geographical areas; Hull, the East Riding of Yorkshire, Whitby, Scarborough and Ryedale. The Trust provides care to a population of 765 thousand people of all ages who live within an area of more than 4,700 square kilometres, which contains some areas of isolated rurality, dispersed major settlements and pockets of significant deprivation.

As a teaching Trust, we work closely with our major academic partners; Hull York Medical School and University of Hull and other educational establishments. This close working relationship enables us to nurture the future generation of doctors, nurses and other health care professionals.

Our workforce is paramount to delivering high quality care for our patients and the organisation strives to be an employer of choice locally and one which offers long term employment opportunities combined with structured personal and professional development.

The Patient and Carer Experience strategy defines how Humber Teaching NHS Foundation Trust will engage with people, listen and respond to their experiences so that we can improve patient and carer experience and satisfaction within our services. The Humber Way is about continuing to engage and involve patients, service users, carers and staff in the design and delivery of our services. The strategy has been designed to support delivery of the Trust vision and values, as shown below. The 'Operational Plan on a Page' for 22/23 is currently under development but will provide further detail on the Trust's Strategic Goals.

Our Trust Mission:

We are a multi-specialty health and social care teaching provider committed to Caring, Learning and Growing.

Our Trust Vision:

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

Our Trust Values:

Our internal values shape our behaviours and guide the way we work with our patients, staff, partners, within our community and with each other.

- **Caring** for people while ensuring that they are always at the heart of everything we do.
- **Learning** and using proven research as a basis for delivering safe, effective and integrated care.
- **Growing** our reputation for being a provider of high-quality services and a great place to work.

Our goals

3.0

Equalities milestones reached during the last 12 months

The emergence of the COVID-19 pandemic in March 2020, required the NHS and other key stakeholders to respond quickly in order to care for and protect the local population, as the impact of the new virus became evident. Although the response to COVID-19 was fast paced, the potential equality impacts became evident at an early juncture.

Despite the Covid-19 restrictions, during 2021/2022 the Trust introduced a wide range of initiatives to meet local equality objectives and worked towards meeting the required standards within the Public Sector Equality Duty, these included:

3.1 Equalities Milestones

Equality milestones over last 12 months	Milestones impacted by the Covid pandemic
Hosting a two year engagement lead post to support Learning Disabilities and Autism services across Hull, East Riding, North Lincolnshire and North East Lincolnshire. Key area of focus is to engage people with lived experience to offer them development opportunities to get involved in co-production activities.	Regular Equality, Diversity Inclusion and Inequalities Operational Group meetings.
Introduced the Panel Volunteer across all services in the Trust to give an opportunity for members of the public to sit on interview panels to influence recruitment and selection decisions.	Armed Forces virtual awareness week where a series of events were arranged to celebrate National Armed Forces Day (26 June 2021) with a schedule of events, speakers and resources in June/July 2021.
Development and implementation of the Armed Forces Community Navigator (AFCN) role.	Pride in Humber virtual awareness week where a series of events were arranged to celebrate Hull Pride with a schedule of events, speakers and resources in July 2021.
Development of an information brochure to explain to patients, service users, carers and staff on why we collect demographical data including protected characteristics and health inequalities.	Virtual services were hosted by the Trust Chaplain.

Equality milestones over last 12 months	Milestones impacted by the Covid pandemic
Supported Hull Pride Working Group. (joint with workforce).	Introduced the Humber Youth Action Group (HYAG) to bring together young people between the ages of eleven and twenty-five to get involved in Trust activities.
The Humber Teaching NHS Foundation Trust has been placed in the top ten Trusts for WRES indicator 2. This indicator evaluates the relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants.	Co-produced animation film created to reach out and encourage greater research participation amongst more underserved communities.
Celebrated LGBT History Month with a schedule of events in Feb 2022.	Development of Accessible Information Standard guidance to ensure that patients, service users, carers and parents with information or communication needs relating to a disability, impairment or sensory loss receive information in a format they can understand, and any communication support they need to enable them to access services appropriately.
Undertook a workforce data cleanse exercise to improve EDI data accuracy within ESR and as a result enhanced the onboarding data capture process to ensure ongoing data quality. This project served to improve data quality pertaining to, disability, sexual orientation, religious belief and nationality.	Senior Leadership Forum continued virtually during the pandemic in recognition of the need for connection and information sharing, improving accessibility for all colleagues.
Reviewed and renewed our partnership with Stonewall, the leading LGBT rights organisation.	Partnership with Stonewall was not impacted by the pandemic.
Refreshed the Equality, Diversity and Inclusion Working Group with a full review of the agenda and Terms of Reference.	This working group was delivered virtually throughout the pandemic and continues to be delivered in this way to ensure maximum attendance and accessibility.
Introduced EDI Insight Report for cascade into the organisation to provide equalities insight and support development of bespoke targets and actions.	This report was not impacted by the pandemic.
Completed Equality Impact Assessment (EIA) for a range of new policies and procedures ensuring those with protected characteristics are not unfairly disadvantaged.	This action was not impacted by the pandemic.

Equality milestones over last 12 months	Milestones impacted by the Covid pandemic
WDES and WRES Reports published on Trust Website.	This continued without impact from the pandemic.
Consulted with EDI Networks on the review of key workforce policies, including,, Absence Management, Disciplinary, Bullying and Harassment, Secondment, Apprenticeship, Work Experience, Recruitment and Selection and Flexible Working.	This action was not as a result of the pandemic.
The staff networks were given the opportunity to sponsor two individuals for a place on the Humber High Potential Development Scheme to widen participation of underrepresented groups on a targeted career development programme.	This opportunity did not occur as a consequence of the pandemic.
6 monthly deep dives into sickness and turnover to identify trends and shape future actions to address areas of concern.	Whilst the pandemic will have impacted the data, this action did not arise as a result of the pandemic.
Developed a range of communications for the workforce to support and encourage wider diversity awareness on festivals and events, specifically, Ramadan, Diwali, Hanukkah, NHS Employers Equality, Diversity and Human Rights Week and Trans Visibility Day.	This action was developed despite the pandemic.
Celebrated Black History Month October 2021, LGBT History month February 2022 and International Women's Day in March 2022.	These actions were not as a direct consequence of the pandemic.

4.0

Governance structure in relation to equality, diversity and inclusion

The Trust has governance, regulatory frameworks and mechanisms in place to ensure that assurance is provided in relation to the discharge of equality duties.

Workforce

Workforce and OD Committee

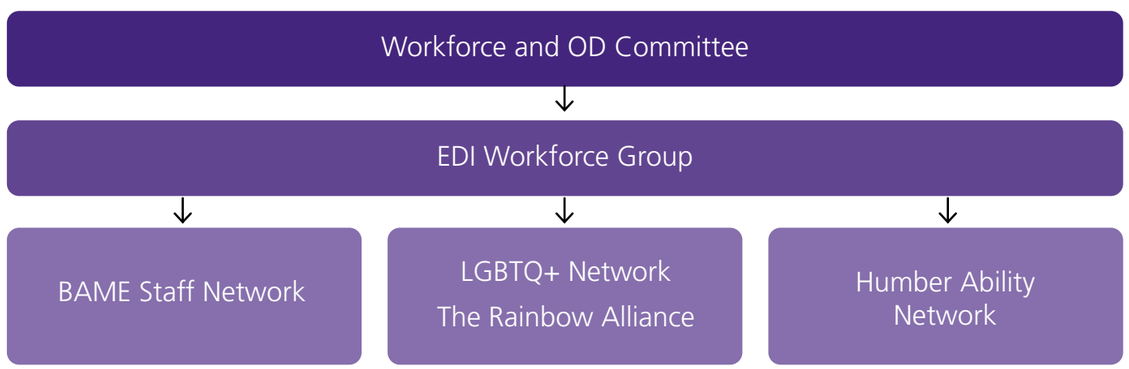
The purpose of the Workforce and OD Committee is to provide strategic overview and provide assurance to the Trust Board that there is an effective system of governance and internal control across workforce and organisational development that supports the Trust to deliver its strategic objectives and provide high quality care. This includes Workforce ED&I and staff health and wellbeing.

Workforce Equality Diversity and Inclusion Group

The Workforce Equality, Diversity and Inclusion group brings together key stakeholders in the Trust to ensure the equality, diversity and inclusion work is driven forward in a structured manner. The group leads and drives the change required in relation to the workforce inclusion agenda in active support of the Trust's objectives.

This group meets on a quarterly basis, is chaired by the Deputy Director of Workforce and OD and is attended by the staff network chairs and other key stakeholders including representation from all service areas of the Trust.

This group reports into the Workforce and OD Committee and provides regular updates and assurance on progress against objectives.



Patients and Service Users and Carers

Equality, Diversity and Inclusion (ED&I) is a standard agenda item at the Patient and Carer Experience forums and Staff Champions of Patient Experience forum. A six monthly update is presented to the Quality and Patient Safety group and Quality Committee within the Patient and Carer Experience(including Complaints and Feedback) report. An annual update is presented to the Quality and Patient Safety group, Quality Committee and Trust board within the Patient and Carer Experience (including Complaints and Feed annual report).

Community Consultation through Networks

The Trust ensures decision making regarding Equality, Diversity and Inclusion is in consultation with the community through a range of local and regional networks, these include:

- Local groups such as the Equality, Diversity and Inclusion Partnership
- Regional groups such as the Yorkshire and Humber Regional E&D leads network
- Hull and East Riding Lesbian, Gay, Bisexual and Transgender (LGBT) forum
- East Riding Carers Advisory Group (CAG)
- Humber All Nations Alliance (HANA)
- Humber Staff Networks inc. BAME, LGBTQ+ and Disability

Staff Equality Networks

The general duties of the Equality Act 2010 are to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Act.
- Advance equality of opportunity between people who share a characteristic and those who don't
- Foster good relations between people who share a characteristic and those who don't

It is recognised that staff equality networks are an excellent mechanism through which the general duties of the Act can be supported in relation to staff from the protected groups and other groups at potential risk of inequality.

The Trust currently has two established staff networks:

- LGBT+ (Lesbian, gay, bisexual and transgender) staff network, the Director of Workforce and OD acts as the executive sponsor.
- The BAME (Black, Asian and Minority Ethnic) staff network, with the Chief Executive acting as the executive sponsor.
- Humber Ability Group (for staff with long term health conditions and Disabilities), (Note this group is currently not active).

Through the pandemic the importance of staff networks has been formally recognised at a national level and articulated in the NHS People Plan. Each of the Staff Networks have access to Admin Resources to support them and terms of reference have been established to provide a framework to support these networks

It is a statutory and mandatory requirement for all employees and workers at the Trust to complete the Health Education England E-learning Equality, Diversity and Inclusion course every three years. This is a national level course aligned to the Core Skills Training Framework (CSTF) which sets out an acceptable minimum standard of competence.

EDI features as standard on the corporate induction programme to ensure that from the outset all employees are aware of the Trust's commitment to the Equality, Diversity and Inclusion agenda.

5.0

Statutory and mandatory duties – NHS standard contract

5.1 Implementation of the NHS Equality Delivery System (EDS2)

Completion of the EDS2 is a requirement of both NHS Commissioners and NHS Providers in the NHS Standard Contract. It is an annual requirement to upload data to the system and from there a summary report is produced.

EDS2 is a toolkit designed around four primary goals and grades are given against each:

- Goal 1 – Better health outcomes
- Goal 2 – Improved patient access and experience
- Goal 3 – A representative and supported workforce
- Goal 4 – Inclusive leadership

The EDS2 is implemented in a three-staged process:

- Self-assessment
- Peer reviewed assessment
- Stakeholder Reviewed assessment

The Trust is given gradings against each of the primary goals in March of each year.

The gradings can be seen in the report below however in summary there are 0 areas undeveloped, 2 areas graded as developing, 5 areas graded as achieving and 11 areas graded as excelling.

The EDS2 is considered and agreed by the Trust Board each July. The EDS2 summary report for March 2022 is available **here**.

5.2 Implementation of the NHS Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard (WRES) is designed to help NHS organisations understand and actively address differences in the experience between Black, Asian and Minority Ethnic (BAME) and white staff. It ensures that the Trust evaluates the experiences of its BAME workforce and set actions for improvement.

The WRES comprises of nine indicators; indicators 1 – 4 are taken from the Trust's HR data systems; indicators 5 – 8 are taken from the national NHS Staff Survey and indicator 9 pertains to the Trust's senior leadership. The WRES provides a robust reporting framework and supports NHS organisations to address and close any gaps through the development and implementation of action plans for improvement.

The WRES was implemented in 2015 and since 2020, through the establishment of the BAME Staff Equality Network, the voices of BAME members of staff have been heard and acted upon in relation to the Trust's commitment to improving race equality.

Information about the Trust's WRES can be located on the Trust **website**.

The Trust completed and submitted its WRES and WDES to NHS England in 2021 and is on track to do the same in 2022 from 1st July.

The WRES report covering the period 2021/22 can be accessed on the Trust's website once ratified by the Board.

Highlight points from the report are:

Indicator 1: The percentage of Black, Asian and Minority Ethnic staff employed by the Trust was (168 employees) 5.3%. This is higher than the percentage of Black, Asian and Minority Ethnic people who reside in North Yorkshire (2.6%) and East Riding (3.8%), and marginally more than Humber (5.1%).

This indicator looks at the percentage of BAME staff in each of the Agenda for Change bands 1-9 or Medical and dental subgroups and VSM (Inc Executive Board Members). The data indicates that in non-clinical roles, BAME staff are underrepresented in AfC bands B7 through to VSM. In Clinical roles BAME staff are underrepresented AfC bands B8d and VSM

Indicator 2: Looks at the relative likelihood of BAME staff being appointed from shortlisting compared to white staff. The data indicates that the relative likelihood of white staff being appointed from shortlisting compared to BAME staff is 1.26, where 1 indicates equality with BAME applicants and which compared to the national benchmark of 1.15 is showing a worse position for the Trust. Significantly, last year's ratio was 0.64 which demonstrates shortlisting from applications favour BAME candidates. The Trust figure of 21.7% is a decrease on the previous year by -14.3%. In the previous year the Trust ratio of 0.64 saw it rise to be in the top ten Trusts for WRES indicator 2, this decline in ratio needs a deep dive to understand the drivers of the decline and action improvements.

Indicator 3: Considers the relative likelihood of BAME staff entering the formal disciplinary process (as measured by entry into a formal disciplinary investigation) compared to white staff. The data told us that the relative likelihood of BAME staff entering the formal disciplinary process (as measured by entry into a formal disciplinary investigation) compared to white staff is very low with parity to white colleagues. This would suggest that across the Trust BAME staff are not disadvantaged by the implementation of the disciplinary process or its application. Statistically the number of BAME colleagues entering the formal disciplinary process is extremely low.

Indicator 4: Relative likelihood of BAME staff accessing non-mandatory training and CPD compared to white staff. The data informs us that the relative likelihood of white staff accessing non-mandatory training and CPD compared to BAME colleagues is 0.91, a slight decline from 0.84 last year.

A ratio of 1 indicates equality and a ratio below one is in favour of BAME colleagues. As such, this demonstrates the equality of opportunity in accessing non-mandatory training and CPD between BAME and White colleagues.

Indicator 5: Relates to the percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months. The source of data is the NHS staff survey. The responses inform us that 30.4% of BAME colleagues believe that they experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, this compares with 26.2% for white colleagues.

However, 30.4% is an increase of 6.4% on the previous year and continues a rising trend on the 2019 figure of 20% of BAME staff reported experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months. However, the Trusts figure of 30.4% is slightly below the average for BAME staff which is 31.8% across the benchmark group. Though, it is worth noting that despite a 6.4% rise on last year's figure the Trust has demonstrated a four-year declining trend from 39.5% in 2018 to 30.4% in 2021 for this statistic.

Indicator 6: Relates to the percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months. From our responses we can see that 25.5% of BAME colleagues believe they experienced harassment, bullying or abuse from staff in the last 12 months, which compared to 18.1% of white colleagues. Still, over the preceding four years the percentage of BAME staff who believe they have experienced harassment, bullying or abuse from staff in the last 12 months has declined from 38.1% in 2017 to 25.5% in 2021 which demonstrates a five-year positive trend as well as the affirmative impact of initiatives to reduce harassment, bullying or abuse for BAME colleagues.

However, the outcome of 25.5% of BAME staff said they experienced harassment, bullying or abuse from staff in the last 12 months, is above the average of 22.9% for the benchmarked group of Trusts

Indicator 7: References the percentage of staff believing that the Trust provides equal opportunities for career progression or promotion. Our data shows that 46.4% of BAME colleagues believe the organisation provides equal opportunities for career progression or promotion, this compares to 59.8% of white colleagues. Yet, the figure of 46.4% is 0.4% lower than the average of the benchmark group of Trusts of 46.8%. However, the Trusts figure of 46.4% for BAME colleges who believe that the organisation provides equal opportunities for career progression or promotion demonstrates a five year declining trend where in 2017 the figure was 71.4% and has declined to 46.4%, while for white colleagues the figure has remained relatively static between 56.7% and 59.8% over the same time scale.

Indicator 8: This indicator relates to the percentage of staff experiencing discrimination at work from a manager, team leader or other colleagues. The responses from the NHS staff survey told us that 18.2% of BAME colleagues believe they have experience discrimination at work from a manager, team leader or other colleague over the past 12 months, this compares to 4.6% of white colleagues. The figure of 18.2% represents a five year increasing trend from 4.8% in 2017 to 18.2% in 2022 which has seen the same statistic decline for white colleagues over the same time scale.

However, the figure of 18.2% is above the average of the benchmark group of Trusts of 14.4% and the gap between BAME staff and white staff has increased, subsequently the Trust recognises that further work is needed to reduce this figure further.

Indicator 9: This indicator looks at the percentage difference between the organisations Board voting membership and its overall workforce. The key findings told us that BAME representation on the Trust Board is 9% which compares favourably with the NHS average of 8.4%. However, recently the Trust worked with NHS Improvement when appointing its most recent non-executive director and chair. The Trust has worked to ensure that the process for appointment of Executive and Non-Executive Director posts encourages applications from as diverse a pool of talent as possible and which demonstrates the Trusts commitment to diversity and inclusion. Similarly, the Trust has worked to ensure that all members of the recruitment panel for Executive and Non-Executive Directors have up to date training in diversity and inclusion.

A copy of the Workforce Race Equality Standard Report 2019/2020 can be accessed **here**:

The WRES 2021/22 demonstrates that the Trust has made significant progress over the past 12 months, these include:

1. the relative likelihood of BAME staff entering the formal disciplinary process
2. the relative likelihood of BAME staff accessing non-mandatory training and CPD
3. Percentage difference between the organisations Board voting membership and its overall workforce

During 2021-2022 the Trust also embarked on a number of important strategic initiatives which should have a direct impact on improving the experience of Black, Asian and Minority Ethnic staff and lead to an improvement in the WRES data.

No.	Initiative	Comments
1	Improve BAME representation in AfC bands 6 and upwards in non-clinical roles.	During the past 12 months the Trust have seen BAME staff representation: • in Bands 1-4 decrease from 44.13% to 40% • in Bands 5-7 increase from 27.27%% to 31.6% • in Bands 8a-8b decreased from 6.99% to 5.80% • in Bands 8c-9 & VSM increase from 0% to 6.45% • 21% of BAME Staff work as Medical and Dental Consultants, including career grade and trainees – this remains constant Staff survey outcomes for 2021 demonstrate number of BAME colleagues who believe they have experienced discrimination on the grounds of ethnic background was 20% which is 23% better than sector (Sector 43%).
2	Reduce the gap between BAME colleagues who believe the organisation provides equal opportunities for career progression or promotion (80%) compared to 89.8% of white colleagues.	

No.	Initiative	Comments
3	Reduce the gap between BAME colleagues who believe that they experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months (24%) compared with 22.4% for white colleagues.	2021 staff survey outcomes indicate that the gap between BAME colleagues who believe that they experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months (30.4%) compared with 26.2% for white colleagues, has increased slightly by 2.6% (2020 gap = 1.6% and 2021 gap = 4.2).
4	Reduce the gap between BAME colleagues who believe they have experience discrimination at work from a manager, team leader or other colleague over the past 12 months (18.4%) compared to 3.8% of white colleagues.	2021 staff survey outcomes indicate the gap between BAME colleagues who believe they have experienced discrimination at work from a manager, team leader or other colleague over the past 12 months (18.2%) compared to 6% of white colleagues, has reduced slightly by 0.6% (2020 gap = 12.2% and 2021 gap = 12.8).
	Improve BAME representation on the board.	NED recruitment is via external recruitment agency who are tasked with reaching a wider, more diverse candidate based. Over the past 12 months the Trust has appointed a new Chair and Associate NED and increased BAME representation on the Board to 9%.

5.3 Implementation of the NHS Workforce Disability Equality Standard (WDES)

In 2019 NHS England launched the Workforce Race Disability Standard (WDES). Similar to the WRES, the WDES is mandated by the NHS Standard Contract and applies to all NHS Trusts and Foundation Trusts.

The WDES is a data-based standard that uses a series of ten measures (metrics) to improve the experiences of Disabled staff in the NHS.

All of the metrics draw from existing data sources (recruitment dataset, ESR, NHS Staff Survey, local HR data) with the exception of one; metric 9b asks for narrative evidence of actions taken, to be written into the Trust's WDES annual report.

The metrics have been developed to capture information relating to the workplace and career experiences of Disabled staff in the NHS.

The metrics are:

No.	Metric
1	% of staff in pay bands or medical subgroups and VSMs compared with the % of staff in the overall workforce.
2	Relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts.
3	Relative likelihood of disabled staff compared to non-disabled staff entering the capability process as measured by entry into the formal capability procedure.
4	a) % of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from: i) Patients/Service users their relatives or other members of the public ii) Managers iii) Other colleagues b) % of disabled staff compared to non-disabled staff saying that the last time they experienced harassment bullying or abuse at work they, (or a colleague) reported it.
5	Percentage of disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.
6	Percentage of disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
7	Percentage of disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.
8	Percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.
9	a) The staff engagement score for disabled staff, compared to non-disabled staff. b) Has your Trust taken action to facilitate the voices of disabled staff in your organisation to be heard? (Yes) or (No)
10	Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated: • By voting membership of the Board • By Executive membership of the Board

The following information provides insight into Humber Teaching NHS Foundation Trust's current position against the Workforce Disability Equality Standard (WDES) Metrics.

Humber Teaching NHS Foundation Trust has demonstrated a number of key improvements in the past 12 months when compared to other NHS Trusts, relating to:

- The percentage of staff with a disability who believe they have experienced harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months is 30%, this compares to 24.5% of staff without a disability. The Trust higher than national benchmark figure of 32.2%. Overall, the figure of 30% is an improving trend since 2019's figure of 34.9%. 340 staff with a disability responded to the question.
- The percentage of staff with a disability saying that the last time they believe they experienced harassment, bullying or abuse at work, they or a colleague reported it is 58.7%, this compares to 59.5% of staff without a disability. The Trust figure is 2.4% higher than last year's figure of 56.3%. However, the Trust is slightly higher than national benchmark figure of 59.4%. Overall, the figure of 58.7% is an improving trend since 2018's figure of 56.1%. However, only 121 staff with a disability responded to the question and statistically more responses could significantly impact this outcome.
- The percentage of staff with a disability who believe the organisation provides equal opportunities for career progression or promotion is 53.6%, this compares to 60.9% of staff without a disability. The Trust figure is 1.1% higher than last year's figure of 52.5%. However, the Trust is slightly higher than the national benchmark figure of 54.4%. Overall, the figure of 53.6% has changed little since 2018's figure of 54.1%. 336 staff with a disability responded to the question.
- The percentage of staff with a long-lasting health condition or illness who believe their employer has made adequate adjustment(s) to enable them to carry out their work is 82.4%, this compares to the benchmark figure of 78.8%. The Trust figure of 82.4% has not changed significantly since the 2018 figure of 80.3% but the question has seen an increasing number of staff respond from 117 in 2018 to 193 in 2021.

However, this report also identifies clear opportunities for improvement relating to:

- The percentage of staff with a disability who believe they have experienced harassment, bullying or abuse from managers in last 12 months is 13.8%, this is double the comparative figure for staff without a disability which is 6.8%. However, the Trust figure is 2.3% lower than last year's figure of 16.1%. However, the Trust is slightly worse than national benchmark figure of 13.4%. Overall, the figure of 13.8% is an improving trend since 2018's figure of 24.1%. 340 staff with a disability responded to the question.
- The percentage of staff with a disability who believe they have experienced harassment, bullying or abuse from other colleagues in last 12 months is 20.4%, this compares to 11.7% of staff without a disability. The Trust figure is 4.7% higher than last year's figure of 15.7%. However, the Trust is slightly worse than national benchmark figure of 20.2%. Overall, the figure of 20.4% is an improving trend since 2018's figure of 23.6%. 339 staff with a disability responded to the question.
- The percentage of staff with a disability who believe they felt pressure from their manager to come to work, despite not feeling well enough to perform their duties is 24.4%, this compares to 13.3% of staff without a disability. The Trust figure is 0.2% better than last year's figure of 24.6%. However, the Trust is slightly worse than national benchmark figure of 20.8%. Overall, the figure of 24.4% is an improving trend from 2018's figure of 28.4%. 217 staff with a disability responded to the question, statistically more responses could significantly impact this outcome.
- The percentage of staff with a disability who are satisfied with the extent to which their organisation values their work is 45.3%, compared with 51.7% of staff without a disability. The Trust figure is 4% lower than last year's figure of 49.3%. However, the Trust is slightly better than national benchmark figure of 43.6%. Overall, the figure of 45.3% is an improving trend on the 2018 figure of 35.7%. 340 staff with a disability responded to the question.

During 2021-2022 the Trust embarked on a number of important strategic initiatives which were intended to have a direct impact on improving the experience of disabled staff and lead to improvement in the WDES data.

No.	Outcome	12 month review
1 2	Improve disabled staff representation at bands 8C to 9 VSM. Reduce gap in perception between disabled staff compared to non-disabled staff for equality of opportunity to career progression.	1 senior disabled staff appointment at 8C has improved the percentage of disabled staff working in bands 8C – VSM to 0.5%, an increase of 0.5%. Further to this: • The relative likelihood of disabled staff being appointed from shortlisting compared to non-disabled staff has increased from 1.38 to 1.47 • Number of disabled candidates shortlisted has increased from 68 to 90 (increase of +25%) • Number of disabled candidates appointed from shortlisting has increased from 12 to 17 (increase of +29%) 2021 staff survey outcomes indicate the gap between disabled staff (54.4%) compared to non-disabled staff (60.9%) who believe they have equality of opportunity to career progression has increased slightly by 2% (2020 gap = 4.5% and 2021 gap = 6.5%).
3	Reduce gap in perception of disabled staff compared to non-disabled staff of bullying by managers. Reduce gap in perception of disabled staff compared to non-disabled staff of bullying from other colleagues.	2021 staff survey outcomes indicate the gap between disabled staff (13.4%) compared to non-disabled staff (6.8%) who believe they have experienced bullying by managers, has reduced slightly by 1.8% (2020 gap = 8.4% and 2021 gap = 6.6%). 2021 staff survey outcomes indicate the gap between disabled staff (20.2%) compared to non-disabled staff (11.7%) who believe they have experienced bullying from other colleagues, has reduced slightly by 1.6% (2020 gap = 10.1% and 2021 gap = 8.5%).

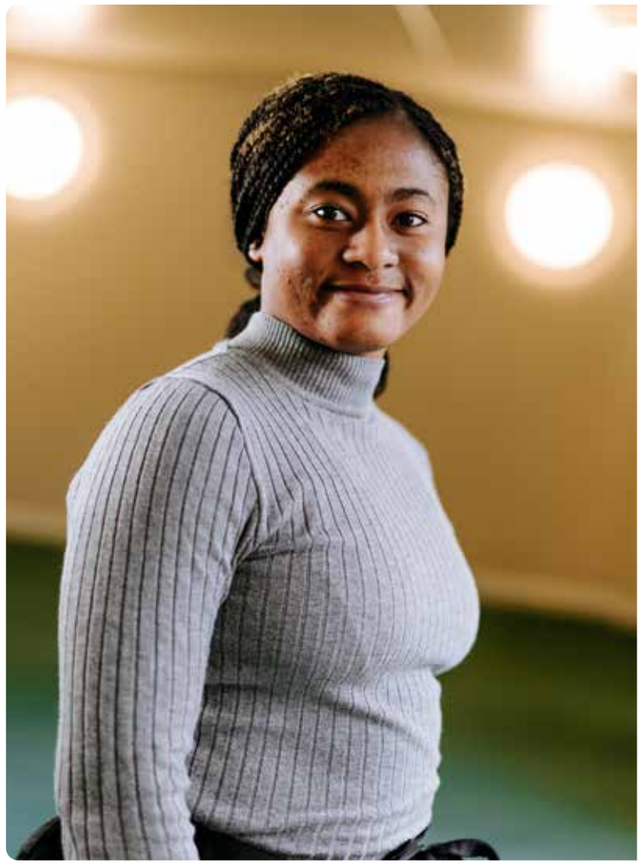
No.	Outcome	12 month review
4	Reduce gap in perception between disabled staff compared to non-disabled staff for coming to work when not well enough to do so.	2021 staff survey outcomes indicate the gap between disabled staff (20.8%) compared to non-disabled staff (13.3%) who believe they have come to work when not well enough to do so has reduced slightly by 1.4% (2020 gap =8.9% and 2021 gap = 7.5%).
5	Reduce gap in perception between disabled staff compared to non-disabled staff for the organisation vales their work.	2021 staff survey outcomes indicate the gap between disabled staff (43.6%) compared to non-disabled staff (51.7%) who believe the organisation vales their work has reduced slightly by 1.3% (2020 gap = 9.4% and 2021 gap = 8.1%).

The report has identified a number of areas where the Trust can focus its work to ensure we make tangible improvements for disabled staff.

In particular the Trust needs to focus on:

1. Reducing the gap between staff with a disability or long term condition (LTC) who believe they have experienced harassment, bullying or abuse from managers in last 12 months (13.8%), compared to staff without a disability or LTC (6.8%).
2. Reducing the gap between staff with a disability or LTC who believe they felt pressure from their manager to come to work, despite not feeling well enough to perform their duties (24.4%), compared to staff without a disability or LTC condition (13.3%).
3. Reducing the gap between staff with a disability or LTC who are satisfied with the extent to which their organisation values their work (45.3%), compared staff without a disability or LTC (51.7%).

The above areas of focus are included in a WDES action plan for the Trust over the next 12 months which is intended to address these areas of focus.



5.4 Gender Pay Gap Report

The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, which came into force on 31st March 2017, has made it a statutory requirement for organisations with 250 or more employees to report their gender pay gap annually by 31st March, as of 31st March the previous year.

The Gender Pay Gap report for Humber Teaching Trust (HTFT),is a welcome addition to the workforce data that the Trust uses to monitor diversity and informs our decision-making regarding workforce inequalities.

The workforce at HTFT is predominantly female, which is in common with the wider NHS. HTFT has a good track record of promoting diversity within the workforce. The Trust uses this data to recognise that inequalities continue to exist and drive the actions that we take to address those inequalities.

The first report was published in 2018 and was informed by 'snapshot data' as of 30th March 2017. The second, third and fourth reports (published in 2019, 2020 and 2021) were informed by 'snapshot data' as of 30th March for each previous reporting year. This year's report is informed by 'snapshot data' as of 30th March 2021.

The report must include:

- The mean and median gender pay gaps
- The mean and median gender bonus gaps
- The proportion of men and women who received bonuses
- The proportions of male and female employees in each pay quartile

The gender pay gap shows the difference in the average pay between all men and women in the workforce. The gender pay gap is different to equal pay. Equal pay is regarding pay differences between men and women who carry out the same, or similar, jobs or for work of equal value. It is unlawful to pay people unequally on the basis of gender. It is possible to have pay equality but still have a significant gender pay gap.

The Trust is committed to the principle of equal opportunities and equal treatment for all employees regardless of sex, race, religion or belief, age, marriage or civil partnership, pregnancy / maternity, sexual orientation, gender reassignment or disability. On this basis, the Trust has a clear policy of paying employees equally for the same or equivalent work, regardless of their sex (or any other characteristic set out above), The Agenda for Change pay framework is designed to support NHS Trusts in ensuring NHS employees are paid equally and this is fully embedded within the Trust.

The Trust has a largely female workforce, like many other NHS organisations, with 78.7% of the workforce being female, and 21.3% male.

In summary the Trust's Gender Pay Gap shows us that:

- The Trust's mean gender pay gap is 11.4% an improvement on 2021 (12.91%)
- The Trust's median gender pay gap is 1% an improvement on 2021 (4.95%)
- The Trust's mean bonus gender pay gap is -21.41% and has increased since 2021 (-9.21%)
- The Trust's median bonus gender pay gap is 50% an improvement on 2021 (60%)
- The proportion of males receiving a bonus is 1.27% and larger than 2021 (0.19%)
- The proportion of females receiving a bonus is 0.27% and smaller than 2021 (1.12%)

The Trust has a mean gender pay gap of 11.4% which represents an improvement of 1.51% on the previous year. It is also below the national rate of 15.4% and continues the Trust trend of being significantly below the national benchmark for gender pay gaps.

