

Trust Board Meeting 20 May 2020 Agenda – Virtual Public Meeting

For a meeting to be held at 9.30am Wednesday 20 May 2020, by Skype

		Lead	Action	Report Format
	Standing Items			
1.	Apologies for Absence	SM	To note	verbal
2.	Declarations of Interest	SM	To receive & note	√
3.	Minutes of the Meeting held on 29 April 2020	SM	To receive & approve	√
4.	Action Log and Matters Arising	SM	To receive & discuss	√
5.	Patient Story – The Use of Video Consultations in Primary Care by Skype	JB	To receive & note	√
6.	Chair's Report	SM	To note	verbal
7.	Chief Executives Report	MM	To receive & note	√
8.	Publications and Highlights Report	MM	To receive & note	√
	Performance & Finance			
9.	Performance Report	PBec	To receive & note	√
10.	Finance Report	PBec	To receive & note	√
	Assurance Committee Reports			
11.	Mental Health Legislation Committee Assurance Report	MS	To receive & note	√
12.	Workforce & Organisational Development Committee Assurance Report & 22 January 2020 Minutes	DR	To receive & note	√
	Quality and Clinical Governance			
13.	Covid-19 Response - Summary Update	LP	To receive & note	√
14.	Quality Accounts	HG	To receive & approve	√
	Corporate			
15.	Committee Effectiveness Reviews 2019/20	MH	To receive & approve	√
16.	Refreshed Strategic Document	MM	To receive & note	√
17.	Items for Escalation	All	To note	verbal
18.	Any Other Business			
19.	Exclusion of Members of the Public from the Part II Meeting			
20.	Date, Time and Venue of Next Meeting Wednesday 24 June 2020, 9.30am – venue to be confirmed			



Agenda Item 2

Title & Date of Meeting:	Trust Board Public Meeting – 20 May 2020			
Title of Report:	Declarations of Interest			
Author/s:	Name: Sharon Mays Title: Chair			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	The report provides the Board with a list of current Executive Directors and Non Executive Directors interests.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Monthly Board report	✓
Key Issues within the report:	Contained in the report			

Monitoring and assurance framework summary:

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



Directors' Declaration of Interests

Name	Declaration of Interest
Executive / Directors	
Ms Michele Moran Chief Executive (Voting Member)	<ul style="list-style-type: none"> • Appointed as a Trustee for the RSPCA Leeds and Wakefield branch • Chair of Yorkshire & Humber Clinical Research Network
Mr Peter Beckwith, Director of Finance (Voting Member)	<ul style="list-style-type: none"> • Sister is a Social Worker for East Riding of Yorkshire Council • Son is a Student at the St Mary's Health and Social Care Academy
Mrs Hilary Gledhill, Director of Nursing (Voting Member)	No interests declared
Dr John Byrne, Medical Director (Voting Member)	<ul style="list-style-type: none"> • Executive lead for Research and Development in the Trust. Funding comes into the Trust and is governed through the Trust's Standing Instructions • Senior Responsible Officer for the Local Health Care Record Exemplar (LHCRE).
Mrs Lynn Parkinson, Chief Operating Officer (Voting Member)	No interests declared
Mr Steve McGowan, Director of Human Resources & Diversity (Non Voting member)	No interests declared
Non Executive Directors	
Mrs Sharon Mays – Chairman (Voting Member)	<ul style="list-style-type: none"> • Trustee of Ready Steady Read • Sister is Head of Compliance Standards and Information at Tees Esk and Wear Valley NHS Foundation Trust
Mr Peter Baren, Non Executive Director (Voting Member)	<ul style="list-style-type: none"> • Senior Independent Director Beyond Housing Limited • Son is a doctor in Leeds hospitals
Mr Mike Cooke, Non Executive Director (Voting Member)	<ul style="list-style-type: none"> • Trustee, Yorkshire Wildlife Trust • Chair of Yorkshire Wildlife Trust • Consultant Advisor, University of York • Advisor , National Institute for Health Research • Independent Executive Mentoring Coach • Chair of NIHR International Collaboration Panel Steering Group to embed Applied Research in Health Care Settings • Chair of Knowledge and Dissemination Panel, University of York Mental Health Network Plus NIHR grant • Chair, Cochrane Common Mental Disorders Expert Advisory Board
Mr Mike Smith, Non Executive Director (Voting Member)	<ul style="list-style-type: none"> • Director MJS Business Consultancy Ltd • Director Magna Trust • Director, Magna Enterprises Ltd • Owner MJS Business Consultancy Ltd

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

Trust Board Meeting
Minutes of the Trust Board Meeting held on Wednesday 29 April 2020
(joining by Skype)

Present (by Skype):	Mrs Sharon Mays, Chair Mrs Michele Moran, Chief Executive Mr Peter Baren, Non Executive Director Prof Mike Cooke, Non Executive Director Mr Francis Patton, Non Executive Director Mr Dean Royles, Non Executive Director Mr Mike Smith, Non Executive Director Mr Peter Beckwith, Director of Finance Dr John Byrne, Medical Director Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals Mr Steve McGowan, Director of Workforce and Organisational Development Mrs Lynn Parkinson, Chief Operating Officer
In Attendance by Skype):	Mrs Michelle Hughes, Interim Head of Corporate Affairs Mrs Jenny Jones, Trust Secretary Mr Adam Dennis, Communications Officer

Apologies: None

Due to the Government guidance for the Coronavirus, the Board meeting was held by Skype. All members of the Board took part in the virtual meeting however there was no access for members of the public. Board papers were available on the website and an opportunity provided for members of the public to ask questions via e mail.

- 61/20 **Declarations of Interest**
The declarations were noted. Any further changes to declarations should be notified to the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest, they declare their interest and remove themselves from the meeting for that item.
- 62/20 **Minutes of the Meeting held 25 March 2020**
The minutes of the meeting held on 25 March 2020 were agreed as a correct record with the following amendment:
- 53/20 Operational Plan 2020/21**
The Operational Plan was noted not approved. The minute will be amended to reflect this.
- 63/20 **Matters Arising and Actions Log**
The actions list was discussed.
- 52/20 Workforce Committee Update**
Mr McGowan confirmed that the Staff Survey presentation had been circulated and this action could be closed.
- 64/20 **Staff Story - Working on the Front Line at Whitby Hospital**
The Board received a staff story submitted by staff at Whitby Hospital and their view of working on the front line during Covid 19. Dr Byrne explained that this was a good news story. The Chief Executive explained that there are some positive stories being received



from staff and the intention is to put all of these into a book. Staff are in good spirits and from an operational point of view are doing really well.

The Chair commented that the story made her feel proud and emotional. It was good to see them at the Board.

Previously there have been morale issues at Whitby, however the way that staff have pulled together to focus on the Covid 19 situation is exemplary. Mrs Parkinson said there is an air of positivity and staff are proud of what they have achieved

Mr Baren asked if there are any patients with Covid 19 and if so how they are being segregated from other patients. Mrs Gledhill reported that the three Covid 19 patients are being isolated in cubicles. If this number increased they will be moved into the four bedded areas. She explained that barrier nursing is not unusual at Whitby Hospital and staff are used to having Personal Protective Equipment (PPE). The Infection Control Team is going around all teams to check that PPE is being used correctly. Occupancy has been low across Malton and Whitby throughout the Covid 19 outbreak with Whitby running around 50% across both wards.

Professor Cooke commented that this was a nice story and it was good to see the team pulling together. He had also seen that there had been a patient in their nineties who had recovered from the virus. Professor Cooke suggested that a letter be sent from the Board explaining that their story had been heard and that they are doing a fantastic job. The Chief Executive thought this was a good suggestion and will include this in Board Talk which is circulated. Across all services staff are doing a remarkable job and acknowledgement of this and the way services have been transformed will be included.

Mr Patton noted that the news stories are tending to focus on bad news rather than the good news stories, he asked if it was felt that staff are learning about being a team better. He felt there is a key message coming out from a leadership perspective and more should be taken from this. The Chief Executive agreed that the media are remaining with bad news stories which is not helping and why the idea of a good news stories book is being taken forward.

Mr Patton also suggested that consideration be given to changing the order of wording for the Stop Think Distance campaign for the acronym

Mrs Hughes explained that there had been a complete focus during Covid 19 on internal communications. However, in order not to lose the work that is routinely done, the team have now started to generate stories from interviews with staff in preparation for articles. Examples of some of the work undertaken included the website, work with volunteers and bereavement. There has been good collaboration and feedback from staff about the work. Post Covid 19, a booklet will be produced of good news stories. The team is also doing other things to help and support staff through for example the Health and Wellbeing hub, and Care Mail, a joint collaboration with the Service User and Carer team has recently launched which allows people to receive a post card with a supportive message. Mr Dennis added that positive stories are being sent to the media, but it is not within the Trust's gift to ensure they are published but this does remain an area of focus for the Communications Team who continue to try and get the positive stories published.

Mr Patton suggested creating a "Wall of Appreciation" on the website where messages of appreciation to staff and partners could be posted. This idea was supported by the Board and will be taken forward by the team.

The Chief Executive commented that even if the media don't want to publish positive stories, interviews with staff will continue. The book of stories will be a legacy for staff and will include some corporate staff stories and suggested that Board members may also want to contribute. There has been some supportive press around the recruitment campaign at Whitby. Mr Patton said this was an example that could be added to the "Wall of

Appreciation”.

Resolved: The Board noted the story.

The Communications Team to take forward the suggestion to create a “Wall of Appreciation”

Action MH

65/20

Chair’s Report

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

- Regular calls with the Lead Governor who is supportive and grateful for all that the Trust is doing.
- Work is taking place to re-introduce some of the Governor meetings virtually starting with the public and staff Governor meetings. The Engaging with members work is also continuing. The virtual platforms that can be used will be discussed with individual Governors and will be agreed dependent upon the access that Governor’s have.
- Continuing to join calls with the National Mental Health Chairs and more locally with Humber Coast and Vale (HCV). Discussions are around PPE, testing and training however there is a move into the restore and recovery phase. An event has been arranged to discuss this further on 6 May involving Chairs and Chief Executives.

Resolved: The verbal updates were noted.

66/20

Chief Executive’s Report

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

- The Café at Trust Headquarters run by Smile and Autism Plus was beginning to work well prior to Covid 19. It is hoped the momentum and support can be resumed when it reopens.
- As the Breast feeding Guardian, the Chief Executive was pleased to be part of the Unicef Gold Standard Reaccreditation. The organisation is the only Trusts to have reached this level of award. The Chief Executive thanked Pauline Dumble and her team for their work in achieving this award which also demonstrated partners in action work and the benefits of working together for mothers and babies. Mr Patton congratulated the team on this achievement.
- Freedom to Speak Up work continues. Recruitment for a Deputy Freedom to Speak Up Guardian continues. A new case was reported last week to the team which is going through the usual processes.

Mr Patton said he had joined in the recent “Ask the Exec” session by Skype and was impressed at the level of engagement from staff. He asked how these new ways of working are being tracked and how they may become further embedded. The Chief Executive explained that as part of the restore and recovery phase, a review of what work has been stopped, paused and current work is being undertaken.

In addition transformation work is being brought forward with Mr Beckwith being the Senior Responsible Officer (SRO) for this work. Different ways of working introduced due to Covid and service transformation work that has taken place or will be brought forward for example 24/7 crisis lines, occupancy levels and use of digital platforms will be continued.

Mr Patton congratulated Health Stars for the work they are doing to support staff. He suggested this was another example of where something could be added to the “Wall of Appreciation”. As the planned Quiz in March was postponed, Mr Patton reported that he has access to a quiz site and could run a virtual quiz for all staff. This was seen as a good

opportunity for staff and the Chief Executive will discuss further with Mr Patton.

Resolved: The report and verbal updates were noted.

67/20

Publications and Highlights Report

The report provided an update on recent publications and policy with updates provided by the Lead Executives. It was noted that Covid 19 publications had not been included as there were so many.

Mr Baren asked referred to the guidance on the Disclosure Barring Scheme (DBS). He asked what success the Trust has had in relation to staff that have recently returned to work in the NHS. Mr McGowan reported that eight nurses have come back through the national Bringing Staff Back campaign all of whom have been placed in nursing roles. A significant number of applications for the bank for Health Care Assistants and admin roles have been received. It is hoped that these people will remain on the bank after the current situation ends.

Mrs Gledhill is writing to the individuals to thank them for coming back and supporting the NHS and the Trust. She hoped that these individuals would remain on the bank after this emergency phase is over.

Resolved: The report was noted.

68/20

Performance Report

Mr Beckwith, Director of Finance, presented the report which showed the majority of indicators were within normal variation. The Trust's Gold Command agreed that the Performance Report should continue to come to Trust Board, but given the current emergency planning situation no commentary was provided. Of particular highlight to the Board were:

- Data for clinical supervision is currently not being collected therefore the reporting for this indicator is until February 2020. Clinical supervision however continues to take place.
- For March 2020 the Friends and Family Test has reduced to 70%, this is influenced due to the fact that a higher percentage of responses are from a primary care setting, where responses are low.

Mrs Gledhill reported that clinical supervision was stood down in clinical areas for a month, but is now back up and running. Professor Cooke said this was good to see and helpful that this is being maintained in the current environment. He noted that Care Programme Approach (CPA) reviews were improving.

Dr Byrne explained that with regards to Friends and Family tests primary care feedback data will be explored fully in this year's 19/20 patient and carer user experience report including comparison between surgeries as well as improvement plans.

Professor Cooke congratulated the finance team on a successful year for 2019/20 which in his view, is the best the Trust has ever had.

Professor Cooke asked what the current sickness rate is and what the occupancy levels are in Inspire Inpatient Unit. Mrs Parkinson reported that as of yesterday Covid 19 related sickness was at 4.29% (121 people) and unrelated Covid 19 sickness was at 3.54% (101 people). Maternity leave is at 1.86%. The Trust's level has been stable for the last three weeks and is running between 9 & 10%. Inspire has nine service users admitted, five females and four males.

Professor Cooke asked if therapeutic services have been able to continue and whether there had been any issues with consultant availability. It was reported that sickness has been low with this team. Therapeutic services have been maintained and the consultants are locums

and are dedicated and making a positive contribution to the team.

Mr Baren noted the improvement with Granville Court on the Safer Staffing dashboard. He asked if there are any particular risks with Covid 19 for this cohort of patients. Mrs Gledhill explained that the patients are vulnerable around infection control, A lot of work has been done with the team around PPE and care of these patients during the Covid 19 period.

Mr Patton said that from a performance and finance dashboard, the teams had done really well. He also noted the improvement Care Programme Approach (CPA) reviews over 12 months and seven day follow up.

Mr Patton expressed concern around the over 52 week waiters. He was informed there has been a rise in relation to over 52 week waits and in continuing health care and annual assessments in Scarborough and Ryedale. These are Covid 19 related, but when the data migrated there were issues with the annual review information. With Covid 19 the guidance was to support the acute hospitals discharges and due to staff issues the annual reviews were stopped mid March. These have now started to resume and an improvement should be seen in the next report.

In terms of Child and Adolescent Mental Health Services (CAMHS), and autism diagnosis, as schools have been closed it has not been possible to obtain the information required to conclude a diagnosis from education. Referrals have dramatically reduced in Children's service during Covid 19. The restore and recovery stage is being planned as to how we address the anticipated surge in demand for children's mental health services going forward. Discussions are taking place with commissioners as the Trust does not want to be in the same position as it was pre Covid 19. Work is taking place to see if digital platforms can be used to support diagnosis and to increase the use of this and also to have additional capacity for when referrals start to emerge again.

Resolved: The report and verbal updates were noted

69/20

Finance Report

The report presented by Mr Beckwith showed the financial position for the Trust as at 31st March 2020 (Month 12). Since the report was produced there has been some movement reported in the financial position around claims for annual leave due to Covid 19 has been taken into account as part of the control total. £330k has also been received from the unallocated suspension fund. The Trust did not hit its control total, but delivered:-

- An operational surplus of £0.149m was recorded at the end of March 2020.
- The cash balance at the end of March was £15.108m (Underlying Government Banking Service Cash position was £14.820m)
- Capital Spend as at the end of March was £12.460m
- The Use of Resource Score at the end of the financial year was 2, consistent with plan

A virtual meeting was held to discuss the finance reports and the movements were discussed. The finance team was again thanked for its efforts. Mr Baren confirmed that it was a good meeting and the year end position was a credit to the team. He was pleased to see that the bank accrual had been reinstated.

Mr Smith noted the cash balance asking at what stage would consideration be given as to whether any would be used for further investment in the organisation. Mr Beckwith said further discussion and consideration would be given to potentially supporting the capital investment when the capital restrictions are lifted.

Resolved: The report was noted.

70/20

Committee Assurance through Covid 19

Following a review of Committee workplans, the report provided an assurance update from

Non Executive Director chairs of Board Sub Committees on the work of the following Committees during Covid-19

- Quality Committee
- Workforce & Organisational Development Committee
- Finance & Investment Committee
- Charitable Funds Committee
- Mental Health Legislation Committee
- Audit Committee

The Chair thanked the Committee chairs and Exec leads for their work in these areas.