However, the Trust has seen a significant widening of the mean bonus gender pay gap by 12.2% in favour of male workers. This is likely a direct result of a shift in the proportion of male staff receiving a bonus this year for 0.19% to 1.27% and a proportional drop of female staff receiving a bonus which has dropped from 1.12% to 0.27%.

The Trust recognises that it has further work to do in positively impacting the gender pay gap position and has developed a draft revised action plan to support this ongoing work. The draft revised action plan will be submitted to the Trust's Integrated Governance Committee for further scrutiny to ensure that we focus on those things that our data and insight are telling us need attention. In this coming year, we intend to focus on:

- Develop a talent management and succession planning process to provide balance in the promotion, succession planning and development opportunities.
- Provide career coaching and mentoring for staff and self-confidence sessions to increase the confidence for women to apply for promotion
- The application of rigor in the negotiations of starting salaries for medical staffing posts and afford greater flexibility for part time workers to progress.
- The implantation of a new Clinical Excellence Award Policy to ensure transparency and to eliminate the potential for bias.
- Continue to ensure awareness and encourage female and part time eligible consultants to apply for clinical excellence awards (and seek feedback from those who don't to assess any potential conscious or unconscious bias).

5.5 NHS Accessible Information Standard (AIS)

The AIS came into effect for all NHS organisations in July 2016. In order to ensure that the Trust complies with the standard, clinicians identify if a patient or service user or carer has additional communication needs during the initial assessment. The information is captured within the patient record to inform teams of any communication needs. An alert is placed on the patient's record and is visible for clinicians to see.

In December 2018 the Trust purchased Reachdeck (formerly known as Browsealoud) software for the website. Reachdeck is a solution for making information accessible to patients, service users and carers with learning difficulties, dyslexia, mild visual impairments and those with English as a second language. The website can now be translated into 99 languages and read aloud in 40 of the most commonly spoken languages in the world. Any of the website content can be converted into an audio file and listened to offline. Also, distractions can be blocked or removed from the page allowing the individual to focus on the most important parts.

The Trust Communication team produces information to ensure it is written in simple, plain English and is easy to understand and produce information in larger font sizes for the visually impaired. Patients who have a difficulty in hearing or seeing, or there is a difficulty in understanding a particular language can access our interpreter and translation services.

The Trust has access to Healthwatch Read Right panels (Hull Healthwatch and East Riding Healthwatch) who provide feedback on our patient information.

The Trust Learning Disability (LD) Service has access to an information sheet including hints and tips for making information accessible and the service has a subscription to Widgit. The community and inpatient LD staff have access to Speech and Language Therapy Services who can advise on specific accessible information for a patient centred approach.

Further to this, in March 2021, the Trust was we scored at #4, out of 211 NHS Trusts nationwide for website accessibility. Silktide, a company that compares millions of websites, has analysed NHS trust and CCG websites for usability, including content, accessibility, marketing, mobile, social, speed, and legal compliance. Website accessibility is the practice of making a website usable by everyone, regardless of ability or disability. Its primary aim is inclusion, no matter what a user's circumstance, and aims to ensure support for a variety of users, such as those with low vision who may have trouble reading low-contrast text on a web page or a user on a mobile device in bright sunlight.

5.6 Provision of a System for Delivery of Interpretation and Translation Services

The Trust has access to three organisations that provide interpreter and translation services support to individuals accessing our services who have a difficulty in hearing or seeing, or there is a difficulty in understanding a particular language. Hull City Council provides these services to our patients in the Hull and East Riding area and The Big Word for individuals living in the Whitby, Scarborough and Ryedale region. Language Line provides video interpreters to the teams who have the highest volume of patients who speak English as their second language.

Hull City Council meet 90% of our patient's requirements, if Hull City Council cannot meet the needs then they go to a different provider (including out of area); British Sign Language, Global Accent, AA Global Languages, DA Languages, Leeds City Council and Kirklees Council and book interpreters from them. Hull City Council provides interpreters in over 60 languages.

6.0

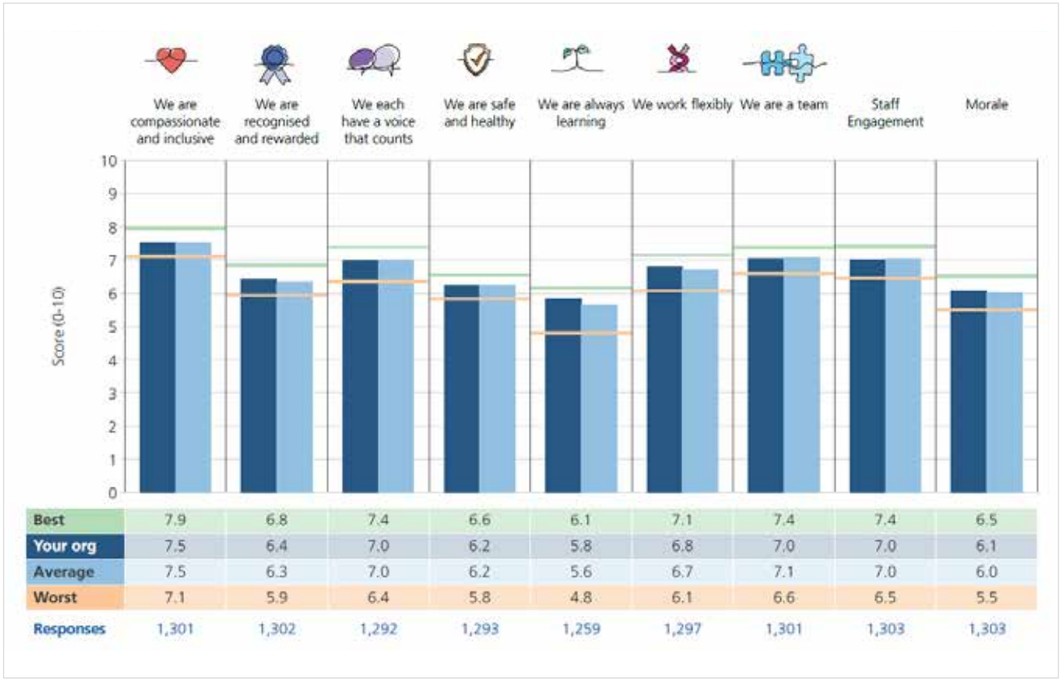
National Staff Survey (NSS)

In 2021 the Trust National Staff Survey (NSS) response rate was 44.1%, a slight increase on the previous year of 43%.

The NSS responses are considered in each of the EDI reports as in section 5 of this report. Indicators and metrics in the WRES and WDES take data from the NSS.

In 2021 the NSS questions were aligned to the NHS People Promise. The People Promise sets out, in the words of our NHS people, the things that would most improve our working experience.

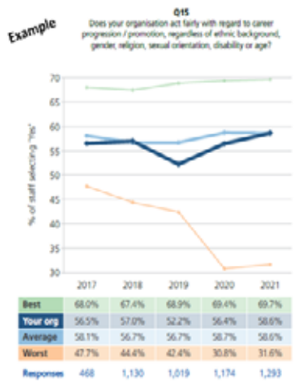
The Trust's score against each of the seven elements of the People Promise are outlined below alongside the two key themes, staff engagement and morale, that remained from the previous NSS.



In relation to the People Promise 'We are compassionate and inclusive' the below infographics show the Trusts scores in summary:

Good news: We are compassionate and inclusive

NHS Humber Teaching NHS Foundation Trust



Examples of questions where the Trust has scored above the benchmark average:

- ✓ **Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?** – increased by **2.2%** but equal against our average benchmark group.
- ✓ **In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public** – deteriorated by **1.2%** but **2.8% higher** than our average benchmark group.
- ✓ **In the last 12 months have you personally experienced discrimination at work from your manager / team leader or other colleagues?** – deteriorated by **0.8%** but **2.2% higher** than our average benchmark group.
- ✓ **I feel valued by my team – 0.6%** higher than the average benchmark group. New question
- ✓ **The people I work with are understanding and kind to one another - 0.7%** higher than the average benchmark group. New question

We each have a voice that counts People Promise

Areas identified for continued Improvement (new questions) from this People Promise:

My immediate manager works together with me to come to an understanding of problems – **below benchmark group by 1.9%**

My immediate manager is interested in listening to me when I describe challenges I face – **below benchmark group by 1.4%**

73.8% of colleagues said 'My immediate manager cares about my concerns' – **below benchmark group by 2.6%**

The NSS responses have been analysed to division/directorate level and are in the process of being disseminated into those areas to enable collaborative and proactive actions to be established and carried out. Each division is held accountable for their NSS scores via accountability reviews and objective setting.

7.0

Conclusions

2021-2022 has been a particularly challenging year for the Trust and the wider NHS, as we have responded to the challenges of the COVID-19 pandemic. However, despite this, the Trust has continued to meet its commitments to the equality, diversity and inclusion agenda. The Trust is refreshing its Strategy during 2022/23, and when this is completed the People Strategy (which includes the Equality and Diversity Workforce Strategy) will be refreshed. Of the Equality, Diversity and Inclusion successes in 2021-2022, the primary highlights of the year have been:

- Significant equality, diversity and inclusion focused response to the COVID-19 pandemic for patients, service users, our communities and our staff.
- The strengthening of our staff networks and the establishment of the BAME network
- The strengthening of our governance structure for EDI matters with a clear escalation route for any concerns raised
- EDI Insight reporting and consultation on policies and procedures
- Introduction of a number of Health and Wellbeing initiatives

As we move into 2022-2023, the Trust's commitment to equality, diversity and inclusion is articulated in the Equality Objectives 2022-23 (Appendix 3).

This provides assurance that work on the EDI agenda will continue to ensure that Humber Teaching NHS Foundation Trust and key stakeholders in the Integrated Care Board (ICB) continue to evolve as inclusive providers of services and as an inclusive employer.

Appendix 1

EDI data relating to the Yorkshire and Humber Region

In the 2011 the population of Yorkshire and the Humber was 5,283,733 (Source: www.Nomisweb.co.uk).

Age

Age Band	% of Yorkshire & Humber Region
0-15	18.88%
16-64	64.56%
65+	16.55%

The average age in Yorkshire and the Humber is 39.

Disability

Health Status	% of Yorkshire & Humber Region
Rated their health as very good	45.57%
Rated their health as good	34.39%
Rated their health as fair	14%
Rated their health as bad	4.69%
Rated their health as very bad	1.34%

18.8% stated their health affected their day to day activities.

8.88% of people aged 16-64 years (working age) stated their health affected their day to day activities.

Gender Reassignment

It is telling that there is a lack of good quality statistical data regarding trans people in the UK. Current estimates indicate that some 650,000 people are "likely to be gender incongruent to some degree".*

*Source: Transgender Equality First Report of Session 2015–16, House of Commons Women and Equalities Committee

Marriage and Civil Partnership

Marital Status	% of Yorkshire & Humber Region
Stated they were single (having never been married of in a civil partnership)	33.9%
Stated they were married	46.79%
Stated they were in a same sex civil partnership	0.20%
Stated they were separated	2.57%
Stated they were widowed / surviving civil partner	7.21%
Divorced or formerly in a same-sex civil partnership which is now legally dissolved	9.32%

Marriage (Same Sex Couples) Act 2013, with the first same sex marriages taking place from March 2014.

Pregnancy and Maternity

In 2020/21 there were 55916 live births in Yorkshire and the Humber.

In 2020 there were 3.8 still births per thousand.

In 2021 there were 4.7 still births per thousand in Yorkshire and the Humber.

Race

Race	% of Yorkshire & Humber Region
White: British/English/Scottish/ Northern Irish/Welsh	85.76%
Asian/Asian British	7.30%
Black, Asian and minority ethnic	22.39%

Religion and Belief

Religion and Belief	% of Yorkshire & Humber Region
Has religion	67.32%
Christian	59.50%
Buddhist	0.27%
Hindu	0.46%
Jewish	0.19%
Muslim	6.17%
Sikh	0.42%
Other religion	0.31%
No religion	25.86%
Religion not stated	6.83%

Yorkshire and the Humber's data mirrors a national data trend which evidences a reduction in religious affiliation, but an increase in people stating no religion or the religion is not stated.

Sex

Sex	% of Yorkshire & Humber Region
Male	49.17%
Female	50.83%

Sexual Orientation

The ONS stated that in 2015 1.7% of the UK population identified themselves as lesbian, gay or bisexual (LGB).

The ONS figures are challenged by a number of groups, with estimates ranging between 5 – 10 % (for example, Stonewall, Kinsey.

Carers

10.44% stated they were unpaid care providers
2.56% of these reported this activity is more than 50 hours per week

Appendix 2

EDI data relating to the workforce of Humber Teaching NHS Foundation Trust

In the data report below, the workforce data of the Trust as at 31st March 2022 is presented.

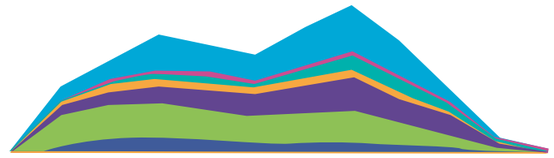
The following observations are noted:

Age

In general terms the Trust accepts that it employs an ageing workforce and is developing plans to increase those in the lower age bands via apprenticeship schemes and career development roles.

Age Band	No	% of Workforce
<=20 Yrs	10	0.32%
21-25	217	6.88%
26-30	296	9.39%
31-35	391	12.40%
36-40	357	11.33%
41-45	327	10.37%
46-50	419	13.29%
51-55	485	15.39%
56-60	372	11.80%
61-65	216	6.85%
66-70	47	1.49%
>=71 Yrs	15	0.48%
Total	**3152**	**100.00%**

Age breakdown by staff group



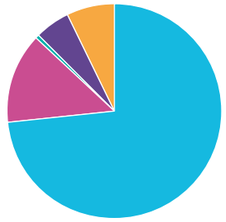
- Nursing and Midwifery Registered
- Medical and Dental
- Estates and Ancillary
- Allied Health Professionals
- Administrative and Clerical
- Additional Clinical Services
- Add Prof Scientific and Technic
- Students

Disability

The Trust has seen an increase in the number of staff who are declaring their disability in workforce data however it remains a challenge to enable disabled staff to feel comfortable and confident to disclose. The Trust will continue to raise the profile of the Humber Ability Group to develop a positive and supportive narrative and actions to support our disabled staff.

Disability	Percentage
No	73.57%
Not Declared	13.42%
Prefer Not To Answer	0.76%
Unspecified	5.23%
Yes	7.01%
Total	**100.00%**

Disability Breakdown



Marriage and Civil Partnership

Marital Status	Percentage
Civil Partnership	1.14%
Divorced	7.17%
Legally Separated	1.74%
Married	49.05%
Single	35.53%
Unknown	4.19%
Widowed	1.17%
Total	**100.00%**

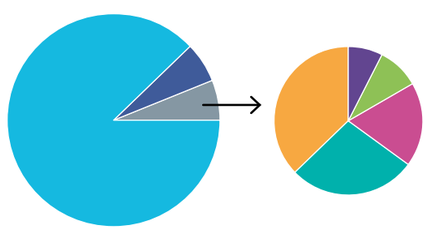
Marital Status Breakdown

Race

The Trust is proud to attract employees from a range of ethnic backgrounds and thereby contribute to the cultural diversity of the county.

Ethnic Origin	Percentage
White	87.85%
Mixed/Multiple Groups	1.08%
Asian/Asian British	1.62%
Black/Black British	2.16%
Other Ethnic Groups	0.44%
Unspecified	0.54%
Not Stated/Declined to Respond	6.31%
Total	**100.00%**

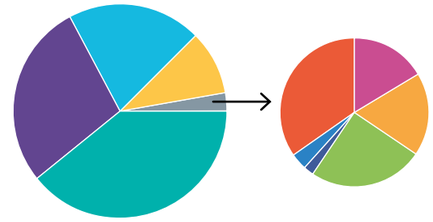
Ethnicity Breakdown



Religion and Belief

Religious Belief	Percentage
Atheism	20.21%
Buddhism	0.44%
Christianity	39.18%
Hinduism	0.48%
I do not wish to disclose my religion/belief	28.27%
Islam	0.67%
Judaism	0.06%
Other	9.68%
Sikhism	0.10%
Unspecified	0.92%
Total	**100.00%**

Religious Belief Breakdown



Sex

Like most, if not all, NHS organisations, the Trust employs a majority female workforce (approx. 79%). Compared to the local population demography, this is by far the largest variance. As an act of positive action, the Trust is advised to consider promoting career opportunities to the local male population.

Gender	Part Time	Full Time	Total
Female	30.71%	48.32%	79.03%
Male	3.49%	17.48%	20.97%

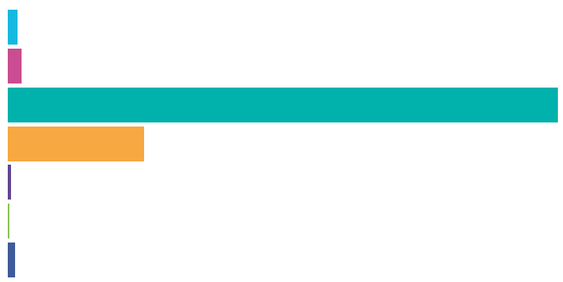
Part/Full Time by Gender

Sexual Orientation

Like most, if not all, NHS organisations, the Trust employs a majority female workforce (approx. 79%). Compared to the local population demography, this is by far the largest variance. As an act of positive action, the Trust is advised to consider promoting career opportunities to the local male population.

Sexual Orientation	Percentage
Bisexual	1.27%
Gay or Lesbian	1.84%
Heterosexual or Straight	76.55%
Not stated (asked but declined to provide a response)	18.91%
Other sexual orientation not listed	0.38%
Undecided	0.13%
Unspecified	0.92%
Total	**100.00%**

Sexual Orientation Breakdown



Appendix 3

Equality Objectives 2022/23

Patient, Service Users and Carer Equality Objectives 2022/23

Objective	Outcome
To increase the voice of individuals from all backgrounds by offering more flexibility and different approaches when engaging with the Trust.	A wider reach of individuals from diverse backgrounds will be actively engaged in Trust activities to make a difference and have their voices heard.
To improve digital inclusion methods to support individual needs.	An increased number of individuals using digital tools and services which will enable better access to information and care.
To further develop systems and processes to encourage young people to actively engage with the Trust.	Young people will be actively involved in Trust activities and will be informing future service provision including access to and delivery of care.
To continue to strengthen data collection processes to better understand the demographics of the people accessing our services.	A greater understanding of who accesses our services. This will influence which communities we need to actively engage with to help inform the provision and development of our service offer for this cohort of patients.

Workforce Equality Objectives 2022/23

Objective	Outcome
The application of rigor and transparency in the negotiations of starting salaries for medical staffing posts.	Ensure there is a clear rationale for starting salaries.
Deliver Recruitment and Selection training for managers.	Raise awareness of ED&I issues within the recruitment process.
Deliver Bullying and Harassment awareness training to managers.	Understand the issues around bullying and harassment in work, in particular the ED&I elements of this.
Revise the Clinical Excellence Awards (CEA) Policy to ensure that it is transparent and eliminates potential bias. From 2022 these are referred to as Clinical Impact Awards	Ensure the CEAs are free from bias.
Introduce a mentoring scheme across the Trust.	Ensure staff with protected characteristics have access to, and the opportunity to, be mentors or mentees.
Provide career coaching.	Provide career coaching to staff with protected characteristics.
Continue to ensure awareness and encourage female and part time eligible consultants to apply for clinical excellence awards (and seek feedback from those who don't to assess any potential conscious or unconscious bias).	Ensure CEAs are accessed by all.
Continue to improve the recording of personal data and protected characteristics.	To ensure we have a clear understanding of the composition of our workforce.
Campaign to communicate the range of ways in which colleagues can speak up relevant to the concerns they have.	To remind staff and ensure new staff joining us understand what they can do.
Revise the disciplinary policy and procedure.	To ensure the principles of 'just culture' are captured.
Revise the bullying and harassment policy and procedure.	Ensure this is reflective of best practice.
Revise the sickness management policy and procedure.	Ensure this is reflective of best practice.
Promote programmes available through the NHS Leadership Academy specifically aimed at BAME colleagues.	To continue to support BAME staff with their career aspirations.
Amend the Trust behavioural standards to expand on the Equality and Diversity standards.	To help embed ED&I principles into how we behave.
Chair of the Workforce and OD Committee to periodically attend the Trust Equality and Diversity (Workforce) Group.	To increase visibility and awareness at Board level.
Further work to reduce the number of unspecified/ not declared disability classification.	To have the most accurate picture of our workforce as possible.

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Humber Teaching NHS Foundation Trust

Agenda Item 21

Title & Date of Meeting:	Trust Board Public Meeting – 28 September 2022
Title of Report:	Guardian of Safe Working - Annual Report September 2022
Author/s:	Name: Dr Mohammed M Qadri Title: Consultant Forensic Psychiatrist & Medical Psychotherapist, Humber Centre - Guardian of Safer Working
Recommendation:	To approve: ; To receive & discuss: ; For information/To note: ✓ ; To ratify:
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	To inform the board of rota gaps and vacancies and issues relating to the safe working of junior doctors.

Key Issues within the report:

Matters of Concern or Key Risks to Escalate: 1. Delay in Rotas being issued due to change of doctor's numbers related to Health Education England issuing doctors placements and personal circumstances of individual trainees.	**Key Actions Commissioned/Work Underway:** 1. Quality improvement project to review higher trainees on call emergency experience.
Positive Assurances to Provide: 1. Maintained lowered numbers of exceptions being raised by trainees for past three years 2. No SIs pertaining to trainees 3. Proactive and collaborative medical education department 4. Good rest facilities available for trainees on call 5. Effective communication links established with freedom to speak up guardian and recovery tutor	**Decisions Made:** .

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 to Board	✓

Monitoring and assurance framework summary:

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

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

EXECUTIVE SUMMARY

- There have been progressive improvements with the on call working that have contributed to reduced travel time across sites and introduction of use of electronic prescribing and access to smart phones. Alongside this the completion of the rest and sleep facilities renovation work has been completed and now allows for better opportunity for rest period and safer working.

- No exception reports were raised in relation to attending teaching and training sessions.

- Medical workforce was unable to issue rota's 10 weeks prior for the August intake. On enquiry with medical workforce, they were able to issue personal rota's 8 week in advance given that HEE Health education England were unable to provide exact numbers as some doctors had withdrawn. Following which one trainee advised that they would not be on the on-call Rota which contributed to the late issuing of the Rota as per the schedule.

- As such there were some locum shifts then issued to cover the gap. Overall, there were 22 doctors on the Rota.

- Overall number of exceptions have remained low across the year and have been attributed to "one off busy" on call shifts with no structural risk issues present. January appears to be peak period of exception reporting

- There were 13 exceptions submitted in total this past academic year compared to 19 the previous year.

- There have also been regularly scheduled meetings quarterly with the freedom to speak up guardian to share potential themes or issues within trust for trainees in relation to better safer working practice.

- Guardian also attends junior doctor forums to help explore any underlying issues related to safer working and where possible ameliorate any difficulties.

- Guardian also works closely with recovery tutor to identify any specific training issues for individualized trainees to better promote safer working.

INTRODUCTION

The introduction of the 2016 TCS has meant clear limits to the number of hours junior doctors can work being set. It has also provided a framework for –

- trainees to be able to report safety concerns in the workplace
- trainees to record if they worked beyond their scheduled hours
- fining departments directly for the most serious breaches of working hours
- providing work schedules to doctors before starting a job and in more detail than previously
- trainees to inform if they are not able to attend education and training opportunities
- the establishment of a junior doctor's forum (JDF) to discusses work and training issues

The contract also requires that every Trust has a Guardian of Safe Working (GoSW), whose responsibilities include ensuring that issues of compliance with safe working hours are addressed by the doctor and/or employer/host organisation, as appropriate and providing assurance to the Board of the employing organisation that doctors' working hours are safe.

Rota Rules Enshrined in the 2016 Contract

- Max 13hr shift length, with no more than 5 consecutive long shifts, or 4 consecutive long evening shifts.
- Max 8 consecutive shifts, with a minimum of 48 hrs rest following completion.
- A minimum of 30mins break for 5 hours work and a 2nd 30mins for more than 9 hrs.
- Maximum of 72hrs in 7 consecutive days.
- Maximum of 4 consecutive nights, with a minimum of 46 hours rest when 3 or more night shifts worked.
- Max average of 48 hrs/wk – can opt out of EWTD allowing 56 hrs.

NROC (Non-resident on call)

- No consecutive on-call periods, except Saturday and Sunday, no more than 3 in 7 consecutive days.
- Day after a NROC must be less than 10hrs, or 5hrs if minimum rest not met.
- Expected rest – 8hrs in 24hrs, with 5hrs continuous between 2200 and 0700

THE ROLE OF THE GUARDIAN OF SAFE WORKING HOURS

The guardian is a senior appointment, and the appointee does not hold any other role within the management structure of Trust. The guardian ensures that issues of compliance with safe working hours are addressed by the junior doctor and/or Trust, as appropriate. The guardian shall provide assurance to the Board that junior doctors' working hours are safe in concordance with the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 but additional oversight of the working hours of junior doctors still working on the 2002 contract.

The guardian:

- acts as the champion of safe working hours for doctors in approved training programs

- provides assurance to doctors and employers that doctors are safely rostered and enables work hours that are safe and in compliance with Schedules 3, 4 and 5 of the terms and conditions of service
- receives copies of all exception reports in respect of safe working hours. This will allow the guardian to record and monitor compliance with the terms and conditions of service
- escalates issues in relation to working hours, raised in exception reports, to the relevant executive director, or equivalent, for decision and action, where these have not been addressed at departmental level
- requires intervention to mitigate any identified risk to doctor or patient safety in a timescale commensurate with the severity of the risk
- requires a work schedule review to be undertaken, where there are regular or persistent breaches in safe working hours, which have not been addressed
- has the authority to intervene in any instance where the guardian considers the safety of patients and/or doctors is compromised, or that issues are not being resolved satisfactorily; and
- distributes monies received as a consequence of financial penalties to improve the training and service experience of doctors.

The guardian reports to the Board of the Trust directly or through a committee of the Board, as follows:

- The Board must receive a Guardian of Safe Working Report no less than once per quarter. This report shall also be provided to the Local Negotiating Committee, or equivalent. It will include data on all Rota gaps on all shifts.
- A consolidated annual report on Rota gaps and the plan for improvement to reduce these gaps shall be included in a statement in the Trust's Quality Account, which must be signed off by the trust chief executive. This report shall also be provided to the Local Negotiating Committee, or equivalent.
- Where the guardian has escalated a serious issue and the issue remains unresolved, the guardian must submit an exceptional report to the next meeting of the Board.
- The Board is responsible for providing annual reports to external bodies as defined in these terms and conditions, including Health Education England (Local office), Care Quality Commission, General Medical Council and General Dental Council.

The Guardian and Director of Medical Education have jointly established a Junior Doctors Forum to advise them. This includes junior doctor colleagues from the organisation and includes the relevant junior doctor representatives from the Local Negotiating Committee as well as the Chair of the LNC. The guardian attended and consulted with junior doctors regarding their concerns and liaised with supervisors where necessary to explore any issues arising including exceptions.

TRAINEE NUMBERS

From 4th August 2021- 2nd August 2022 we have had the following trainee doctors:

- **Full-time Core Trainees**: 10
- **LTFT Core Trainees**: 3 (one at 80%, one at 60%, one at 50%)
- **Full-time LAS Doctors**: 3
- **FY1s:** 15
- **FY2s**: 15
- **6-month GP Trainees:** 8
- **4-month GP Trainees**: 3
- **Higher Trainees:** 8

There continues to be significant good work being undertaken through medical education and representation on a regional level promoting psychiatry in Humber.

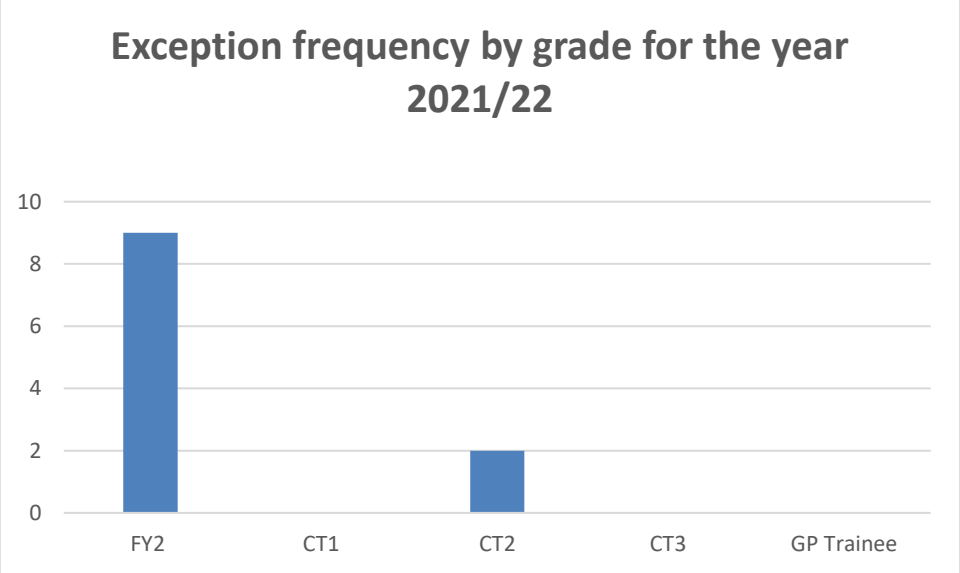


Figure 1. Exception data by grade provided by exception reporting software

The review and feedback of on call work and case presentation can further improve safer working environments and is being highlighted through clinical supervision.

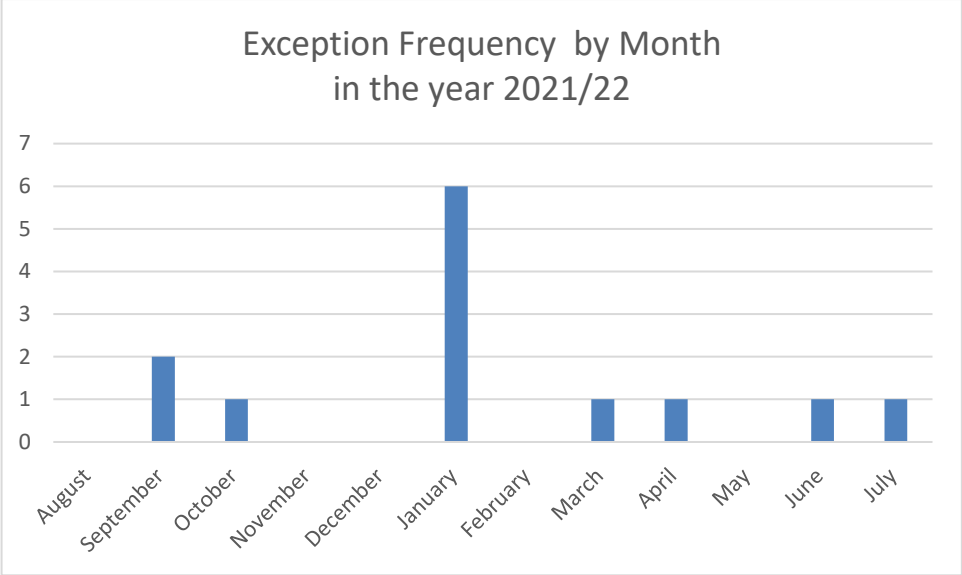


Figure 2. Exception data by month provided by exception reporting software

There were 5 months of no exception reporting. There is also some data to suggest that through bespoke training for specific trainees the number of exceptions could potentially demonstrate further reductions. Regular discussion with the with recovery tutor is ongoing to support this endeavor. January appears to be peak period for exception reporting as also noted in last year's data set.

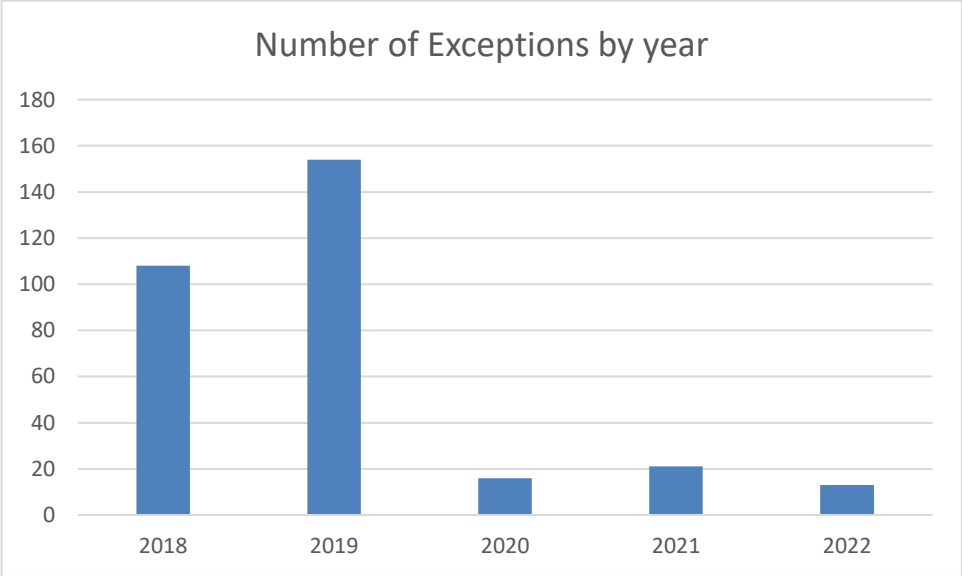


Figure 3. Exception data by year provided by exception reporting software

Figure 3 highlights that the trust has maintained a low number of exception reporting in the last three years.

	Previous Work Schedule	New Work Schedule
Weekday Evening (1700-2200)	Rota 1 – 2hrs standard Rota 2 – 2hrs45 standard	3 hours standard
Weekend Day (0900-2200)	Rota 1 – 5 hrs standard Rota 2 7hrs15 standard	10 hours standard
Night (2200-0900)	5hrs45 enhanced	6hrs45 enhanced

The night on call remains as a 3-night weekend and 4-night mid-week pattern. This means the trust is non-compliant with the 2016 TCS which advises against 2 consecutive night resident on call shifts (NROCS). This, however, this was agreed locally by the junior doctor cohort, who have expressed a preference for maintaining the current 3:4 night on call pattern.

The appointment of workforce lead will hopefully provide greater reassurance to provide junior doctors with work schedules and rotas in advance of rotation start dates.

Higher trainees also raised the issue of appropriate emergency psychiatry experience during on call shifts this was raised with respective stake holders and is being reviewed through a quality improvement project facilitated by the higher trainees.

RECOMMENDATIONS

The approach to enhance safer working is to continue to review and improve structural factors such as rota's, rest spaces and proactive recruitment but also to improve communication between different stakeholders.

1. Training and teaching programme to continue to provide opportunity for development of clinical skillset to help manage on call and emergency cover better. Junior doctor training sessions for of on call scenarios to help manage emergency working better.

2. Continues support for Reflective spaces such as Balint group to allow for development of practice and better workings strategies reducing workload during emergency cover.

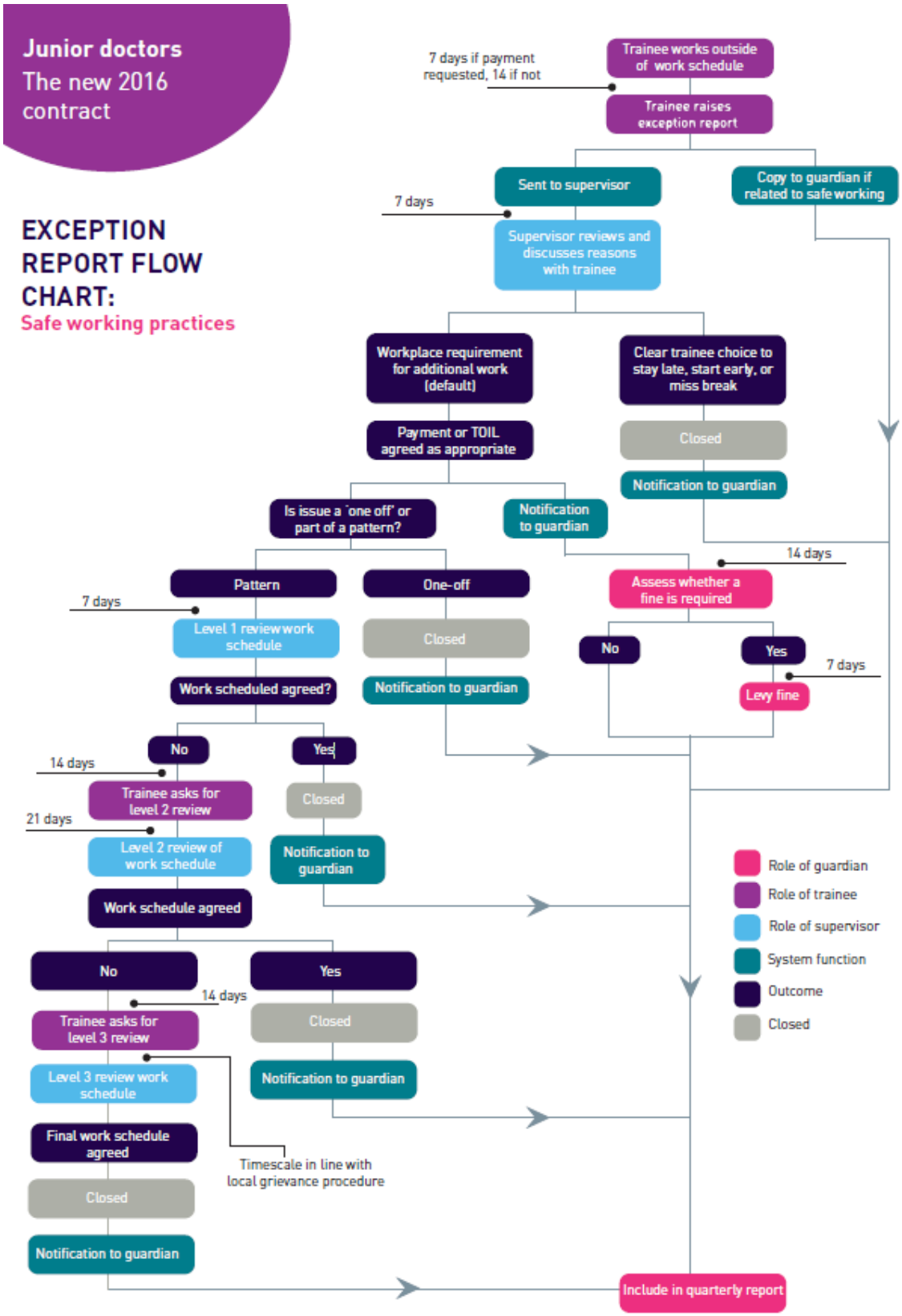
3. Continued proactive work to minimize Rota gaps by encouraging sustainable recruitment and retention.

4. Ongoing collaborative work with medical staffing GOSW, junior doctors and supervisors to ensure trainees are supported and working in safer environments.

5. Peer support for on call work to be officially recognised as reflective space and training provided regarding reflective working culture.

6. Attendance of medical workforce to junior doctor committee meeting to share concerns and offer joint resolution. This would most helpfully occur before changeover and thereby contribute to issuing of rota's in timely manner as per nationally agreed schedule.

APPENDICES


Junior doctors
The new 2016 contract
EXCEPTION REPORT FLOW CHART:
Safe working practices
7 days if payment requested, 14 if not
Trainee works outside of work schedule
Trainee raises exception report
Sent to supervisor
Copy to guardian if related to safe working
7 days
Supervisor reviews and discusses reasons with trainee
Workplace requirement for additional work (default)
Clear trainee choice to stay late, start early, or miss break
Payment or TOIL agreed as appropriate
Closed
Notification to guardian
Is issue a 'one off' or part of a pattern?
Notification to guardian
14 days
Pattern
One-off
Assess whether a fine is required
7 days
Level 1 review work schedule
Closed
No
Yes
7 days
Work scheduled agreed?
Notification to guardian
Levy fine
No
Yes
14 days
Trainee asks for level 2 review
Closed
21 days
Level 2 review of work schedule
Notification to guardian
Work schedule agreed
No
Yes
14 days
Trainee asks for level 3 review
Closed
Level 3 review work schedule
Notification to guardian
Final work schedule agreed
Timescale in line with local grievance procedure
Closed
Notification to guardian
Include in quarterly report
Role of guardian
Role of trainee
Role of supervisor
System function
Outcome
Closed

Humber Teaching NHS Foundation Trust

Agenda Item 22

Title & Date of Meeting:	Trust Board Public Meeting 28/09/22
Title of Report:	Safeguarding Annual Report 2021/22
Author/s:	Rosie O'Connell, Head of Safeguarding and Named Professional for Adult Safeguarding Kerry Boughen, Named Nurse for Safeguarding Children
Recommendation:	To approve: ; To receive & discuss: ; For information/To note: ; To ratify: √
Purpose of Paper:	To seek the ratification of the Safeguarding Annual Report 2021/22 which presents the annual work of the Trust Safeguarding Team, including changes to team structure, key achievements, performance across the Trust and priorities for 2022/23. The report was approved by the Quality Committee at its meeting in August.

Key Issues within the report:

Matters of Concern or Key Risks to Escalate:	**Key Actions Commissioned/Work Underway:**
• Increasing demand on Safeguarding Team this (duty desk, increasing numbers being referred to multi-agency meetings such as MACE and Prevent, commissioning of new services) • Impact of Covid-19 on child and adult mental health can lead to increased risk of harm or abuse. • Safeguarding Training compliance for Level 3 remains under 85% however following a review we have seen these rates increase month by month	• White Ribbon Action Plan Year 2 • Domestic Abuse Policy review to include key areas of the White Ribbon Action plan • Continued support of Hull 0-19 service with safeguarding issues following their integration to the Trust • Review of Safeguarding Training program to improve access and compliance across the Trust • Continued support of Children Looked After in the East Riding, with positive feedback being received from those children following this work • The co-delivery of training with local safeguarding children partnerships on topics such as child neglect, and the introduction of child neglect tools across the Trust
Positive Assurances to Provide: • Recruitment of 1 additional B7, 1 additional B6 and 1 additional part time B3 admin to increase capacity within the team	**Decisions Made:** • N/A

• Safeguarding Training compliance for L3 is improving month by month following the comprehensive review undertaken, this is regularly reviewed and improvement recognised by the Humber and North Yorkshire Care Partnership Safeguarding Leads	

Governance:

	Date		Date
Audit Committee		Remuneration & Nominations Committee	
Quality Committee	3/08/22	Workforce & Organisational Development Committee	
Finance & Investment Committee		Executive Management Team	11/07/22
Mental Health Legislation Committee		Operational Delivery Group	
Charitable Funds Committee		Collaborative Committee	
		Other (please detail)	

Monitoring and assurance framework summary:

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

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

FINAL

Humber Teaching
NHS Foundation Trust

Humber Safeguarding

Annual Report 2021/22

Caring, Learning
& Growing Together

Contents

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1. Foreword by the Director of Nursing, Allied Health and Social Care Professionals.

Welcome to the Humber Teaching NHS Foundation Trust 2021/22 Safeguarding Annual Report. The report demonstrates the effectiveness of safeguarding arrangements across our services and our partnership working arrangements for safeguarding across the communities we serve. Progress made against the priorities for 2020/21 is presented along with our priorities for safeguarding for 2022/23.

We recognise in our priorities for 2022/23 that as we come out of a pandemic, we are facing new challenges with families in the Humber and North Yorkshire region facing increasing levels of poverty leading to increased risks of more adults and children being subject to harm, abuse and neglect. We will continue to proactively work with our staff, service users and their families and our partners to strengthen the safeguarding offer from the Trust to maximise safeguarding arrangements both across the Trust and in our communities, promoting our safeguarding aim of '*if you see something or hear something do something'.*

I hope that in reading this report you recognise the weight of importance the Trust places on safeguarding, seeing it as a fundamental priority across the Trust underpinning the Trusts mission, vision and values.

Our Trust Mission:
Humber Teaching NHS Foundation Trust - a multi-specialty health and social care teaching provider committed to Caring, Learning and Growing.

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

Our Trust Values:
Caring - Caring for People while ensuring they are always at the heart of everything we do.
Learning - Learning and using proven research as a basis for delivering safe, effective, integrated care.
Growing - Growing our reputation for being a provider of high-quality services and a great place to work.

I would like to thank our staff, our safeguarding partners, and patients and service users for the contribution they make to safeguarding across our area. Thank you to everyone who has shared their experiences particularly in the last 2 years which has helped to shape and change the way we have done things to ensure our safeguarding service and staff responses to safeguarding remain abreast of the ever-changing world in which we live.

Hilary Gledhill, Director of Nursing, Allied Health & Social Care Professionals

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The Humber Safeguarding Strategy is aligned to the organisation six goals and aims to improve the quality of safeguarding practice and enhance prevention and wellbeing:

Promoting the welfare of all children, young people and adults at risk ensuring this approach is reflected in all areas of the Trust activities and business;	**Strategic Goal 1** Innovating quality and patient safety **Strategic Goal 2** Enhancing prevention, wellbeing and recovery
Ensuring safeguarding children, young people and adults is undertaken by everyone, supported and governed by the specialist staff employed in dedicated roles and governance structures within the Trust. This provides a framework that supports best practice and allows the Trust to fulfil its key responsibilities;	**Strategic Goal 1** Innovating quality and patient safety **Strategic Goal 3** Developing an effective and empowered workforce
Ensuring we systematically learn through experience at both an organisational level and team level with continuous improvement to services being made based on learning. Effective horizon scanning and implementation of up-to-date resources is routine to ensure best practice is followed and this enhances the organisational standards;	**Strategic Goal 1** Innovating quality and patient safety **Strategic Goal 2** Enhancing prevention, wellbeing and recovery **Strategic Goal 6** Maximising an efficient and sustainable organisation
Ensuring staff demonstrate the values and competence required to effectively safeguard working in partnership to promote the welfare of children, young people and adults at risk.	**Strategic Goal 1** Innovating quality and patient safety **Strategic Goal 4** Promoting people, communities and social values **Strategic Goal 5** Fostering integration, partnerships and alliances

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2. Introduction

2.1 The Safeguarding Team at Humber Teaching NHS Foundation Trust

The Humber Safeguarding Team is an integrated service that provides advice and support to Trust staff on both adult and child safeguarding issues. The team consists of the Named Professional for Adult Safeguarding, Mental Capacity Act and Prevent Lead (who has overall management responsibility for the team), the Named Nurse for Safeguarding Children, 4 Specialist Safeguarding Practitioners, 3 Safeguarding Practitioners and 4 Safeguarding Administration Assistants. The team works closely with the Named Doctor for the Trust and the Named Nurse for Children Looked After. Over the last year the Trust has been able to increase the number of practitioners in the safeguarding team following the increasing demand on the team and the transfer of the new Hull 0-19 service.

2.2 Safeguarding Governance Arrangements

Safeguarding is firmly embedded within the core duties of Humber Teaching NHS Foundation Trust. Responsibilities for safeguarding are enshrined in legislation and guidance which the Trust must adhere to, including the Children Act 2004, Working Together to Safeguard Children 2018, the Mental Capacity (Amendment) Act 2019, the Prevent Strategy 2011, the Mental health Act 2007, the Care Act 2014, Care and Support Statutory Guidance 2016 and the Accountability and Assurance Framework 2018.

The statutory function for the Trust is held by the Director of Nursing, Allied Health and Social Care Professionals, who is the executive member for the Trust at the Hull and East Riding Safeguarding Boards and Partnerships. The Trust actively participates in the Boards, Partnerships and Subgroups to ensure safeguards are in place across all our services.

The safeguarding governance structure is rooted throughout the Trust. The Safeguarding Team attend the Clinical Risk Management Group (CRMG) which takes place weekly, this ensures that safeguarding processes are reviewed in Trust patient safety and risk management process. All safeguarding investigations and enquiries are monitored using an investigation tracker, this is reviewed at CRMG and any actions from the investigations are monitored in the Safeguarding Learning and Development Forum which takes place every 8 weeks, during this meeting actions are monitored, and divisional leads provide updates on the actions and completion date. The team has an Audit Monitoring Plan in place which identifies audits that are planned over a 3-year period and monitors the progress and outcomes of these, as well as a Policies and Guidelines Log which records all the policies and guidance documents the team are responsible for across the Trust and when they have, or require, a review.

The safeguarding team take an active role in patient safety, this includes attending the daily Corporate Safety Huddle, having oversight of all patient safety incidents that occur across the Trust and attending the CRMG, the Clinical Advisory Group (CAG) and the Pressure Ulcer and Review Learning (PURL) group. The Named Professional for Adult Safeguarding and Named Nurse for Safeguarding Children are routinely involved in Trust investigation processes such as Serious Incident investigations, and each investigation is reviewed by either the Named Professional or Named Nurse before being signed off, to ensure any safeguarding issues have been addressed appropriately.

The Named Professional, Named Nurse and Safeguarding Practitioners attend monthly Division Clinical Network/Governance meetings across all divisions to share service updates and any learning from recent safeguarding cases. This also allows members of the division to raise any queries they have with regards to safeguarding adults, children or mental capacity issues.

The Trust has a keen focus on ensuring processes are in place to recognise closed cultures. All members of the safeguarding team participate in independent reviews for patients who are in extended seclusion, Long Term Segregation (LTS) or in a Care Away From Others (CAFO) arrangement. This provides independent oversight of patients who have been placed in restrictive conditions under the Mental Health Act 1983, focussing on the rights of the patient, what their views and wishes are, whether there are any safeguarding concerns and how the patient can be re-integrated back onto the main ward.

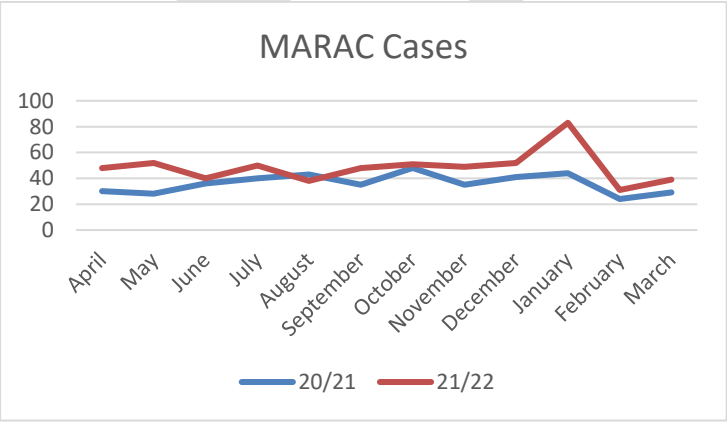
3 Partnership Working

The Director for Nursing, Allied Health and Social Care Professionals is the executive member for the Trust at the Hull and East Riding Safeguarding Boards and Partnerships. The safeguarding team regularly represent the Trust at subgroups across all three local authority areas, Hull, East Riding and North Yorkshire, and contribute to national and local safeguarding activity within these.

3.1 Multi agency risk assessment conference (MARAC)

MARAC is a multi-agency meeting where information is shared on high risk domestic abuse cases. After sharing relevant information about a victim, the MARAC group discuss options for increasing the safety of the victim, turning these into a co-ordinated action plan.

The safeguarding team attend the East Riding MARAC monthly, and work with Trust staff to feedback any information and actions. As was the case last year the number of referrals discussed at MARAC continues to increase. In 2021/22 a total of 581 referrals were discussed, an increase of 148 from the previous year.



581 referrals researched, discussed, and actioned

Increase of 34% from previous year

An analysis of the monthly figures shows an increase every month other than August. Caution should be drawn when comparing the figures observed this year to those of the previous year, this is due to the figures of 2020/21 not following the usual patterns because of the impact the Covid-19 pandemic and subsequent lockdowns had on domestic abuse and access to services.

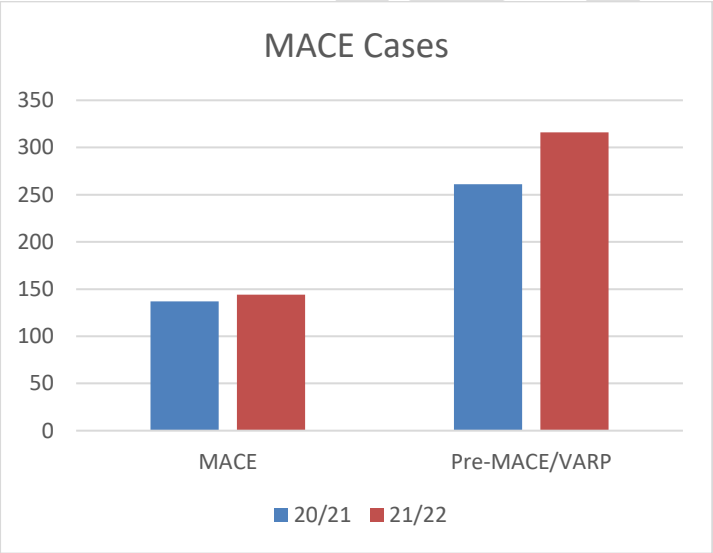
3.2 Multi agency tasking and coordination (MATAC)

MATAC is a relatively new multiagency meeting having only been set up in the East Riding area last year. It focusses on perpetrators of domestic abuse and how to reduce the risk of harm to victims – adults and their children. The safeguarding team attend this meeting monthly; numbers of referrals remain low however it is hoped that with increased awareness this will increase. At this time, it is too early to understand the impact of MATAC in this area, the Safeguarding Team continue to attend and support the process.

3.3 Multi Agency Child Exploitation (MACE)

Monthly East Riding MACE meetings bring together professionals to discuss suspected or actual child exploitation cases, consider the child/young person's experiences and identify appropriate safeguarding interventions. The safeguarding team attend these meetings, as well as pre-MACE meetings, to provide information on behalf of the Trust and then feedback any information and actions to the appropriate person involved with the child/young person, ensuring safeguarding interventions are taken in timely manner. In January 2022 the pre-MACE meetings were replaced with Vulnerable Adolescent Risk Panels (VARP). The Trust do not have to attend these but continue to provide information to support decision making.

In 2021/22 316 children and young people's cases were reviewed in pre-MACE/VARP meetings and 144 children in MACE meetings. This is an increase of 62 cases reviewed across the MACE process compared to the previous year, which equates to a 15% increase.

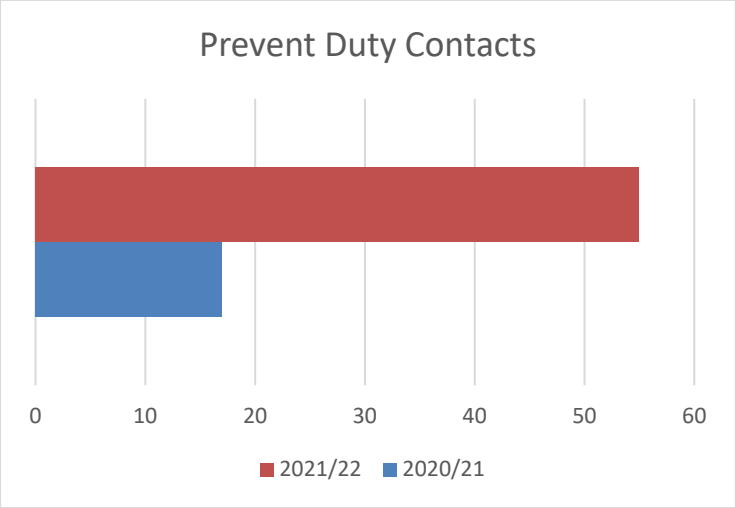


"Exploitation is the action or fact of treating someone unfairly in order to benefit from their work. As well as child sexual exploitation children are exploited in other ways, through criminal exploitation including county lines and, modern day slavery" (ERSCP Contextual Safeguarding Strategy 2019-2022)

The increase in cases reflects ongoing trends nationally. For example the National Referral Mechanism (NRM) which currently provides the best measure for potential victims of modern slavery recorded an increase of 9% in the year ending December 2021, and during the previous year of 2020/21 the Police recorded an increase of 27% for modern slavery offences involving a child, with the majority of offences being for forced or compulsory labour (ONS 2022).

3.4 Prevent

The Trust collates and shares information for the National Prevent duty data set. A specialist safeguarding practitioner attends both the Hull and East Riding Channel Panel meetings, and the Named Professional for Adult Safeguarding continues to be a member of both areas Prevent Boards.



Section 26 of the Counter-Terrorism and Security Act 2015 places a duty on certain bodies, in the exercise of their functions, to have "due regard to the need to prevent people from being drawn into terrorism"

The team provides advice and guidance to Trust staff on Prevent matters via the duty desk; in 2021/22 there was a total of 55 contacts relating to Prevent, an increase of 40 from the previous year. This indicates awareness of Prevent concerns across the Trust is increasing and more support is being provided to practitioners to assess and escalate where necessary Prevent referrals.

In 2021/22 there was a total of 117 children, young people or adults discussed across both Channel Panels, with the safeguarding team attending these and sharing information and actions with appropriate persons involved after.

3.5 Modern Slavery

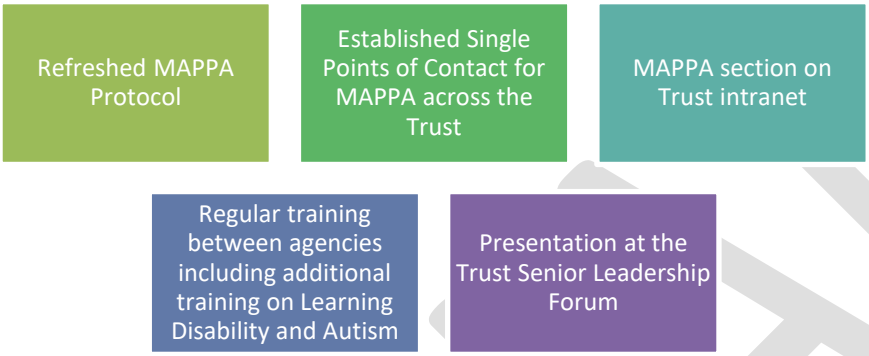
The Trust is a panel member of the Humberside Modern Slavery Partnership. A dedicated safeguarding practitioner attends this panel meeting, shares useful resources and updates across the Trust, and ensures any actions for the Trust are completed.

In February 2022 following the invasion of Ukraine, millions of people have been displaced leading to the fastest growing refugee crisis in recent history. Through the Modern Slavery panels and partnerships, cases are now beginning to arise whereby those displaced have become victims of modern slavery and human trafficking within the UK. The Safeguarding Team continues to work closely with the partnership and has recently linked in with Local Authorities to ensure information about access to mental health support is being shared across refugee services.

3.6 Multi Agency Public Protection Arrangements (MAPPA)

MAPPA is a statutory arrangement for the management of sexual and violent offenders. The Trust is a Duty to Co-operate (DTC) agency which involves attending required meeting and working with the responsible authority to reduce risk and protect the public, this year the Trust achieved 100% attendance at all required meetings. The Trust is represented at the MAPPA Strategic Management Board by the Chief Operating Officer, and the Associate Director of Psychology provides representation at relevant panel meetings.

Recent work includes:



Work is ongoing to continue to raise awareness of the MAPPA protocol across Humber. A recent thematic review showed that senior staff often had gaps in their understanding of MAPPA and for this reason a presentation was shared at the Trust Leadership Forum in February 2022. Regular training between agencies has been established; the move to online learning following the Covid-19 pandemic has meant that the training can be accessed for a longer period of time for staff to refer back to.

3.7 Supporting Statutory Investigations

The Trust works alongside 3 local authorities and the safeguarding team participate in any statutory investigation/review processes that take place. This can include Safeguarding Practice Reviews, Safeguarding Adults Enquiries, Domestic Homicide Reviews and Safeguarding Adult Reviews. Both the Named Professional for Adult Safeguarding and Named Nurse for Safeguarding Children sit on the local authority panels that consider whether a statutory investigation is required, contributing to the decision-making process by liaising with clinicians involved with the patient, providing a chronology of agency involvement, and reflecting on the overall care given to the person by each agency and whether the threshold for a statutory investigation has been met.

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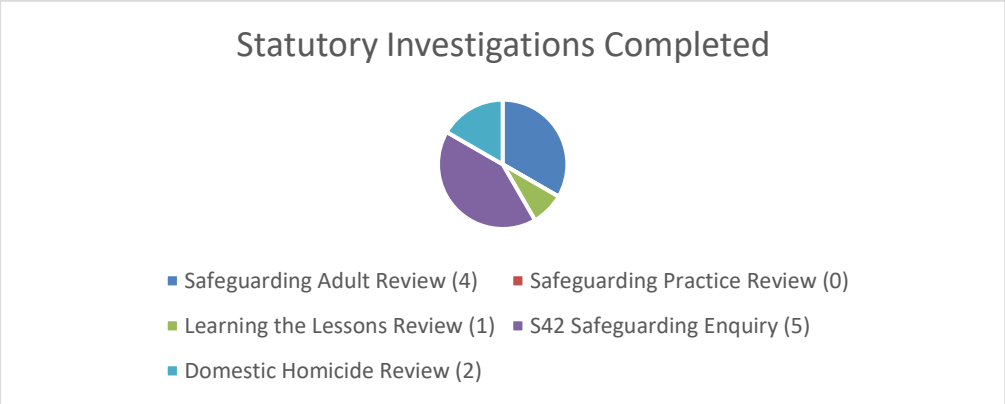
In 2021/22 the safeguarding team participated in 13 statutory investigations/reviews.

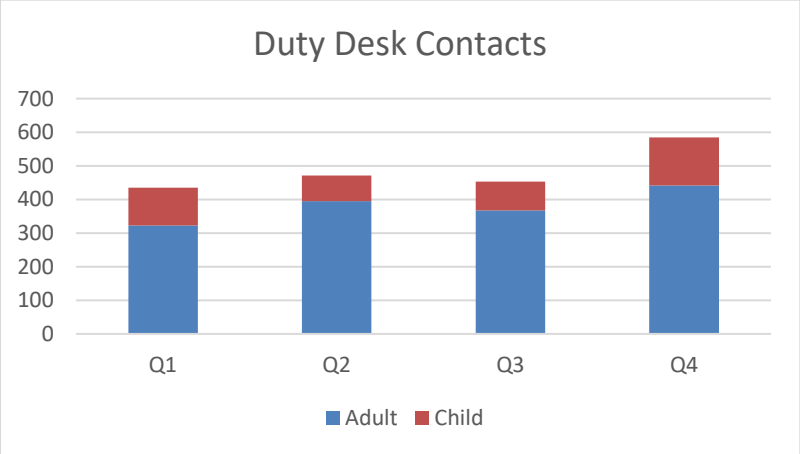


Once the investigation/review is complete the safeguarding team share any lessons learned and good practice across the Trust in a variety of ways including attending individual team MDTs, divisional network or governance meetings, training, supervision, 'five minute focus' bulletins and 'lunch and learn' sessions. Learning is also shared in the Safeguarding Learning and Development Forum which is attended by representatives from each division. Action plans as a result of the investigation/review are monitored in this Forum and the division representatives are expected to give updates on actions assigned to them.

4 Performance and Achievements

4.1 Covid-19

In February 2022 the Government published their plan to remove remaining legal restrictions in place due to Covid-19. Whilst this changed legislation across the country, Health Trusts remain under certain restrictions. The safeguarding team now work in a hybrid way ie home working and on site using office bases across the Trust when required. The team continue to provide a safeguarding service across the Trust and use of technology such as Microsoft Teams has allowed the team to be more present across areas of the Trust by attending more meetings than would have been possible face to face.



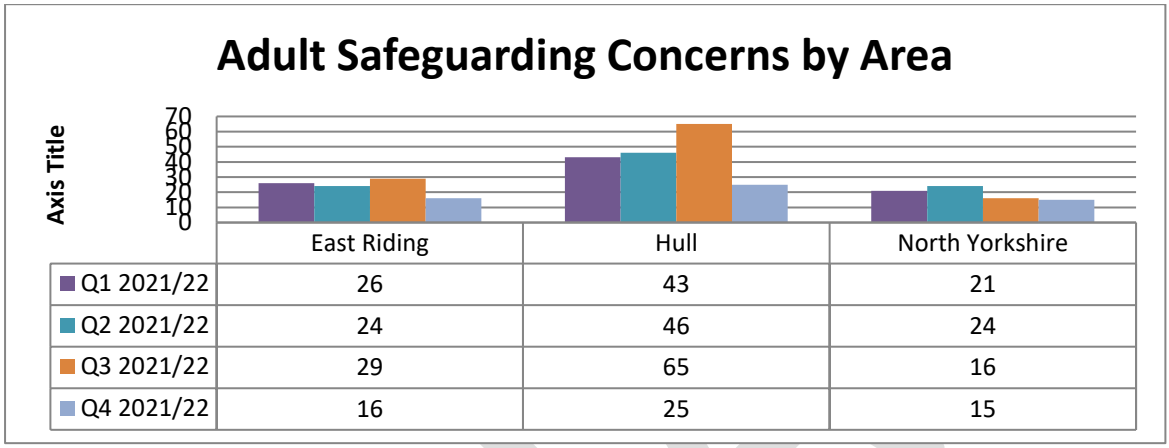
Monday to Friday 09:00-17:00

hnf-tr.safeguardinghumber@nhs.net

In 2021/22 the duty desk received a total of 1944 contacts, and approximately 269 meeting requests from Trust staff, showing that throughout the pandemic the team have continued to be accessible to services and provide safeguarding support and advice when requested.