Resolved: The Board noted the report.

71/20

Covid 19 Update and Assurance Report

The report provided a summary of governance from each Director during the Covid-19 pandemic. Mrs Hughes drew the Board's attention to Gold Command Governance and the various aspects to monitor and track Covid-19 governance including the establishment of an ethics assurance group, gold risk register and strategic decision making. The communications team have been at the centre of our response to ensure communications to all stakeholder groups are well managed and integrated. In addition, Mrs Hughes drew attention to the corporate governance section of the report which provided an assurance update on for other aspects of Board governance to provide assurance on the status

The Chief Executive felt this was a helpful report and thanked the Executive team for providing it. The transformation work and use of IT platforms that have been implemented at pace has been remarkable. Calls have been taking place with teams and staff morale remains high across all areas.

The Trust has coverage of PPE across all areas and is also supporting the local patch. Testing capacity is increasing and a back to basics campaign instigated. At a recent call with Claire Murdoch, the Trust was highlighted as an exemplar in this area for the posters that have been created to promote this.

Mrs Parkinson reported that Command arrangements are in place across the Trust together with the establishment of a second Manager On Call rota to support teams. Bronze command has now been stood down to three times a week. The decision to use Mill View Court and Lodge as the isolation unit was the right one. Regular check ins with all teams continues. Services are working remotely for non urgent areas and the IT team have been supportive. More platforms have been opened up for clinical services to use. Therapeutic approaches across some of the Community Mental Health Teams (CMHTs) have been established. Development of the surge planning is key. The Emergency Planning team is recording any changes made and this will feed into the work that is being done around what has changes, paused and should continue.

There is a high level of collaboration across teams and corporate services staff have been forthcoming in offering support. Staff feel proud of what they have achieved. Staff environments have been reviewed and facilities changed to accommodate PPE, and provide showers. The communication element has been key and teams appreciate being kept up to date and informed.

Testing has been in place for three weeks and was initially provided to the Trust through the acute hospitals at Hull Royal and York Hospital. There is a good process in place which is working effectively across the whole of the patch. A drive in facility was opened at the Humber Bridge at the weekend followed by another one in Poppleton. Provision for some mobile testing is taking place. Results of the tests are usually available within 24 hours which is helpful in terms of decision making around people returning to work.

In terms of PPE, there are three storage facilities across the Trust with the Humber Centre being the main area and facilities provided at Malton and Whitby. All have 24/7 access. Orders are not submitted, but provided through the PUSH system. A procurement exercise for the running of this stock control room is being undertaken. Plans are being made for some portacabins to be located on the Humber Centre site as the current location of the storage facility is not sustainable

The Covid 19 rapid response team made up of registered nurses and paramedics is being moved into mainstream services.

The work that has been undertaken in relation to physical health has put the Trust in a good place with staff in mental health teams prepared to look after patients supported by the Covid 19 team. Clinical pathways are in a good position and have been reviewed and are on the Intranet under the Covid 19 section.

SIs and SEAs have continued and one SI has been declared and is being investigated by Dr Kate Yorke.

Mr Beckwith reported that the work around the changes that have been made in recent weeks is progressing with Business Development staff working with Divisions. A report will be provided to the Executive Management Team on the outcome of this.

The Chief Executive said the next phase is being looked ahead to. The system is working well and the willingness of staff to go above and beyond has been acknowledged. There is acceptance that Covid 19 will be around for some time and discussions will continue on how to continue to support staff health and well being, morale and resilience. Nothing has really been stopped from a service point of view, but planning needs to be in place for the potential surge that may come for mental health services. The Chief Executive is raising this issue at a national and regional level.

There has been a reported national reduction in people asking for CAMHS services due to the schools being closed. People are also anxious about attending hospitals due to the Covid 19 risk. Preparations are being made for the new patient services user that is going to come through due to pressures such as economic and financial and work with voluntary services is continuing.

Professor Cooke commended the Executives on their response to the Covid 19 situation and the systems and processes in place which appear to be working well. He referred to section two of the report commenting that it was good to still have Clinical Risk Management Group meetings in place. He was really pleased with the work that has been done on the quality system over the last three years as the Trust is in a much better place with quality Improvement and rapid response. He commended the report which was full and comprehensive update.

Dr Byrne commented that everyone in the NHS is working hard at the moment and especially Trust staff who have stepped up. Hull and East Riding has had a lower number of cases than other areas, however he cautioned that there still may be further cases in the next 12 months. Whilst we are mindful of the broader NHS restore and recover plans, the Trust, in particular is not being complacent and would maintain a cautious approach going forward due to the risk of infections in our inpatient services remaining high. Dr Byrne also suggested it will be difficult to predict what services may be required going forward.

Professor Cooke agreed and referred to SARs and other diseases that have been experienced in previous years which have long term effects. He felt that the stigma associated with mental health may have reduced and there may be a more proactive approach to well being, but he felt it may be difficult to predict.

The Chief Executive said that the developments and frameworks made over the last three years have been helpful in preparing the organisation to respond as quickly as it can. There will be economical and financial repercussions due to unemployment which will have an effect on people's mental health. The increase in demand due to Covid 19 will be great in her view, and higher than the predicted 29%. This needs to be high on the agenda with all networks and the Chief Executive is raising it at all levels. Updates are being provided to MPs on work that is being undertaken and public health teams in the local authority have been asked to do some modelling. Research is being reviewed and links have been made into Italy to see if there is any learning or information that can help.

Dr Byrne suggested that commissioners will need to review and reflect on their approach to IAPT services as services will be more in demand and different ways of dealing with them may be needed.

Mr Patton thought there will be an increase over a period of time as there is likely to be mass unemployment and small businesses closing. Some larger businesses may come out of this as they will be able to absorb financial losses. The Chief Executive said this is being discussed at all levels. It is also anticipated there will be a surge for children's services once schools go back.

Dr Byrne asked if there was a possibility that the Trust's positive financial position would be sought at other levels to assist in other areas. M Beckwith said that if this happened a double entry would need to be made in the accounts and if cash was taken there would be a consequence elsewhere in the system.

Mr Baren asked if there were any staff that were being under utilised due to the effect of Covid 19. He was informed that Estates staff are unable to progress some of their work, but they have been working to support other areas such as supplies and supporting voluntary services.

The Chair thanked the Executives for an informative report.

Resolved: The report was noted

72/20

Emergency Preparedness Resilience and Response (EPRR) Annual Report

The annual report was presented by Mrs Parkinson and provided assurance that the Trust has met its EPRR duties and obligations as set out in the Health and Social Care Act (2012) as a responder during the period 1st April 2019 to 31st March 2020. The report also included an overview of EPRR activities and sets out EPRR priorities for 2020/21.

The report has been approved by the Executive Management Team (EMT) and It was noted that Mr Smith who is the Non Executive Director lead has seen the report. Mr Smith suggested that although the report mainly covered the period before Covid 19 came into effect, he suggested that some narrative be included to reflect that social distancing had not yet come into force and that this shaped the approach to the Covid 19 response. It was agreed this would be included.

It was also noted that the Joint Decision Making training planned for 6 April was cancelled due to Covid 19 and a new date is yet to be set.

Dr Byrne commented that previously Emergency Planning preparedness had been around a building burning down as this was felt to be the biggest risk. With the current pandemic he suggested that looking forward this was perhaps the biggest risk and may need to be reflected in future planning/training. Mr Smith agreed suggesting that another area may be a cyber attack, given the renewed reliance on digital platforms.. He queried whether the Decision Making training could be provided remotely. Mrs Parkinson did not think this would be possible as Yorkshire Ambulance Service (YAS) have other priorities at this time. A date will be arranged as soon as is possible.

Mr Smith referred to an e mail that had been received from Paul McCourt from Humberside Fire and Rescue who is also a Trust Governor. In the letter he thanked everyone for all the efforts and positive contributions from the Trust and the staff involved in the Local Resilience Forum calls. The letter has been shared with all involved.

The Chief Executive circulated a slide pack with information which shows how planning is taking place around restore and recovery looking at all trusts and what work has been stood down. Non elective services aim to get back up and running and the system will also be looking to do this. A system approach to health and wellbeing including mental health has been agreed. The Humber Coast and Vale (HCV) has a key role in this for mental health and a meeting is happening at this moment to look at restore and recovery across the patch. The Chief Executive is the lead for the mental health programme work including learning disabilities and is looking at how this work can be done differently to add benefit.

The reaction around post traumatic incidents and how resilience is gained is being looked using the Manchester bombing incident and the resilience centre that was set up. Data from a national, regional and local perspective is being reviewed to see what therapeutic models may be needed going forward. These would include social care, economy and others. As a consequence it has been agreed to develop a post that will report into the Mental Health programme to plan through some of this work and to also link into the Trust's work. The Integrated Care Service (ICS) is working well with partners in the system to look at supporting mental health for this long term process for services.

Resolved: The report was noted
Narrative to reflect social distancing and Covid 19 to be added to the report Action LP

73/20 **Report on the Use of the Trust Seal**

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

Over the period 1 April 2019 – 31 March 2020, the Trust Seal has been used ten times and further details were included in the report.

Resolved: The Board noted the report

74/20 **Items for Escalation**

No items were raised

75/20 **Any Other Business**

No other business was discussed

76/20 **Exclusion of Members of the Public from the Part II Meeting**

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

77/20 **Date and Time of Next Meeting**

Wednesday 20 May 2020, 9.30am by Skype

Signed Date
Chair

Agenda Item 4

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

Summary of actions from April 2020 Board meeting and update report on earlier actions due for delivery in May 2020						
<i>Rows greyed out indicate action closed and update provided here</i>						
Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
29.4.20	64/20	Staff Story - Working on the Front Line at Whitby Hospital	The Communications Team to take forward the suggestion to create a “Wall of Appreciation” on the Trust website	Interim Head of Corporate Affairs	May 2020	The wall of appreciation launch is planned to coincide with international nurses day on 12/5/20
Outstanding Actions arising from previous Board meetings for feedback to a later meeting						
Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
29.1.20	11/20(a)	Quality Committee Assurance Report and 9 October 2019 Minutes	High reliability organisations discussions to be continued at a future Board Time Out	Medical Director	June 2020	To take place at June Board Time Out
29.1.20	11/20(b)	Quality Committee Assurance Report and 9 October 2019 Minutes	Quality Improvement and Patient Safety Board Development Session to be arranged	Medical Director	June 2020	To take place at June Board Time Out
29.1.20	14/20(b)	Safer Staffing 6 Monthly Report	Definitions and significance of reasonable evidence and sound evidence to be included in future reports	Director of Nursing, Allied Health and Social Care Professionals	June 2020	Item not yet due
26.2.20	28/20	Chief Executive Report	Update on the Population Health Management and links into	Medical Director	April 2020	Date to be confirmed when Covid 19 situation has



			LHCRE to be provided at the April meeting			ended
25.3.20	47/20	Chief Executive's Report	Diversion and Liaison Services offending and referrals data to be reviewed for the Mental Health Legislation Committee.	Medical Director / Chief Operating Officer	March 2020	Chief Operating has tasked the Mental Health Legislation Manager to address this in the Mental Health Legislation Steering Group and will update the Committee in quarter 2.
25.3.20	53/20(b)	Operational Plan 2020/21	Draft 18 month plan to come to the Board in October, subject to any guidance issued before then	Director of Finance	October 2020	Item not yet due
25.3.20	56/20	Risk Register	Workforce risks and mitigation to be discussed at the next Workforce & OD Committee	Director of Workforce and Organisational Development	Date to be confirmed	Will be discussed when Committee meetings resume

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

Agenda Item 5

Title & Date of Meeting:	Trust Board Public Meeting: 20 th May 2020			
Title of Report:	Patient Story – The Use of Video Consultations in Primary Care			
Author/s:	Name: Mandy Dawley Title: Head of Patient and Carer Experience and Engagement			
Recommendation:	To approve		To receive & note	√
	For information		To ratify	
Purpose of Paper:	To provide an insight into what it feels like from both a clinical and patient perspective of using video consultations in a primary care setting.			
Governance: <i>Please indicate which group or committee this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Patient story	√
Key Issues within the report:	<p>The key messages of the Board story are:</p> <p>To provide an insight into what it feels like from both a clinical and patient perspective of using video consultations in a primary care setting.</p> <p>The clinician and patient will join the Trust Board meeting and will share their experiences of using video consultation.</p>			

Monitoring and assurance framework summary:

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



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

Agenda Item 7

Title & Date of Meeting:	Trust Board Public Meeting – 20 May 2020			
Title of Report:	Chief Executive's Report			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	To provide the Board with an update on local, regional and national issues.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Monthly report to Board	✓
Key Issues within the report:	<ul style="list-style-type: none"> Identified within the report 			

Monitoring and assurance framework summary:

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

✓	<i>Tick those that apply</i>
✓	Innovating Quality and Patient Safety
✓	Enhancing prevention, wellbeing and recovery
✓	Fostering integration, partnership and alliances
✓	Developing an effective and empowered workforce
✓	Maximising an efficient and sustainable organisation
✓	Promoting people, communities and social values

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



Chief Executive's Report

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

1.1 Around the Trust

I am continuing to call into team meetings and meet virtually with staff across the organisation – morale remains high. Staff are amazing.

Informal and Formal Executive Management Team meetings are still continuing via Skype

1.2 Research

Humber has now officially started data collection for our first national Covid study (known as CCP) and we have heard that our GP practices will be sites for the PRINCIPLE study (drug trial). The research team are just awaiting formal notification before starting processes.

1.3 Elective Convulsive Therapy (ECT)

Miranda House our mental health response service and assessment unit, situated in Hull also provides ECT - This service is designed to provide vital treatments to adults in the local area who are struggling with mental health issues; such as severe unipolar and bipolar depressions that have not responded to other treatments.

The service has recently been accredited for their ECT service by the Royal College of Psychiatrists' Combined Committee for Accreditation, following their submission in December 2019. This also brings with it an important commendation in Patient Experience for the both the service and Humber Teaching NHS Foundation Trust.

1.4 Update On Humber Coast and Vale (HCV)

HCV has been successful in the application to become an Integrated Care System (ICS) which indicates confidence in the area and its leaders.

Covid -19 Next steps for the ICS:

- Recent service changes and improvements are recorded and promoted.
- New and improved ways of working are embedded
- Lessons are learned
- Our health and care staff are properly supported and protected
- Strengthen our focus on the Quadruple Aims:
- Improving health and wellbeing
- Improving service quality and performance
- Improving efficiency and financial performance
- Addressing inequalities
- Competing service priorities are balanced and managed appropriately
- Clear actions are agreed that are phased across the short, medium and longer term

I am involved in the core HCV planning group alongside the North Yorkshire and York (NYY) and Humber system work. I have also been asked to participate in a small national working group on Mental Health recovery. This will influence and feed into the wider system.

1.5 External Governance Review

In addition to our internal annual review of the Board's effectiveness the CQCs latest report provided the Trust with a continued rating of Good for Well Led.

NHSI guidance 'developmental reviews of leadership and governance using the well-led framework' says Trusts should carry out an external review of their governance every 3 years. However, in keeping with the Single Oversight Framework NHSI use to identify the level of support providers need, they provide extra flexibility based on individual circumstances. This means they can agree longer timeframes for review up to a maximum of five years on a 'comply or explain' basis.

An external governance review was last undertaken in May 2017 and we have until May 2022 to undertake an external governance review. We have previously agreed to extend the 3 year period based on our CQC Well Led rating of Good in 2018 and given our latest 2019 inspection rating where we retained our Well Led rating of Good there is continued flexibility to agree when to do this within the period up to May 2022.

The impact of Covid-19 may need to be reflected in agreeing the timing of the next full assessment and Board will be kept updated as to when it will be most appropriate to engage an external auditor to undertake this work.

2 Director's Updates

2.1 Chief Operating Officer Update

2.1.1 Social Prescribing Team and Community Hubs

As part of our response to the covid19 emergency the social prescribing team have worked in partnership with East Riding of Yorkshire Council, Smile Foundation and multiple Voluntary and Community and Social Enterprise (VCSE) organisations to build and shape nine community hubs across East Riding with a focus on ensuring those most at risk and vulnerable within the local communities are getting the help and support they require from food parcels to medicines and a friendly voice on the telephone to combat loneliness. We have supported and engaged with over 3500 residents in the last 7 weeks and continue to be part of the community offer that ensures we provide support to those who are shielding and self-isolating due to covid 19 but are in need of medical intervention.

The team have redesigned and co-produced a whole new system and service offer within a short period and have worked closely to design a new caller befriending service with Smile Foundation, volunteer roles within all community hubs, a new call centre and helpline with newly designed technology and virtual interventions and remain as a core function to the community offer for residents across East Riding. This work will continue to be reviewed as we develop our plans further to support additional expected demand for both mental and physical health support in the community.

2.1.2 Secure Community Forensic Team (SCFT)

Through the Humber Coast and Vale mental health partnership programme, funding was secured earlier in the year to implement a new Secure Community Forensic Team (SCFT). This is part of the wider work on secure services to reduce reliance on the use of out of area beds and provide more care in the community to minimise lengths of hospital stay. The start date has been moved to the 1st June, which is a one month delayed due to the Covid-19 emergency.

All governance arrangements are in place and the service operational policy is being finalised. All staff have been recruited with the exception of a Registered Clinician and a peer support worker which are being progressed. The Trust is leading this work in close partnership with Rotherham, Doncaster and South Humber NHS Foundation Trust and NAViGO, a joint service operational plan has been developed and is being finalised. All information governance and information technology requirements are in place and have been agreed. These arrangements are being supported by a contractual agreement. Meetings (held virtually) have continued with providers bi weekly to progress with the mobilisation of this important service. Regular contact has been made with the NHS England national team utilising the online portal to keep in contact with other SCFT providers and also to provide updates as to our progress.

2.2 Director of Nursing, Allied Health and Social Care Professionals

2.2.1 World Hand Hygiene Day: May 5th 2020

Although the plan to hold an event in the lecture theatre to mark World Hand Hygiene could not go ahead the Infection Control Team and the Communications Team worked together to ensure the day was still celebrated using the event to raise continued awareness of the need for hand hygiene which has never been so important as during this period of the COVID pandemic.

The day was celebrated through raising awareness via social media with information for staff in relation to information on the WHO website, sending videos on how to use hand rub and how to wash your hands and a further roll out of our back to basics campaign in the form of a footer for emails (see below) and a message when you log onto your computer reminding you of the campaign messages.



Humber Teaching
NHS Foundation Trust

Caring, Learning, Growing

Back to Basics

The simple steps we are taking to protect ourselves, our families and our patients.



The infection control team held skype meetings with link practitioners across trust services to catch up, discuss plans and activities for marking the day.

2.2.2 Supporting our Student Nurses

Aspirant Nurses (3rd year opt in students)

As part of the COVID arrangements for student nurses the Trust received a total of 24 nurses (20 RMN/4 RNLD) in their last 6 months of training who have all been placed in our clinical services. Nineteen of these nurses have secured posts with the Trust when they qualify. To support these nurses in practice we have:

- Developed a job description based on national guidance and Trust format
- Worked with colleagues in human resources to fast track the students into practice.
- Worked with the E-rostering team to get all the students set up on the rosters and supported their understanding of these new roles
- Provided a bespoke workplace induction and supported students through this.
- Set up a peer group – the purpose of the group is to offer remote contact in various forms including access to a collaborative platform (slack.com) , access to the Trust practice education team twitter page which gives general updates and guidance.
- Ensured weekly contact with one of the Practice Education Facilitators PEF's via email, skype or telephone acting as a further layer of supervisory support.

As these nurses complete and get their competencies signed off as they will be eligible to move onto the temporary NMC register, be paid at band 5 and work as staff nurses.

Please see below some feedback from a third year student nurse to the practice facilitator:

'First and foremost I would like to say thank you for your support on behalf of all my cohort: year 3. Yes, everything is fine at the moment. I was welcomed at PICU and it felt good to be appreciated during these unprecedented times.'

Again many thanks to you for doing a follow-up checking on students how we are doing. Massive thank you from me`

Trainee Nursing Associates

The Practice Education Team are continuing to support all of the cohorts and their workplace supervisors and be the link with both Hull & Coventry University. They are also working with those staff who are working towards qualifications to apply for the next cohort.

2.2.4 Safeguarding Update

The Humber Safeguarding Team are continuing to operate as usual with the exception that all team members are working from home. The team are continuing to operate a duty desk Monday – Friday 9 – 5pm successfully and continue to offer support to staff across the trust in meetings virtually. Safeguarding business meetings continue to take place monthly which provides the opportunity to review safeguarding activity in the Trust and provide assurances that processes are being maintained by staff across the Trust. In addition to this, safeguarding forum meetings have been adapted specifically for the Covid – 19 situation and they are now being held more frequently at 6 weekly intervals. This supports the increased monitoring of safeguarding activity alongside service managers and team leads, it's also provides an additional platform for disseminating information to service areas and frontline staff.

The Named Professional for Safeguarding adults continues to attend the safeguarding adult boards across all three areas, this is occurring virtually and is providing partners the opportunity to get together to discuss any safeguarding concerns or processes locally and how this reflects on the national situation. The safeguarding adult review panel meetings are also continuing and normal reporting procedures apply.

The Prevent reporting procedures are also continuing alongside the monthly Channel Panel meetings, currently the Silver Strategic Meeting has been stood down but the safeguarding team remain in regular contact with Counter Terrorism Police.

The Named Nurse for safeguarding children maintains links with the local safeguarding children partnerships and other safeguarding partners with virtual attendance at high priority meetings such as the Learning from Individual cases group and the Child Death Overview Panel. Statutory meetings such as safeguarding Practice Reviews and Learning the Lesson Reviews continue as previously but now on a virtual basis. This allows the safeguarding team to contribute to the identification of learning and agree actions to take this forward as part of multi-agency arrangements.

Close working relationships with the Named Nurse (child) and children services managers/team leads continue in the usual way. Ongoing safeguarding children supervision is provided by the Named Nurse in line with Trust policy and the monitoring of vulnerable children and families by service areas has oversight from the Named Nurse to ensure that concerns are responded to appropriately. Other safeguarding processes such as attendance at strategy meetings and the escalation of safeguarding concerns continue to take place in line with expected guidance and policy.

The safeguarding team have been involved in the safeguarding adults board and safeguarding children partnership planning groups for Covid-19 and how the Local Authority and partners will continue to deliver effective safeguarding processes. The team maintain regular contact with Local

Authority Safeguarding Teams, although they also are currently working from home, information and concerns are regularly discussed.

Safeguarding updates are being shared with staff, this has included 5 minute focus' on Human Rights, Domestic Abuse and Prevent. Practice notes have also been completed on Human Rights and Restrictive Practice specific to COVID 19. A poster for domestic abuse has been created specifically for HTNFT staff and shared through the Covid-19 briefing and also with Matrons. Clinical Leads and managers across all services. The Safeguarding Team have a COVID-19 Intranet page that keeps this information in one place and is easily accessible for all staff. This includes updates provided to health and social care services nationally.

A safeguarding update has been provided regularly through the Covid-19 briefing and has included raising awareness to HTNFT services in all areas on domestic abuse, modern slavery, financial abuse, Prevent and Honour Based Violence.

In light of increasing concerns regarding cases of domestic abuse, the safeguarding team have also arranged to produce a video blog for distribution across the Trust, this will help to keep domestic abuse in everyone's mind when supporting children and their families. This will be accompanied by a notice placed on the Trust intranet marquee with details of support that can be accessed. Domestic abuse is identified as an area of focus in the safeguarding strategy, work regarding this will continue to take place as much as possible, along with the other areas of priority.

Although Domestic Abuse is a concern nationally, locally there has not been a reported increase in reporting across the three areas. However this continues to be on the Boards and Partnerships agenda. Any high risk cases highlighted at MARAC (Multi Agency Risk Assessment Conference) are being provided with additional welfare checks in the East Riding. The domestic abuse lead and Safeguarding Adult Lead in the CCG have visited the local testing centres and have provided posters on services that people are able to contact.

We are working with the training department to restart the Level 3 child and adult training started virtually, this will be supported through Skype or Microsoft Teams. Staff across the trust have been made aware of online training that is available in the interim including NHSE Level 3 Safeguarding Training and IDAS (domestic abuse Services) Domestic awareness training.

The concerns for vulnerable people in the community have also been highlighted by the Police with an increase in reports of financial abuse, neglect, online safety issues and fraud,. Visits are being undertaken by the Police to vulnerable people to highlight the concerns, posters on identifying potential perpetrators, how staff can recognise potential abuse and who to report to have been developed and shared in the community. The safeguarding team have shared this information with the clinical teams for distribution to patients in all areas.

2.3 Medical Director

2.3.1 Virtual Patient and Carer User Forum

Our Patient and Carer user team held its first virtual patient and carer user forum on the 5th of May with over 35 participants covering our services in Whitby, Scarborough & Ryedale, The East riding and Hull. Feedback from participants was positive and we are exploring ways of building this approach into a new work plan.

2.3.2 Virtual Chaplain Service

Eve Rose, our Trust Chaplain held her first virtual service on Sunday 10th of May, This was a 'Test of concept ' pilot and even though numbers were small we feel the opportunity to develop this approach is worth pursuing. This will enable us to broaden our multi faith offering to staff and service users in the coming months and overcome any potential limitations which we are currently experiencing with Covid-19. In addition Eve and other Chaplin's will be able to offer individual remote support to staff and service users.

2.3.3 Clinical Excellence Awards

The British Medical Association and NHS Employers have reached an agreement with regard to the clinical excellence awards for 19/20 & 20/21. Whilst formal guidance is awaited it appears that the awards will move to a 'shared equally' model as opposed to the competitive model which we and many other trusts of historically adopted.

2.3.4 Appraisal and Revalidation Activity

The current pause on appraisal and revalidation activity remains in place, however, the Director of Medical Education is in the process of developing our educational package which by necessity will need to be a 'virtual offering'. The Royal Colleges are signalling that they will probably pause any large meeting based educational activities until 20/21 as they are also developing their educational model.

2.3.5 Digital Approach

All the teams within their directorate have held their first meetings to discuss how we will continue to evolve our 'digital first' approach to the delivery of our work going forward. Overall, the ability to work remotely has been embraced by all staff who have become efficient and proficient with a digital approach. We will build on this work over the coming months as part of supporting the Trusts ambitions with regard to this approach.

2.4 Director of Workforce & Organisational Development

2.4.1 TRAC

The Trust delayed implementation of the TRAC recruitment system until October due to COVID 19. Following online training being made available, this has now been brought forward to a 4th August go live date.

2.4.2 Staff Survey

All departments have been sent a detailed breakdown of their results with analysis of areas of improvement and areas to focus on. Best practice from across the trust is being collated and will be shared with managers.

2.4.3 Appraisal window

Initially due to COVID 19 the window was going to be pushed back until October – December. Given the recent developments, the decision has been made to move this forward to July – October, an extra month being given this year in recognition of the demand on managers and staff as a result of COVID 19.

2.4.4 Recruitment Task and Finish Group

Workforce and OD Committee were recently given an update on the work of the task and finish group, which is tasked with bringing in 122 Nurses, 8.5 Consultants and 5.2 GPs in 2020/21.

2.5 Director of Finance

2.5.1 Provider Collaborative

The Trust has now appointed to the Post of Programme Lead and are planning for a start date in the near future. The due diligence will be progressed further once further information is provided in relation to patient data and the associated financial envelope for the new footprint which includes the former Harrogate clinical commissioning group, information has been requested and we are hopeful this will be provided shortly.

The Governance model will be finalised once the Programme Lead is in post.

NHSE have indicated that they would want to move to working with us in shadow form by October in preparation for a go live date of 1 April 2021.

2.5.2 Payroll – P60's

"The Trust will shortly be issuing P60s to staff detailing total pay and deductions for the 2019/20 tax year, the deadline for The Trust to provide staff with P60s is the 31 May. Those staff that have opted to use the ESR electronic system for accessing payslips will be able to view their electronic version of the P60 by 20 April using ESR.

Staff that have not opted to access their payslips electronically through ESR will receive their P60 via post no later than the 31 May.

Staff are being encouraged to utilise ESR to access payslips and P60s as this provides faster access and reduces the time taken with distribution which also reduces the cost of printing and postage

2.5.3 Digital Updates

Lee Rickles has been invited to join the HCV ICS Management Team to provide Digital leadership.

IT services have made a significant effort has been made to support the organisation moving to home working using our existing secure remote access systems. This has also included the wide use of Skype for Business and the deployment of new laptops.

The clinical systems team have implemented the upstream patient portal, patient e-consultation app during April. This has been progressed for a number of months and was ready to support the social distancing between patients and staff. They have also implemented NEWS2, COVID19 assessment form and End of Life Respect form.

NHS Digital and NHS X have started a process to procure Office 365 licences by the end of June 2020. We will need to replace out existing office 2010 licences and have planned to use a centrally provided solution. This is expected to have a significant discount as an NHS wide procurement and organisations need to confirm their interest by 15th May 2020.

The East Midland Local Health Care Record Programme is now working in partnership with the Yorkshire & Humber Care Record. This is so the East Midland Local Health Care Record Programme to use the advanced integration technology Yorkshire & Humber.

2.5.4 Corporate Accommodation

Work has commenced to review corporate accommodation requirements, predominately at Trust Headquarters and current arrangements during the national directive for home working and how to allow safe access to headquarters for staff who may require it intermittently

A longer term approach to supporting home working is being progressed via EMT, further updates will be provided at a future date.

2.5.5 Integrated Board Report (IBR)

The executive Management Team (EMT) have reviewed the current IBR and identified a number of changes for the report which will be incorporated into the report from June, changes include

- Reporting Vacancies as a % of establishment with separate reporting for Nurses
- Splitting incidents by harm rather than type
- Separate Graphs to be included for CPA 3 day follow up
- Retiring – under 18 admission to Adult Wards, Appraisal and use of Resources Score
- Commentary to be provided on front sheet only for those indicators that fall outside of statistical control

2.5.6 Post COVID Transformational Work

The COVID Pandemic has required the Trust to adopt new ways of delivering services, the work on capturing transformation has been incorporated into the Continuity of Operations and Sustainability Plan which is being taken forward by the interim Deputy Chief Operating Officer with the SRO for the work the Chief Operating Officer. This work will incorporate the second phase of

the NHS Response to Covid-19 as set out in the letter to Chief Executive Officers from Sir Simon Stevens and Chief Operating Officer Amanda Pritchard from NHS England on 29th April 2020.

3 Trust Policies

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

4 Communications Update

15th April – 11th May

The Marketing and Communication's team have continued to focus on supporting the Trust response to the COVID-19 outbreak. The 'COVID-19 Phase 2 Plan' outlines the next phase of our communications strategy to continue to ensure that we communicate effectively with staff, patients, service users and families.

We are also beginning to resume some key projects that were put on pause due to our support for the COVID response include website development, support for the Recruitment and Retention project and important improvements to our internal communications platforms.

Key Projects

- **Website Development**

Working with our current website provider, Site Kit we are working to move our website to the most up to date platform. This work will be completed by 5th June and will deliver significant improvements to the site flow and user experience including been mobile optimised.

- **Recruitment Marketing Plan**

The team have developed a campaign to support the recruitment of key roles to the Trust. The campaign 'Humbelievable' was designed and developed by the team in-house and will be launched in the autumn. It includes a Trust recruitment website, advertising, PR, digital and print elements to ensure our teams are well supported to deliver the plan across nursing and medical staffing. The campaign is being finalised and will be shared with the Board in June.

External Communications

International Nurses Day

The team led Trust activity to mark this annual day. Activity included message from Michele Moran and Hilary Gledhill and a social media campaign to share messages from staff thanking nurses for their care and compassion to save lives and support recovery. This activity also aligns with the launch of the appreciation wall.

Appreciation Wall

We have launched the virtual Appreciation Wall on our website to bring together in one place messages of gratitude and appreciation that have been shared over the last two months. The wall was launched on International Nurses Day which this year focuses on sharing messages of thanks to nurses.

Hand Hygiene Day

We marked this important awareness day by sharing supportive content including Trust created handwashing and alcohol gel videos. Our message reached thousands of people including over 200 video views and was widely shared on social media ensuring that we had a voice in spreading the message. Internally it also launched additional assets as part of our 'Back to Basics' campaign.

Perinatal Mental Health Awareness Week

The team worked with our Perinatal Mental Health Team to share the message of talking about mental illness while pregnant or after having a baby, as well as raising awareness of how people can seek support.

This activity is part of the national NHS 'open for business' campaign which aims to ensure the public are still accessing critical NHS services and in line with our own surge plans to protect services against the anticipated surge in mental health services.

- **Media**

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

Positive new stories published (to 11 th May)		Negative new stories	
Local media	9	Local media	0
Website/Social Media	12		
TOTAL	21		

Positive media highlights include:

- Coronavirus: Plenty of PPE, but no hugs - what it's like working as a Whitby District Nurse – Whitby Gazette
- 'Don't give up hope' as East Yorkshire mental health teams work tirelessly amid lockdown – Hull Daily Mail (Part of the NHS Heroes Campaign)
- Care Mail – Radio Humberside/Viking FM

- **Website**

	Target	Performance over period
Bounce Rate	50%	66%
Social Referrals	12% (a 10% increase in 2019 position)	15%

Social referrals continue to maintain their increased position in terms of acquisition due to the positive activity on our platforms – in particular recruitment posts.