4.2 Safeguarding Adults Performance

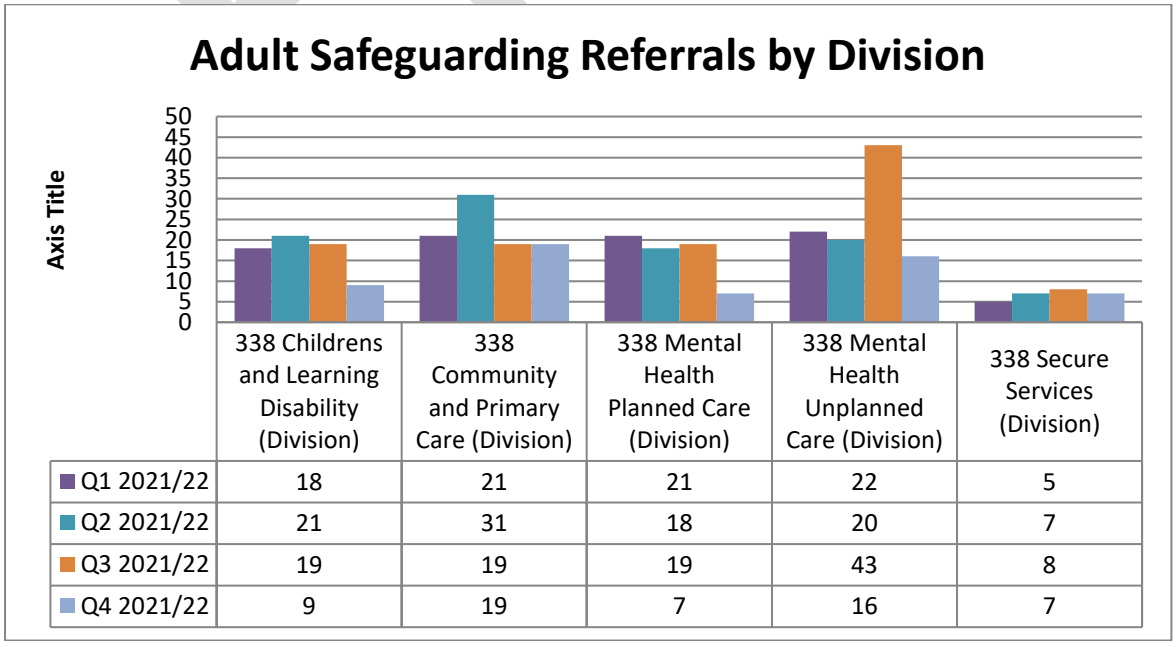
In 2021/22 359 safeguarding adult concerns were referred to the Local Authority, an increase of 65 from the previous year. Approximately 23.5% of contacts to the duty desk resulted in a concern form being referred.



	East Riding	Hull	North Yorkshire
Q1 2021/22	26	43	21
Q2 2021/22	24	46	24
Q3 2021/22	29	65	16
Q4 2021/22	16	25	15

Despite an increasing number of contacts to the Trust safeguarding duty desk in the same period, the chart above shows that in Q4 there was a marked drop in adult concerns being referred to all three local authorities compared to referral figures earlier in the year, with the largest reduction being in January 2022. Work is being undertaken with local authority and health partners to understand the cause of this.

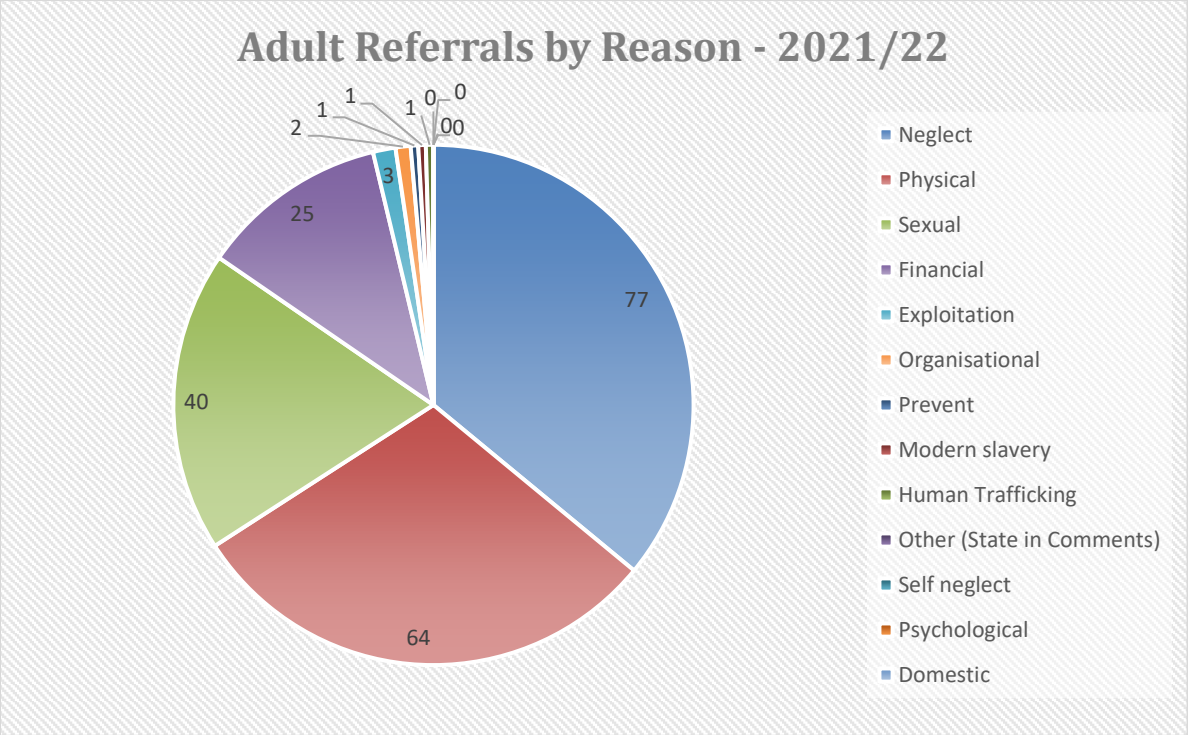
The chart below shows the number of referrals made by each division. The Mental Health division continues to submit the most concern forms, this is expected and in line with data from previous year.



	338 Childrens and Learning Disability (Division)	338 Community and Primary Care (Division)	338 Mental Health Planned Care (Division)	338 Mental Health Unplanned Care (Division)	338 Secure Services (Division)
Q1 2021/22	18	21	21	22	5
Q2 2021/22	21	31	18	20	7
Q3 2021/22	19	19	19	43	8
Q4 2021/22	9	19	7	16	7

Both the Children's & Learning Disability and Community & Primary Care division referred more adult safeguarding concerns this year, with an increase of 31% and 18% respectively. The Mental Health division referred the exact same amount as was referred last year.

The chart below shows the reason adult concern forms were referred to the local authority. The Safeguarding Team use the 10 statutory categories of harm as well as other relevant categories such as Prevent to record harm. The NHS data set for S42 safeguarding enquiries is not yet available for 2021/22 however the previous year's data, 2020/21, reflects the national trend of the most common S42 category of abuse being 'Neglect and Acts of Omission' followed by 'Physical' (NHS Digital 2021). The referral reason data for the Trust reflects this trend.



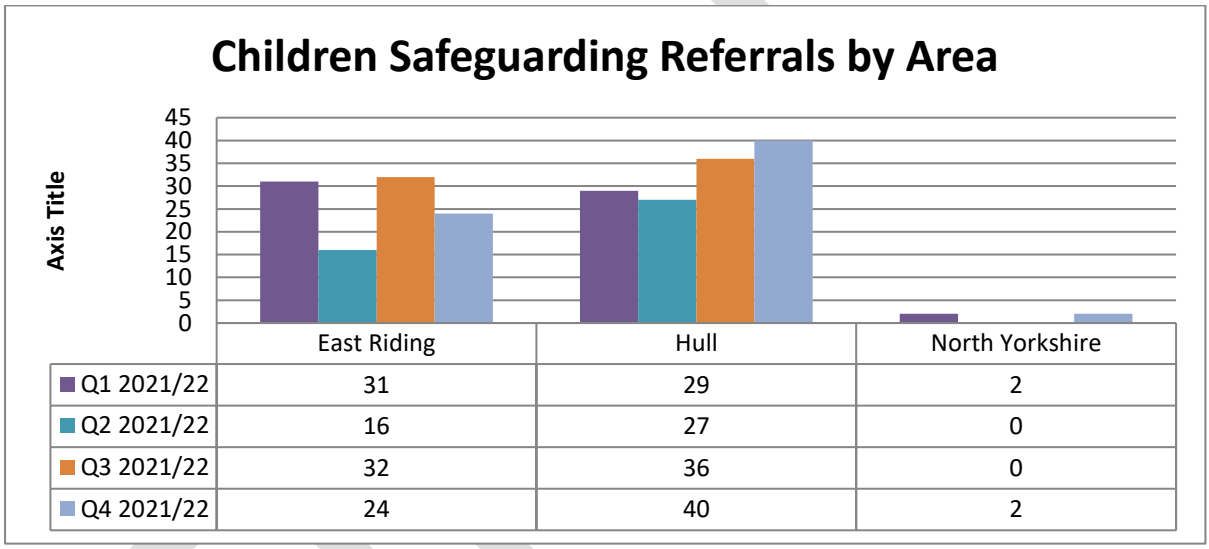
There has been an increase in referrals being made due regarding sexual abuse, though the number of S42 enquiries carried out in relation to this category nationally remain low. Over the last year the Trust has worked hard to promote sexual safety across all services for both patients and staff, this alongside increased exploration of sexual abuse in the safeguarding training package has helped increase awareness of sexual safety concerns and how to respond to them.

In 2020/21 several safeguarding contacts were categorised as 'other' due to more appropriate options not being available on the safeguarding database. This meant that those safeguarding concerns were not being recorded correctly and in line with the categories of abuse outlined in safeguarding legislation. In 2021/22 the categories were reviewed, and more appropriate ones added including an option to record

information/meeting requests. As a result, the 'other' category has not been used this this year and contact categories are being more accurately recorded.

4.3 Safeguarding Children's Performance

In 2021/22 there were 241 safeguarding children referrals sent to the Local Authority, a reduction of 25 from the previous year. 57.7% of contacts to the safeguarding duty desk resulted in a referral being made, which is just over twice the rate at which adult contacts were converted into referrals. A significant amount of work has been undertaken by the local authority and the safeguarding team in the previous year regarding the quality of information provided in referrals and local authority thresholds. As a result of this learning, we would expect that most contacts made to the local authority would meet the threshold for referral and contain enough information to accurately support the decision-making process.



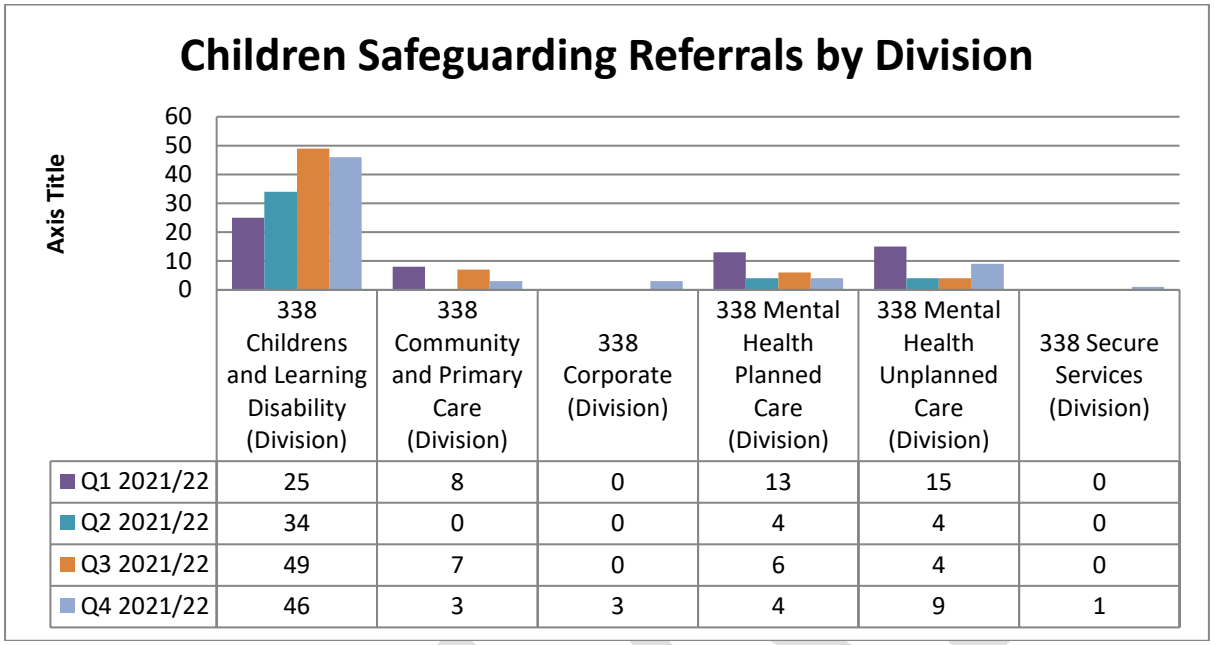
	East Riding	Hull	North Yorkshire
Q1 2021/22	31	29	2
Q2 2021/22	16	27	0
Q3 2021/22	32	36	0
Q4 2021/22	24	40	2

The population is greater in Hull compared to other local partnership areas; it is also ranked the third most deprived local authority in England. The link between deprivation and safeguarding children concerns means that a higher number of referrals to the local authority is more likely to be observed in Hull. Although the last quarter illustrates a greater difference in referral numbers, on average, Hull made 33 referrals per month and the ER made 26, a difference of only 7.

A further factor to consider is the established separate early help process in the East Riding Safeguarding and Partnership Hub (SaPH) which filters out early help referrals from child protection cases, this means that the data reporting above is more specific to child protection thresholds whereas Hull continue to use one portal for all contacts. This process has become increasingly embedded over the previous year with staff accessing training sessions to increase their awareness of the separate referral processes, this is possibly reflected in the reduced number of referrals from Q1 to Q4 in the East Riding.

North Yorkshire continues to generate limited referrals although it is acknowledged that contact with children and young people is more limited. There is ongoing liaison with relevant team leads, staff teams and managers to continue to raise the profile of safeguarding children and remind staff of the relevant processes.

The chart below shows the number of referrals made by each division.



	338 Childrens and Learning Disability (Division)	338 Community and Primary Care (Division)	338 Corporate (Division)	338 Mental Health Planned Care (Division)	338 Mental Health Unplanned Care (Division)	338 Secure Services (Division)
Q1 2021/22	25	8	0	13	15	0
Q2 2021/22	34	0	0	4	4	0
Q3 2021/22	49	7	0	6	4	0
Q4 2021/22	46	3	3	4	9	1

The Children's & Learning Disability division continues to make the most referrals, with the CAMHS service making the majority of these, followed by the East Riding ISPHN service. This would be expected as most of the contact with children and young people takes place within this division. This data will increase due to the recent transition of the Hull 0-19 service to the Trust, it is acknowledged in the previous table that Hull generates the highest number of referrals which will have an expected impact in future reports.

Referrals made by mental health services have reduced with a reduction of 9 seen in planned care and a reduction of 4 seen in unplanned care, this is unexpected. Whilst it is acknowledged that mental illness can be compatible with good parenting, published case reviews identify professionals sometimes can lack awareness of the extent a mental health problem may impact on parenting capacity. This may result in a failure to identify potential safeguarding issues (NSPCC 2015).

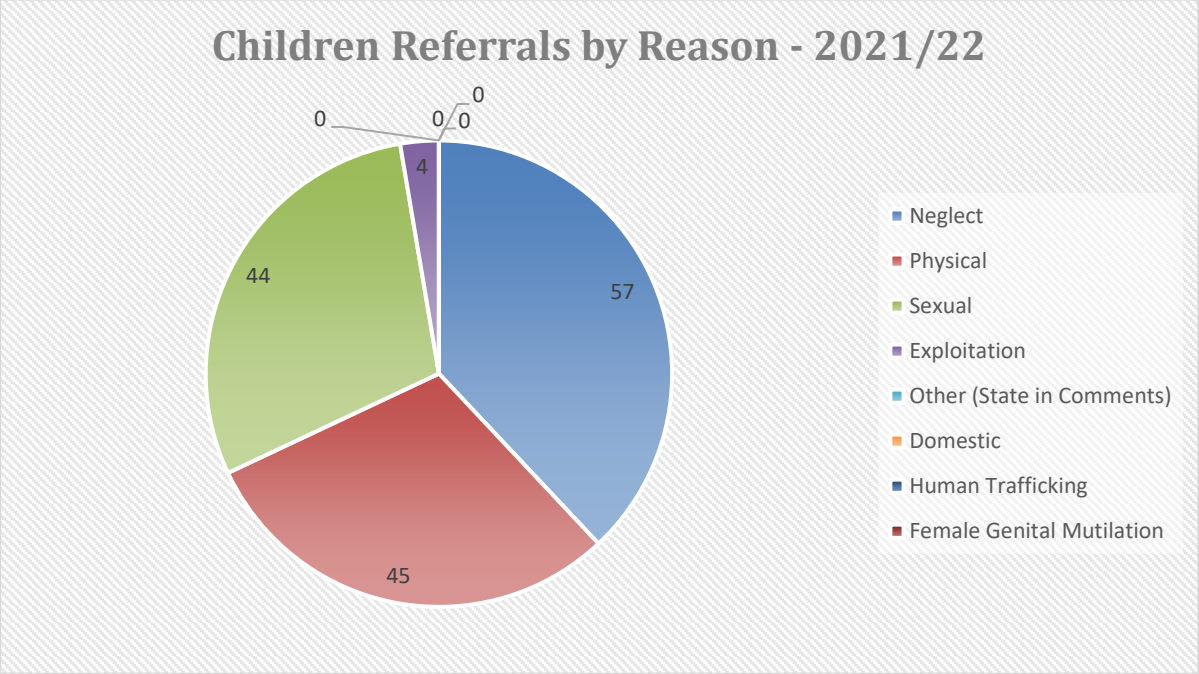
There are also lower than expected numbers from the Community and Primary Care division in light of the contact that these services have with children and their families. Across the year, there have been a total of 18 referrals made.

In order to address this, the Think Family agenda will be reviewed and revisited by the safeguarding team in the forthcoming safeguarding strategy, this will identify a number of actions that will support and remind staff of possible intrafamilial safeguarding risks.

When considering the referral reason, neglect continues to remain the most common reason and numbers have increased from 45 to 57 this year. This is in line with national data (ONS 2020). Physical abuse has also increased over the last year from 38 to 45 which is likely to reflect the increase in reported domestic abuse concerns and MARAC referrals both locally and nationally, a trend observed over the previous years (ONS 2020). Sexual abuse has increased from 30 to 44 cases, again, this is reflected in

national data where sexual abuse has become the most common type of abuse counselled by Childline in recent years (ONS 2020).

This year's data shows there are no recorded referrals made to the local authority with regards to emotional abuse, this is because the safeguarding contact box on the Datix system did not record emotional abuse as an independent category. This system error has now been rectified which should allow for more accurate recording.



As with adults, work has been carried out on the safeguarding contact box to ensure correct categorisation of abuse and reduction in use of 'other'. The Safeguarding Team continue to report using both the four statutory categories of child abuse as well as other relevant categories such as Domestic Abuse and Female Genital Mutilation (FGM).

The table below shows the number of children and young people who were admitted to adult units in 2021/22, an increase of 4 from the previous year where admissions had reduced following the opening of the CAMHS Inspire Unit.

	Admissions	
Children & Young People admitted to adult units	**Q1 2021/22**	5
	Q2 2021/22	2
	Q3 2021/22	0
	Q4 2021/22	0

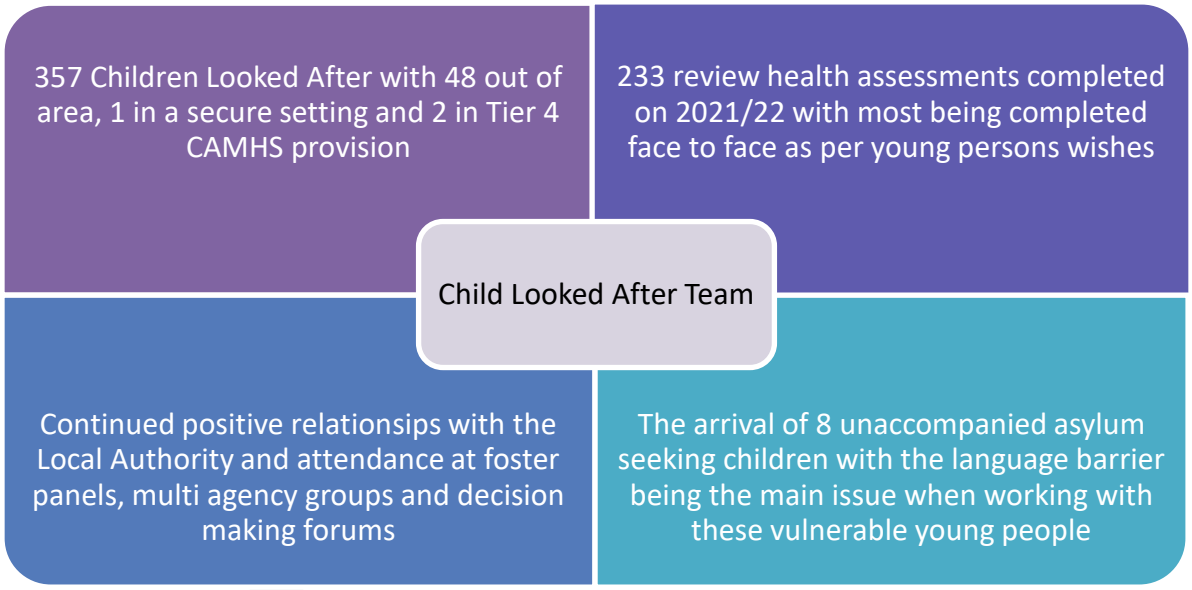
Over the last year the number of children admitted onto adult units has increased, this is due to a national lack of bed availability for Tier 4 units and an increase in children and young people experiencing acute mental health problems. The COVID-19 coronavirus pandemic has had an unprecedented impact on the lives of young people with 32% reporting that it had made their mental health much worse (Young Minds 2020). Furthermore, it is acknowledged that the wider effects of the pandemic and

nationwide lockdowns have been greater than the covid-19 infection itself (Morris 2022). Lacobucci (2022) identifies an 81% increase in referrals for children and young people's mental health services compared with the same time period in 2019, there has also been a 59% increase in emergency crisis care referrals compared to 2019. At times, this increased demand has resulted in children and young people being admitted to an adult ward as an interim measure until an appropriate placement is identified. Although the above data shows that there have been no admissions in the previous 6 months, the demand upon mental health services has not reduced.

When a child is admitted onto an adult ward the Trust Safeguarding Team is informed, the team make contact with the unit and (if appropriate) the young person; should the young person have concerns they wish to discuss or express feeling unsafe, a member of the Safeguarding Team will offer to visit that person face to face to discuss them.

4.4 Child Looked After (CLA) Report

2021-2022 saw a very small decrease in the number of East Riding children and young people who became looked after - with 96 new referrals.



Performance for Initial health assessments dropped from last year's 65% of assessments being completed within statutory timescales to 55%. The majority of reasons for assessments being completed late was due to obtaining the correct paperwork, late notifications of children becoming looked and issues with children and their carers affected by Covid infections. There were also issues with securing interpreters. A total of 233 review health assessments were completed in the year, these were all offered face to face as children and young people have voiced they prefer this to telephone appointments.

A leaving health care document is provided to each young person as they reach their 18th birthday. This document is a history of their health from birth and includes information regarding their early stages of their life and development as well as their immunisation history. The LAC health team have endeavoured to complete these documents in the year the young person turns 18 and in doing so have been able to increase the number of young people receiving their health history from their named

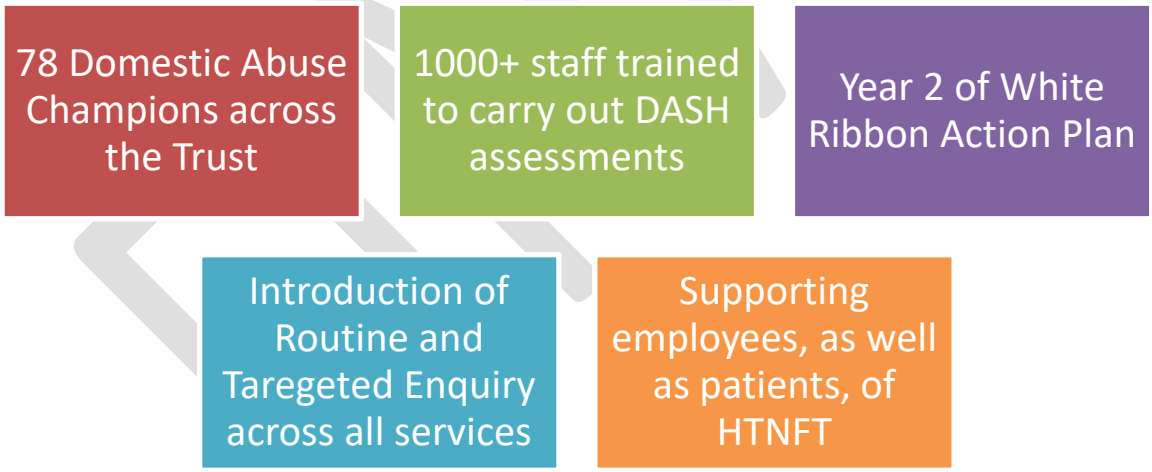
Child Looked After nurse rather than their social worker. This year the team have received very positive feedback from the young people who have received their health history – often details of their early life achievements are lost during their time in care and so by completing these documents part of their life story crucially becomes known to them possibly for the first time in their lives.

Children Looked After are now being prioritised for dental treatment in a number of practices in the Hull and East Riding area, following the support of a dental registrar and consultant in paediatric dentistry to locate these practices. A new pathway has been developed to support newly looked after children having an initial dental assessment in time for their initial health assessment.

Many children who are looked after have fallen behind with their routine immunisations due to the interruptions of the school based immunisation program. The team have helped to support children who wish to have their Covid-19 vaccinations but due to their status many of their cases had to be court approved.

4.5 Domestic Abuse and the White Ribbon Action Plan

This year sees the Trust move into its second year of White Ribbon accreditation status, and with that significant progress made with the safeguarding team's domestic abuse workstream.



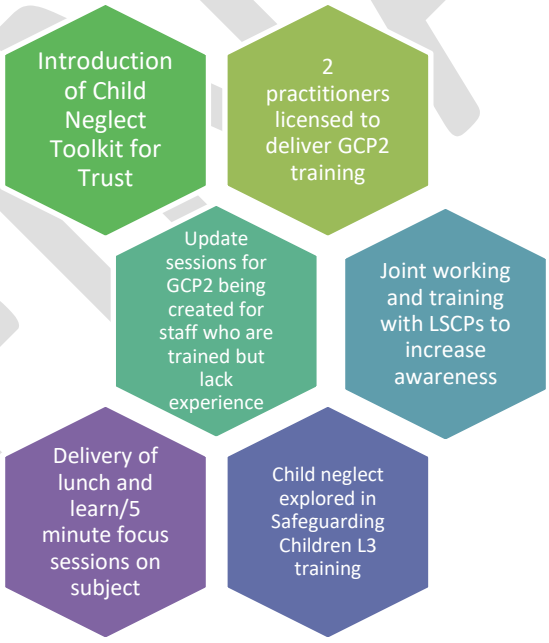
The second year workstream for the White Ribbon action plan has looked at how the Trust supports employees of Humber who may be victims or perpetrators of domestic abuse, which reflects recommendations within the Department of Health Responding to Domestic Abuse: a resource for health professionals' document. To do this the safeguarding team have worked closely with the Human Resources (HR) department to develop guidance for managers that will sit alongside the current Domestic Abuse policy, this guidance will help managers understand how HR policies can assist them to support staff affected by domestic abuse. As well as the guidance a bespoke training package is being developed for all managers to access, this will be rolled out in 2022. The team have worked closely with the Communications department to create new posters that will be displayed in clinical areas, these posters prompt staff to consider

whether they could be a victim or perpetrator of domestic abuse and then provide information as to where they can receive support for this.

The Trust Domestic Abuse policy was updated in July 2021 and now references the introduction of routine and targeted enquiry across all services, this is in line with the draft statutory guidance 'Making Every Contact Count' that was introduced following the Royal Assent of the Domestic Abuse Act 2021. A Lunch and Learn on this topic was delivered in April 2021 and further work is planned when the use of routine and targeted enquiry is launched in July 2022 alongside the HR/manager support processes.

4.6 Child Neglect

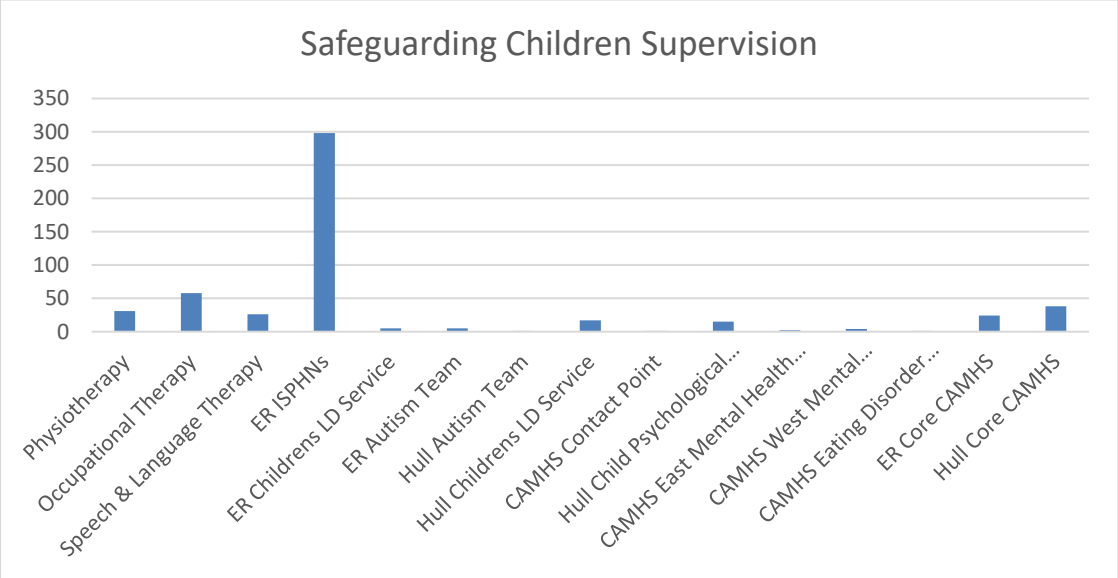
Neglect is the most common reason for referral to the local authority, and over the last year as children have faced more interruptions at school due to the Covid-19 pandemic, they have been at a greater risk of isolation and neglect. Families are also facing economic pressures and poverty due to the increase in living costs which could expose more children to neglectful environments.



The safeguarding team continues to promote the risk of child neglect alongside the local safeguarding children partnerships, and there are now two practitioners within the team who are licensed to deliver the NSPCC Graded Care Profile (GCP2) multi-agency training to practitioners alongside colleagues for both Hull and East Riding Safeguarding Children Partnerships. This tool is the only evidence-based assessment tool available in the UK however at this time it is only used in the East Riding. A child neglect tool kit has been created and shared across the Trust, it is also available on the intranet and is referred to in the Trust safeguarding training.

4.7 Safeguarding Supervision

Work has been undertaken to embed safeguarding supervision into the Trusts main clinical supervision policy rather than as a stand-alone supervision task. The safeguarding supervision training has also been integrated into the clinical supervision training course and as a result all staff who deliver clinical supervision will now have the training and skills to deliver safeguarding supervision.



The above table illustrates how established the safeguarding supervision process is in the East Riding ISPHNs team, including the accurate recording of the activity, it is possible to observe that within the service almost 300 supervisions have taken place in 2021/22.

There has been a focus on safeguarding children supervision across other children's services in the Trust such as CAMHS, Children Therapies and Inspire in order to explore the reasons for the limited data available from these areas. Discussions with clinicians and service managers has confirmed that supervision does take place however, it is not always captured on the appropriate documentation and therefore cannot be identified within performance data. it is often recorded in communication records or on clinical supervision documentation. Further discussion at MDTs and within division governance meetings has helped staff and managers understand the required process and we are now able to observe how data from the service areas is becoming evident in the table above. Support and focus on safeguarding supervision will continue to ensure all areas are aware of required processes, it is anticipated that the data reflecting this will increase in future reports.

The number of safeguarding children supervisors is expected to increase in the coming year as the Trust has now progressed to including the safeguarding supervision training module as part of the wider Trust supervision training. This will ensure that safeguarding supervision is available within service areas for all staff when it is required. It will no longer be an activity that supervisors can opt out of.

4.8 Training

Due to the Covid-19 pandemic and restrictions in place safeguarding training has been delivered via MS Teams in 2021/22. Though this has posed some challenges in terms of adjusting to the use of technology, it has also allowed the team to be able to deliver to a larger audience and meet the demand for training across the Trust.

In March 2022 a review of the level 3 safeguarding training package took place, this was in response to feedback from training participants and a continued lower than expected compliance level. As a result, the level 3 training package is no longer integrated meaning that staff can be assigned different levels for Adult and Child safeguarding training competencies, in line with their role and responsibilities. The course continues to be delivered with a blended approach of MS Teams and online e-learning modules, however the number of components that staff are required to complete to achieve compliance has been reduced, with the MS Teams taught session now longer to ensure that the correct topics are explored in the session and that staff are able to interact with each other and the practitioner delivering it. All roles within the Trust were also reviewed to make sure that the correct level of safeguarding training was applied.