- **Social media**

	Target	Performance over period
Engagement Rate	4%	10%
Reach	+50,000 p/m	110,000
Link Clicks	1500 p/m	2275

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

- Sharing news of patient ‘Dorothy’ who with the help of our physiotherapy and occupational therapy shared her first steps after an RTA
- Maister Lodges innovative efforts to help families and patients stay in touch

Internal Communications

- **Internal Emails**

During the COVID period we have been delivering twice daily COVID news bulletin to staff seven days a week and once at the weekend. This has now (11th May) moved to a once daily email with our routine Wednesday and Friday emails returning.

By July we will have moved to a new platform (Poppulo) which will provide the communications teams (and through them other parts of the organisation such as HR) the tools to deliver targeted, relevant internal communications. This tool is been used successfully within many other NHS Trusts to effectively engage employees as well as internationally at other Hospitals and healthcare settings, in UK businesses like E.ON and multinational organisations such as Centrica.

Back to Basics – Stop, Think and Socially Distance

The team worked with Infection Prevention and Control to develop a campaign which reinforces the basic steps we can all take to protect ourselves, our families and our patients. The creative has been shown as an example of good practice nationally and has been used by a number of Trusts across the country as a basis for their own internal messaging. The campaign includes posters, intranet content, email signatures and desktop wallpaper.

The second phase of the ‘Back to Basics’ campaign is being rolled out across open Trust locations this month. It includes vinyl graphics to meeting room doors and tables, door and cupboards in kitchens and rest spaces and on walls in clinical and patient social areas. Working with the Matrons we have created a simple and supportive messaging to help everyone stop and think about this simple infection prevention measure during their daily work.

- **Intranet**

Current performance

The intranet has been a key part of our communications response. The Covid Hub has had 7,015 visits since launch.

	Target	Performance over period
Bounce Rate	40%	66.77%
Visits	+20% on 2019 average	+56%

4 Health Stars Update

Covid 19 Update

As we continue to work through these challenging times and adapt to our new ways of working through COVID19 Health Stars continue providing the fortnightly food hampers to both our Inpatient Units and Community & Primary Care Teams. These have been making a big impact on the staff morale and ensuring our staff are taking a few moments for themselves on the frontline.

They have been inundated with kind words and team photos, here are a few of the messages they have received:

“Just to say a big thank you to Health Stars and Manique for delivering a Health Stars hamper for the staff at Beverley Health Centre, it is much appreciated by all”

“Everyone at Driffield CMHT was excited to receive our delivery today, Thank you so very much”

“Just a little note to say a very big thank you for all the updates and for all the hampers that have been sent to Townend, gratefully appreciated many thanks”

“A huge thank you to the Humber Health Stars for our delivery of treats last week, our team have been hard at work over the last week preparing for the unknown, such a nice surprise and gesture of kindness. The fantastic delivery driver was so cheerful and made our team smile in these unusual times, again thank you and keep working hard everyone”

NHS Charities Together

Health Stars continue to work with NHS Charities Together through COVID19, as a member of the charity they have been able to draw down grants to support the work they are carrying out during the pandemic. To date they have received 3 grants totalling £56,000.00 please see the breakdown below:

Stage 1 of the appeal – Urgent response grants

1. £5,000.00
2. £30,000.00
3. £21,000.00

The third grant which was received on the 1st May 2020 was calculated on the number of NHS employees within the Trust. The formula used for this distribution was £7 per member of staff.

Health Stars will continue to work closely with NHS Charities Together to access any further grants which are available.

Wishes & Wobble Rooms

Whilst initially we saw a reduction in the Circle of Wishes received during COVID19, we are pleased to say that Health Stars have received 12 since our last update. An example of these wishes have been garden furniture to allow our staff to take a break outside enabling them to cool down and take 5 minutes to compose themselves during the challenging working environment, and 3 Wobble Rooms.

We have recently opened 3 Wobble Rooms, 2 of these at Whitby Hospital and 1 on The Fitzwilliam Ward Malton. They have been working closely with Sonia Rafferty the Service Manager after receiving her “wish” to capture every element to ensure these rooms were a quiet, relaxing area in which staff can come to take 5 minutes to “have a wobble”. The rooms include aromatherapy scents of lavender, relaxing music, soft furnishings, positive quotes and plenty of tissues to enable staff to gather their thoughts.

Michele Moran
Chief Executive
May 2020

Agenda Item 8

Title & Date of Meeting:	Trust Board Public Meeting – 20 May 2020			
Title of Report:	Publications and Policy Highlights			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To receive & note	
	For information	x	To ratify	
Purpose of Paper:	To update the Trust Board on recent publications and policy.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	15/4
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report: <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<p>Since the onset of Covid-19 there have been limited publication and policy issues to highlight to Board. The key ones relate to:</p> <ol style="list-style-type: none"> I. Joint statement on our regulatory approach during the coronavirus pandemic CQC II. Emergency Support Framework CQC III. Jump in NHS job applications as public back coronavirus battle IV. Vulnerable people get direct line to NHS volunteer army NHS England <p>Guidance issued relating to Covid-19 is managed through Silver Command and a log is maintained.</p>			

Monitoring and assurance framework summary:

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



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

Publications and Policy Highlights

The report provides a summary on recent publications and policy.

Joint statement on our regulatory approach during the coronavirus pandemic CQC 30 April 2020

The nation is facing a major health crisis that has required all health and care bodies, including CQC, to work in very different ways, and we continue to do so. Throughout the coronavirus pandemic our regulatory role and core purpose to keep people safe has been at the heart of all decisions we have made. Our regulatory role has not changed, and we continue to ensure that health and social care services provide people with safe, effective, compassionate, high-quality care. We are aware that during this period of intense challenge and changes to how care is delivered, there are increased risks to people, both to those with coronavirus and those without it, whose treatment and care is being directly or indirectly affected.

To enable us to identify these risks and respond by taking appropriate action to keep people safe, we have developed an Emergency Support Framework. This underpins our regulatory approach during the coronavirus pandemic. We will start to roll out this approach from 4 May, sector by sector. The Emergency Support Framework helps us deliver our purpose and has been designed to be flexible to allow us to respond to the changing needs of the health and social care system during this time. This approach will involve:

- **Using and sharing information to target support where it's needed most.** This will be from new and existing sources, including information providers share with us through notifications, and increasing our efforts nationally and locally to encourage feedback from the public and care staff, as well as whistleblowers. This information will inform our view of risk, help us to make informed decisions and support the wider health and social care system to respond to issues at local, regional and national levels.
- **Having open and honest conversations** with providers, health and care staff, partners and wider stakeholders such as local authorities, and using this information so we can support them to resolve issues, mitigate and manage risks and work through tough decisions to help them keep people and the system safe.
- **Taking action to keep people safe and to protect people's human rights** by using our powers to take action where we find unsafe or poor care.
- **Capturing and sharing what we do and how we do it**, so we are transparent about the action we have taken, and to inform how we approach the recovery phase of the pandemic, as well as learning for the future.

We expect services to continue to do everything in their power to keep people safe. We will continue to regulate services in a variety of ways so that we can identify where support is needed and, on some occasions, an inspection. We will continue to inspect where we see evidence of risk of harm, deliberate abuse, systematic neglect or a significant breakdown in leadership. We will use our powers, or work with the relevant system partners, to take action against those responsible where we find unsafe or poor care. Each sector that we regulate will be affected by the pandemic in very different ways. Therefore, we will adapt our approach, and any regulatory actions, to the different needs of people who use services and providers in each sector – there is no one-size-fits-all approach. Guidance will be available on our website to support you and to describe what this new approach looks like in practice. As the situation evolves, we will make sure that we regularly update the guidance for each sector.

We have a unique oversight of the care provided for people who use adult social care, mental health services and services for people with physical and learning disabilities, who are often made more vulnerable by their circumstances and because of the nature of the care they need. Using this oversight, our inspectors will continue to ensure that people are safe, and their human rights are maintained, while also working to support providers to respond to Care Act easements and emerging issues. We are supporting the system to keep people safe by:

- working in partnership with Healthwatch England, partners in the voluntary sector and others to increase our efforts to hear people's feedback about their care
- using our data to produce and share regular information with local, regional, and national system partners and the Department of Health and Social Care, highlighting key trends and issues to mobilise additional support where needed
- providing data on death notifications in adult social care services to the Office for National Statistics to inform their weekly updates

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

Publication noted

Emergency Support Framework CQC 1 May 2020

The Emergency Support Framework (ESF) is part of our regulatory approach during the coronavirus (COVID-19) pandemic. It provides a structured framework for the regular conversations that inspectors are having with providers and covers the following four areas:

- Safe care and treatment
- Staffing arrangements
- Protection from abuse
- Assurance processes, monitoring, and risk management

The information that we gather through this route is a further source of intelligence that we are using to monitor risk, identify where providers may need extra support to respond to emerging issues, and ensure they are delivering safe care which protects people's human rights. It aids our understanding of the impact of coronavirus on staff and people using services, and where we may need to follow up directly with an inspection, or escalate concerns to regional and national system partners where they are best placed to address. These conversations also provide a forum for providers to talk through any tough decisions they need to take and for inspectors to offer targeted local advice where appropriate. Starting from next week, we will be using this insight along with that captured through other channels to report publicly on how services are managing at this time of increased pressure. The framework will be rolled out across all sectors but is initially being used with adult social care providers.

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

To note

Jump in NHS job applications as public back coronavirus battle NHS England 28 April 2020

Applications to work in the NHS have jumped as the nation has backed nurses, doctors and countless other health workers battling coronavirus. Millions have shown their support for NHS staff and other key workers by taking to the streets for the weekly 'clap for carers'. That support has also translated into a rise in people wanting to work in the health service with 407,000 applications submitted last month. That was an increase of 13,500 on the

same month last year. There were 27,700 jobs advertised in March. The jump in applications has been revealed after NHS chief Sir Simon Stevens stressed that urgent and emergency care and cancer treatment has continued and urged anyone who needs help to come forward.

People are queuing up to play their part in caring for patients with and without coronavirus. Between March 9 and April 8, there were 907,000 visits to the NHS jobs website compared to 620,000 in the same period last year, while the number of people registering an account on the website has increased by more than one third over the last month, from 61,000 to 82,000. More than 25,000 recently retired doctors and nurses have volunteered to return to the NHS through an online survey on the NHS website. The returning staff are then being put in touch with their local NHS services where a role based on their clinical skills and work history are found.

And the NHS has recruited more than 600,000 volunteers to help deliver medicines from pharmacies, drive patients to appointments, bring patients home from hospital and making regular phone calls to check on people isolating at home.

Lead: Director of Workforce & Organisational Development

This would mirror what we have seen with regards to applications to work for the Trust.

Vulnerable people get direct line to NHS volunteer army NHS England 23 April 2020

Millions of vulnerable people and their families will be able to directly call on the army of NHS Volunteer Responders. Over 600,000 volunteers have been approved to help those most at risk who are isolating at home from coronavirus, more than double the original target.

The scheme has healthcare practitioners, pharmacists and local authority and social care staff calling on volunteers to carry out around 35,000 tasks to date, including delivering medicines, shopping and other supplies as well as making calls to check in on those isolating at home. In some areas volunteers have been called upon to take blood pressure monitors or other equipment to patients' homes to enable health professionals to remotely monitor their health.

The NHS and Royal Voluntary Service are now taking steps to make the service more personalised for people who need support and increase referrals into the programme, including enabling self-referral for those most at risk and continuing to raise awareness of the programme in GP practices, pharmacies and with local authorities and social care providers.

The huge number of volunteers who have stepped forward means the NHS and Royal Voluntary Service can help not just the estimated 1.5 million people being 'shielded' from the virus, but also other people identified as vulnerable or receiving care in the community with local authorities also able to make referrals.

Lead: Chief Operating Officer

Through our Covid 19 emergency planning response and our incident control room we have been coordinating the support of our own volunteers and connecting with the national scheme. Volunteer support has been significant in supporting our services, particularly in delivery of a range of supplies and augmenting befriending schemes across our area in order to support our communities. I would like to take

this opportunity to acknowledge and appreciate the huge contribution volunteers have made.

Agenda Item 9

Title & Date of Meeting:	Trust Board Public Meeting– 20 th May 2020			
Title of Report:	Performance Report - Month 1 (April)			
Author/s:	Name: Peter Beckwith/Richard Voakes Title: Director of Finance/Business Intelligence Lead			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	<p>This purpose of this report is to inform the Trust Board on the current levels of performance as at the end of April 2020.</p> <p>The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format.</p>			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Finance & Investment Committee		Executive Management Team	<input checked="" type="checkbox"/>
	Mental Health Legislation Committee		Operational Delivery Group	<input checked="" type="checkbox"/>
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report: <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<p>The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format.</p> <p>Commentary has been removed from the report but is included below for those indicators that have fallen outside of the normal variation range.</p> <p>IAPT - The significant drop in the 6 week access target during April is related to the impact of Covid-19 and an increased Did Not Attend (DNA) rate along with a the changed reporting requirement from NHS Digital. For a period of several years NHSE have allowed a pause to the clock for patients who DNA, from April 1st this is no longer allowable which will be reflected in achieving this target.</p> <p>Vacancies - the increase is in part related to the new operational budgets for 2020/21 which are reflective of planned growth in services as reflected in the Trusts workforce plan, with funded establishment increasing by 78.9 wte. The number of staff in post has reduced by 4.2 in month.</p> <p>For future reports vacancies will be reported as a % of funded establishment with 2 separate reports, 1 for Nursing and Establishment and 1 for other posts</p> <p>Cash in Bank has increased to £28.834m as a result of the current response to COVID and the receipt of Block income for May being received in April.</p>			



	Data for clinical supervision is currently being collected and a verbal update can be provided at the meeting.
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Monitoring and assurance framework summary:

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



Financial Year
2020-21

INTEGRATED BOARD REPORT

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

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



Reporting Month:
Apr-20

Caring, Learning and Growing

Chief Executive: Michele Moran
Prepared by: Business Intelligence Team



Humber Teaching NHS Foundation Trust Integrated Board Report

For the period ending:

Apr 2020

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

What are SPCs?
Statistical process control (SPC) charts can help us understand the scale of any problem, gather information and identify possible causes when used in conjunction with other investigative tools such as process mapping.
SPC tells us about the variation that exists in the systems that we are looking to improve:

S – statistical, because we use some statistical concepts to help us understand processes.
P – process, because we deliver our work through processes ie how we do things.
C – control, by this we mean predictable.

SPC should be used to help to get a baseline and evaluate how we are currently operating. SPC will also help us to assess whether service changes have made a sustainable difference. They give an indication as to whether there is relatively stable variation over time or whether there are special causes creating exceptional variance. This is done by analysing the chart looking at how the values fall around the average and between or outside the control limits. The average and control limits do not indicate whether the indicator is achieving the target that has been set, but they allow us to better understand how stable the performance is and whether or not it is changing.