4.8.1 Safeguarding Children Training

Trust wide safeguarding children training compliance at the year-end is 87.1%. Broken down into competency levels, both level 1 and 2 remain above the set target of 85% however level 3 is below that at 66.2%. With the compliance for level 3 being lower than expected the safeguarding team have been monitoring training compliance on a monthly basis and following the review in March are now seeing improvements.

4.8.2 Safeguarding Adults Training

Trust wide safeguarding adults training compliance is 84.7%. Broken down into competency levels both 1 and 2 remain above the set target of 85% however level 3 is 62.1%. Following the training review in March improvement is being observed but not at the rate of the children's training package, this is likely to be because there is a larger adult staff group.

4.8.3 MCA Training

Mental Capacity Act (MCA) 2005 training Trust wide is 89.9%. A reduction in MCA training compliance was highlighted following the merging of the course with the integrated safeguarding training package, therefore in March 2022 the course was separated again.

4.8.4 Prevent Training

Prevent training Trust wide is 95%. Prevent training figures have been above the set target of 85% since September 2020.

FINAL

5 Safeguarding Priorities

5.1 How Did We Do?

What We Said in 2020/21	What We Did
To raise awareness of domestic abuse across the Trust	• White Ribbon accreditation • 78 Domestic Abuse Champions • Domestic Abuse Champion training • DASH training mandatory for all staff with 1000+ already completed • Introduction of Routine and Targeted Enquiry • Supporting employees as well as patients
To be assured that safeguarding continues to be everybody's business and to promote the safeguarding agenda across the Trust	• Presence at strategic, operational and clinical meetings across the Trust • Raising awareness via training and learning opportunities • Safeguarding duty desk support
To raise awareness of childhood neglect	• Introduction of the Child Neglect Toolkit across the Trust • Trained practitioners to deliver GCP2 to staff alonside local authority partners • Exploration of childhood neglect in via training and learning opportunities
To maintain positive collaborative working relationships with internal and external partners	• Regular attendance at local authority meetings, Partnership meetings and working groups • Participation in 13 statutory investigations/enquiries
To be compliant with safeguarding, MCA and Prevent training To improve GP safeguarding training compliance	• Review of safeguarding training package initiated in March 2022 • Changes made to safeguarding and MCA 2005 courses • Continued monitoring of compliance and work with divisions to increase this
To support GP practices in maintaining safeguarding learning and development	• Dedicated weekly safeguarding forum for GP practice staff • Sharing of learning from cases via safeguarding training, five minute focus briefs, communications
Maintain a safeguarding duty desk	• 1944 contacts to the duty desk • 269 meeting requests

	• Duty desk manned Monday-Friday 9 to 5
To raise awareness, plan and implement the Liberty Protection Safeguards (LPS)	• Delay of implementation due to delay in code of practice consultation document
Actions and learning from safeguarding investigations to be captured and measured and learning embedded across the Trust	• 8 weekly Safeguarding Learning and Development Forum • Investigations tracker • Sharing of learning via training, communications, five minute focus
To increase availability and recording of safeguarding children supervision, and safeguarding team to provide assurances that staff have access to supervision in line with policy and guidance	• Inclusion of the safegaurding children supervision training module within the wider Trsut superrvision training increasing the number of supervisors • Inclusion of safegaurding children supervision guidance in the wider Trust supervision policy • Focus and education to staff regarding the appropriate recording of safeguarding children supervision.
To maintain a link worker with North Yorkshire Services and a presence at operatonal, strategic and business meetings	• Temporary disruption due to Covid-19 pandemic • Safeguarding practitioner identified as link worker with plans to visit sites • Attendance at clinical governance and network meetings
To consider and reflect trainsition needs of all children and young people in safeguarding training, policy and process	• To include this in the forthcoming safeguarding startegy for further actioning • Attendance at Partnership meetings to explore transition and how thgis is considered and responded to across the whole Partnership, particularly in relation to contextual safeguarding
Making Safeguarding Personal (MSP) to be embedded throughout the Trust	• MSP embedded in safeguarding training and at point of contact to the safeguarding duty desk • Datix recording system adapted to include MSP drop down which enables the team to audit use
To promote the elimination of individual and institutional discrimination, harassment and victimisation across all protected characterisitics set out in the Equality Act 2010	• Discriminatory abuse included in safeguarding training • Safeguarding practitioner attends Trust meetings with regards to Equality and Diversity • Values insitlled at point of contact to safeguarding duty desk

5.2 Our priorities for 2022/23

As the team look ahead to 2022/23 there are many people within our community that have been adversely impacted by the Covid-19 pandemic and the cost of living crisis. The Covid-19 pandemic has led to an increase in demand for psychological and mental health support, particularly for children and young people who have been negatively affected due to intensified risk factors and disruption to traditional support structures such as health and education services. Following the pandemic the current cost of living crisis is estimated to push a further 600,000 people into poverty (Joseph Rowntree Foundation 2022).

With families in the Humber and North Yorkshire region facing increasing levels of poverty, these increased pressures will lead to the risk that more children will be subject to harm, abuse and neglect (Bywaters. P & Skinner. G 2022), and that mental health problems across the population will increase. The safeguarding team priorities for 2022/23 have been identified with these societal issues in mind, alongside the ongoing key priorities for the team to continue to provide a service within every service. Our key priorities for the coming year are:

To involve patients, carers and families in the work that we do	**To continue to promote, and embed, the use of child neglect tools across the Trust**	**To support the implementation of the Liberty Protection Safeguards**
To create and promote the Trust Safeguarding Strategy 2022-2025	**To reflect transition needs of all children and young people in safeguarding training, policy and process**	**To improve and maintain safeguarding training compliance**
To promote 'Think Family' and in particular working with fathers	**Continued progression in the domestic abuse workstream and Trust White Ribbon program**	**To support safeguarding functions within the new Hull 0-19 service in its transitional period**

These key priorities will be reflected in the upcoming Safeguarding Strategy for 2022-2025, alongside a refreshed safeguarding strategy action plan that will reviewed bi-monthly in the safeguarding business meetings as well as the 8 weekly safeguarding learning and development forum. safeguarding service across the Trust and ensure that safeguarding principles are embedded

6 Summary

The past year has an increase in demand on the safeguarding team, particularly on duty when responding to requests for support made by Trust staff, and in partnership meetings such as MARAC and MACE. The safeguarding team have been able to meet these demands by adapting current practices and prioritising key responsibilities.

It is anticipated that the demand will increase further following the transfer of the new Hull 0-19 service and the continued impact of the Covid-19 pandemic and cost of living crisis on people in the Humber region. A refreshed safeguarding strategy for 2022-2025 with patients at the heart of it, and the recruitment of 3 extra staff, will support the team to continue to be able to meet the demands of the service and ensure that good safeguarding practice is embedded across the Trust.

7 References

Bywaters. P & Skinner. G (2022) 'The relationship between poverty and child abuse and neglect: new evidence'

Department of Health (2017) 'Domestic Abuse: a resource for health professionals'

Joseph Rowntree Foundation (2022) 'New analysis models impact of changes in today's sprint statement'

Lacobucci. G (2022) 'Covid-19: Pandemic has disproportionally harmed children's mental health. Accessed at http://dx.doi.org/10.1136/bmj.o430.

Morris. J & Fisher. E (2022) 'Growing problems, in depth: The impact of Covid-19 on health care for children and young people in England

NHS Digital (2021) 'Safeguarding Adults, England, 2020-21'

NSPCC (2015) 'Parents with a mental health problem: learning from case reviews'

Office for National Statistics (2022) 'Child victims of modern slavery in the UK: March 2022'

Office for National Statistics (2020) ' Child abuse in England and Wales: March 2020'

Office for National Statistics (2020) 'Child sexual abuse in England and Wales: year ending March 2019'

Office for National Statistics (2020) 'Domestic abuse in England and Wales: overview'

Young Minds (2020) 'Coronavirus: Impact on young people with mental health needs'

FINAL

NHS
Humber Teaching
NHS Foundation Trust

Agenda Item 23

Title & Date of Meeting:	Trust Board Public Meeting 28 September 2022
Title of Report:	'A Framework of Quality Assurance for Responsible Officers and Revalidation, Annex D – Annual Board Report and Statement of Compliance'
Author/s:	Dr Dasari Michael, Executive Medical Director (Interim) and Responsible Officer Dr Srikanth Sajja, Appraisal Lead Gillian Hughes, Medical Directorate & Medical Education Manager Jane Lloyd, Appraisal & Revalidation Officer
Recommendation:	To approve: [ ] To receive & discuss: [ ] For information/To note: [X] To ratify: [ ]
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	This report summaries activity relating to appraisal and revalidation processes for 2021/22. The Annual Organisation Audit (AOA) data is also attached for information. This has been approved by the Executive Management Team. If the Board are satisfied the Chief Executive is required to sign the statement of compliance.

Key Issues within the report:

Matters of Concern or Key Risks to Escalate:

- There are no matters of concern or key risks to escalate

Key Actions Commissioned/Work Underway:

- Work will continue in terms of engaging with our neighbouring NHS Trust to establish and roll out a process of external peer review
- Planning to increase the time for the doctors to collect the 360 Patient Feedback to ensure adequate number of patients are giving their feedback.

Positive Assurances to Provide:

- The Medical Revalidation Team will continue to deliver regular Revalidation/Appraisal meetings, Appraisal Forums and continue to organise training courses to include new appraiser training and appraiser refresher training.
- The peer review process will be implemented, this was interrupted due to COVID 19 restrictions and capacity issues within partner organisation.

Decisions Made:

- No significant new actions, simply retention of existing actions which mainly relate to maintenance, standards of good practice and compliance with policy and quality assurance process.

Governance:

	Date		Date
Audit Committee		Remuneration & Nominations Committee	

Caring, Learning
& Growing Together

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

Monitoring and assurance framework summary:

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

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

Classification: Official

Publications approval reference: B0614

A framework of quality assurance for responsible officers and revalidation

Annex D – annual board report and statement of compliance

Version 1, July 2021

Contents

Introduction:

The Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation was first published in April 2014 and comprised of the main FQA document and seven annexes A – G.

In 2019 a review of the Annual Organisational Audit (AOA), Board Report template and the Statement of Compliance concluded with a slimmed down version of the AOA (Annex C) and a revised Board Report template (Annex D), which was combined with the Statement of Compliance (previously listed as Annex E) for efficiency and simplicity.

Annual Organisational Audit (AOA):

At the end of April 2021, Professor Stephen Powis wrote to Responsible Officers and Medical Directors in England letting them know that although the 2020/2021 AOA exercise had been stood down, organisations will still be able to report on their appraisal data and the impact of adopting the Appraisal 2020 model, for those organisations who have, in their annual Board report and Statement of Compliance.

Board Report template:

Following the revision of the Board Report template in June 2019 to include the qualitative questions previously contained in the AOA, the template has been further updated this year to provide organisations with an opportunity to report on their appraisal data as described in the letter from Professor Stephen Powis.

A link to the letter is below:

https://www.england.nhs.uk/coronavirus/publication/covid-19-and-professional-standards-activities-letter-from-professor-stephen-powis/

The changes made to this year's template are as follows:

Section 2a – Effective Appraisal

Organisations can use this section to provide their appraisal information, including the challenges faced through either pausing or continuing appraisals throughout and the experience of using the Appraisal 2020 model if adopted as the default model.

Section 2b – Appraisal Data

Organisations can provide high level appraisal data for the period 1 April 2021 – 31 March 2022 in the table provided. Whilst a designated body with significant groups of doctors (e.g. consultants, SAS and locum doctors) will find it useful to maintain internal audit data of the appraisal rates in each group, the high-level overall rate requested is enough information to demonstrate compliance.

With these additional changes, the purpose of the Board Report template is to help the designated body review this area and demonstrate compliance with the responsible officer regulations. It simultaneously helps designated bodies assess their effectiveness in supporting medical governance in keeping with the General Medical Council (GMC) handbook on medical governance.[1] This publication describes a four-point checklist for organisations in respect of good medical governance, signed up to by the national UK systems regulators including the Care Quality Commission (CQC). The intention is therefore to help designated bodies meet the requirements of the system regulator as well as those of the professional regulator. Bringing these two quality strands together has the benefits of avoiding duplication of recording and harnessing them into one overall approach.

The over-riding intention is to create a Board Report template that guides organisations by setting out the key requirements for compliance with regulations and key national guidance, and provides a format to review these requirements, so that the designated body can demonstrate not only basic compliance but continued improvement over time. Completion of the template will therefore:

a) help the designated body in its pursuit of quality improvement,

b) provide the necessary assurance to the higher-level responsible officer, and

c) act as evidence for CQC inspections.

[1] Effective clinical governance for the medical profession: a handbook for organisations employing, contracting or overseeing the practice of doctors GMC (2018) [https://www.gmc-uk.org/-/media/documents/governance-handbook-2018_pdf-76395284.pdf]

Statement of Compliance:

The Statement Compliance (in Section 8) has been combined with the Board Report for efficiency and simplicity.

Designated Body Annual Board Report

Section 1 – General:

The board / executive management team – [*delete as applicable*] of [*insert official name of DB*] can confirm that:

1. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Action from last year: The Revalidation Team continues to attend updates/refresher training as part of the RO Network 2021/22. Comments: In full compliance with the regulations, Dr John Byrne, Medical Director, was the Responsible Officer for revalidation from 1st April 2018, following completion of training. He was also a member of the Regional Responsible Officers network. Dr Byrne himself was compliant in relation to appraisal. Nb. Dr John Byrne left the Trust on the 30th of June 2022 and has been replaced by Dr Dasari Michael as Responsible Officer. Action for next year: No new action for 2022/2023 – Retained action from 2018/18 i.e., continue to attend any updates/refresher training as part of the RO Network

2. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes Action from last year: Continue to utilise all resources effectively to ensure the RO can carry out the responsibilities of the role fully. Comments: The Appraisal Lead was appointed in April 2018; the post holder receives 1PA remuneration for the role. The Appraisal Lead and Responsible Officer are supported by a part time Revalidation Officer and by the Medical Directorate & Medical Education Manager (MDEM). The Trust currently has 8 trained appraisers; this ensures that all doctors receive an annual appraisal (where appropriate). The L2P system is fully implemented in the Trust; this system supports doctors to collect all required and supporting information for appraisal and ensures sufficient time to participate in annual appraisal effectively.

Action for next year: Retained action from 2018/19 - Continue to utilise all resources effectively to ensure the RO can carry out the responsibilities of his role fully.

Explore mechanisms to aid the recruit of additional appraisers and retain existing appraisers.

3. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

Action from last year: Continue to update and maintain information systems as necessary.

Comments: The L2P system is fully implemented across the Trust and this system is used effectively to manage appraisals and record appraisal compliance (including engagement/completion of 360 Multisource appraisals), individual doctor's details in relation to their continuing professional development (CPD), preparation for, and completion of, appraisal and any issues or concerns raised during the appraisal process. The system also hosts a medical educator's module available to all doctors and medical educators in the Trust. This system is maintained by the Revalidation Officer.

Action for next year: Retained action from 2020/2021 - Continue to update and maintain information systems as necessary

4. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Action from last year: Next formal review is due in January 2023. It is accepted that the policy may require an earlier review in line with any local or national changes in policy and/or guidance.

Comments: The Trust Medical Revalidation and Appraisal Policy is designed to incorporate the principles outlined in the NHS England Revalidation Policy, National Guidance and guidance from the GMC. This policy also complies with equality and diversity legislation

Action for next year: 2022/2023 Formal Revalidation Policy Review is due in January 2023.

5. A peer review has been undertaken (where possible) of this organisation's appraisal and revalidation processes.

Action from last year – No previous action

Comments Discussions have been held with a neighbouring NHS Trust regarding developing a partnership approach to peer review. However, due to Covid impacting on capacity, the process development and roll out has been delayed.

Action for next year: To progress dialogue with potential partner organisation to allow a joint process to be agreed and established for external peer review.

6. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

Action from last year: Retained action from 2020/2021- The Trust will request that all long-term locums will confirm that they have had the necessary appraisal and facilitate document sharing with Humber. Information sharing process relating to the Agency Locum doctor's appraisal between both Responsible Officers will be reviewed.

Comments: All doctors employed by the Trust on either a substantive or fixed term basis are expected to comply with the local Medical and National Revalidation Policy. Short term doctors are treated in the same way as permanent medical staff in relation to expectations about appraisal and revalidation. Agency Locum doctors (not employed by the Trust but working in the Trust) are supported to meet their CPD requirements and attend the weekly Postgraduate Teaching Programme and peer group meetings, however, their responsible officer requirement sits with their agency Responsible Officer. It is requested that Locum Doctors share with the Revalidation Team their most recent appraisal in PDF Format.

Action for next year: Retained action from 2020/2021 – The Trust will continue to request that all long-term locums will confirm that they have had a necessary appraisal and continue sharing their appraisals with the Trust

Section 2a – Effective Appraisal

1. All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes. For organisations that have adopted the Appraisal 2020 model, there is a reduced requirement for preparation by the doctor and a greater emphasis on verbal reflection and discussion in appraisal meetings. Organisations might therefore choose to reflect on the impact of this change. Those organisations that have not yet used the Appraisal 2020 model may want to consider whether to adopt the model and how they will do so.

Action from 2019/2020: Maintain existing standards to comply with the Trust 'Medical Revalidation and Appraisal' Policy. The external peer review process will be used to provide quality assurance. Comments: Appraisal 2020 model was implemented during the Covid-19 pandemic and a flexible approach to appraisals was adopted during that period. Appraisals were reinstated by 1st October 2020. In compliance with the local 'Medical Revalidation and Appraisal' Policy all doctors, prior to their appraisal are provided with pertinent information from the Risk Management Department relating to Serious Incidents (SI's)/significant events/clinical incidents and complaints in which they have been named. A reflection regarding wellbeing during the pandemic is included in their appraisals. The focus is mainly on discussion in the appraisal meeting even if there is minimum supporting information submitted by the appraisee. This information is included within the appraisal and reviewed by the appraiser. Action for next year: 2022/2023 – Continue to use Appraisal 2020 model. To maintain existing standards to comply with Medical Revalidation and Appraisal Policy. The external peer review process will be used to provide quality assurance.

2. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

Action from last year: N/A Comments: Not Applicable – see response to Question 1 above. Action for next year: N/A

3. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Action from last year: Conduct policy review as/when necessary. The next policy will be reviewed in 2023.

Comments: The Trust Medical Revalidation and Appraisal Policy is designed to incorporate the principles outlined in the NHS England Revalidation Policy, national guidance, and guidance from the GMC. The policy is reviewed and updated at specified intervals. All medical policies are ratified through the Local Negotiating Committee (LNC) and signed off by the Executive Management Team (EMT). Following an internal audit which was carried out as part of the Audit Committee Annual Audit Plan the Trust 'Medical Revalidation and Appraisal Policy' was reviewed and updated. The policy was ratified though the Local Negotiating Committee (LNC) and Executive Management Team (EMT). All actions from that audit have been completed.

Action for next year: Retained action from 2019/2020 - Next formal policy review is due in January 2023, however it is accepted that the policy may require earlier review in line with any local or national changes in policy and/or guidance.

4. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year: Continue to ensure appraisals are completed in a timely manner and maintain/increase the number of qualified Appraisers.

Comments: Medical Appraisers are recruited and selected by the Trust in accordance with national guidance. The Revalidation Team has recruited an extra 1 appraiser. Therefore, the Trust has 8 trained appointed appraisers to meet the need, and this ensures that all doctors receive an annual appraisal (where appropriate) in a timely manner. Appraiser allocation takes place on an annual basis; this is led by the Appraisal Lead and ensures adequate notice for Appraisees. 2 of the 8 appraisers have been recruited in 2021/2022, however due to work commitments they have been unable to commence their appraiser role fully. Work is also ongoing around remuneration for appraisers to aid recruitment and retention in this group.

Action for next year: Retained action from 2020/2021.

5. Medical appraisers participate in ongoing performance review and training/ development activities, to include attendance at appraisal

network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers[2] or equivalent).

Action from last year: RO, Appraisal Lead, Medical Directorate & Medical Education Manager and Revalidation Officer regularly attend regional network meetings. Comments: RO, Appraisal Lead, Medical Education Manager and Revalidation Officer regularly attend regional network meetings and disseminate relevant information through local Appraiser meetings to facilitate personal development of the appraisers and maintain the standards of the appraisal process. All Medical appraisers have completed a suitable training programme before undertaking any appraisals. All Appraisers have access to medical leadership and support, and the Trust operates a regular Appraiser meeting which allows peer review and learning to take place. There is a system in place to obtain feedback for Appraisers on the appraisal process; the Appraisal Lead facilitates this process and gives the feedback to the appraisers. Action for next year: Retained action from 2020/2021 and continue to maintain and expand on existing good practice. An Appraisal Forum will be arranged in 2022/23. Appraiser refresher training and new appraiser training will also be facilitated.

[2] http://www.england.nhs.uk/revalidation/ro/app-syst/

6. The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Action from last year: Continue to maintain and build on local appraisal quality assurance processes and ensure the dissemination of learning. Comments: Actions completed include Appraisal Summary Review Audit, Appraisee Feedback Questionnaire Audit, Appraiser Review Meeting between Appraisal Lead and Appraisers, Patient Satisfaction Survey and second Appraisal Forum (CPD event) completed by the Appraisal Lead in 2020/2021 Action for next year: Retained action from 2020/2021 - Continue to maintain and build on local appraisal quality assurance processes and ensure the dissemination of learning.

Section 2b – Appraisal Data

1. The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions can be recorded in the table below.

Name of organisation:	
Total number of doctors with a prescribed connection as at 31 March 2022	53
Total number of appraisals undertaken between 1 April 2021 and 31 March 2022	44
Total number of appraisals not undertaken between 1 April 2021 and 31 March 2022	9
Total number of agreed exceptions	0

Section 3 – Recommendations to the GMC

1. Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

Action from last year: Continue to maintain standards of good practice and remain compliant.

Comments: The RO makes timely recommendations to the GMC as required in line with protocol. The RO ensures that the Trust Board (through the Workforce & OD Committee) are informed/advised of any late or missed recommendations with an explanation and reasons for any deferral submissions.

Action for next year: Retained action from 2020/2021- Continue to maintain standards of good practice and remain compliant.

2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

Action from last year: Continue to maintain standards of good practice.

Comments: All recommendations made to the GMC are confirmed in a timely manner with the doctor along with the reason/s for the recommendation. Discussion is held with individual doctor/s before the submission of a recommendation as required.

Action for next year: Retained action from 2020/2021 - Continue to maintain standards of good practice.

Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

Action from last year: No actions for 2020/2021 as no changes anticipated.

Comments: For appraisal doctors are routinely provided with information regarding complaints, SI's, etc. in which they have been named and a reflection is included in the appraisal. The Responsible Officer has quarterly booked meetings with the employer liaison adviser (ELA) for the GMC which discusses ongoing development s and challenges

Action for next year: No changes anticipated for 2022/2023

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Action from last year: 2020/2021 - Due to Covid-19 Restrictions the following action was unable to be achieved - An external peer review will be conducted in the next 12 months to provide assurance with regard to the quality of Trust appraisal processes and documentation.

Comments: The performance of all doctors is monitored as part of the annual job planning process. Systems are in place to monitor the fitness to practice of doctors working in the Trust. Relevant information is also shared with other organisations in which a doctor works, where necessary. The Trust also has a system in place to link complaints, SI's, incidents etc. to individual doctors and appraisees are provided with this information for appraisal. Appraisal reviews and re-audits have been completed by the Appraisal Lead in the Trust. This will be expanded moving forward to include peer review. This has been interrupted due to lack of availability and COVID 19 restrictions.

Action for next year: Retained action from 2020/2021 Implement peer review process.

3. There is a process established for responding to concerns about any licensed medical practitioner's[1] fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Action from last year: Conduct policy update and review as required.

Comments: The local Medical Disciplinary Policy is in line with, and based on, Maintaining High Professional Standards in the Modern NHS (MHPS). This policy outlines the process by which to respond to concerns relating to fitness to practice and includes process arrangements for investigation and intervention for capability, conduct, health and fitness to practice concerns. The policy has been ratified through the Local Negotiating Committee (LNC) and by Executive Management Team (EMT). Links with the PPA are well established, and regular meetings take place between the Medical Director and the GMC Employer Liaison Adviser (ELA). Trust policy ensures there is a formal procedure in place which allows colleagues to raise concerns. Following audit and scrutiny over the last 12 months the local policy was reviewed and updated. The final document was ratified though the Local Negotiating Committee (LNC) and Executive Management Team (EMT).

Action for next year: Retained action 2020/2021 – Next formal review of the Medical Revalidation and Appraisal Policy is due January 2023 and the Trust Disciplinary policy 2025. It is accepted that the policy may require

earlier review in line with any local or national changes in policy and/or guidance.

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors.[3]

Action from last year: Continue to maintain existing standards or practice

Comments: In relation to concerns relating to a doctor/s the Medical Director provides an annual report to the Trust Board (through the Workforce & OD Committee or through part 2 monthly board reportable log where necessary), detailing number of concerns, types of concern and outcome from previous year. Information relating to numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors is the responsibility of the HR Department who have recently appointed a lead for E&D.

Action for next year: Retained action 2020/2021 – Continue to maintain existing standards of practice.

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.[4]

Action from last year: Continue to maintain good practice, the Directorate will continue to work with the Primary Care group to ensure similar standards are maintained across the organisation for either locums or trust salaried GP's (these have a different RO network as they are on the Performers list which is a distinct entity for General Practitioners).

Comments: All Consultant and SAS doctor appointments are subject to pre-employment checks in line with the NHS Employment Check Standards. As part of these checks the Trust insists on a sharing of the doctor's appraisal history and portfolio from the previous RO and the completion of transfer of appraisal information form (MPIT form). All conditional employment offer letters request that the prospective employee provides contact details of

[3] This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

[4] The Medical Profession (Responsible Officers) Regulations 2011, regulation 11: http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents

their RO. In the case of Agency doctors, feedback is provided to their RO in the form of an exit form once their placement with the Trust ends.

Action for next year: Retained action from 2021/2022 - Continue to maintain good practice, the Directorate will continue to work with the Primary Care group to ensure similar standards are maintained across the organisation for either locums or trust salaried GP's (these have a different RO network as they are on the Performers list which is a distinct entity for General Practitioners)

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

Action from last year: No action from 2020/2021

Comments: The Medical Revalidation and Appraisal Policy and the Disciplinary policy and other Trust policies are subject to Equality Impact Assessment (EIA). Policies contain the right of appeal where relevant. Advice on cases relating practice concerns is discussed with NCAS and with the GMC ELA as required and in line with policy.

Action for next year: No action for 2021/2022

Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Action from last year: Maintain compliance and standards of good practice.

Comments: All Trust doctor appointments, substantive or temporary, are made in line with the NHS Employment Check Standards, this includes checks relating to qualifications and experience, reference checks (including information relating to local investigations and management of concerns), identity and right to work checks, etc. GMC registration is also verified and GMC information relating to fitness to practice, conditions/restrictions/ revalidation and doctor history is checked. A Disclosure and Barring Service (DBS) check is conducted for new starters.

Action for next year: Retained action from 2021/2022 – Maintain compliance and standards of good practice.

Section 6 – Summary of comments, and overall conclusion

Please use the Comments Box to detail the following:

- General review of actions since last Board report
- General review of last year's actions – Appraisal 2020 model was implemented during the Covid-19 pandemic and a flexible approach to appraisals was adopted. Appraisals were reinstated by 1st October 2020.There were no other major actions arising in 2021/2022 except actions around the maintenance standards and good practice, and compliance with policy and quality assurance process.

- The Trust Appraisal Lead has provided first appraisal training for the new appraisees and a review of all Patient Feedback data which has been completed by doctors over the past 5 years. This data is very positive, has been shared with the Medical Network and has also been shared with the Head of Patient and Carer Experience. We are planning to increase the time for the doctors to collect the 360 Patient Feedback to ensure adequate number of patients are giving their feedback.

- Work will continue in terms of engaging with our neighbouring NHS Trust in order to establish and role out a process of external peer review

- The Medical Revalidation Team will continue to deliver regular Revalidation/Appraisal meetings, Appraisal Forums and continue to organise training courses to include new appraiser training and appraiser refresher training.

- There were no exceptions, but there were 9 delayed appraisals completed outside of the appraisal window, all with valid reasons that have now been completed. (Each of which were mainly Covid related).
- Actions still outstanding

The peer review process to be implemented which was interrupted due to COVID 19 restrictions (see above).

- Current Issues

  There are no current issues
- New Actions: No significant new actions, simply retention of existing actions which mainly relate to standards of good practice.

Overall conclusion:

The Trust continues to strive to create and maintain a supportive environment and promote a culture of continuous improvement and learning. There are clear lines of accountability within the organisation which actively support doctor's personal and professional development.

Section 7 – Statement of Compliance:

The Board / executive management team – [*delete as applicable*] of [*insert official name of DB*] has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

[(Chief executive or chairman (or executive if no board exists)]

Official name of designated body: _ _ _ _ _ _ _ _ _ _ _ _

Name: _ _ _ _ _ _ _ _ _ _ _ _ Signed: _ _ _ _ _ _ _ _ _ _ _ _

Role: _ _ _ _ _ _ _ _ _ _ _ _

Date: _ _ _ _ _ _ _ _ _ _ _

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This publication can be made available in a number of other formats on request.

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Humber Teaching NHS Foundation Trust

Agenda Item 24

Title & Date of Meeting:	Trust Board Public Meeting – 28 September 2022
Title of Report:	Humber and North Yorkshire Integrated Care System – Mental Health and Learning Disabilities Collaborative Programme Update
Author/s:	
Recommendation:	To approve: [ ] To receive & discuss: [ ] For information/To note: [YES] To ratify: [ ]
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	Michele Moran, H&NY ICB Board Member, Mental Health, Learning Disabilities and Autism Alison Flack, Programme Director H&NY ICB Mental Health Learning Disabilities and Autism, Collaborative Programme

Key Issues within the report:

Matters of Concern or Key Risks to Escalate:

None

Key Actions Commissioned/Work Underway:

- Assurance and monitoring of recovery plans continues. Further analysis from NHSE received of progress against plans, to be reviewed by system partners and appropriate actions identified to focus on key areas of challenge.
- Suicide Prevention Programme report 2019 - 2021 produced.
- Quarterly Deep Dive call taken place with regional team and national leads. Focus on CMHT and workforce/new roles.
- Allocation of winter funding agreed based on prioritisation matrix and level of assessed impact/need in place.
- Youth Justice team (integrated care framework for children and young people) in place. Programme of work rolling out via test and learn sites across the ICB patch.
- Demand and capacity work completed in readiness for winter planning.
- Collaborative Programme shortlisted for an HSJ award for “Integrated Care System of the year”.
- Learning Disability and Autism programme lead (Erika Cawthorne) and Clinical Lead (Trish Bailey) appointed

Positive Assurances to Provide:

- N/A .

Decisions Made:

- .None. Update for information only

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)	N/A

Monitoring and assurance framework summary:

The work of the H&NY collaborative programme is overseen by the H&NY ICB Board and the H&NY Mental Health, Learning Disabilities and Autism Strategic Executive Leadership Group.

Workplans are delivered and monitored regularly by the MH LDA Operational Leadership **Group.**

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

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

Humber, Coast and Vale Health and Care Partnership
Mental Health, Learning Disabilities and Autism Collaborative Programme

Humber Teaching NHS Foundation Trust Board Update – September 2022

Summary of Key Activities

Key Activities / Achievements	
Assurance and monitoring of recovery plans against the NHS Long Term Plan continues. Focus is on waiting times for children and young people with eating disorders, improving access to psychological therapies, dementia assessment, perinatal mental health and community mental health transformation.	Suicide Prevention Programme report 2019 - 2021 produced.
Increase referrals to the new maternal mental health service.	Collaborative Programme shortlisted for an HSJ award for "Integrated Care System of the year".
Allocation of winter funding agreed based on prioritisation matrix and level of assessed impact/need in place across the Humber and North Yorkshire system.	Youth Justice team (integrated care framework for children and young people) in place. Programme of work rolling out via test and learn sites across the ICB patch.
Urgent Care summit held across Humber and North Yorkshire. There are key priorities for mental health services to reduce the demand on A&E.	Learning Disabilities and Autism programme lead and clinical lead appointed. Primary Care Clinical Lead appointed to work closely with the primary care networks.

Current Work Priorities

The following is a summary of some of the key current priorities within the programme.

Recovery plans

- Areas of focus include Dementia and the Out of Area Position. 10 places have been agreed and secured for the Dementia training with a further 10 places funded by HEE. The Out of Area Position is starting to increase and will need to be further explored.
- The team continues to work through the recovery plans and has now received the next set of performance metrics, for further analysis from NHSE.
- The programme team will review current progress against both our planning trajectories and the LTP targets. Following this analysis, key areas of focus will be agreed and actions managed through the operational leadership group.

Winter planning

- Providers have developed proposals relating to additional funding from NHSE around winter planning. The safe space for children across Hull and East Riding has been identified as a priority for funding.