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

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

Dashboard	Safer Staffing	A dashboard to provide overview on a number of clinical indicators for the Trust's inpatient units across all services
Dashboard	Mortality	Learning from Mortality Reviews
Goal 1	Incidents	Total number of incidents reported on Datix
Goal 1	Mandatory Training	A percentage compliance for all mandatory and statutory courses
Goal 1	Vacancies	Variance between the budget (funded) establishment and actual staff in post. Note that not all vacancies are funded
Goal 1	Clinical Supervision	Percentage of staff with appropriate clinical supervision taken place within the last 4-6 weeks
Goal 1	FFT - Patient Recommendation	Results where patients would recommend the Trust 's services to their family and friends
Goal 2	FFT - Patient Involvement	Results where patients felt they were involved in their care
Goal 2	CPA - 7 day follow ups	Percentage of patients who were on CPA and had a follow up within seven days of discharge from hospital
Goal 2	CPA - Reviews	Percentage of patients who are on CPA and have had a review in the last 12 months

Humber Teaching NHS Foundation Trust

Integrated Board Report

For the period ending:

Apr 2020

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

PI RETURN FORM 2020-21

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Apr 2020**

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

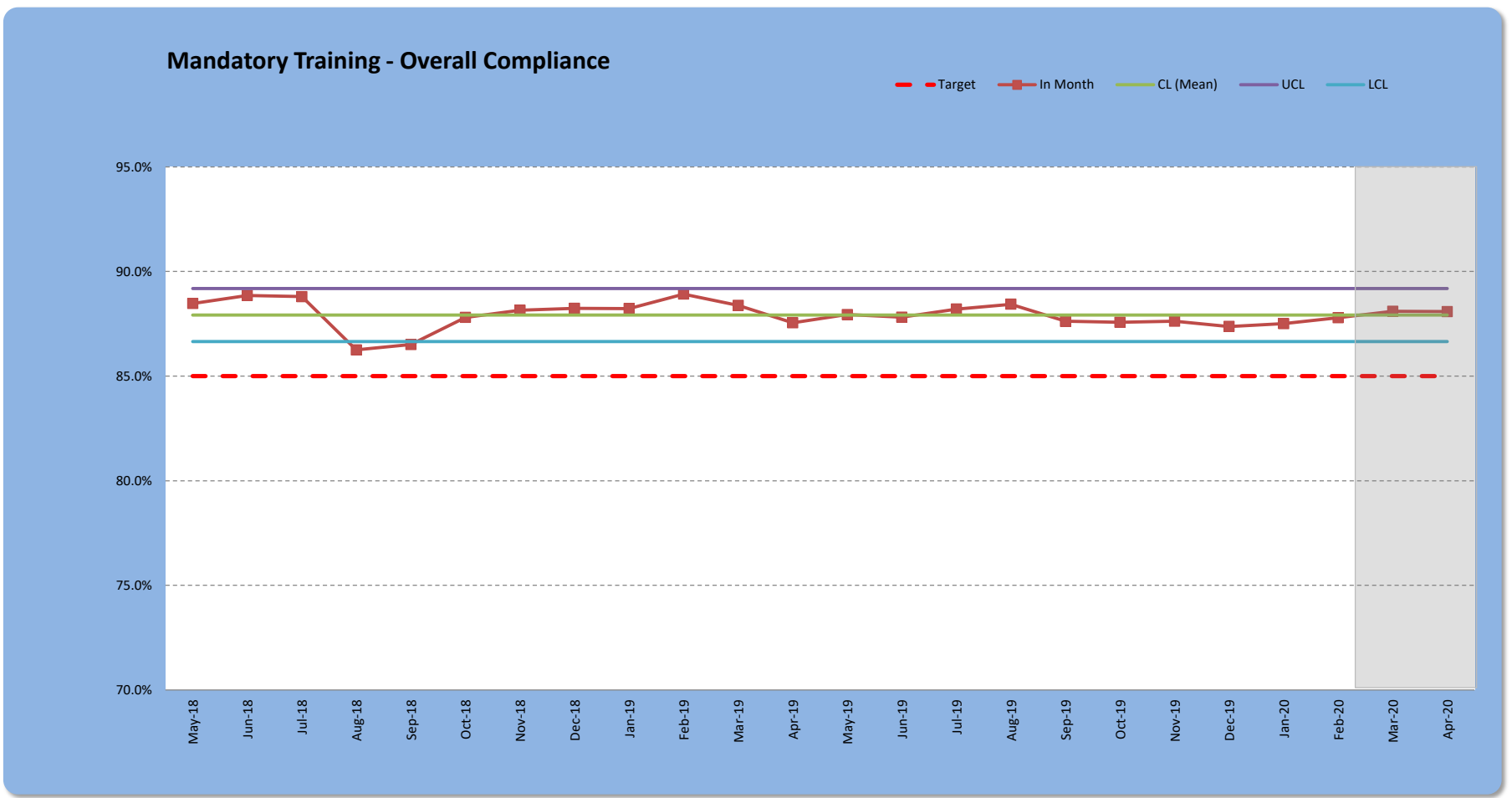
KPI Type
WL 5

Narrative

Above Target, no change from the previous month.

Target: 85%
Amber: 75%

Current month stands at 88.1%



PI RETURN FORM 2020-21

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Apr 2020**

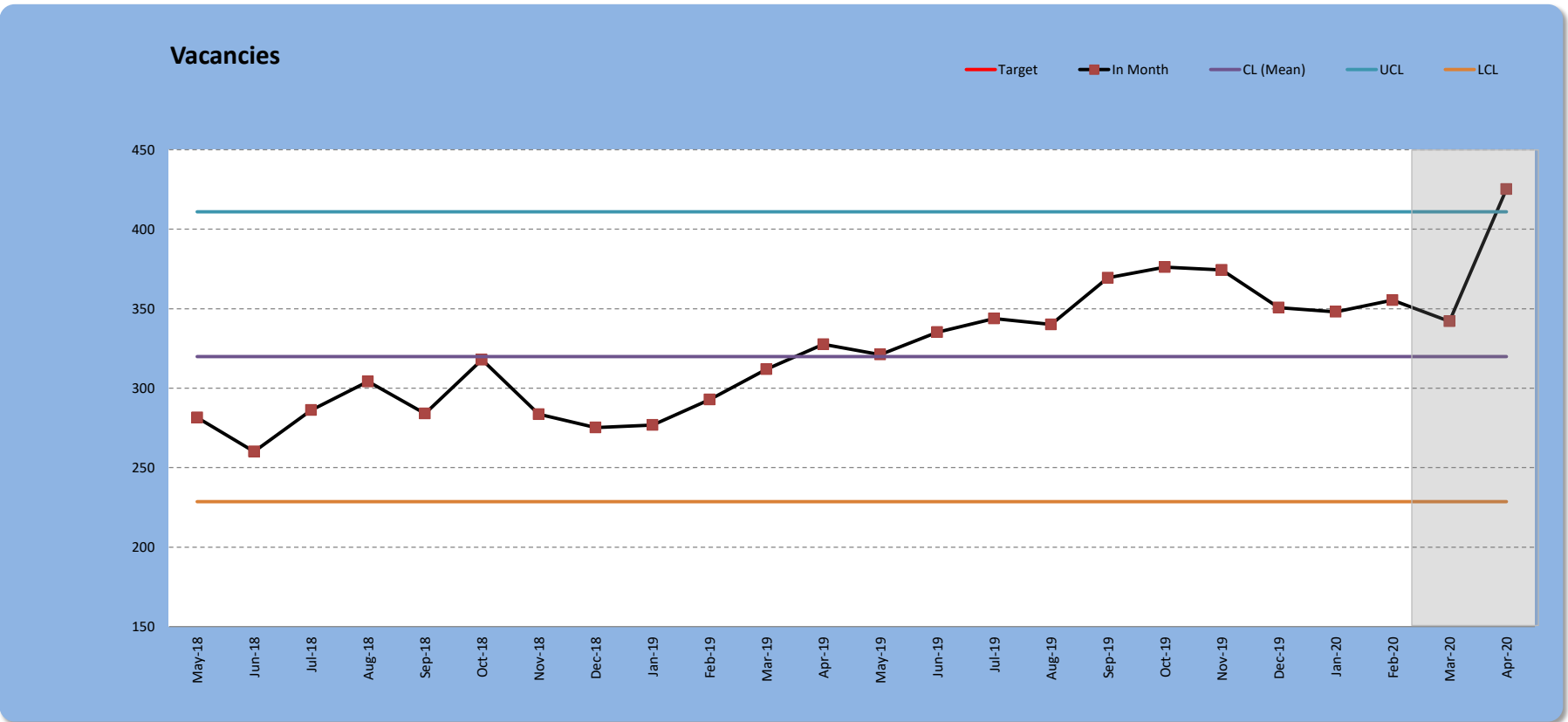
Indicator Title	Description/Rationale	Executive Lead
Vacancies (WTE)	Variance between the establishment and actual staff in post. This information is taken from the Trust financial ledger.	Steve McGowan

KPI Type
WL 2 VAC

Narrative

Increase of 83 when compared to the previous month.

Target: TBC
 Amber: TBC
 Current month stands at 425.2



PI RETURN FORM 2020-21

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Apr 2020**

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

Narrative

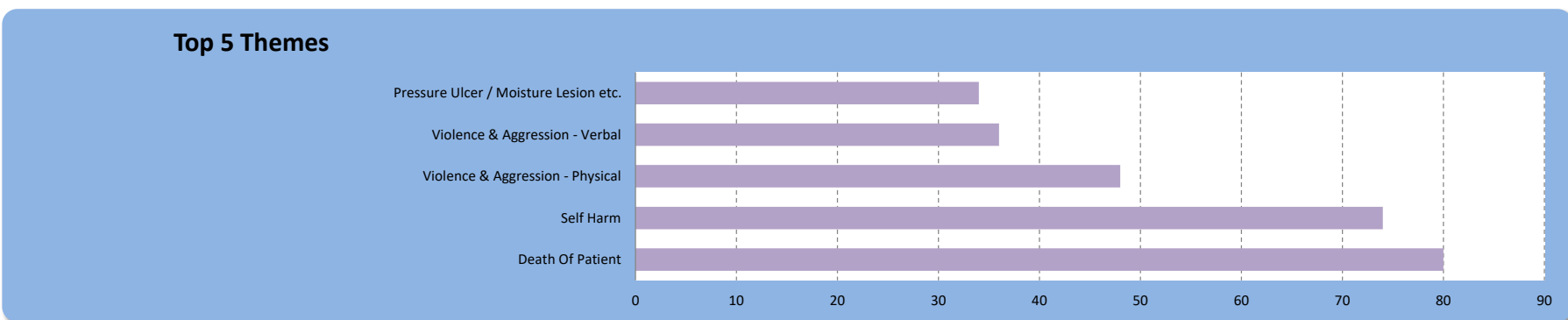
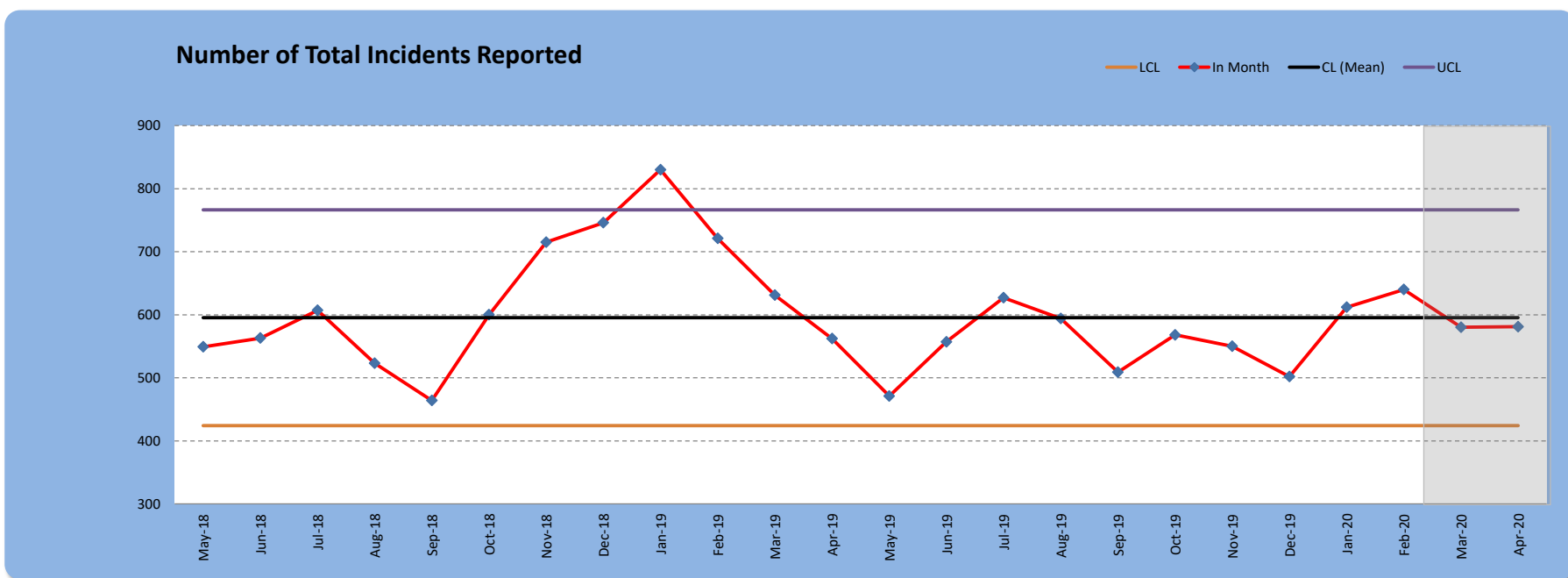
Within Control Limits.

Increase of 1 when compared to the previous month.

UCL: 767
LCL: 424

Current month stands at 581

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



PI RETURN FORM 2020-21

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Apr 2020**

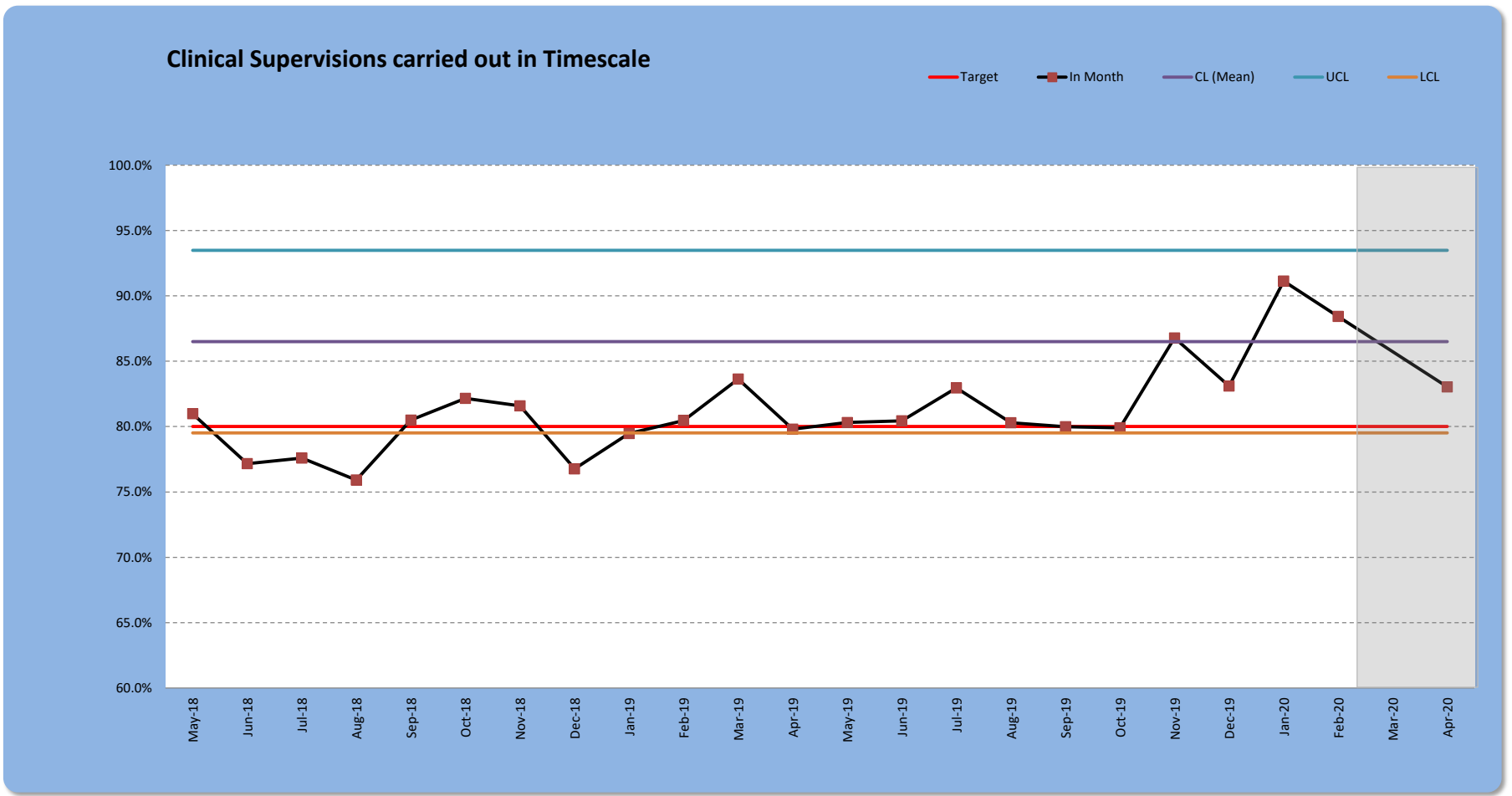
Indicator Title	Description/Rationale	Executive Lead
Clinical Supervision	Percentage of staff with appropriate clinical supervision taken place within the last 4-6 weeks	Hilary Gledhill

KPI Type
WL 9a

Narrative

Performance remains above target for April.

Target: 80%
 Amber: 75%
 Current month stands at 83.0%



HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING QUALITY DASHBOARD

Staffing and Quality Indicators	
Contract Period:	2019-20
Reporting Month:	Mar-20



Shown one month in arrears

Speciality	Units					Bank/Agency Hours				Average Safer Staffing Fill Rates				High Level Indicators													
	Ward	Speciality	WTE	OBDs (inc leave)	CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Day		Night		QUALITY INDICATORS (Year to Date)				STAFF QUALITY INDICATORS							Indicator Totals		
										Registered	Un Registered	Registered	Un Registered	Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ partly upheld)	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	Appraisals	Sickness Levels (clinical)	WTE Vacancies (RNs only)	Feb-20	Mar-20	
Adult MH	Avondale	Adult MH Assessment	34.6	57%	18.61	34.7%	0.0%	0.0%	70%	85%	86%	121%	1	2	0	0	91.4%	72.7%	94.4%	93.5%	1.3%	3.2	1	1			
	New Bridges	Adult MH Treatment (M)	45.8	82%	9.59	18.8%	9.1%	88%	91%	93%	105%	0	0	0	0	97.4%	100.0%	100.0%	90.5%	11.7%	3.0	1	1				
	Westlands	Adult MH Treatment (F)	37.2	86%	9.52	29.2%	0.0%	81%	93%	86%	109%	4	7	0	0	91.3%	90.0%	81.0%	83.3%	6.2%	6.4	4	1				
	Mill View Court	Adult MH Treatment	40.4	62%	12.29	16.0%	0.0%	103%	94%	98%	98%	1	0	0	0	92.7%	90.0%	88.2%	82.8%	10.2%	4.8	0	1				
	Hawthorne Court	Adult MH Rehabilitation	32.4	56%	11.35	28.6%	0.0%	75%	87%	100%	111%	0	2	0	0	89.3%	66.7%	84.6%	51.9%	23.6%	0.2	3	3				
	PICU	Adult MH Acute Intensive	35.4	77%	21.58	22.4%	12.9%	76%	161%	86%	139%	2	12	0	0	87.4%	83.3%	100.0%	67.9%	14.6%	7.4	3	2				
OP MH	Maister Lodge	Older People Dementia Treatment	36.4	92%	13.43	32.4%	0.0%	54%	126%	129%	102%	0	11	0	0	90.0%	81.8%	92.6%	85.4%	10.6%	1.0	3	2				
	Mill View Lodge	Older People Treatment	26.0	85%	13.68	32.0%	0.0%	88%	88%	100%	104%	0	1	0	0	93.0%	81.8%	85.7%	72.4%	5.9%	1.8	3	2				
Specialist	Pine View/ Darley	Forensic Medium Secure	23.3	44%	7.01	0.0%	0.0%	86%	70%	100%	97%	0	0	0	11	93.3%	100.0%	92.9%	84.0%	5.5%	1.0	3	4				
	Derwent	Forensic Low Secure	24.2	100%	10.39	40.6%	0.0%	108%	51%	100%	100%	1	2	0	1	92.8%	100.0%	88.2%	88.9%	10.4%	1.4	1	2				
	Ouse	Forensic Low Secure	25.8	93%	7.46	40.6%	0.0%	108%	51%	100%	100%	1	2	0	14	97.1%	100.0%	90.0%	100.0%	12.8%	2.4	2	3				
	Swale	Personality Disorder Medium Secure	31.2	73%	12.15	53.2%	4.3%	90%	84%	111%	160%	1	1	1	0	88.4%	88.9%	100.0%	81.5%	4.0%	1.0	1	0				
	Ullswater	Learning Disability Medium Secure	35.2	66%	16.21	50.9%	0.0%	57%	123%	98%	100%	2	2	0	7	95.1%	80.0%	94.1%	96.4%	9.8%	1.0	1	2				
Child & LD	Townend Court	Learning Disability	41.1	52%	23.51	22.3%	0.0%	49%	51%	81%	102%	2	0	0	0	93.2%	58.3%	100.0%	72.2%	1.7%	3.1	4	4				
	Inspire	CAMHS	45.8	71%	27.46	0.0%	0.0%	108%	51%	100%	100%	0	0	0	0	89.8%	89.5%	100.0%	87.0%	12.8%	4.0	6	2				
	Granville Court	Learning Disability Nursing Treatment	58.3	Not Avail	n/a	38.0%	5.4%	100%	89%	100%	105%	0	0	0	n/a	90.2%	100.0%	77.5%	64.9%	9.6%	1.0	0	2				
CH	Whitby Hospital	Physical Health Community Hospital	50.6	83%	6.59	1.0%	0.0%	92%	51%	100%	100%	4	1	0	n/a	91.1%	25.0%	70.0%	80.5%	10.0%	0.0	1	3				
	Malton Hospital	Physical Health Community Hospital	28.0	83%	7.25	Not on eRoster	Not on eRoster	108%	51%	100%	100%	3	0	0	n/a	79.6%	78.6%	45.0%	88.6%	13.9%	3.0	2	3				

Suspended collection due to COVID-19 Planning

PI RETURN FORM 2020-21

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Apr 2020**

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

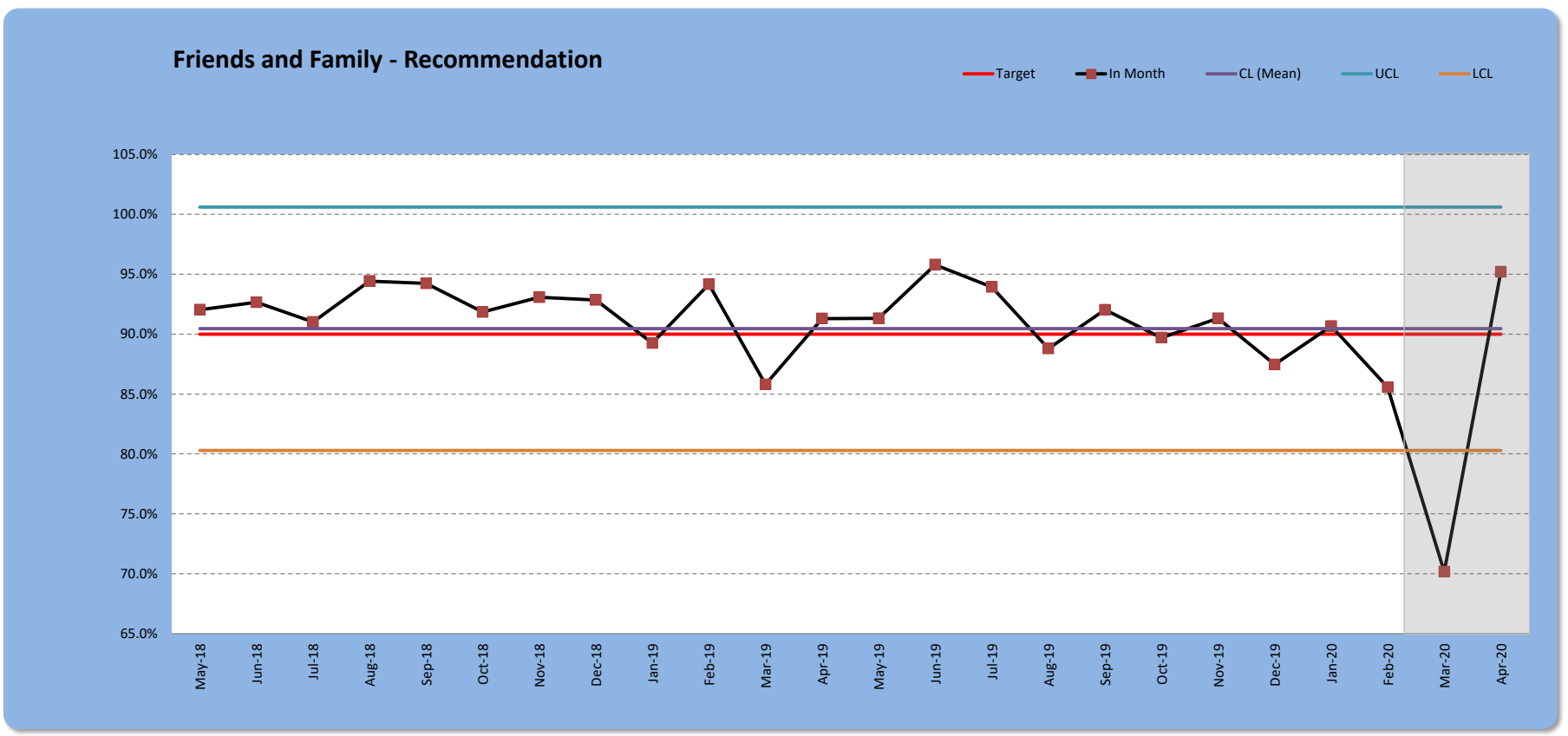
Narrative

Increase of 25% when compared to the previous month.

Target: 90%

Amber: 80%

Current month stands at 95.2%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

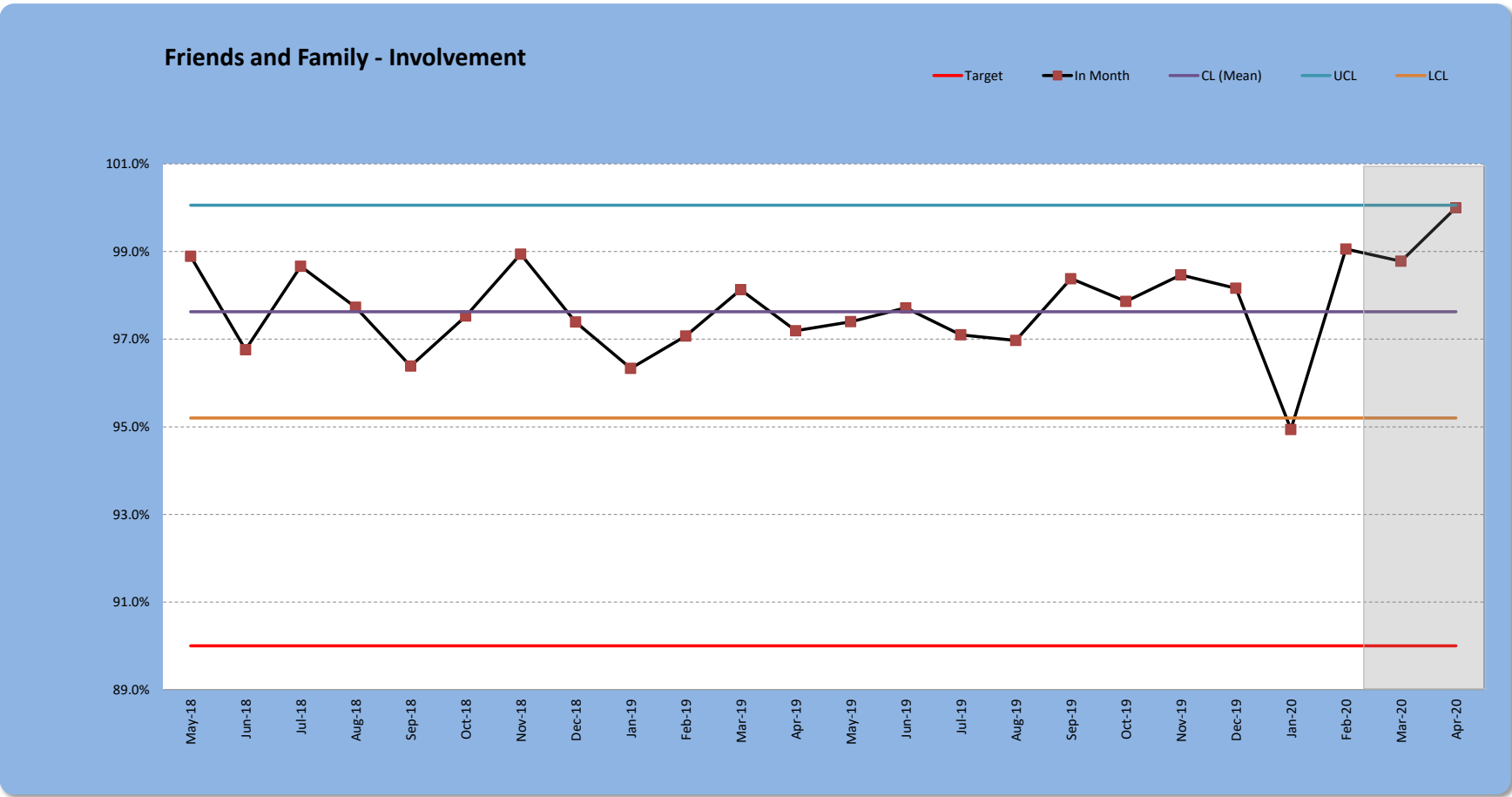
For the period ending: **Apr 2020**

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

Narrative

In month target achieved

Target: 90%
 Amber: 80%
 Current month stands at 100.0%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Apr 2020**

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

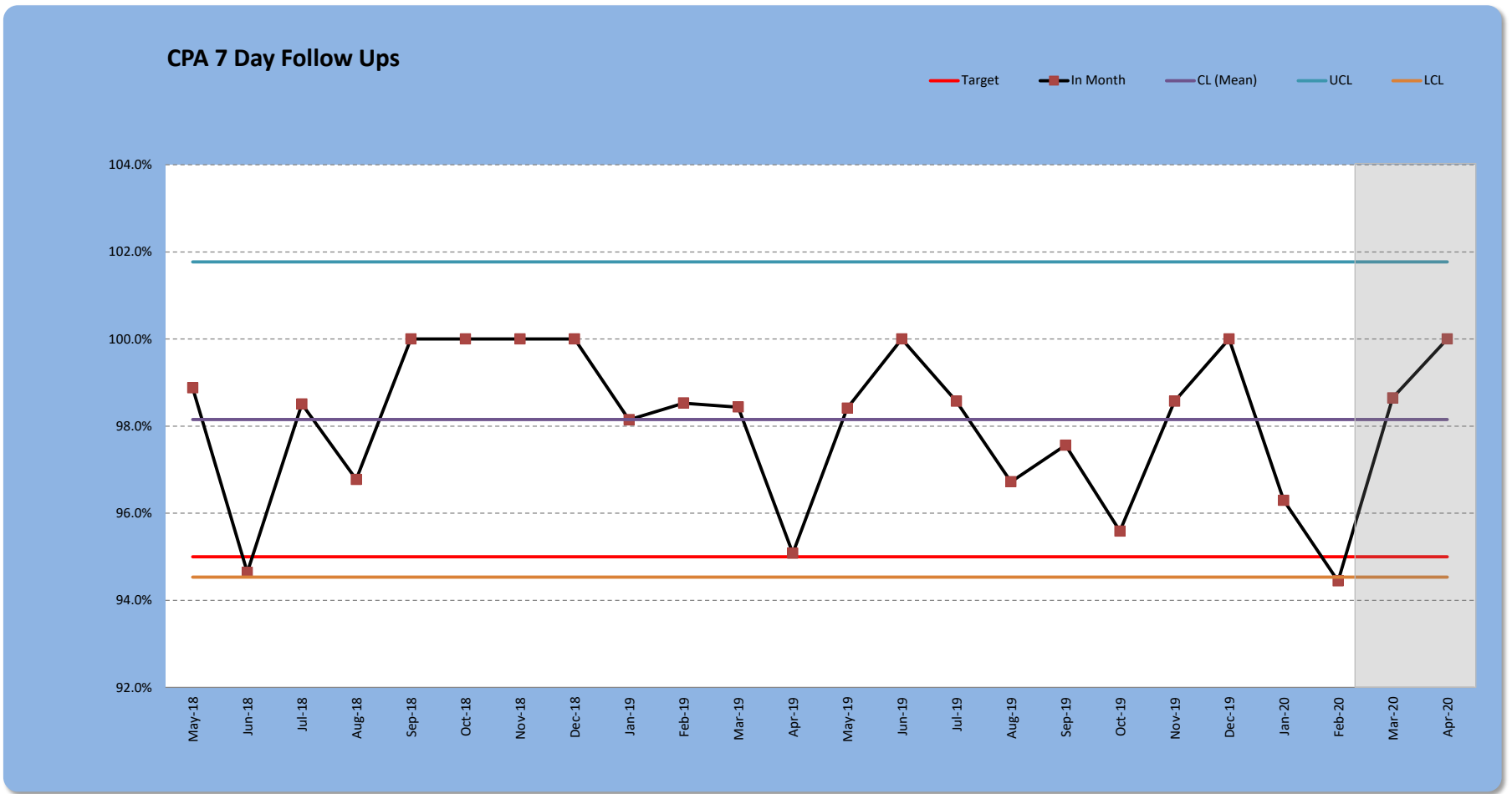
KPI Type
OP 12

Narrative

Above Target. All follow up's complete in the reporting period.