- Following on from a successful Urgent and Emergency Care Summit across the system, a Mental Health and Winter Planning half day workshop is currently being arranged.

Children and Young People's Mental Health – Youth Justice

- Following a successful expression of interest to NHSE, Humber and North Yorkshire ICS became one of 10 national vanguards to secure funding for a 10-year programme to develop a Children and Young People's Framework for Integrated Care.
- The work is a system approach to all partners working with children and young people, clinical and non-clinical and aims to provide a consistent approach to vulnerable young people ensuring they are not retraumatised.
- The aim is to get the system approach right for trauma informed care and one of the impacts will be to reduce young people involved in the criminal justice system.
- Test and learn pilots currently in North Yorkshire, Hull and North East Lincs.
- Place based partners have worked to develop a mobile app called Mind Of My Own (MOMO), used by social care to allow young people to record their own views and opinions into their care record. Work has continued with partners to adapt the app for youth justice service and will be rolled out nationally based on this development.
- The team has been short listed for an HSJ award around integrated partnerships as the bid was coproduced and developed with VCS and local authorities, as well as health partners and young people and their families.

Suicide Prevention

- A detailed report has been produced outlining the achievements of the suicide prevention programme throughout 2019-2021.

8. 11363 Suicide report 2022-V5.pdf

- Jo Kent will present the report at the next Humber and North Yorkshire Clinical Assembly to specifically highlight the suicide prevention training and suggestion it become part of mandatory training programmes.
- In light of the cost of living crisis the suicide prevention steering group will discuss enhancing support in the community, specifically opportunities to work with food banks.
- Universities and students are engaged with the programme via work with the First Ladies Club and Andy's Man Club.

Complex care provision for people with learning disabilities and/or autism

- Following concerns raised within the ICS about care and support provision for autistic people and people with learning disabilities a review has been, noting the following:
    - There is a significant gap for people with a diagnosis of autism who don't have a learning disability, compared with people with a learning disability.
    - There are considerable issues with bed availability across the ICS and access to assessment and treatment unit beds.

- There are huge impacts in terms of trauma for people and their families having to go out of area and cost implications.
- Further alignment across the system is required. The H&NY Strategic Executive Leadership group will continue to offer support to this area of work and assist in taking it forward.

Dementia

- ICS Dementia Strategy group underway and the 'Well' Strategy approach being used to ensure a fully integrated approach to dementia from preventing well through to ending life well.
- Flow coaching and Diadem pilot commencing in Hull and East riding with Humber NHS FT/CHCP/NHSE/Humber and Yorkshire Clinical Network.
- Pilot of Dementia Quality Toolkit (DQT) and environmental audit of all GP practices in North Lincs – estimated end of Sept subject to DQT publication.
- Partnership working with learning disability services to develop an improved pathway for people with a learning disability – HNY has an ageing population and high number of older adults with a learning disability and current pathways are different to the mainstream population.
- 10 people commencing the Dementia Diagnosis training from September 2022 and (provisional) funding for a further 10 in Sept 2023.
- Exploration of dementia clinics in primary care.
- Increased work on developing access and pathways for people with Young Onset Dementia.

NHS
Humber Teaching
NHS Foundation Trust

Agenda Item 25

Title & Date of Meeting:	Trust Board Public Meeting 28 September 2022
Title of Report:	Assurance Report from Charitable Funds Committee held on August 2 2022
Author/s:	Stuart McKinnon-Evans
Recommendation:	

To approve		To receive & discuss	
For information/To note	X	To ratify	

Purpose of Paper: *Please make any decisions required of Board clear in this section:*	Through this report, the Charitable Funds Committee provides information and assurance to the Board from its August meeting. The minutes of the meeting held on 15 march are included for information.

Key Issues within the report:

Matters of Concern or Key Risks to Escalate:

- The Board is asked to approve the revised set of KPIs for the 2022/23 year
- Performance against financial KPIs to date is below par, and engagement KPIs provide a mixed picture
- Net financial deficit of £21K to June 2022

Key Actions Commissioned/Work Underway:

- Options appraisal underway for the future of charity arrangements, to be discussed at September committee
- Inviting the top 4-5 fund zone managers to the next CFC committee to promote discussion on how to utilise funds appropriately.

Positive Assurance to Provide:

- April and May activity was positive, though no requests for approval over £5k were submitted
- Whitby spending plan in hand, and fundraising continues via events and grant applications
- Performance against activity levels for number of requests/wishes is on broadly on track
- 31 wishes approved/in progress for May-June
- Opportunity to utilise funds on emerging proposals from the Divisions

Decisions Made:

- To recommend a revised KPI set to the Board for the rest of 2022/23, pending more comprehensive options review, scheduled for September 6 2022 meeting
- To invite Zone Managers to explain their plans at September meeting
- Push to the Whitby Art work bid to arts council

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	The report reflect the CFC of August 2 2022	Collaborative Committee	
		Other (please detail) Report produced for the Trust Board	

Monitoring and assurance framework summary:

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

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

Committee Assurance Report – Key Issues

- Update on charitable activity in April and May 2022: Big Fat Quiz raised £4K; NHS Charities Together grant of £66K over 4 years secured; CEO's cycle challenge raised £6K; grant applications submitted; planning for golf, walking and other quiz events
- Update from LP on the Division's schemes/proposals (and will follow up with a written update)
- MH older people OOH provision/equipment; and indoor and outdoor physical facilities; MH in-patient redesign (no cap funding yet but want to be campaign ready
- CH and LD – CAMHS outside therapy and toy equipment (ie OO H therapeutic play); SMASH programme in schools (equipment); expansion of eating disorder day treatment (physical space and equipment)
- Townend Court appeal request
- Secure – focus on the upgrade of the Humber Centre/shop/gym; skills development for discharge (practical equipment)
- MH and Humber Centre, the visiting places and lack of equipment
- Whitby – want to look at Malton Ward to bring it up to scratch in line with Whitby new ward
- Whitby Appeal: £85K of planned spending (garden, artwork, furniture, TVs); total raised to date of £43K, with further £43K being target through applications and other routes
- Performance against KPIs reviewed, with financial indicators below target by some margin (income generation is on £0.57 for every £1 spent); engagement indicators show a mixed

picture; activity levels of wishes, requests and events are broadly on track on a pro-rata basis

- Finance report shows a net deficit of £21K to June 2022. Zone balances total £380K
- Review of KPIs. Feedback from Board discussion in March 2022 was taken on board, leading to revision of these KPIs:
    - Media stories per quarter increased from 1 to 3 as an ambitious target
    - Patient wishes increased from 10 to 20 per year
    - RK advised to focus on social media engagement in comparison to social media platform growth
- Risk Register reviewed and endorsed, with the biggest risks being lack of compelling appeals, and cancellation of events due to COVID. The cost of living crisis was also highlighted as a risk.
- We agreed to progress an options paper for future arrangements for the Board to consider in its role as Corporate Trustee.

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Charitable Funds Committee

Minutes of the Charitable Funds Committee Meeting

Held on Tuesday 15 March 2022 1.00pm via Microsoft Teams

Present:	Peter Baren, Non-Executive Director (Chair) Hanif Malik, Associate Non-Executive Director Dean Royles, Non-Executive Director Stuart McKinnon-Evans, Non-Executive Director Peter Beckwith, Director of Finance
In Attendance:	Victoria Winterton, Head of Smile Health Kristina Poxon, Fundraising Manager Kerrie Neilson, PA (minutes)
Apologies:	Michele Moran, Chief Executive Steve McGowan, Director of Workforce and Organisational Development Andy Barber, Hey Smile Foundation Chief Executive Rachel Kirby, Communications & Marketing Manager

It was declared that the meeting would be recorded for note taking purposes and that the recording would be destroyed once the minutes have formally been approved by the Charitable Funds Committee at the next meeting on 14 June 2022.

It was noted that this is Mr Baren's last CFC meeting before he retires from the Trust on 31 March 2022. Mr Baren welcomed Mr McKinnon-Evans to the Committee and advised the Committee that Mr McKinnon-Evans will take over as the new Chair of this Committee.

01/22	**Declarations of Interest** None declared.
02/22	**Minutes of the Meeting held on 16 November 2021** The minutes of the meeting held on 16 November 2021 were agreed as a correct record.
03/22	**Action List, Matters Arising and Work Plan** The Committee discussed the actions list, and the following was noted: **73/21 (a) Insight Report** The Committee agreed that this action was around raising the profile of Health Stars, now that we are coming out of the pandemic, rather than an update on the branding position. Mr Baren emphasised the importance to get some momentum behind some of the fundraising activities. Mr Beckwith informed the Committee that a paper was presented to the Executive Management Team (EMT) yesterday on Fund Zone Managers in terms of re-aligning staff to fund zones. It was noted that plans are in place for looking at an away day on what the expectations are of the Fund Zone Managers and how they can promote the Charity more. It was agreed this action can be marked complete and it will be discussed further under item 09/22 Fundraising Plan. Mr Baren asked Ms Winterton to ensure an update is provided on Fund Zone Managers in the CFC March Board Assurance Report. **ACTION VW**

	74/21 Updates from Sub Group Whitby The Committee agreed this action is now complete. The Whitby Project Group Assurance Report will be included within the Insight Report going forward. **62/21 CFC Finance Report** Mr Baren asked for an update on this and asked if a reserve account is needed. Mr Beckwith advised a reserve account is not needed; it would also be a separate account to the Trusts main bank account. Mr Malik referred to his previous conversation whereby he stated it is very much dependent upon how the income goes in the next 12 months so when applying for funds, if the accessor deems us to have excess funds, then that could sometimes be a cause for declining the application. He stated that it is generally good practice to have a benchmark of 6 months of running costs for the Charity in reserves, in case of worst-case contingency, whilst adding that within the sector anywhere between 6-12 months of running costs is deemed acceptable so therefore it would be sensible to have a contingency in place for the Charity as a whole. Mr Malik agreed to revisit this again in 6 months' time. **ACTION HM/KN** Ms Winterton felt that this action relates to a reserves policy rather than a reserve account, which would be picked up under the Annual Accounts piece of work.
04/22	**CFC November Board Assurance Report** Mr Baren confirmed that the Board received and accepted the Assurance Report. Mr Baren asked for the minutes to be excluded from future reports, when circulating the CFC agenda and papers. **Resolved:** The report and verbal update was noted. It was agreed that the minutes would be excluded from future CFC Board Assurance report papers that are presented to CFC. **ACTION KN**
05/22	**Insight Report** The report provided CFC with an update on the Trust's Charitable Funds and associated work supporting fundraising. Included within the report are updates on: • Fund raising activity in period • Update on Appeals o Whitby • Performance against agreed KPIs • Summary of wishes supported/not supported • Any other information of interest Ms Winterton updated the Committee on the following: • Health Stars Social Media channels have been refreshed, with thanks to the comms team for their advice and support. Health Stars have introduced new weekly themes for posts such as "Wish Wednesday" and "Thankful Thursday." Wish Wednesday means celebrating a recent wish and showing how charitable funds are spent. Thankful Thursday is about thanking donors for their fundraising and donations. In addition, Health Stars are working with communications on campaigns such as 'Feel Good February' and 'Children's Mental Health Week.' • This period three grant applications were submitted totalling £25,256.62 and 2 further grant applications are currently being explored and developed ahead of grant deadlines. • Health Stars have recently reviewed the communications for 'Pennies from Heaven' and 'Your Charity lottery'. This has included the redesigning of all images, posters, publicity material and setting up new processes with Trust Payroll to ensure this is simple and effective. Plans are now underway with Trust communications to relaunch both campaigns in the months ahead.

- This period Health Stars have set up a new online giving platform (Donr.com), This platform allows us to offer - Online Giving Pages, Text Giving, QR Code Giving, Text Raffles all via the same platform. The platform has no monthly costs and fees are charged at 0.5% per donation.

- Health Stars have set up to benefit from Amazon Smile. Every time buyers shop via Amazon Smile selecting 'Humber NHS Foundation Charitable Funds' amazon will donate 0.5% of the eligible purchase amount at no extra cost to them.

- Work continues with the research and planning into contactless donation points for events and high footfall sites, the contactless donation favoured provider is PAYAZ. There is a one-off purchase fee per unit of £350.00, followed by £7.50 per month cost for software with a transaction fee of 1.69% (all plus VAT). Our research has shown this provider to have the overall lowest costs. Plans are being progressed to trial in Whitby Hospital in support of the appeal, with the view to further roll out at high footfall sites.

- Health Stars has recently had a meeting with 'Supported Giving' and is further exploring the potential benefits of accessing their platform.

- The Health Stars CEO Challenge date has been secured for 20 June and corporate sponsors for the event have started to be explored with thanks to Mr Beckwith and Mr McGowan. The full details of the 2022 Challenge are currently being finalised with Michele Moran and further details will be shared in the coming weeks.

- Health Stars Golf Day for 2022 has now been confirmed for 9 September, it will take place at Ganstead Golf Club. The format and running of the day are currently being finalised and invitations are currently with the design team. However, we can confirm it will be played as a shotgun format with a start time of 11.20am. The event will see up to 16 teams participate with each team comprising of 4 members.

- During 2022, Health Stars will host a full range of virtual lunch time quizzes for staff. The team have been working in partnership with Trust comms team to secure dates for the year ahead. More details around the quiz themes will be shared in the coming weeks.

- This year Health Stars have been selected as the Charity for Smailes Goldie's 'Big Fat Quiz of the Year' and the team look forward to supporting the event in March 2022.

- Discussions have recently taken place with the organisers of 'Hull Comedy Festival' which takes place in November. Health Stars have been put forward as a charity to be supported through the events. Further discussions and plans surrounding this opportunity are due to take place in March 2022.

- A range of staff and community led fundraising events and opportunities have been established and developed throughout January and February. There has been an increase of staff within the Trust wanting to support Health Stars, a full breakdown can be seen on page 3 of the Insight Report.

Ms Winterton updated on Whitby and noted that further work continues with grant applications, a proposal is currently being developed to approach The Sirius Minerals Foundation ahead of the deadline mid-March 2022, along with exploration of accessing the Jubilee Grant Funds with the view to utilise in June 2022.

It was noted that work continues developing the fundraising bricks campaign with the support of Trust Communications and CCG Communications Team. Health Stars have been working closely with Whitby Governor Doff Pollard and Whitby Hospital Service Manager over the past few weeks to gain support for the campaign from Whitby Mayor Cllr. Wild who attended the

	recent Whitby Hospital Art Exhibition and expressed an interest in supporting the appeal. Mr Baren welcomed questions. Mr McKinnon-Evans referred to the 85K funding breakdown figure for the Whitby campaign. He asked if there is a sense based on the performance to date on how long it will take to hit that target. Ms Winterton advised she hopes it will be done by the time the Hospital officially opens, which is looking like it will be towards the end of Summer / early Autumn. Mr McKinnon-Evans asked for clarity around whether the Trust would have to underwrite any shortfall between the target and amount raised. Mr Beckwith advised yes, we would under the right reasons underwrite some of the major costs that we are fundraising against. Mr Royles said if there is a shortfall, although it will be underwritten by the Trust, would it be accessible from other fund zones. Mr Beckwith provided clarity and said we would have to put an income accrual in, and we would recover that from Health Stars once the Whitby fund zone reaches that amount. Mr Royles said if for example the Whitby Appeal shut down in the Summer, are we effectively saying we won't meet the target, and therefore there is a shortfall so wondered if there any other funds to pull against. Ms Winterton provided assurance and noted that she is very hopeful they will hit the target. Ms Winterton provided further assurance and pointed out that there is also the general fund as that can spent on anything across the Trust, but that would be a last resort. Mr Baren asked for clarity on what the Jubilee Grant Fund application amount is. Ms Poxon confirmed the application amount is £10k, and that grant has been made in partnership with Flash Arts Company and in partnership with Carers Resources. The idea of those funds is that they can contribute towards the garden but equally towards community engagement and getting people together to celebrate the Jubilee, which in turn should hopefully generate more fundraising opportunities from those events. Ms Poxon reported that a further application will be submitted by the end of the month to The Sirius Minerals Foundation, and we anticipate that to be between 10-20k, depending on how we can meet the criteria. Mr Baren thanked Ms Poxon for her update and wished the team the best of luck. Mr Baren asked for a full update on grants at the next meeting on 14 June. Mr Hanif referred to the traditional segmentation for this type of fundraising and Charity. He said that there tends to be 3 key parts of the triangle and those key parts are events, grants, and digital fundraising. He noted that it is great to see that Health Stars have implemented a new online giving platform (Donr.com). He asked whether we have the expertise in-house, if we don't, do we have the financial resource available to bring a consultancy or somebody in, to assist us with moving that in a much bigger way then we are currently doing. He feels there is a lot of potential to really explore that whole area in greater detail, and hopefully get that to translate to pound notes. He suggested this is reviewed right across the Charity, not just the Whitby Appeal. Ms Winterton said we have got some expertise within the team, but the issue is capacity. Mr Malik agreed to discuss this further with Mr Barber, Mr Winterton and Ms Poxon outside of this meeting. The Committee noted that it is clear from the report that the fundraising targets will not be met this year. It was noted the bulk of the expenditure this year was the Inspire Appeal and utilisation of those funds that we generated in previous years. Mr Baren asked if there are any more grants coming in from NHSE Charities Together. Ms Winterton advised this is one of the reasons why we are not going to hit our target, as we were banking on the £66k grant from NHSE that we should have had in this year. Ms Winterton highlighted that this was for staff health and well-being linked to COVID and we have had lots of challenges with NHS Charities Together and the grant hasn't been forthcoming up. Ms Winterton will have further details on 24 March. Mr Baren asked the Committee not to lose sight of this. Ms Poxon highlighted that within the report it states that we do have a future opportunity for potentially a further 30,000 from NHS Charities Together, which would be in the next financial

	year. It was noted this has not been included within the breakdown because we are not sure of the criteria for that. Mr Baren asked Ms Winterton if we are in contact with any other NHS Charities. Ms Winterton confirmed we do work with other NHS Charities but didn't think they would have funds for Whitby. She agreed to have a conversation with them. **Resolved:** The report was noted by the Committee. Ms Winterton agreed to go away and look at what additional resources for digital fundraising with a view to bringing that back to a future CFC meeting for further discussion. **ACTION VW** Ms Poxon agreed to provide the Committee with an update on the further grant application that was submitted. **ACTION KP.** Ms Winterton agreed to have a conversation with NHS Charities as to whether there are any available funds for Whitby. **ACTION VW**
06/22	**Charitable Funds Requests that Require Committee Approval** **06/22 Request Over £5K for Bridlington** Ms Winterton presented the paper explaining that the request has come from an external Charity and the request is for £17,229 for Carer's Plus. Mr Beckwith informed the Committee that Mr McGowan circulated the wish to Ops and we have not heard anything back from Ops. Mr Beckwith added that does not understand why Humber's Charity has been chosen when they are other Charities. Mr McKinnon-Evans queried whether the funding request would be sufficient for a full-time employee, whether other properties could be rented, and whether other projects in Bridlington could provide comparative data on impact. He cited a similar project in Ilkley, which was very effective at supporting carers. In principle he supported the project but needed more detail on prospective impact and attendees. Mr Baren asked if this request is really a charitable purpose, or whether it should be funded by the Council. Mr Royles added to this and said he wasn't sure why it has come through to the Humber Charity. He asked for clarity on the exact amount as that is not clear within the paper. Ms Poxon confirmed the amount is £17, 229. Mr Baren and the Committee agreed it would be good to understand who the carers are caring for and whether they are Humber Teaching client based but also where this service is helping relieve or compliment the service we offer in Bridlington. **Resolved:** The Committee noted the report. The Committee agreed to hold on to this until we get views from others including Michele Moran about whether this is charitable or non charitable. **ACTION PBEC.** Mr Beckwith agreed to go back to Lynn Parkinson and Claire Jenkinson and get some further information on the request for £17,229 for Carer's Plus. **ACTION PBec**
07/22	**CFC Finance Report** Ms Winterton presented the report that provided the Committee with an update on finances and fund zone balances. It was noted the report was produced on 28 February and the income and expenditure up to the end of February of 2021/2022 are included in Appendix A. Ms Winterton reported that the figures are disappointing, and income is not as we would have hoped for this year. Income in November includes grant applications for the Whitby Appeal and income from fundraising events held in the summer. Income in December includes a grant from Councillor Plant in Whitby and income from Pennies from Heaven. January income includes funds raised through the Whitby Bricks Appeal and Lottery income.

	Ms Winterton shared that Health Stars were anticipating a grant from NHS Charities Together for £66,000 that was due in the 2022/23 financial year. A breakdown of fund zone balances (£412k) is attached at appendix B. Ms Poxon added that the fundraising bricks income is not listed so there is an additional £300 that needs to be taken in to account. Mr Malik asked for clarity on the direct expenditure as it fluctuates month on month, he asked if that is because of the allocation of the grants. Ms Winterton provided clarity and said that is mainly because of the circle of wishes scheme. The direct expenditure is essentially our patient benefit and what the Charity costs and does. Mr Malik referred to forecasting income and expenditure and he asked how we take that into account, around estimating forecast expenditure against forecast income for those allocation of grants. Ms Winterton said the reason expenditure is so high is because of the previous fundraising appeal for the Impact Appeal which is why the expenditure is so high. Mr Beckwith added that the direct expenditure is the most controllable element of expenditure meaning the run rate will fluctuate. He said the Committee needs to focus on the operating expenditure and we need to make sure our income generates. Mr Baren referred to the CAMHS Inspire fund zone and he asked if £15,416 is all that remains. Ms Winterton advised yes, other than the money that we are trying to sort from Help for Heath and Newerby Trust. Mr Baren asked for updates on grants still expecting to be included within the Finance Report or the Insight Report, so everyone is aware. **Resolved:** The report and verbal updates were noted. The Committee acknowledged the finance report. It was noted that it was unlikely the fundraising target will be achieved this year. Ms Winterton agreed to include an update on all grants in future reports. **ACTION VW**
08/22	**Agree KPI's for 2022** Ms Winterton welcomed feedback from Committee members following on from Mr McGowan's recent email he circulated to Committee members in relation to the KPI's. Mr Malik referred to the KPIs on page 23 of the Insight Report and said those are a useful starting point but noted that there are several KPIs that do require some continuity. He suggested reviewing and revisiting the current KPIs with a view to aligning that to item 10 (Fundraising Plan). Mr Malik updated the Committee on a meeting he had with Ms Winterton and Mr Barber whereby they had asked for the Committee to do a complete review on the KPIs, how we were operating and the parameters we were setting for them. This will be discussed further under item 10. Mr Baren said that he would like to see some initiatives which gets us to towards the existing KPIs as a first aim. Mr McKinnon-Evans agreed and said unless there is anything fundamentally wrong with the existing KPIs, either they don't work, or they are not measurable or we are missing something fundamentally, he suggested we keep that level of continuity and worry about the strategy to achieve them if we are not achieving them. **Resolved:** The Committee noted the verbal update. The Committee agreed they wanted the existing KPIs to continue into the following year. A key focused was stressed on income generation KPIs.
09/22	**2021/2022 Fundraising Plan** Ms Winterton presented the draft Heath Stars Fundraising Plan and Budget for 2022/2023. It was noted that Health Stars were asked to produce a fundraising plan for the year 2021/2022. Ms Winterton explained that the work-in document plan provides an overview of fundraising and

	communications plans for 2022/23. The fundraising elements include planned events in the year and anticipated income from grants. The plan is realistic and is based on what can be achieved as we begin to exit the pandemic and in person events can take place again. The communications element of the plan aims to deliver consistent, effective, and professional communications with all internal and external stakeholders so that they are fully informed, engaged, and supportive of Health Stars and its objectives. Ms Winterton advised that the Grants plan is written based on where we are at the minute and what Appeals we have had however, it needs some further work, and we need the next Appeal. Ms Winterton welcomes questions and or comments and said she is happy to take them away and expand on the plan. Mr Baren commented and said it is key to get those big fundraising initiatives. He asked if any conversations have taken place about that as the paper does not have any suggestions at all. Mr Beckwith added to this and noted that this has not been discussed at EMT. However, reflecting on what the major appeals have been historically for example Inspire and Whitby, it suggests that buildings are best suited for major appeals. He said to look at the major capital programme Granville Court would lend itself to a major Appeal and the works planned for the Humber Centre. Ms Poxon provided the Committee with a verbal update on two work-in progress wishes, one is for the Humber Centre Shop and the second is for the Humber Centre Gym. Work will continue with Mr Beckwith and the Estates team to bring those two together, and it might be that those become an Appeal in their own right. Mr Royles expressed his thoughts and proposed a themed approach to an appeal focusing on a patient demographic such as children with eating disorders. He also suggested maybe looking at something that is a year in the planning, something big, whereby staff, friends and family seek to go, and can people to sponsor them. For example, a National Three Peaks, or a Yorkshire 3 Peaks, or something similar, that is a year in the planning. Mr Royles referred to appeals and said they tend to be on buildings so he wondered whether we could engage more with people on MH issues, as people will be able to relate to those more and see that it adds value. Mr Baren thanked Mr Royles for his suggestions and comments. Mr Baren emphasised that we really need those added sparkle ideas. He referred to the Ops Team and said that we need the Ops team to identify what those added sparkles ideas might be. Mr Baren asked Ms Winterton how she converses with the operational side in terms of ideas and help with some of the initiatives. Ms Winterton explained that Mr McGowan has been doing lots of liaising but agreed to pick this up again with Mr McGowan, with a view to getting some support from Ops and getting some representation at future CFC meetings, as agreed at a previous CFC meeting. Mr Baren highlighted that the World Cup is coming up this November/December so he asked that we bear this in mind as that might help with the initiatives. Mr Baren welcomed further comments and questions. Mr McKinnon-Evans raised two questions. First one related to the wishes that come forward, he asked if there is a pattern in the sparkles that we might want to add. The second question was around sources of funding. He asked where those larger scale donors and foundations institutions are in the stages of thinking. Ms Winterton responded and advised there are not that many big-ticket items coming out of the wishes system, they tend to be low level wishes. Ms Winterton confirmed that Mr Barber has excellent networks with those larger-scale donors. Mr Malik raised a broader point in terms of developing this document and plan. He welcomed views from the Committee about whether there is a requirement for the NEDs to step back and have a collective review, or if the Charity itself, and key staff such as Mr Barber and Ms Winterton, along with the Executive leads need to have a collective review, as that will help in

	terms of not only having better clarity moving forward around what the plan looks like, KPIs and the parameters within which we are asking the Charity to work within, and where the accountability stops and starts but also where the decision making stops and starts. He feels while we have got this transitional phase it seems sensible to do an exercise of that type. He asked for colleagues input as to whether that happens at a future Committee meeting, or whether that happens outside of this meeting. Mr Baren agreed and said it is important but feels there is a need to improve the Executive input. Mr Beckwith agreed, and he provided some assurance and explained that Mr McGowan is doing his best to lift it and get that engagement. Mr Baren asked everyone to work on that and feed the information back, and once the engagement has improved internally then it would be wise to revisit Mr Malik's suggestion and have a wider discussion about how that can move forward. Mr McKinnon-Evans said it might be worthwhile thinking about we spend the next Committee meeting and as a committee ask the question, are we fundamentally doing the right thing and how are we doing that. Mr McKinnon-Evans offered to support Health Stars and do a stock take. Mr Baren thanked Mr McKinnon-Evans for his useful comments and wished everyone well going forward. **Resolved:** The draft Fundraising Plan and verbal updates were noted. Ms Winterton agreed to have another discussion with Mr McGowan with regards to Ops representation and identifying some initiatives with Ops. **ACTION VW** It was agreed an appeal needs to be identified to enable the fundraising plan to be more ambitious. The Health Stars team are going to enhance the plan based on feedback in the today's meeting. **ACTION VW.** Ms Winterton agreed to update the Board about the Fundraising Plan in the March Board Assurance Report. **ACTION VW**
10/22	**12 to 18 Month Priorities for the Charity (particularly fundraising initiatives)** This item was covered in item 09/22.
11/22	**To Review of the Meeting and Agree Content for Assurance Report** Members of the Committee felt the meeting had covered the items appropriately. The content for the Assurance Report was discussed and agreed. **Resolved:** The verbal update was noted. Ms Winterton and Ms Neilson agreed to draft the March CFC Board Assurance Report for the Chair and Executive Directors to review. **ACTION VW/KN**
12/22	**Any Other Business** **12.01/22 Draft Effectiveness Review** It was noted that this was omitted off the agenda and papers and was circulated separately. Mr Baren highlighted that the report does require some work, prior to submission to the May Trust Board. Mr Baren stated that the next CFC meeting is not until June, therefore the work needs to start as soon as possible. He asked Ms Winterton to work with Executives to get that prepared and circulated in April. Mr Baren explained that everything in blue is from the previous year so that needs to be replaced with 2021/2022 data. Mr McKinnon-Evans indicated that he is more than happy to work with Ms Winterton to move this forward. Mr Baren concluded the meeting by thanking Ms Winterton and Ms Poxon for all their hard work. He wished everyone well for the future. The Committee thanked Mr Baren and wished him well for the future.

	Resolved: The verbal update was noted. Ms Neilson agreed to arrange an introductory meeting between Mr McKinnon-Evans, Mr Barber Ms Winterton and Ms Poxon. **ACTION KN, SME, VW, AB.** Ms Winterton agreed to work with Executives to get the Draft Effectiveness Report finalised with the help off Mr McKinnon-Evans and Ms Neilson, ready for submission to the May Trust Board for final approval. **ACTION VW**
13/22	**Items for Escalation or Inclusion on the Risk Register** There were no items which required escalation.
14/22	**Date and Time of Next Meeting** Tuesday 14 June 2022, 9.30am – 11.30am, via Microsoft Teams.
15/22	**Exclusion of Attendees from the Part II Meeting** It was resolved that Ms Winterton and Ms Poxon would be excluded from the Part II meeting due to the confidential nature of the business to be transacted.

Signed: ……. Chair: Stuart McKinnon-Evans

Date: ……

Humber Teaching NHS Foundation Trust

Agenda Item 25

Title & Date of Meeting:	Trust Board Public Meeting 28 September 2022
Title of Report:	Assurance Report from Charitable Funds Committee held on September 6th 2022 Part A
Author/s:	Stuart McKinnon-Evans, Committee Chair & Non-Executive Director
Recommendation:	

To approve		To receive & discuss	
For information/To note	X	To ratify	

Purpose of Paper: *Please make any decisions required of Board clear in this section:*	Through this report, the Charitable Funds Committee provides information and assurance to the Board from its September meeting. The minutes from the meeting held on 2 August are included for information.

Key Issues within the report:

Matters of Concern or Key Risks to Escalate:	**Key Actions Commissioned/Work Underway:**
Spending commitments on the Whitby campaign stand at £80K, against a fund of £57K. The Committee determined that efforts should continue to fundraise for the £23K shortfall, rather than utilise other funds (specifically the Big Thank You Humber Fund)	Hey Smile to liaise with applicants whom submitted wishes for cardio wall and bring a full paper stating progress to December committee. Review of Alfred Bean funds, and request for proposals on spending/re-allocation of unrestricted funds Review of East Riding Community Hospital Funds
Positive Assurance to Provide:	**Decisions Made:**
Trust managers responsible for each of the larger unutilised zone funds reported to the Committee and were charged with identifying ways to utilise funds, or identify whether they could be allocated to other purposes A working list of spending proposals and potential new substantial campaigns for 2022 onwards is being developed. NHS grant for health trainer role confirmed, with £66K	It was agreed to tolerate, for the short term, a deficit on the Whitby Fund, in the context of a surplus overall of uncommitted unrestricted funds, pending further fundraising activity. Re-confirmation the baseline and stretch targets being proposed in the KPIs to the September Trust Board

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	The report reflect the CFC of August 2 2022	Collaborative Committee	
			Other (please detail) Report produced for the Trust Board	

Monitoring and assurance framework summary:

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

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

Committee Assurance Report – Key Issues

The Committee considered the following items:

Use of existing funds: Trust managers responsible for the largest unutilised zone funds (East Riding Community Hospital (ERCH); Alfred Bean; Community Nursing; Bridlington) reported back on the status of plans to utilise funds. In some cases, there are more funds available than easily identifiable proposals to spend; some zones are more actively managed than others; and there are opportunities to redirect unrestricted funds to new purposes. There is concern about the £42,000 being assigned to Alfred Bean and minimal amount of these funds being spent, noting that there may be options in the context of the “healthy town” initiative in Bridlington. Concerns were also raised about the absence of firm spending plans for £31K funds allocated to ERCH. It was agreed that all zone fund managers be charged with identifying ways to utilise funds, or identify whether they could be allocated to other purposes.

Development of new proposals: a list of existing spending proposals and new options for spending was submitted to the Committee. The existing included Cardio Wall for Inpatient Mental Health Units; Bridlington Acute Community Services (existing funds to be are used first, no more appeals); Children's Therapy Enhancements. New options numbered: Dementia Friendly Malton Ward; Scarborough, Rydale, Whitby and Malton Digital Devices; West End Sensory Room; Physical Activity Equipment for Mental Health Inpatient Units; Day Treatment Facility for Children with Eating Disorders; Townend Court; Humber Centre Activities and Gym; Mental Health Inpatient Redesign Project Some of these the new options were still in draft form. It was agreed that the list should be developed further in consultation with Hey Smile, in order to identify campaigns that would be suited for fundraising.

Status of outstanding wish applications: the cardio wall wish needs approving ASAP as this wish has been awaiting approval for a significant amount of time. The Committee was reminded that the delegated approval arrangements already in place are suitable, and managers in the Trust and Hey Smile were asked to avoid lengthy delays in processing requests.

Whitby Campaign: expenditure commitment on the Whitby project is £80K, against funds raised of £57K. The Committee was asked to approve a transfer of the shortfall of £23K from the Big Thank You Humber Fund. After lengthy discussion, including that the Trust had originally agreed to underwrite the project, the request to was not approved, leaving a deficit on the Whitby Fund and the Big Thank You Humber Fund intact at £35K. It was noted that, in planning the original campaign, fundraisers were reasonably confidence the project would be fully funded, and it was felt appropriate to retain that stance.

Fundraising: £66K NHS Stage 3 grant for Health Trainer role now confirmed.

Key Performance Indicators of Hey Smile performance: The Committee reviewed briefly performance against the existing and proposed stretch KPIs, reiterating the previous conclusion that performance remains below standard in some aspects of fundraising. It was regrettable that no data later than May was included, but the constraints of the timing of the meeting were acknowledged. It was reconfirmed that the KPIs to be proposed to the September Trust Board were as set out in the paper.

Humber Teaching NHS Foundation Trust

Charitable Funds Committee

Minutes of the Charitable Funds Committee Meeting

Held on Tuesday 02nd August 2022 1.00pm – 2:25pm via Microsoft Teams

Present: Stuart Mckinnon-Evans (chair), Michele Moran, Dean Royles, Lynn Parkinson, Steve McGowan, Rachel Kirby, Victoria Winterton, Cheryl Beal, Lucy McRae (Note Taker), Peter Beckwith, Hanif Malik

Apologies: Claire Jenkinson

16/22	**Declarations of Interest** None to disclose.
17/22	**Minutes of the Meeting held on 15.03.22** Minutes were accepted as an accurate record of the meeting.
18/22	**Action List, Matters Arising and Work Plan** The action log was updated accordingly and the matters arising were discussed within each section of the agenda.
19/22	**Health Stars Insight Report** VW fedback on the purpose of the report, usual fundraising activity, update on campaigns, appeals and performance against their KPIs. LP was asked to attend to give an update on potential fundraising projects for Health Stars. LP stated CJ has been asked to liaise with the divisions to determine how to prioritise appeals and schemes going forward. Plans to prepare this as a written summary. Various options on how we can group some of the schemes together for appeals. From a mental health perspective, one of their key focuses is on COVID having a detrimental impact, on older people specifically. There has been a rise in demand, plans are in place to expand our out of hospital provision for older people. Our community service has been successful, we aim to develop a satellite for that service based in Bridlington. Therapeutic activity would be helpful. Potential to further expand crisis services for older people. Potential to look at older people as a potential appeal. Other than this, the focus is on mental health inpatient areas to further resource physical activities both indoor and outdoor. We are limited with our garden space but need to explore physical activity. For example, a cardio wall, a digital feature which encourages various types of activity. We will implement this in one or two areas and then expand if successful. We are currently in planning stages of our mental health, inpatient redesign program. We do not have capital funding allocated for this. We would like to have a campaign ready for when capital funding is allocated. For children's learning and disability services we have reinstated some of our outpatient's therapy and CAMHS appointments as some children and their families require face to face

	appointments. We are using new buildings for this. The request for this is based on equipment for those outpatient areas, in specific therapy and toys. Another scheme is associated with West End and transformation of the gym to a sensory integration space. There is potential to expand the SMASH program which focuses on the nature, nurture, and wellbeing offer. This equipment would be specifically to support outdoor activities i.e., gardening and nature. There is opportunity to group this appeal together in terms of a theme for children and young people and outdoor activities. Expansion on eating disorder services for children is underway. A scheme is being finalised to develop a day treatment facility for CAMHS. This will be a physical therapeutic space. For learning disability services, an appeal request is focused on Townend Court. We are about to commence redesign work. TB, clinical lead has returned to work one day a week to work on this programme. It would be beneficial to do fundraising aligned with the work around Townend Court. Secure services are focused on the upgrade work within the Humber Centre. Plans are in place to facilitate a new shop and gym. We wish the gym to operate similar community gym, so the patients feel they are accessing a gym as they usually would outside of our secure services. There is opportunity to look into physical activity equipment across the whole of the Humber Centre. A new educational programme is commencing this year with a new post that has been put in place around access to skills development and education, in response to preparing patients for discharge. The program of works is to ensure we provide our Humber Centre inpatients skills such as DIY, catering etc. There is an opportunity for appeal on the education side of the Humber Centre and the work this entails. Across mental health and the Humber Centre, we need to look at their visiting spaces as the last two years of visiting have been disrupted due to COVID. Need to look into equipment for patients, children and families to use when visiting. We have equipment available, but it needs upgrading. In terms of community and primary care we have the Whitby scheme. This has been successful; funds are committed within the work which has been identified (artwork and dementia friendly adaptations). Malton ward wishes to investigate the possibility of dementia adaptation work to bring this up to similar standards as the new Whitby scheme. CB is meeting with the division next week to discuss this. Some suggestions for this have been identified as inappropriate, therefore clarity is needed. The divisions area of focus is on pressure around the community and how we can do more to enhance communication.
20/22	**Charitable Funds requests that Require Committee Approval** No requests were received. It is agreeable that instead of waiting for new funds for these areas we could potentially use unspent funds. One of our larger funds is the Bridlington fund. These funds could be used to develop the acute community services as they are focused within Bridlington. We have had the CEO challenge month which had a strong success. Fundraising has been ongoing. Fundraising for CAMHS commenced in June. Conversations around Whitby Arts are ongoing about what is needed for fundraising. There is a £66k grant from NHS charities together, the monies for this should be released shortly. Wishes have been received for Bridlington; this should lend us funds to spend on Bridlington. It was confirmed that we are awaiting updates for three applications for various foundations and appeals.

	In reference to the additional funds which support the Whitby Arts Project, we are waiting for information from the Trust and Whitby Project Group about what is necessary to apply for. The artist who was commissioned previously has put together approximately 10 proposals, which are being considered to determine which are applied for funding. The Artwork Task and Finish Group are a subgroup of the Whitby Project Group (WPG). WPG reports to EMT. EMT would make the formal decision on which proposal to prioritise. Health stars would then be asked to do the arts lottery fund. Timescale is the next few months (aim for two). We do not use external bid writers for applications up to £20k. We normally use expertise from the Smile Foundation. We have outsourced our contract with Smile. Applications are done internally; the team have varying degrees of experience. CB has a good background in bid writing. Internally, a staff member within Smile is experienced with Arts Council Applications, they have been supporting on this. If needing additional support this would be sought if resources were lacking. CB has a meeting on 15/08 with the Artwork Planning Group with a hope to move things forward and determine priorities. KPIs are all below PAR financially. There is an emerging picture on wishes. Some KPIs state performance not met, but we are only a quarter way through the financial year. Therefore, if this level of activity continued, we would be on track to meet KPI engagement. The KPI for wishes is to have 150 per year, we currently have 30 which means we are on track, if not slightly behind. Approval for wishes is through the zone managers. Anyone can make a wish, not just fund zone managers. All staff across the organisation submit wishes and then discussions commence about expectations for each. Strong wishes are coming in and these can be discussed with fund zone managers. It is important to highlight the wishes we have done through COMMS and wish Wednesday as this results in other ideas being put forward and more wishes coming in. A COMMS with a substance is needed to implement a raise in charitable endeavours. Staff need to feel excited and as if it beneficial for them to complete charity fundraising. A refresh for Health stars is needed, to remind staff of what the purpose is and how they can access it. Questions will be built into the survey on how staff would like to be supported when completing charitable endeavours, how to come up with their own ideas and other support needed. Staff will become more engaged if they know campaigns will make a difference. It is important to raise a campaign through our staff to enable them to achieve a brand identity with the charity. It is important to be proud of the Trust you are working with and ensure to give something back metaphorically. It is agreed when we have had a clear appeal in the past, people have got behind and supported and it is in turn made the appeal very strong as we had a specific ask and goal.
21/22	**CFC Finance Report** VW fedback on this section. We are awaiting the Smailes Goldie Quiz (from March) income to be received which is £4400. The £120k which was allocated for the garden area between Inspire and Sunshine House is now in progress, and we should shortly be able to withdraw these funds and start to spend them. The £120k figure has been in our accounts for 3 years as it had to be declared due to financial accounting laws, but we have not yet been able to spend it.

	The finance report indicates we are spending more than we are taking for income, but this is an issue we are going to tackle. The income of £120k was recognised in charities accounts when it was pledged, meaning it is a receivable. The expenditure will be recognised in the accounts when it is expended. When looking at accounts the £120k will be there but the income was in a prior period. Therefore, this will look negative based on current KPIs but in reality, it will be a positive step. On appendix B, it would be beneficial for the committee to present a way which shows the spend year to date against each of the areas. . Also if possible, to include the number of wishes on the table as this will give an indication of how active each zone is.
22/22	**Agree KPI's for Health Stars 2022/2023** SM fedback on this section. KPIs were agreed provisionally in March. There was a discussion at board about reviewing those. SM wishes to propose we keep the same KPIs at present as we are going to complete a wider piece of work in future. FP gave feedback previously on the current KPIs about amending a few of them as they weren't very aspirational. HF agreed with keeping the KPIs the same due to current circumstances. Stretch targets may be good to consider. DR is in agreement to keep the KPIs the same but tweak them slightly so we result in more ambitious targets without creating an additional amount of work. This will be good to reflect back to the board that their points have been considered. We need to be clear about the performance of the charity partner and things which we wish to collectively achieve. There was a discussion approximately 18 months ago about capacity for COMMS and the digital aspect of KPIs as this is not part of the contract for health stars. There are currently issues with expertise and capacity. There have been previous discussions about adding additional capacity to RK's team and the funds for this would come from the charitable funds budget. RK stated she currently has a team of 4 staff therefore the issue with capacity is significant. Communications have a whole trust to support and with only 4 staff they cannot possibly operate the running of daily social media posts at present. At present we should not change the fundamental structure of the KPIs for performance management purposes. But we can identify aspirational goals. One of the KPIs is to have 1 media worthy story per quarter. This can stay as the performance level target but the aspirational target for this could be to have 3. To have aspirational targets, this could make a more dynamic set of performance indicators. We can then review how this is working in the wider options appraisal in September. Everyone agreed with this approach. KPIs will be kept the same but am ambitious target will be added to the paper and then decided on accordingly. There was an ambitious KPI set to obtain wishes from patients. This has not been successful. FP asked if this KPI target was aspirational enough. It was noted this has been difficult over the last few years and has been disregarded within other Trusts. It is important to understand what the cost would be from health stars and smile to increase our KPIs in terms of the capacity we would need to fill and the support which would be needed to ensure the KPI targets are met. VW is going to draw up a proposal and work together with SM. SM will then take this to board for review. It was noted that it may be beneficial to disregard the platform growth KPI target around social media. At present we are lacking engagement from our current followers so it would be beneficial to focus on engagement which will in turn naturally affect the growth of our platform overtime. RK will work with VW on this.
23/22	**Risk Register** SM-E stated the two highest risks are, not having appropriate campaigns and the threat of

	cancellation of events due to COVID. The risk due to COVID is hoping to ease in due course as we head to normalisation. The cost-of-living crisis was highlighted as a risk as this is prevalent as an issue at the moment. Later in the year we need to determine how we link the KPIs and the risk register together to ensure we achieve our goals on our KPIs and ensure the risk register does not impact this.
24/22	**To Review of the Meeting and Agree Content for Assurance Report** SM went through the review of the meeting as chair and confirmed what will be included within the assurance report. *Information for the assurance report to be typed up separately*
25/22	**Items for Escalation or Inclusion on the Risk Register** Nothing to disclose.
26/22	**Any Other Business** The next CFC meeting is before the next board meeting resulting in there being a significant update from this committee for the board. The options paper which was requested has been drafted and it was discussed at EMT last Monday. This will be discussed on the part II of the agenda at the next meeting in September. VW stated the papers for the September meeting will be drawn up next week due to when the meeting falls at the beginning of the month. SM asked for updates on things which are fundamentally significant for the September meeting to ensure items are not duplicated and discussed again which have already been covered in the August meeting. It was agreed that just a finance report could be provided and omit the usual Insight Report. Andy was expected to join the meeting but did send apologies part way through due to attending other commitments. VW informed the group that she is pregnant and will be going on Maternity leave in October. Claire Woodard will be taking over VW's role during her maternity leave. CW will be attending the next CFC meeting in September to ensure a smooth handover from VW. HM is on annual leave the first week in September so may be unable to attend the next meeting.
27/22	**Date and Time of Next Meeting** Tuesday 06 September 11-1pm

Signed: ……. Chair: Stuart McKinnon-Evans

Date: ……

Humber Teaching NHS Foundation Trust

Agenda Item 26

Title & Date of Meeting:	Trust Board Public Meeting– 28th September 2022
Title of Report:	Health Stars Key Performance Indicators (KPIs) 2022/23
Author/s:	Steve McGowan, Director of Workforce and OD
Recommendation:	To approve: ; To receive & discuss: ; For information/To note: ; To ratify: x
Purpose of Paper: Please make any decisions required of Board clear in this section:	To update the Trust Board on the discussion regarding KPIs in August Charitable Funds Committee (CFC).
Key Issues within the report:	
Matters of Concern or Key Risks to Escalate • None. •	**Key Actions Commissioned/Work Underway:** • KPI review as part of the options appraisal.
Positive Assurances to Provide: • None.	**Decisions Made:** • N/A

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

	Date		Date
Audit Committee		Remuneration & Nominations Committee	
Quality Committee		Workforce & Organisational Development Committee	
Finance & Investment Committee		Executive Management Team	
Mental Health Legislation Committee		Operational Delivery Group	
Charitable Funds Committee	March 2022 and August 2022	Collaborative Committee	

			Other (please detail)	Trust Board May 2022

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	

1. Introduction

The CFC discusses and agrees KPIs for Smile Health Stars on an annual basis as part of the contract for managing the Trust's Charitable Funds. This proposal is taken to Trust Board to ratify.

Health Stars report on performance against these KPIs at each Charitable Funds Committee.

2. Background

Charitable Funds Committee considered the KPIs for 2022/23 at the March meeting. The minutes show :-

Resolved: The Committee noted the verbal update. The Committee agreed they wanted the existing KPIs to continue into the following year. A key focused was stressed on income generation KPIs.

These were sent to Trust Board in May 2022 for ratification. Trust Board didn't support these. The minutes of that Board show :-

Mr Patton had some points in relation to:

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

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

Mr McKinnon-Evans felt the feedback was helpful and as already mentioned, a review will be undertaken on the charity with a report back to the Charitable Funds Committee in December. The Chair felt that the report could not be approved today suggesting that some further discussions take place around how this will progress and an update provided to the Board in a timescale that fits in with the Committee meetings. The Chief Executive proposed that a discussion take place at the next Charitable Funds meeting.
Mr McKinnon-Evans asked that the KPIs remain for the time being so that colleagues know what is being worked towards. The Chair agreed to the request, but would like something to come back to Board on 22/23 KPIs as soon as possible

***Resolved:** The report was noted*

KPIs to be considered by the Committee and an update on 22/23 KPIs to come back to the Board ***Action SMcG***

The KPIs previously supported at CFC are below:-

Finance: Is the charity maximising its resources? Are the funds held managed effectively? Does the resources expanded in the year represent good value for money?	**Proposed Outcomes**	**Measurement**
	Financial plan reached	Budget achieved for both income and investment into Trust services
	Fundraising costs and retaining Trust	Fundraising costs to remain below 30% of total expenditure. The remaining 70% expenditure must be for charitable outcomes*
	Income generation	A minimum target of £2.50 raised for every £1 spent on fundraising
	Benchmarking	To benchmark the charities performance annually with three other local trusts. - Tees Esk and Wear Valleys NHS Foundation Trust - Leeds Community Health Care NHS Trust - Lincolnshire Community Health Services NHS Trust

Engagement: Can our service users see the charitable impact in our services? Do our employees feel supported by the charity? Can the Trust board quantify the impact the charity is having? Is the charity representing the trust positively?	**OUTCOME**	**ACTION/MEASURE**
	WISHES: The success rate of wish requests increased year on year	Total number of wishes on average 150 per year for the next three years
		Successful rate of wishes target 80%
	APPEALS: To have regular fundraising appeals	One new Appeal established each year.
	ANNUAL SURVEY: To be able to monitor staff engagement	Improvement of understanding, confidence and engagement with the charity. Carry out a survey each year.
	POSITIONING (EVIDENCE BASED) To increase knowledge of the charity among staff, patients and general public	Minimum of one media worthy stories a quarter to be taken up by media source either online or in print
		By March 2022

		Reach 1200 Followers on Facebook Reach 400 followers on Instagram Reach 1500 followers on Twitter
		Engage an average of 500 people per month in social media posts.

Patient-centred & Staff-centred: Can our service users see the charitable impact in our services? Do our employees feel supported by the charity? Is the charity led by service users and our people?	**OUTCOME**	**ACTION/MEASURE**
	Wishes from patients	Number of wishes that come from a patient. To be obtained by asking staff who submit wishes and recording wishes that come from Patient experience forums. Wishes from patients to be at least 10 per year.
	To have a good balance of wishes for both patients and staff	Number of wishes for patient benefit and number of wishes for staff benefit
	To demonstrate the impact the charity is having.	Impact reporting, capture case studies as part of report. A minimum of 6 case studies per year. To be a mixture of staff focused and patient focused.
	Staff engagement	Increase staff lottery numbers by 10% each year. To start recording how many staff are attending events and to increase this number

Governance: Can the Trust board quantify the impact the charity is having? Is the charity legally compliant and sustainable?	**OUTCOME**	**ACTION/MEASURE**
	Assurance to the trust board	Monthly CEO update Engagement at two board meetings year, one from the Health Stars Team and one from the Chair of CFC
	Legally compliant and sustainable	Fundraising Regulator membership and providing updates from them to the CFC. Updated Risk Register at each CFC meeting. GDPR audit every six months.

August CFC

CFC considered the comments made at Board. It was felt there was real merit in having a full review of the KPIs, but to do this as part of the options appraisal work. This work is due to report back to CFC in February 2023.

Recommendation

That the existing KPIs continue to be used for 2022/23, pending the options appraisal work in February 2023.

NHS
Humber Teaching
NHS Foundation Trust

Agenda Item 27

Title & Date of Meeting:	Trust Board Public Meeting – 28 September 2022
Title of Report:	Quality Committee Assurance Report – August 2022
Author/s:	Mike Smith, Non-Executive Director, and Interim Chair of Quality Committee
Recommendation:	

To approve		To receive & discuss	
For information/To note	X	To ratify	

Purpose of Paper: *Please make any decisions required of Board clear in this section:*	The Quality Committee is one of the sub committees of the Trust Board This paper provides a summary of discussions held at the meeting on 3rd August 2022 with a summary of key issues for the Board to note. The approved minutes of the meeting held on 4th May 2022 are presented for information.

Key Issues within the report:

Matters of Concern or Key Risks to Escalate:

- No matters of concern or key risks to escalate:

Key Actions Commissioned/Work Underway:

- To report on safeguarding referral levels and pre-pandemic levels to next Quality Committee
- To report on figures for no under reporting of level of harm in relation to sexual safety, BAME or LGBQT+ incidents relating to staff or patients to a future Quality Committee (ref: Zero Events Annual report)
- The Quality Committee requests EMT to review the QI information from ODG prior to reporting back to Quality Committee

Positive Assurances to Provide:

- Presentation of Suicide Strategic Plan
- Quality Insight report updates
- Quality Risk Register – noting no substantive changes to quality risk
- Allied Health professionals Annual Report presentation
- Divisional QIP summary
- The Zero Events report
- The Quality Improvement (QI) Report

Decisions Made:

The Quality Committee approved the following: -

- The Suicide Strategic Plan and presentation for presentation at Trust Board
- The Annual Patient and Carer Experience (PACE) Report and film
- The Annual Equality and Diversity Report
- The Annual Safeguarding Report for submission to Trust Board

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		Executive Management	

Caring, Learning
& Growing Together

Committee		Team	
Mental Health Legislation Committee		Operational Delivery Group	
Charitable Funds Committee		Collaborative Committee	
		Other (please detail) Report produced for the Trust Board	

Monitoring and assurance framework summary:

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

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

Executive Summary - Assurance Report:

Key Issues

The key areas of note arising from the Quality Committee meeting held 3rd August 2022 are as follows:

Philip Earnshaw was welcomed to his first meeting and will be taking over as future chair form September 2022. Frances Healy was welcomed who had been invited to observe in her new role as Non-Executive Director of the Leeds and York Partnership. Dr Michael was welcomed attending as interim Medical Director, covering the role until the newly appointed Medical Director takes up post.

The minutes of the meeting held 4th May 2022 were agreed as a true record and the action log noted all actions closed. The Quality Committee Assurance report was noted, and the updated work plan noted and agreed.

Discussion item – Suicide Strategic Plan and Presentation
TF and DrM presented the refreshed suicide strategic plan with a presentation highlighting the key areas. Credit was noted to those who contributed. A very comprehensive presentation was given leading to a good discussion which included links with partner agencies and other plans and the work undertaken with relatives and carers. The Suicide Strategic Plan and presentation was approved by Quality Committee for presentation to the Trust Board.

Quality Insight Report
The Committee was updated with a very comprehensive report which included the gap analysis of the Ockenden Maternity Services report, a safeguarding investigation progress update, Princes Medical Centre CQC action plan showing progress made and a quarter one serious incident report. Highlights of the Quality Dashboard were discussed noting an action for the safeguarding team to look at levels of adult referrals against pre-pandemic levels and report back to next meeting. Compliance for staff clinical supervision was noted as being the highest yet.

Allied Health Professional (AHMP) Annual Report and presentation
SJN was thanked by the committee for an excellent presentation showing the fantastic work covered by the AHPs with positive feedback received from the whole meeting, who agreed this message should be spread further to both staff and the Board.

Divisional Quality Improvement Plan (QIP) update
The paper gave an update on the main themes in the divisional QIPs with a summary of quality development activities across the divisions since the last update. It was noted how the QIPs had progressed since first developed.

Quality Committee Risk Register Summary and Board Assurance Framework
The risk register summary was interrogated and welcomed observing the 15 risks rated nine or above. There have been five risks that have reduced in rating and no new risks with a rating of nine or above reported since last presentation to the Quality Committee. The Risk Register and BAF were noted with assurance given to the committee, noting no substantive changes to quality risk.

Patient and Carer Experience (PACE) Annual Report and Film
MD presented a short, animated film created for the public to show the key highlights of the annual report. The Committee agreed the film was excellent and held a short discussion about the work undertaken by the team. The Quality Committee approved the annual report and film.

Equality and Diversity Annual Report
It was noted the report was being presented for the Patient and Carer Engagement aspect and MD explained the work going on by the team and the Trust to strengthen our systems and processes around understanding demographical data and protected characteristics and qualities. This included a discussion regarding the booklet 'Why do we ask' which was agreed to be shared to members after the meeting. The Quality Committee approved the Equality and Diversity Annual Report

Zero Events Annual Report
The Zero Events annual report was presented with an update on last years zero events along with details of the approved zero events for 2022/23. A discussion was held around the stepped down zero event for 'no under reporting of the level of harm in relation to sexual safety, BAME or LGBQT+ incidents relating to staff or patients, and it was explained regarding the work which was continuing through the relevant forums. It was agreed a deep dive on figures for this should be completed and reported back to a future Quality Committee for further assurance.

Safeguarding Annual Report
The report was approved by the Quality Committee for submission to the Trust Board, noting the extensive work the safeguarding team have completed with the increase in demand reflecting the national picture. HG noted feedback received from partner agencies has been positive. The safeguarding team were thanked for their work.

Quality Improvement (QI) Annual Report
The Annual Quality Improvement report was noted. It was explained the report was an end of year summary of the QI work and the key highlights were discussed. It was agreed a great report showing how everything is central to patient care. It was noted that work had been requested by the Organisation Development Group to obtain ongoing commitment from divisions around their QI work. It was agreed by the Committee to request EMT review the QI information received from ODG prior to this being reported back to Quality Committee.

Minutes from reporting groups
The latest approved minutes from the Quality and Patient Safety Group (QPaS) was noted along with a summary of the last meeting, with no queries raised.

The approved minutes from the 4th May 2022 are attached below as appendix one

Appendix 1

Quality Committee

Minutes

For a meeting held on Wednesday 4th May 2022
9.30 – 12.30 (Virtual meeting via MS Teams)

Present		
Core Members		
Mike Smith	Non-Executive Director (interim Chair)	MS
Dean Royles	Non-Executive Director	DR
Francis Patton	Non-Executive Director	FP
Hilary Gledhill	Director of Nursing, Allied Health & Social Care Professionals	HG
John Byrne	Medical Director	JB
Lynn Parkinson	Chief Operating Officer	LP
Kwame Fofie	Clinical Director and Deputy Medical Director	KF
Colette Conway	Assistant Director of Nursing, Patient Safety and Compliance	CC
Sam Jaques-Newton	Head of Allied Professionals and Practice Development	SJN
Su Hutchcroft	Compliance Officer (minute taker)	SH
In attendance		
Weeliat Chong	Chief Pharmacist	WC
Paul Johnson	Divisional Clinical Lead, Adult Mental Health Services	PJ
Cathryn Hart	Assistant Director Research & Development	CH
Observing		
Iqbal Hussain	Clinical Lead, Primary Care	IH

23/22	**Apologies for Absence** Apologies were received from: • Tracy Flanagan, Deputy Director of Nursing JB noted IH was observing the meeting as part of development and introductions were given during the meeting for those people he hadn't already met.
24/22	**Minutes of the Last Meeting (November 2021)** The minutes of the meeting held on 2nd February 2022 were accepted as a true and accurate record.
25/22	**Action List and Matters Arising** The action log was noted and agreed with eight items closed. It was noted the remaining open action, the Zero Events report was deferred to August Quality Committee to be included as part of the annual reports. HG confirmed the proposed zero events for 2022/23 would be presented to EMT next week and the approved zero events will be taken to the July 2022 Board.
26/22	**Quality Committee Board Assurance Report (November 2021)** The Assurance Report, which was presented to the February 2022 Trust Board, was noted.
27/22	**Work Plan (May-22)** The work plan was noted and agreed.
28/22	**Presentation – Patient Safety Strategy – progress update and next steps** HG explained the Patient Safety strategy was due to expire at the end of this year. The presentation gives a position statement on the progress made, with a discussion to shape the plan for the next strategy starting in 2023. The discussion at Quality Committee will set the scene, to be followed up with consultation at QPaS, Patients and Carers throughout the summer with new priorities moving forward. HG noted she has had discussions with her executive colleagues as to whether there is the need for an overarching Quality Strategy with a Patient Safety plan sitting underneath, as an enabler. A Quality Strategy could also encompass supporting plan ie Patient and Carer/ Quality Improvement and Research to pull it all together but wanted to start with the Quality Committee views around Patient Safety moving forward and key areas to pull into a refreshed plan.

CC took the meeting through the presentation and noted the progress over the six current priorities.

Priority 1: to develop a positive and proactive safety culture.

- Leadership for safety – Proud Programme. It was discussed that although there is no specific patient safety element to the Proud programme, good leadership is key to patient safety and this course helps ensure we have leaders who are empowered to step up and support teams which is part of the good patient safety culture this programme endorses and teaches. JB did note the 'science of safety' and suggested it may be a discussion at Board level regarding formal patient safety training and how we can demonstrate to others that we understand what patient safety is. JB noted there is some QI training on the programme and reminded the meeting this programme was the first step and may now be time to review content. It was agreed the discussion gave some great ideas for future years.
- Supporting staff involved in patient safety incidents –noted the new booklet – *Navigating Difficult Events at Work* and gaining feedback from staff who have been involved in SEA/SI's which show staff feel more supported
- Safety Huddles – CC stated the pandemic has been positive for the huddles with working virtually giving good attendance across all divisions and corporate support teams, leading to good meaningful conversations. All divisions now also run their own huddles. HG noted Safety huddles didn't exist 5 years ago but now every incident raised is reviewed by the corporate safety huddle daily. It was noted huddles at team level have been created by the teams themselves indicating good engagement in patient safety.
- Freedom to speak up – the staff survey result has increased from 2019 to 2021 regarding feeling safe to raise concerns.

Priority 2: to reduce the number of patient safety incidents resulting in harm

- Work has ensured we are reporting and sharing safety incidents, and benchmarking has shown we are not an outlier but have increased the number of near miss incidents. HG noted that every incident should be reported but the important area is the level of harm, and this has shown we are reporting low harm, being in the upper quartile of high reporting and low harm

Priority 3: to work with patients, careers, staff, and key partners to continuously improve patient safety

- CC explained about the Patient Safety week last year which had positive feedback and are incorporating patient safety into national days such as learning the lessons from diabetes which was incorporated into World Diabetes Day. Events scheduled for this year include National Nutrition and Hydration week with learning from the deteriorating patient associated with Mental Health and Community Services, as well as Mental Health awareness week and World Patient Safety Day incorporating falls preventions, suicide prevention and sepsis. It was noted there are also links with both primary care and the acute trusts

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

- Patient Safety training – the first two modules are live on ESR and have been circulated to the Quality Committee at the release time. There are a further four levels up to master's level which will be released nationally with view to patient safety specialist undertaking a masters in Patient Safety. It was noted the first two levels are not mandatory but there have been discussions on how the training can be incorporated into induction, so all new staff have a basic understanding of patient safety. It was noted take up on level one and two has been slow so far and more work is required on this area. JB suggested to Board colleagues that they could be advocates and undertake the training. It was agreed to send the link again after the meeting
- Investigating incident training – in preparation of the Patient Safety Incident Response Framework (PSIRF), 65 staff have been trained so far on the new methodology with exceptional feedback form those attending the training. It has been noted the quality of the investigation reports have also improved. Another 20 are on training this week and there is a waiting list
- In-house training – training has been rolled out on use of datix, incident reporting, incident investigation/risk management and the use of the safety dashboard

Priority 5: to ensure a culture of continual improvement

- This includes areas such as training, QI projects, QI virtual cafes and celebration. With an increase from 2019 of 12 QI projects logged and four completed to 200 QI projects logged in March 2022 with 99 complete

Priority 6: to work with the wider community to improve patients' safety

- Domestic abuse champions – with White Ribbon status awarded to the Trust in 2020 and 78 domestic abuse champions across the trust and a plan of more training to be rolled out and more champions to be identified
- Innovation in service – with an example of the Juice Bard as part of the addictions service reaching out to members of the public who are taking image and performance enhancing drugs
- JB congratulated the Safeguarding Team who did a lot of work on the White Ribbon campaign and feels it is a brilliant example of practical safeguarding and has been valuable. As an ambassador it

	would be helpful for Board colleagues particularly male colleagues to join him as ambassadors. It was agreed the links to be sent out after the meeting Moving forward, nationally the guidance on preparation for PSIRF will be published in June 2022 with an implementation timescale of one year. The national expectation to appoint two patient safety partners in July has now been pushed back to September. CC noted they have asked for more pilot sites to become involved with this so Humber has been nominated to take part. A discussion was then held regarding the refresh of the Trust Patient Safety Strategy, alongside areas it was felt should be included in the next revision of the document. These included strengthening the focus on patient safety training, embedding safety huddles at team level, strengthening near miss reporting and outcomes, more work with patients and carers, including working with them on how we investigate and the wider community work around the ICS. HG explained the initial discussion around a quality strategy with the executive management team was around how we approach quality, feeling slightly fragmented and suggested having an overarching strategy which pulls all the strands together with the plans underneath taking the work forward. It was felt the position of our patient safety has matured from the time the strategy was initially written, and this would be the next step connecting patient safety and quality improvement more. The suggestion of a short overarching strategy supported by underlying plans was supported by the meeting. The meeting agreed to one overarching strategy document to align the Patient and Carer Engagement, Research, Quality Improvement and Patient Safety plan to be delivered as part of a strategic approach to Quality MS thanked CC for the presentation which was helpful and created good discussion. **ACTION** **- to send Patient safety training link out to Quality Committee Members (SH)** **- to send out the link for White Ribbon champions and Ambassadors (SH)**
29/22	**Quality Insight Report** The report was noted with HG highlighting the following key areas: - • Resuscitation Officer Annual Update - the committee noted the challenge regarding training in 2021/22 due to covid related issues but a recovery plan has been developed to improve this. EMT has supported the secondment for 12 months for an additional trainer • There have been four incidents where CPR has been used and post incident reviews were carried out with staff acting promptly and efficiently with all incidents having a return of spontaneous circulation • Clinical Supervision – next week is clinical supervision week with senior nurses meeting with staff to discuss the importance of this throughout the week. • Safeguarding Investigation – CC has led on this. The action plan is being monitored by the Safeguarding Forum to ensure actions are progressing and HG will feedback in the next insight report • Princes Medical Centre CQC inspection. The division is working on the action plan from the response to CQC and progress will be updated in the next insight report MS noted a very interesting report and wanted to acknowledge the honesty and openness in bringing concerns to the Quality Committee. MS enquired in terms of assurance if there was anything else which may raise concerns in the future. JB noted he raised Princes Medical at Trust Board for transparency, but commented, this comes back to the culture piece of work and noted there will always be issues but with a positive culture you can pick up concerns before it is too late, noting the Freedom to Speak Up Guardian, safe working and datix reporting. MS confirmed he felt assured the executives are dealing with these matters and the staff groups feel listened to.
30/22	**Humber Teaching NHS FT Well-Led External Audit Report** MS explained that all sub-committees had been requested to note this report, which has been through Trust Board and directors at closed session. There was one action for MS to attend QPaS and this has been booked for the July 2022 QPaS meeting. MS thanked the members of Quality Committee, for their support given and the support to the organisation noting when observed for this review, Sue Gordon thought the Committee was performing well.