Target: 95%
Amber: 85%

Current month stands at 100.0%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Apr 2020**

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

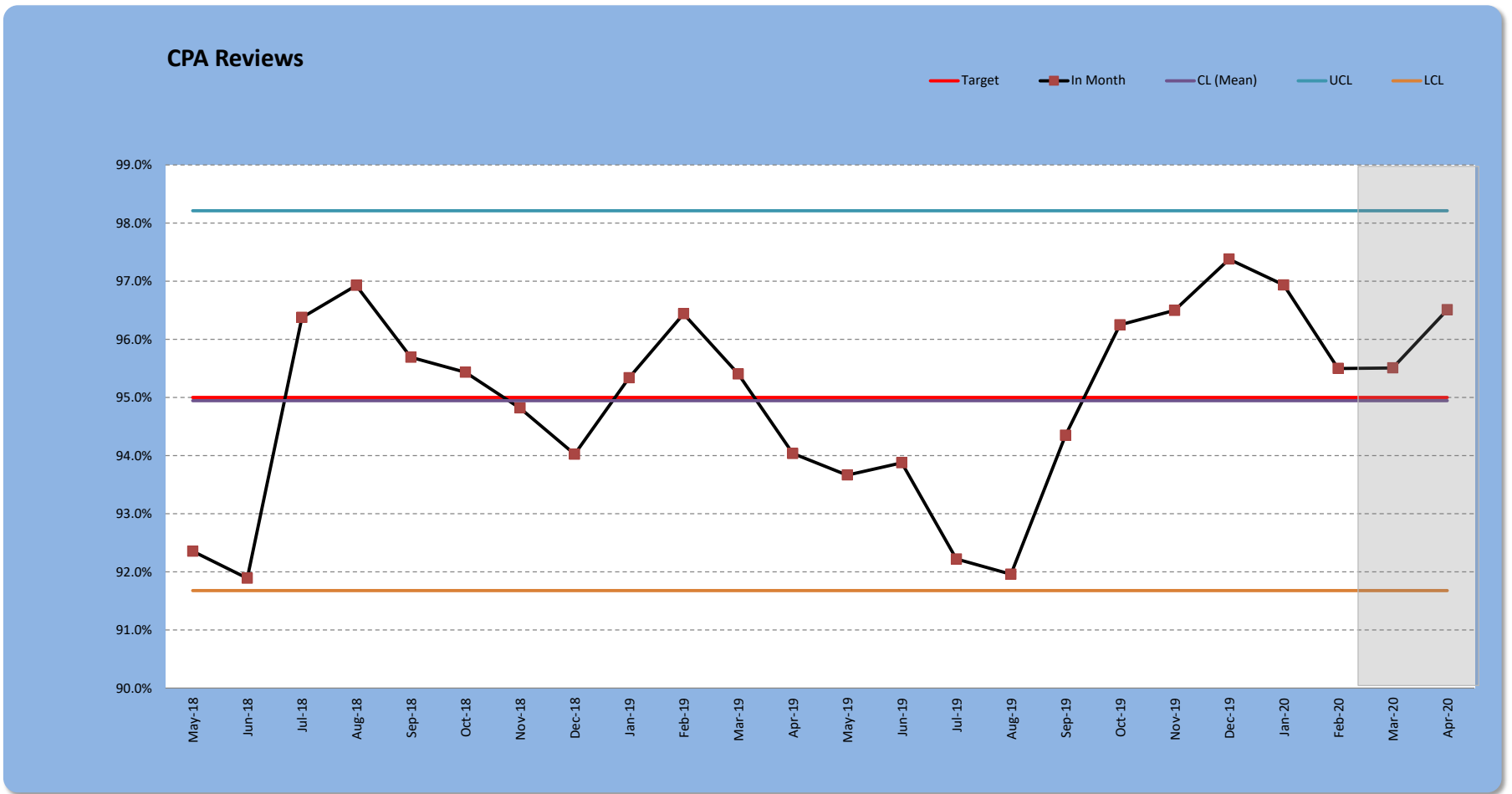
KPI Type
OP 7

Narrative

Increase of 1% when compared to the previous reporting period. Remains above target.

Target: 95%
Amber: 85%

Current month stands at 96.5%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Apr 2020**

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

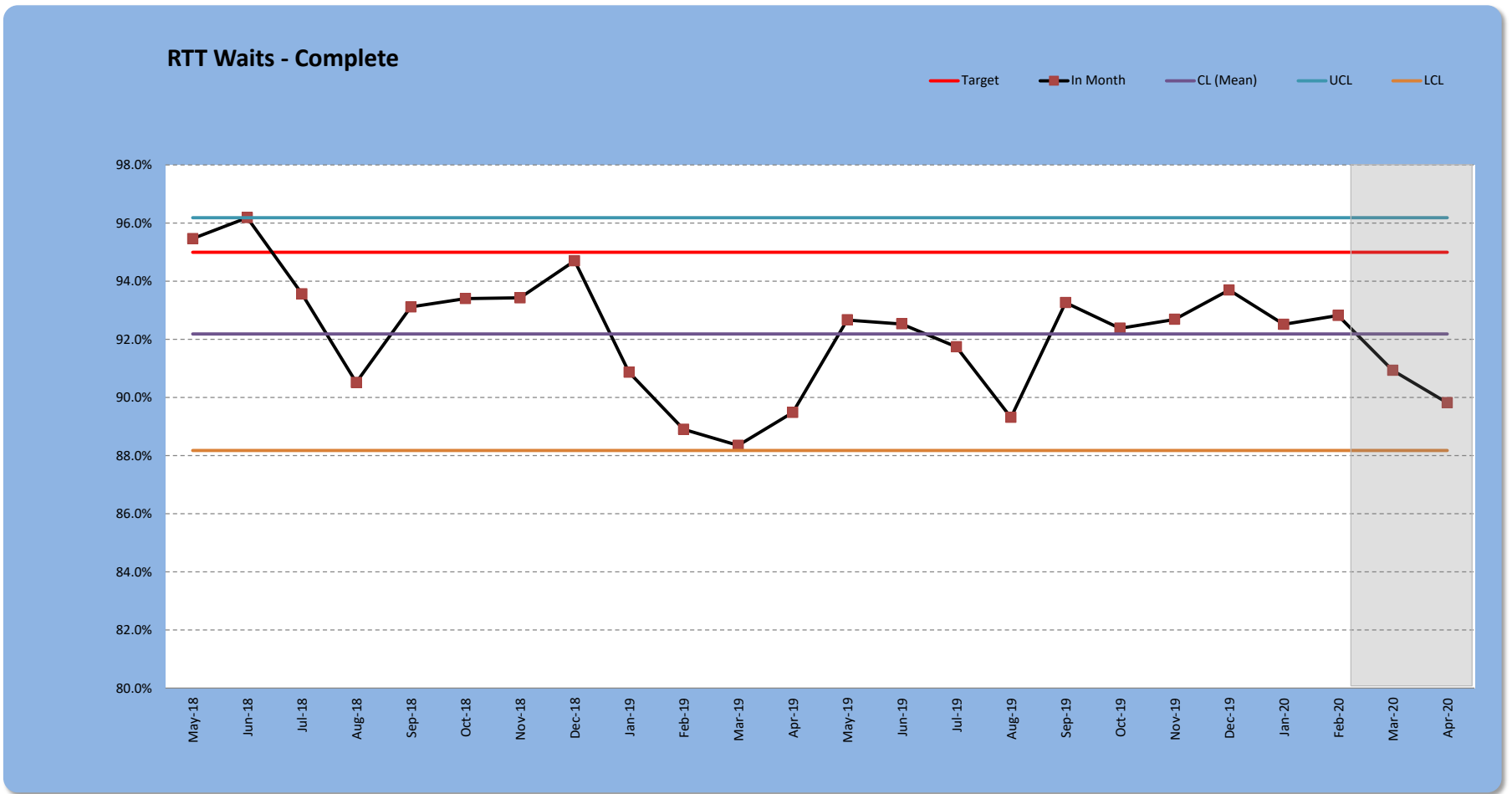
KPI Type
OP 20

Narrative

Reduction of 1.1% when compared to the previous month.

Target: 95%
Amber: 85%

Current month stands at 89.8%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Apr 2020**

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

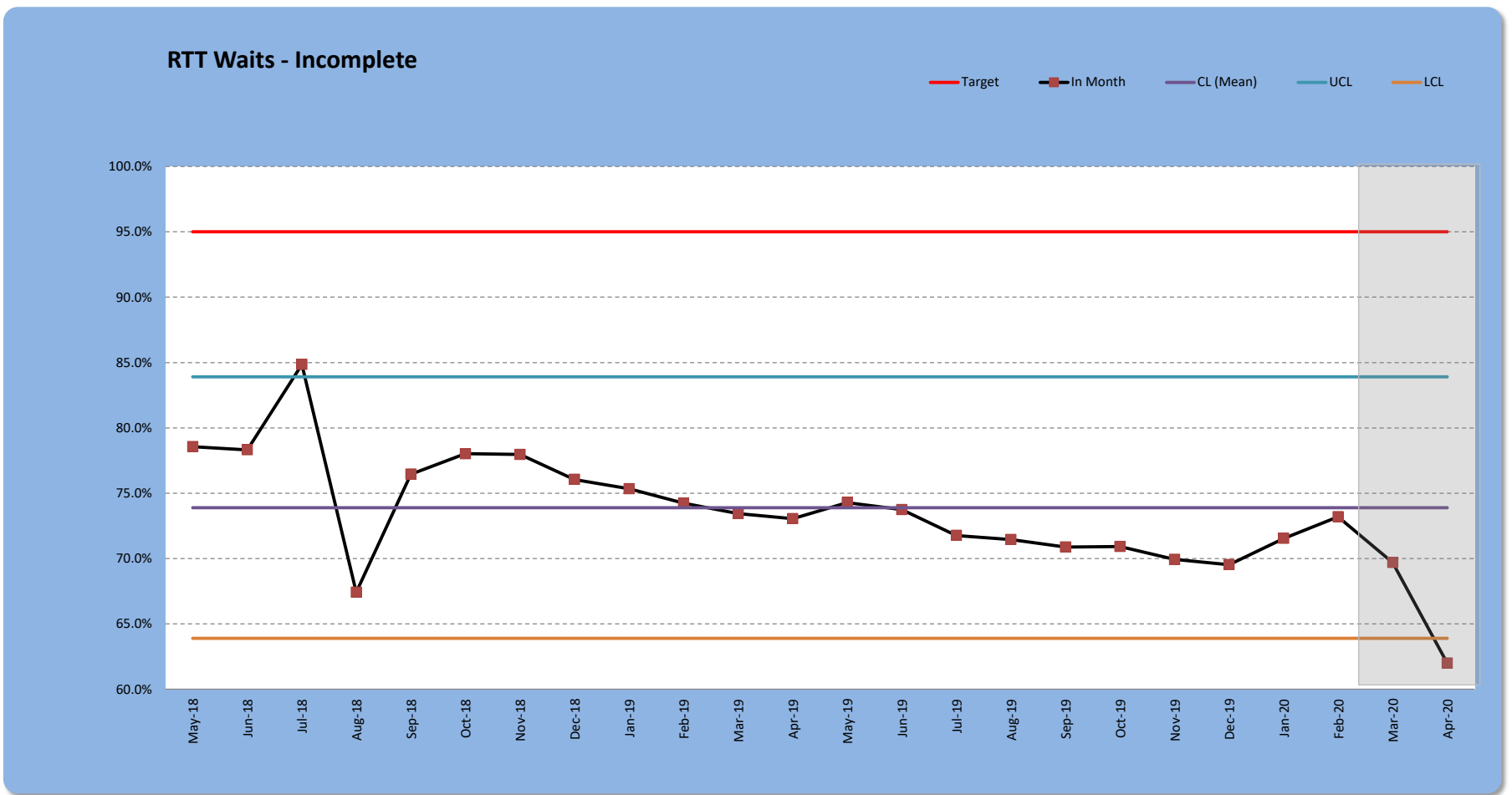
KPI Type
OP 21

Narrative

Reduction of 7.7% when compared to the previous month.

Target: 95%
Amber: 85%

Current month stands at 62.0%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Apr 2020**

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

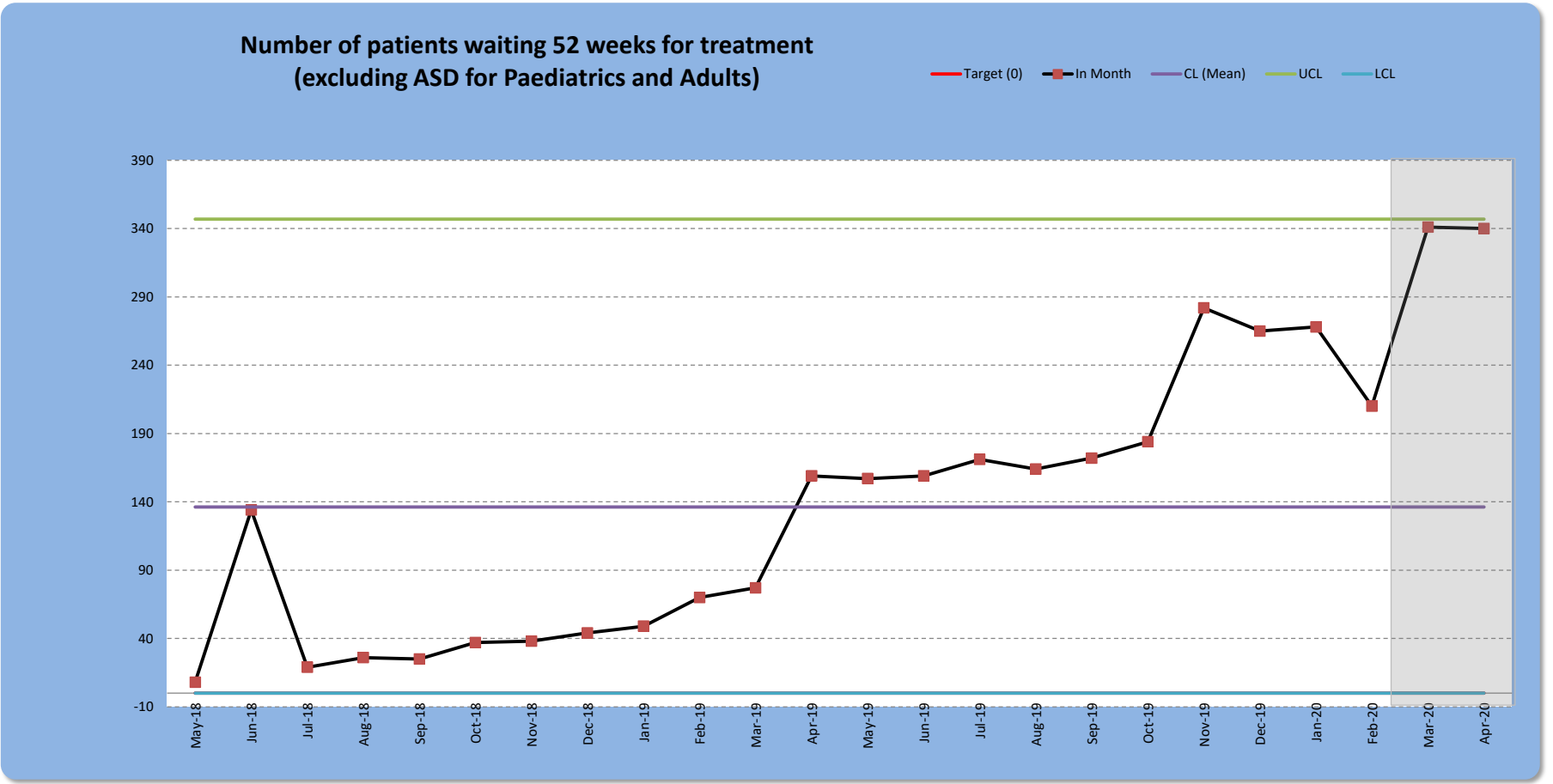
KPI Type
OP 22x

Narrative

Reduction of 1 when compared to the previous month.