31/22	**Draft Quality Accounts**
	HG presented the document to the meeting reminding everyone that there is mandated text within the document which cannot be changed. HG noted the following areas: -
	• Page 19, gives and update on the four priorities from last year with an update on those showing these are all embedded in practice
	• Page 24, proposes the new priorities: -
	  o Priority one – National Patient Safety
	  o Priority two – End of Life Care
	  o Priority three – Service User involvement
	  o Priority four – Supporting staff
	
	FP noted a really good report and good some feedback comments from stakeholders and noted the following: -
	• Enquired whether page numbers should be added on page 4 (contents)
	• Page 14 – noted typo – to remove a duplicate 'a' under July
	• Page 23 – need extra word adding 'about which training'
	• Page 27 – didn't feel wording 'senior independent director' was required
	• Page 29 – noted there have been some internal audits done and enquired if mentioned. HG explained they were not clinical audits, but we could add a line to mention them
	• Page 72 – wording amendment – under summary of progress should read 'due to Humber ceasing'
	
	DR confirmed a good report and was always good to see. Enquired if it was worth adding something about the workforce growth. It was agreed this could be added into the section around staffing and CC will update.
	
	MS thanked CC and HG for the work and presentation and colleagues for their comments.
	
	APPROVED - The Quality Committee approved the draft quality accounts subject to the above amendments

32/22	**Research and Development six monthly report (May-22)** CH updated the meeting with the key points in each section • Performance – there is a national target of 45% of GP practices to take part in research and because of the hard work from IH and our research nurse over the last eight months, we have four out of five of out practices actively participating in research and are well above the national target. • It was great to see the Grant Thornton well led review noted a substantial element of research which reflects CQC expecting to see research as an indicator of quality • A GMC article published about the importance of involving doctors in research and the benefits of patient care overall, noting we have already highlighted in our research strategy around making sure research is part of the core business and core services and the need to ensure research team are classed as members of our clinical team • Funding is fairly stable, and CH is expecting approximately the same amount of funding from the clinical research network. • A business case has secured funding to support extra research staff for primary care practices • Highlighted the gratitude from Professor Chris Whitty around research reaffirming how important research now is and we are still taking part in the covid research acting as a nation hub. The study is paused at the moment whilst they are sorting out a new arm to the trail. IH has been out local principal investigator for this. • Research capability funding – received funding to assist clinicians in research and Hannah Armitt has worked hard with York University and is now co-lead on a nationally funded ADHD trial which is starting in the near future. • A student nurse has been taken for the first time this year with fantastic feedback and have agreed to take more students in the future • Wendy Mitchell and CH are still doing workshops on 'How to live with dementia', currently still being held virtually. A discussion was held noting the fantastic work, especially the GP practices and great news on the awards shortlisting. Regarding the CRN to support delivering research CH confirmed there could be potentially hosting 12 who will support research across the whole ICS region. Student nurses will be taken one at a time and the next one will be a 12-week placement. It was felt this was a great way to introduce nurses to research. It was suggested a simple case study could possibly be added at the back, to complete an excellent report and CH will look at this for future reports. HG confirmed a great report demonstrating not just the depth but also the breath of research across the trust and the feedback regarding students is fantastic.

	KF enquired regarding the approach in acquiring local principal investigators. CH confirmed it depends on the study, once information received, they will look at those clinicians who have expressed interest but if no-one suitable will then go to service for volunteers. If it is a drug trial this requires a medic to be the principal Investigators. KF confirmed he will share the appendix information. MS thanked CH for the report
33/22	**Waiting list trajectory and performance update** LP presented the report to the meeting, noting the latest update for the Q4 2021/22, which is reported in the regular performance reports. • Waiting times are still challenged for several areas and trajectories are in placed with recovery plans • Staffing availability has been a significant factor in achieving the trajectories noting there was rise in staff absences due to omicron along with a rise in non-covid related absence • Further investment of resources for recovery across some areas to assist with additional staffing or outsourcing support if clinically appropriate • All waiting times are supported by standard operating procedures (SOPs) which include monitoring and audit to ensure the SOPs are being adhered to and followed Overall progress is being made on reducing the over 52 week waiting times but are still not at the position of achieving the 18-week standard, and this is currently being worked on. FP enquired regarding staff being poached and competitive private sector, if this was being flagged to ICS and government level? LP confirmed this is being raised at ICS and regional level with some elements having national oversights and the issues have been escalated. There is work to be done on the ICS footprint around how we collaborate along with development of the workforce strategy across the ICS, noting ours has just been refreshed. Individually everyone is doing what they can, noting the issues with the independent sector being particular around IAPT. Remote working only contracts have been initiated to enable recruitment nationally. It was noted access to training is key but does need coordination at ICS level, which is happening. DR noted that issues have been raised around joint agreements in workforce which was picked up at the Workforce committee. Despite this the team is working hard and moving in the right direction with new roles, and new ways of working are there to mitigate the national workforce issue. FP felt it was a great report and all that was missing in the detailed report was a forecast of when we may hit our targets. LP confirmed the trajectories are being reforecasting all the time and are just about to finalise ADHS which can be shared with the committee soon. A discussion was held regarding out of area beds and LP noted these are hardly every used due no non-availability we have to use independent sector beds which shows the different market forces. JB noted the media is picking up on the NHS is using market sector beds and suspect other NHS areas are in a similar situation to us. LP confirmed detailed bed modelling as part of the mental health redesign programme so have the forecast going forward, but this still doesn't meet requirement as set out in the demand modelling. LP noted that whilst demand for mental health services including CAMHS has plateaued at higher than previous levels, it has stopped rising. There is now an issue with an increase acuity and complexity, greater than before the pandemic and we are having to constantly reassess making the issue more complex than before. MS noted it feels there is light at the end of the tunnel and enquired how we compare with the sector in terms of staff leaving to other areas. LP noted the data at Workforce and OD Committee, has shown a slight upturn in turnover but has shown the main reason being retirement, which is happening nationally. Staff who may not have retired are doing so due to fatigue from the past two years. It was noted we are not an outlier and FR confirmed this had been predicted through the Workforce and OD committee expecting an upturn in people retiring at this point. Regarding poaching it was felt it could not show how much was development opportunities rather the actively seeking staff and therefore looking at retention. IH left the meeting.
34/22	**2021 Community Mental Health Survey – medications management work** LP introduced the report noting this was from a previous Board discussion on the survey results which showed a distinct theme around medications management and patients being informed about their medication. With the changes in the make up on CMHTs, one element of this being the skill of our staff being able to have the appropriate and right conversations with patients around their medications.

	PJ noted the CMHT transformation recognised three years ago when submitting the proposal that there had never been community pharmacy withing the CMHT and felt it would add real value overall along with medication safety and reconciliation, pharmacy technicians would support the overall treatment and have received really good feedback in making a difference to patients. One of the main issues is the recruitment of pharmacist particularly because of the competition with the larger companies and have therefore not seen the full potential due to difficulty in recruitment, now looking at joint conversations with primary care to see how we can share the work. WC explained they are working with HR to increase the attractiveness to join the trust but due to the increasing demand for pharmacists and technicians there is still a lack of candidates in the local area. PJ explained that the technicians are vital, and we have been successful in getting and keeping technicians but can only get the real value if they are working with pharmacists. WC noted there has been a series of resources developed to enhance our provisions of medicines related information for patients in the community including medicines information resource pack which signposts to good quality information about medication but also information about physical and mental health. There is also medication awareness training for staff around how a drug work and interactions etc. A section 'about my medication' will be included in the care plan as a CDC form in Lorenzo which will be filled in by staff with the patients, about the medication they are taking and will be saved in the system with a copy given to the patient. This was developed in response to the patient survey. PJ discussed the make-up of CMHTs changing in recent years from mainly nurses and social workers to expanding roles available including therapy based roles and support workers and with the support by training and written information, is helping to make support more available. WC explained when a patient is first given information on medication, they often don't remember what they are told, and this work is about going back to them to check they know what they are taking and why they are taking the medication, which is why it is important all staff who have contact with patients have this knowledge. The resource pack and training are to enable non-medical staff to give support. JB felt it was positive that we are now linking up patient and carer experience feedback and thinking about what that means in models of care and how we can use other professionals rather than relying on doctors and nurses. It was agreed a very informative and innovative presentation, showing some great work done, and was felt we should do the maximum to publicise this, which may also benefit in terms of recruitment WC noted an entry was put to HSJ last year and we got shortlisted in the top five in the county.
35/22	**Mental Health Units (Use of Force) Act 2018** LP explained this item has come from the change in the Act which came into effect on 31 March 2022 and the briefing is part of the update to Trust Board last week. This work takes us even further forward underpinned with transparency and reporting use of force and restrictive interventions on mental health units. It fits in with the direction of travel with closed cultures and references work already done with reducing restrictive interventions through the RRI group. Hopefully it shows in the new policy that this builds on work we already had in place. It was noted the policy will also go to the Mental Health Act Legislation Committee as there is a role for the two committees to oversee this work as it progresses and was requested at last Trust Board that a report is produced around our current status. MS confirmed he was comfortable with the information and as per clarification at Trust Board, will primarily be reported through the MHLC. JB reiterated to Board members that the information is not new and have been talking about closed cultures in the organisation for a while along with referencing the work the CQC has done. Bearing in mind CQC will be visiting in the future so wanted people to remember that the Use of Force Act is the law but to put it under the constrict of how we deal with closed cultures and reducing restricting interventions and keeping our units and people safe along with the legal aspect of the Use of Force Act. MS noted Humber is a positive outlier in terms of restrictive interventions and was happy, moving forward, that MHU Use of Force will be part of our business as normal.

36/22	**Risk Register** **a) Quality Committee Risk Register Summary** **b) Board Assurance Framework** The Risk summary and the Board Assurance Framework were noted. HG explained the paper shows the current quality risks with 8 risks rated 9 and above with two new risks, and two reduced since it was last presented to Quality Committee. Risks include: - • Waiting lists x 2 • CQC x 1 • Next of Kin x1 (it is hopeful this risk should be able to reduce at the next report as compliance is improving) • CAMHS Bed capacity x1 • Staffing related x 3 MS commented he was pleased to see the turnover in risks showing a dynamic document where risks are inserted and removed which is to be commended. It was noted a discussion at Governors meeting regarding risks with a rating of below 9 and asked for assurance that there was nothing of concern at that level. HG confirmed these risks are all the current quality ones and are reviewed at the Quality and Patient Safety Group (QPaS), noting the Organisational Development Group (ODG) reviews risks in their area, in the reporting layer below Quality Committee. Certain risks which are presented at QPaS may get passed back to divisions for more information or challenge on scoring to ensure the rigor is there and confirmed there was nothing of concern. MS confirmed it felt a rigorous process and assurance received. LP noted for assurance, in agreement with HG that this is a dynamic process from team, division, corporate and Trust level, which is demonstrated in the well-led review. There will always be new risks emerging, but this demonstrates the governance overall quite strong. LP noted the risk registered was also part of the divisional accountability reviews which adds another layer. All new risks are seen at ODG with the check and challenge regarding scoring and understanding of actions or mitigations are correctly in place. FP enquired if he could be reminded of how the target risk score is determined. HG explained this is completed on risk by risk basis by leads and the people involved in scoping risks, being part of the risk process, coming through meetings such as quality committee to ensure that when we meet the target risk, everyone is satisfied with progress. FP enquired regarding some of the higher risks which have stayed at the same level for several years and not reduced. HG confirmed this was a good point and linked to the conversation at Board around risk appetite, noting there have been a few quality risks which have met their target score and been removed but feel we need more focus on this in the future and will certainly challenge the quality risks target score going forward, ensuring the controls put in place will bring the risk down to the target score. MS confirmed this is a difficult area, such as for example our target for nursing vacancies should be 100% vacancies filled but in reality, may never be reached but confirmed would be comfortable with HG giving this more focus through the year following the Board conversation.
37/22	**Final Quality Committee Effectiveness Review (for May Trust Board)** The review was noted and discussed. It was agreed the information regarding the action from the Grant Thornton Well Led review for the chair to attend QPaS should be included as well as the positive information from the review **Action** • **To update the review with the information from the GT review as discussed SH)** • **completed pro-forma to be sent to Michelle Hughes for approval at the May Trust Board. (SH)**
38/22	**Quality Committee Terms of Reference review (for May Trust Board)** The meeting was asked to approve the ToR which had been updated after the last meeting. This was due at Trust Board Meeting in May 2022 for final approval. A discussion was held around consistency on membership with all sub committees, regarding the Trust Chair and Chief Executive. It was agreed this would be checked with Michelle Hughes and amended as require. Membership for links to other meetings were also discussed and it was agreed this should be taken to EMT for their views. **Action – to update the ToR with the amendments above (SH)**

	Approved – The Terms of Reference were approved with the minor amendments noted above
39/22	**Risk Management Strategy Update / Annual Report** HG noted this report is due at Board this month and has been to other sub committees and is here to be finalised with any comments before presentation at Board. The report gives a position statement on the risks over the last financial year, starting with 182 risks and ending the year with 169 risks on the register, and includes a focus on those risks which have not moved over last year as per the request from the last Quality Committee. The Committee noted they were happy with the report
40/22	**Quality and Patient Safety Group – Annual Effectiveness Review and ToR** The QPaS Annual Effectiveness Review and Terms of Reference were noted and approved by the Quality Committee. It was noted the membership on the ToR had been updated as part of the review. **Approved – The Quality Committee approved the QPaS Effectiveness Review and ToR**
41/22	**Quality and Patient Safety Group (QPaS) minutes (25 May 2021)** The minutes of the December 2021, January 2022 and summary of the March 2022 meeting was noted with no queries raised.
42/22	**Items Arising from the meeting requiring Communication, Escalation or Risk Register consideration and any lessons learnt** The following items were agreed for escalated to the Trust board via the Assurance report: • The Safeguarding investigation has been reviewed and action plan progress will be reported back to Quality Committee • The Patient Safety Strategy conversation has been started with the Quality Committee starting the consultation • The Medicines Management report was applauded • It was noted for the assurance report that the Committee has received a summary of the QIAs against the BRS schemes.
43/22	**Any Other Business** MS confirmed this was the last Quality Committee for JB and thanked him for his contribution, and degree of challenge provided, noting the value of insight he has brought to the quality committee. It was acknowledged he will be missed across the organisation and was wished every success for the future. JB thanked MS for his kind and generous words and observed that if we looked back on what was discussed today and what had been discussed when he joined, he feels the organisation has transferred itself with all playing a part in this. He thanked HG and LP and other executive colleagues for their generosity.
44/22	**Date and time of next meeting** The next meeting has been arranged for Wednesday 3rd August 2022 via MS Teams. The meeting invite details will be updated nearer the meeting date.

Agenda Item 28

Title & Date of Meeting:	Trust Board Public Meeting – 28 September 2022
Title of Report:	Mental Health Legislation Committee Assurance Report following meeting of 04 August 2022.
Author/s:	Name: Michael Smith Title: Non-Executive Director and Chair of Mental Health Legislation Committee
Recommendation:	To approve: ; To receive & discuss: ; For information/To note: ✓ ; To ratify:
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	The Mental Health Legislation Committee (MHLC) is one of the sub-Committees of the Trust Board This paper provides assurance to the Board with regard to the agenda issues (agenda attached) covered in the committee held on 04 August 2022.

Key Issues within the report:

Matters of Concern or Key Risks to Escalate:

- Escalate need for further work in respect of findings from the consent to treatment audit
- Committee identified an IG (Information governance) breach within the papers which is to be investigated.

Key Actions Commissioned/Work Underway:

- Noted publication of Mental Health Bill and it was stated that consultation would be addressed by way of a number of focus groups
- Reintroduction of face-to-face Hearings for Mental Health Tribunals and Associate Hospital Managers Reviews
- Delayed discharges are being addressed in line with the transforming care agenda.
- Task and finish group to be set up to look at increasing diversity in relation to Associate Hospital Managers

Positive Assurances to Provide:

- Reviewed MHL (Mental Health Legislation) performance report and found no current issues of concern - noted use of section 4 had been wholly appropriate and significant reduction in patients being transferred out of area
- RRI (Reducing Restrictive Interventions) report - Case studies continue to provide a helpful context for reducing restrictive practices approach.
- Repatriation of patients from Forensic services hitting targets beyond what was set nationally
- Fantastic work re rehabilitation in STaRS (Specialist Treatment and Recovery Service) ward
- The Trust are ahead of the national picture in respect of achieving the recommendations from

Decisions Made:

- To agree the MHLC Annual Report to go to Board
- To approve the Associate Hospital Managers Policy
- Agreed to a re-audit of consent to treatment
- Committee supported the updated MAPPA (Multi Agency Public Protection Committee) protocol.

the CQC Out of Sight – Who Cares report • Recent CQC (Care Quality Commission) MHA (Mental Health Act) visits had shown a good level of assurance often with no actions arising. • Committee received positive assurance from an external observer.	

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)	

Monitoring and assurance framework summary:

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

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

Key Issues:

Committee noted key items and assurances:

- Insight report - The Committee was informed about:
  - an update on the Mental Health Bill and it was stated that consultation would be addressed by way of a number of focus groups
  - The Road Map for the future of Mental Health hearings and the option for patients of a return to face to face Hearings; consideration to be given to offering the same options for Associate Hospital Managers Reviews
- Performance Report:-
  - We noted the commentary on the use of section 4 and that its use had been wholly appropriate
  - Steadily decreasing numbers of CTOs (Community Treatment Order) in the Trust
  - Significant reduction in patients being transferred out of area due to lack of local beds (22 in Sept 2021; 2 in May and June 2022), 0 Mental Health adults out of area who require an acute

bed - additional 5 beds on Maister court contributed to this, also older adults supported at home instead of admitting to hospital

- RRI report Q1 –
  - Case studies continue to provide a helpful context for reducing restrictive practices approach.
  - Focus on training, especially DMI (De-escalation Management Intervention). Was set at 18-month refresh during Covid, but returned to 12 month. Making progress and improvement trajectory in place; training team capacity increased to support trajectory plan.
  - Incidents for restraint – above upper control for quarter. Has been looked at in detail. Every incident is reviewed via safety huddle and indeed is reflected in the feedback into the clinical risk management group. All of those incidents have the senior clinical oversight expected. Increase in restraint relates to a very high level of acuity in the patient group in those areas.
  - Benchmarking data for prone restraint provided.
  - Report outlines areas of focus for Quarter 2.
- Repatriation of patients from Forensic services exceeding national targets
- Fantastic work re rehabilitation in STaRS ward
- A connection was made between the Mental Health Act reform with regard to race and ethnic inequalities and the work taking place within the trust to expand our knowledge base outside the protected characteristics e.g. poverty, digital poverty.
- Committee received a presentation on the CQC Out of Sight – Who Cares report and the follow up work completed by the Trust Learning Disability Service to provide assurance that we are achieving the recommendations made in the report. It was noted that the Trust are ahead of the national picture in respect of achieving the recommendations. There were only two areas which weren't fully achieved: These were about the transition of care from childhood to adulthood, and about delayed discharges which is a systemwide issue particularly with regard to housing and support. We are trying to address some of this in line with the transforming care agenda.
- Committee received a presentation on consent to treatment audit where it became clear that we are not meeting standards with regard to the completion of the Z48 form (assessment of capacity to consent to treatment) by the Responsible Clinician. Auditing of the Z48 is part of the regular monthly MHA audit in MyAssure which does show some improvement since the completion of the Trust wide audit presented. Some improvement is to be expected as we now have a defined standard of seven days for completion of the form and a standalone consent to treatment tab on Lorenzo. Consultants are to be reminded about this issue and a further audit is to take place shortly.
- MHL Committee Annual Review paper received and approved.
- Committee received positive assurance from the MentalHealthLegislation steering group minutes and it was also reported that recent CQC MHA visits had shown a good level of assurance often with no actions arising.
- Committee approved the Associate Hospital manager Policy.
- Committee supported the updated MAPPA protocol.
- Committee identified an IG breach within the papers which is to be investigated.
- Committee received positive assurance from an external observer.

Humber Teaching NHS Foundation Trust

Agenda Item 29

Title & Date of Meeting:	Trust Board Public Meeting – September 2022
Title of Report:	Audit Committee Assurance Report
Author/s:	Stuart McKinnon-Evans, Audit Committee Chair
Recommendation:	To approve: ; To receive & discuss: ; For information/To note: ✓ ; To ratify:
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	To inform the Trust Board of the outcome of the Audit Committee of August 9 2022

Key Issues within the report:

Matters of Concern or Key Risks to Escalate:

- Highest residual risks for trust relate to: availability of nurses and GPs; financial pressure arising from agency spending; failure to address waiting times; complexity and acuity of CAMHS inpatients creates capacity shortages
- The era of fixed price contracts has gone, given the high-inflation economic environment
- Increase in cost of insurance Clinical Negligence Scheme for Trusts
- Recent managed phishing exercise saw too many staff submitting sensitive data to a webpage, tempted by the prospect of domestic fuel deals

Key Actions Commissioned/Work Underway:

- Board Assurance Framework's descriptors need to be harmonised with the Trusts refreshed Strategy
- National-level commissioned work on financial health will be undertaken, which will displace other elements of the plan
- The Trust holds 2 Memoranda of Understanding on behalf of the ICS with a total value of £670K – this is too informal an arrangement in the view of the Committee, and accountabilities needs clarifying
- Chasing the single tender waivers about to expire
- Some concern about the repeated extension of the Vocare Out of Hours GP service in Whitby
- ICB-level contracts are not yet in place, but will be issued for consideration and finalisation soon

Positive Assurance to Provide:

- Deep dive into Community and Primary Care Services Division register showed dynamic risk management of the headline and subsidiary concerns, and that risk management is embedded in Division's work
- Actions and controls in pursuit of Strategic Goal 3 (Fostering integration, partnerships and allowances), continue to be ranked Green, following discussion about whether the evidence was sufficiently complete

Decisions Made:

- To ratify the BAF re Strategic Goal 3
- To endorse the risk assessment at Trust and Divisional level
- Endorse the single tender waivers
- To agree that the national requirement for internal audit assessment of financial sustainability will displace other finance audits on the existing plan to next year
- Review the threshold for reporting gifts

• Internal audit work programme – significant or high assurance from work to date, both for final reports from 2021/2 and the first reports for 2022/23 • Continued vigilant follow-up of internal audit recommendations • Benchmarking of gift and hospitality practice from 5 other trusts shows variety of approaches, and no alarm bells for Humber • Procurement exceptions management remains satisfactory through the single tender waiver process • All external audit work on track to complete the 2021/22 reporting cycle. No non-audit work has been commissioned • Counter-fraud campaign included monthly newsletter and incident-driven alerts to staff. Humber continues to benchmark well against other trusts • National-led piece (by IA) will provide additional assurance over and above the external audit work on financial sustainability and VfM •	

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) Report produced for the Trust Board	✓

Monitoring and assurance framework summary:

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

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

Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Committee Assurance Report – Key Issues

The Audit Committee of August 9 2022 dealt with the following:

- Noted good progress on action from previous session
- Considered extant and new Single Tender Waivers, and was assured that the internal scrutiny process remains strong. There is a concern that 2 arrangements held by the Trust on behalf of the ICS are classified as Memoranda of Understanding, which is too informal for transactions totalling c £670K m. We asked for clarification on 2 soon-to-expire Waivers. Concern was expressed about repeated extension of the Vocare out of hours GP service in Whitby.
- Took a report on recent procurement activity, included the letting of contracts for transport, cleaning and IAPT. We noted the total value and high level composition of recent expenditure, but asked for more insight in future reports about the categorisation of spend, to distinguish between purchase-order-based, expenditure in our role as lead provider in a collaborative, and the extent, if any, or expenditure which occurs outside the procurement team's ambit. We noted that in a high-inflation environment, the fixed-price contracts that have been normal in recent times are now being rejected by suppliers
- Considered the Board Assurance Framework, focusing Goal 3 (Fostering integration, partnership, and alliances). We noted that the current descriptors are not consistent with the news strategy; and that the current evidence over work at system-level is underplayed in the BAF. We reviewed whether the rating of Green, which has been constant for some months, is still right, and concluded it is.
- Noted this year's insurance premiums. An increase of c £180K in the premium for Clinical Negligence is being levied, following a claim of c £10m from a historical incident. We took assurance that the lessons had been considered via Quality Committee
- Took a deep dive into risk register for Community and Primary Care Services Division, hearing about the top risks, which related to Whitby GP service contract termination in 9 months; increased dietetics referrals putting pressure on waiting times; poor hospital discharge decisions putting pressure on community services; estates-related risks in Bridlington GP practice (now nearly resolved); social media campaign in Market Weighton; reliance on locum staff, which has a quality and financial risk). Risks just below the High rating include availability of ANP and virtual wards. The Committee was pleased to hear that training and development means the practices of risk management is well-embedded in the Division's management more generally
- Considered the 15+ risks on Trust-wide register, concluding no change in their composition. Risk owners were asked to ensure consistency between gaps in controls and assurance and the action being taken to close them. Highest residual risks for trust relate to: availability of nurses and GPs; financial pressure arising from agency spending; failure to address waiting times; complexity and acuity of CAMHS inpatients creates capacity shortages. We discussed whether a point would come when some externally-driven risks (eg related to national skill shortages) could be tolerated (ie no further action taken by the Trust) but concluded that moment was not yet
- Considered benchmarking information from 5 other trusts, which showed a wide variety of practice with respect to value of reportable threshold and quantities of reported gifts. The Trust is not an outlier, but we agreed to review the reportable threshold.
- Took an update from Internal Audit Programme update – all recently completed reports conclude significant or high assurance (Budgetary and accounting control; medical job planning; medicines optimisation; provider collaborative; provider licence self-certification; data security and protection toolkit). On the provider collaborative, we noted the related work currently underway on Schoen Clinic which will report to the Collaborative Commissioning Committee in October. Additional work has been mandated by the NHS Chief Finance Officer, on financial sustainability. Seen as a shot across the bows from the centre to tighten discipline, the Trust is not concerned about potential findings. The work will displace other finance audits in the current programme into next year, we agreed.
- Noted the continued campaign by Counter Fraud team (with key features being regular communications, alerts about scams, publicity about investigations, masterclasses. We head that a

recent phishing exercise had led too many staff to submit sensitive information to a webpage in an unsafe way, lured by the prospect of lower domestic energy bills.

- Took comfort from External Audit that all work done for the 2021/22 reporting round is complete or on track, noting that the outstanding work on the pension fund in not due until the next Committee. The VfM commentary in draft will be brought to the November cttee. No further matters need to be brought to our attention
- We took verbal updates on non-audit work (none commissioned); emergency planning (deferred to November awaiting central guidelines); cyber-security (took assurance of good attendance; and asked for escalated items to be tracked; and contract variations (none made).
- We expect ICB-level contracts to be issued for finalisation soon.

NHS
Humber Teaching
NHS Foundation Trust

Agenda Item 30

Title & Date of Meeting:	Trust Board Public Meeting – 28 September 2022
Title of Report:	Collaborative Committee Assurance Report
Author/s:	Stuart McKinnon-Evans Non-Exec Director - Audit Chair (Chair)
Recommendation:	To approve: ; To receive & discuss: ; For information/To note: √ ; To ratify:
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	The Collaborative Committee is one of the sub committees of the Trust Board This paper provides an executive summary of discussions held at the meeting on Friday 5 August 2022 and a summary of key points for the Humber Teaching NHS Foundation Trust Board to note.

Key Issues within the report:

Matters of Concern or Key Risks to Escalate:

- CAMHS waiting list continues to be problematic for young people requiring eating disorder care. Acuity of patients and shortage of key personnel continue to cause capacity shortage
- Delayed transfers of care in both CAMHs and Adult Secure – regular engagement with partners at place to identify solution and progress

Key Actions Commissioned/Work Underway:

- Following the Visioning events for each work stream, strategic plan and priorities have been outlined for further development by each workstream
- CAMHS workstream assessing if/how community-based provision can ease capacity constraints

Positive Assurance to Provide:

- Learning to date from Schoen Clinic and how do we apply across all the collaborative work streams.
- Serious Untoward Incident Group established – first meeting 10 August 2022

Decisions Made:

- Commissioning Standard Operating Procedure has been updated since the original document shared with NHS E Pre-Go Live in October 2020 – SOP agreed at Committee
- Quality Governance Framework reviewed at committee and agreed
- Adoption of streamlined reporting format and approach for future Committees

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	05.08.22
			Other (please detail) Report produced for the Trust Board	

Monitoring and assurance framework summary:

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

Committee Assurance Report – Key Issues

The 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 and North Yorkshire (HNY) Specialised Mental Health, Learning Disability and Autism Provider Collaborative.

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

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

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

The meeting on 5 August was quorate

Quality Assurance and Improvement

- Learning to date from Schoen Clinic and how do we apply across all the Collaborative, some of our learning is increasing Case Management presence and assurance
- Robust line of site at front line through the governance process, felt that previous arrangement lacked sufficiently robust oversight. This has now been rectified
- Full quality review Stockton Hall in August 2022
- SI review group to meet 10 August
- Long term segregation report shared – 2 people in LTS – frequent review and assurance

Schoen Clinic Update

- Key issues advocacy – virtual to date. This has been addressed and will be in person from Monday 8 August 2022 and continues to be monitored.
- Metrics and feedback continue to demonstrate progress
- Assurance work continues weekly
- Currently 4 service users at the unit new admission 2 August 2022
- Agreed to have a specific lesson learned session at the next Collaborative Committee

Risk Register

Following recommendation from Provider Collaborative Oversight Group (PCOG) the risk register will be updated:
Roll-out of First Episode Rapid Early Intervention for Eating Disorders (FREED) champion (CC15) - remove
Inflation assumptions (CC22) – retire
Media reporting of Schoen clinic (CC25) – retire
Capacity risks caused by no/limited admissions at Schoen clinic (CC26) – retire

From September onwards the risk register will be added to HTFT DATIX system

Work Stream Updates

- Following the Visioning events for each work stream, strategic plan and priorities have been outlined for further development by each workstream, including focus for next 3 months

CAMHS

- Mill Lodge Day Care development is progressing with estates work commencing this month
- Inspire Eating Disorder (ED) day care proposal received and meeting to be arranged to progress
- Inspire General Adolescent Unit (GAU) and Psychiatric Intensive Care Unit (PICU) beds now fully open
- Continued pressure on Delayed Transfers of Care (DTOC's) and waiting list – meetings continue with place and ICS partners however pressure remains on limited community placements
- Staffing pressures at Mill Lodge

Adult Eating Disorder

- The Schoen Clinic has reopened to admissions – phased reopening
- Reduced length of stay at both Rharian and Schoen comparing to same months in 2021
- Work progressing well with Vale of York regarding a new community eating disorder model
- All actions from internal audit on the governance and management arrangements are completed

Adult Secure

- The total HNY patient population for all diagnosis (med and low) is 151 which is an increase of 3 from the previous month. 2 of the 3 patients have been admitted to vacant block contract beds at the Humber Centre
- There are currently 73 low secure patient and 78 medium secure patients.
- The total In Natural Clinical Flow (INCF) population is 116 (77%) and Out of Natural Clinical Flow (ONFC) is 35 (23%).
- There are currently 18 patients who are delayed transfers of care
- 17 patients have been delayed for more than 12 weeks

For all the 3 work streams meeting continue with partners at place to discuss and review people waiting for access to specialised in-patient services and delayed transfers of care – from August this information will also be shared with HNY ICS for overall system and place review.

Commissioning Standard Operating Procedure (SOP)

The Collaborative Planning and Quality team developed a commissioning SOP as part of our readiness for Go Live. Since October 2021 we have developed further our collaborative governance process and therefore it was agreed to update the Commissioning SOP to reflect the collaborative progress in planning and quality assurance.

Quality Governance Framework

An updated revised Quality Governance Framework was shared with the Committee the document was reviewed and agreed.

Future Collaborative Committee meeting arrangements

A paper was shared with outlined proposals for discussion and decision making on the future format and purpose of the Collaborative Committee. The paper was discussed in detail and all proposal to streamline the reporting arrangements, to avoid excessive duplication between the Committee and its supporting

bodies and to reduce the frequency to bi-monthly was agreed at the Collaborative Committee.