Target: 0
Amber: 0

Current month stands at 340



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Apr 2020**

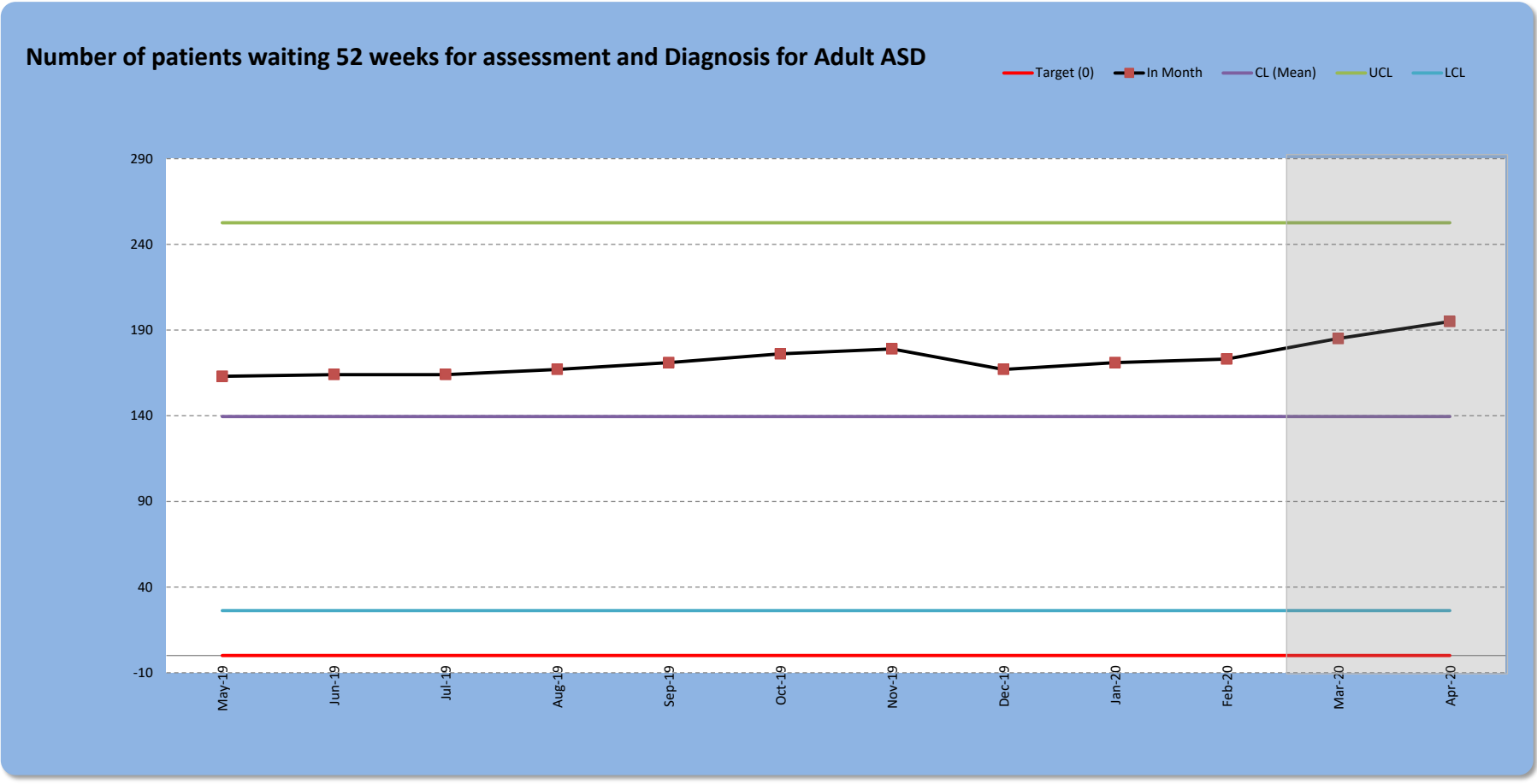
Indicator Title	Description/Rationale	Executive Lead
52 Week Waits - Adult ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Adult and have been waiting more than 52 weeks	Lynn Parkinson

KPI Type
OP 22u

Narrative

Increased by 10 when compared on the previous reporting period.

Target: 0
 Amber: 0
 Current month stands at 195



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

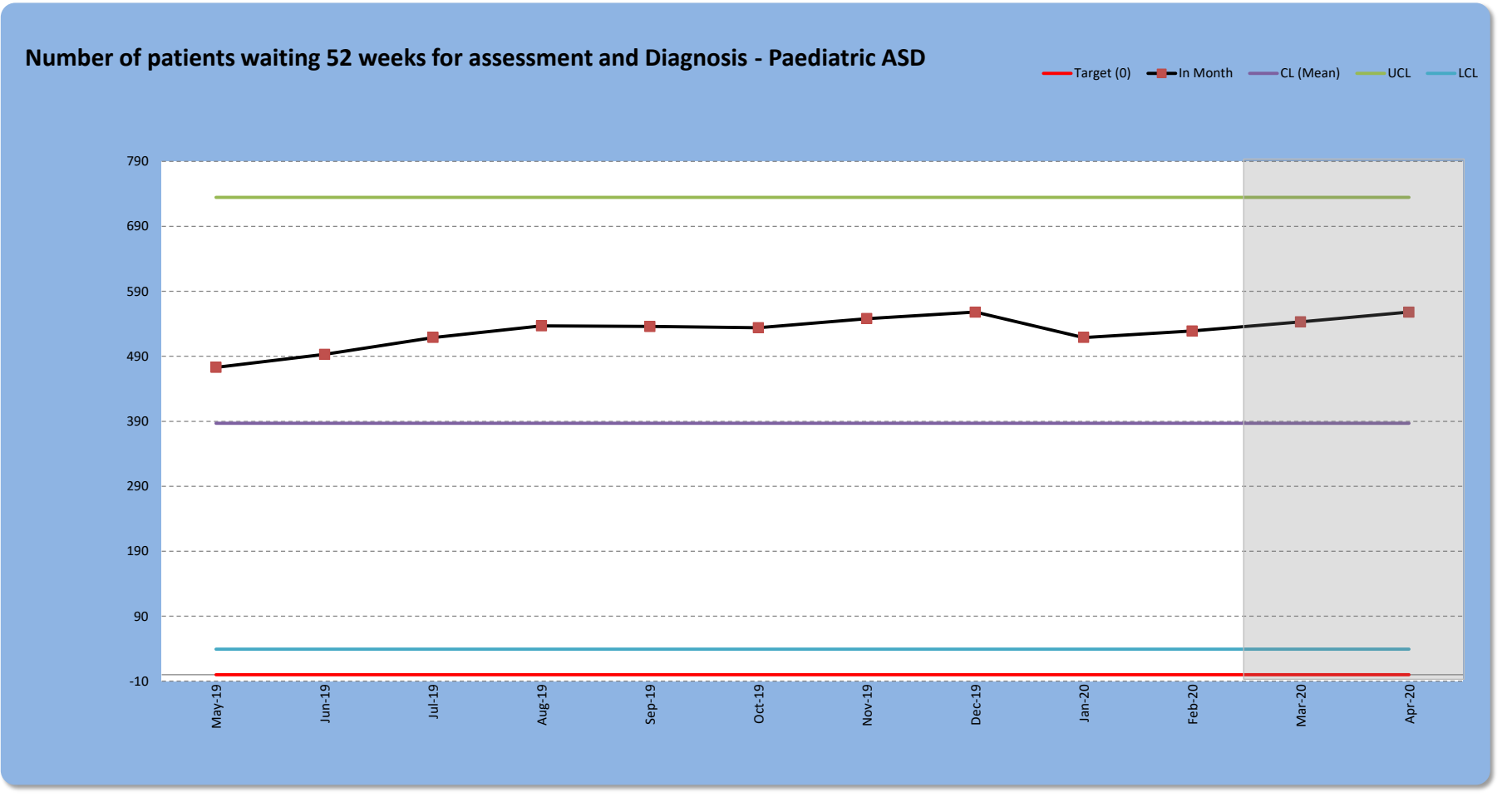
For the period ending: **Apr 2020**

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

Narrative

Increase of 15 when compared to the previous reporting period.

Target: 0
 Amber: 0
 Current month stands at 558



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Apr 2020**

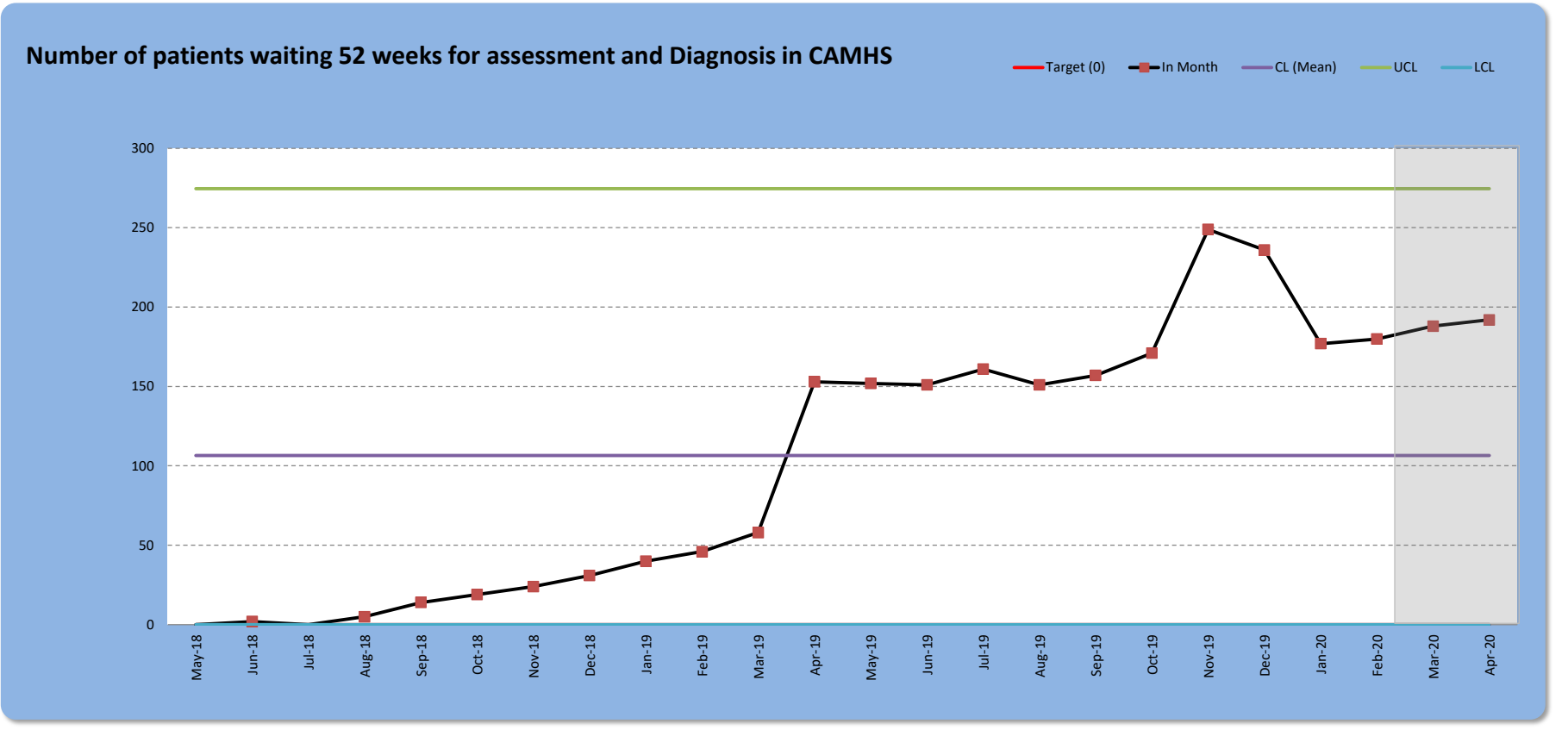
Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks (excluding paediatric ASD)	Lynn Parkinson	OP 22j

Narrative

Increase of 4 when compared to the previous month.

Target: 0
Amber: 0

Current month stands at 192



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Apr 2020**

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

Narrative

Increase of 1.8% when compared to the previous month.

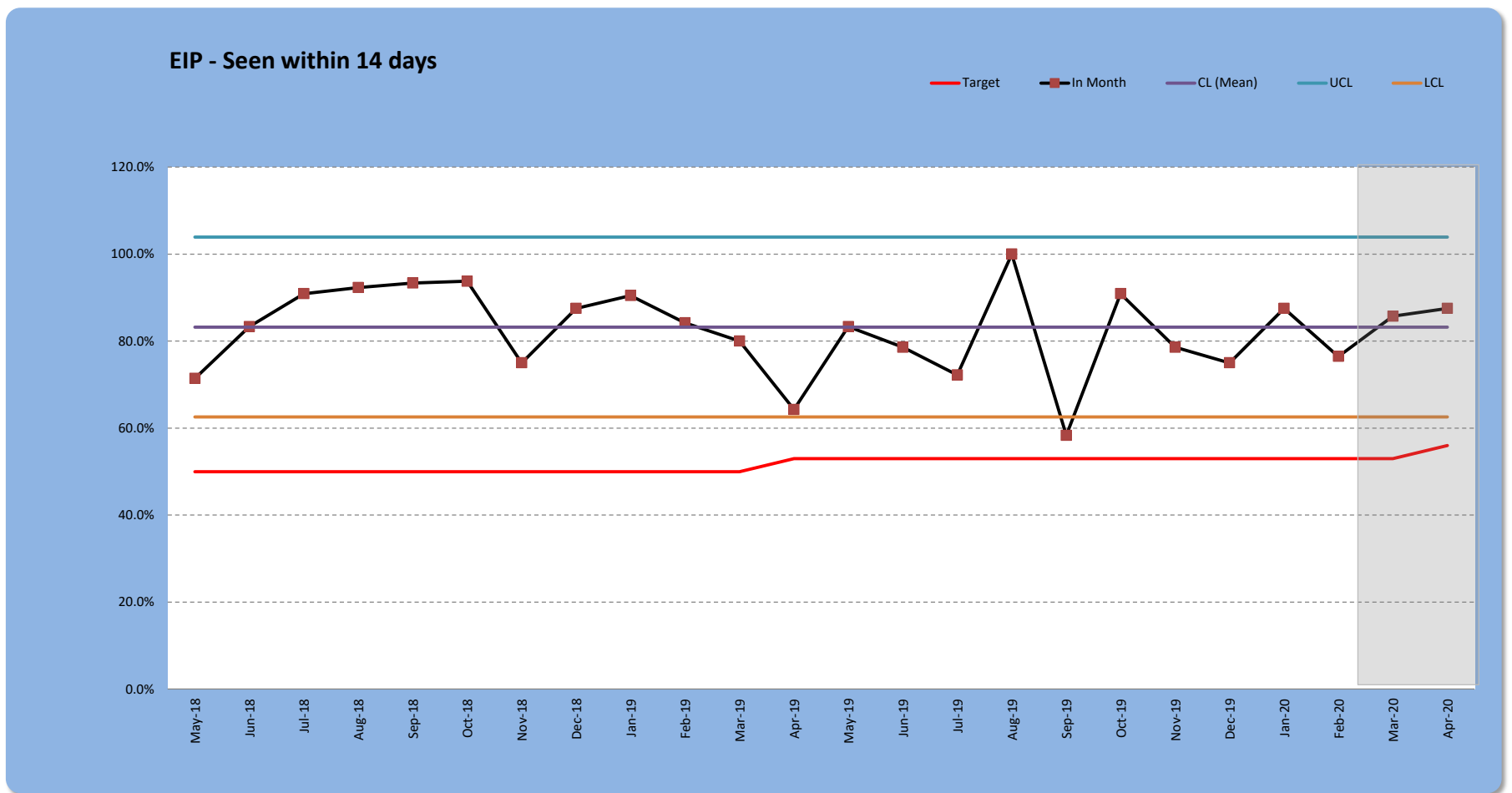
Target has increased to 56% in 2020/21.

Target achieved in Apr-20.

Target: 56%

Amber: 51%

Current month stands at 87.5%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Apr 2020**

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

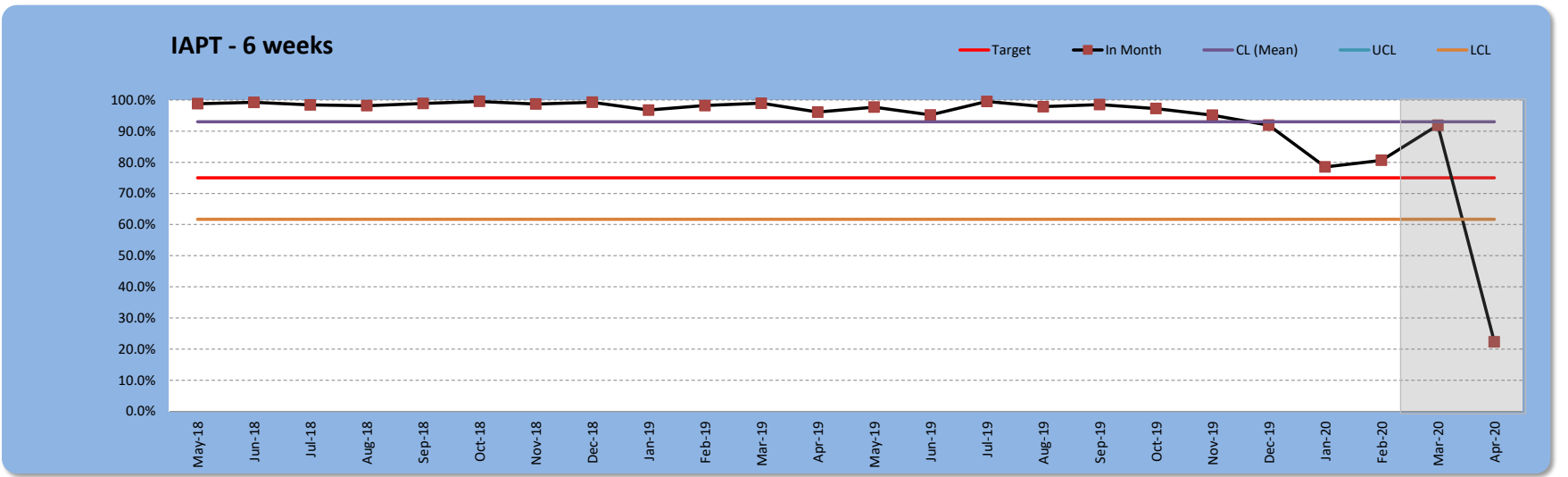
Narrative

Performance has significantly dropped since we have removed 'Pauses' from the waiting time clock.

This is the agreed methodology with NHSE and NHS Digital.

Target: 75%
Amber: 70%

Current month
22.3%

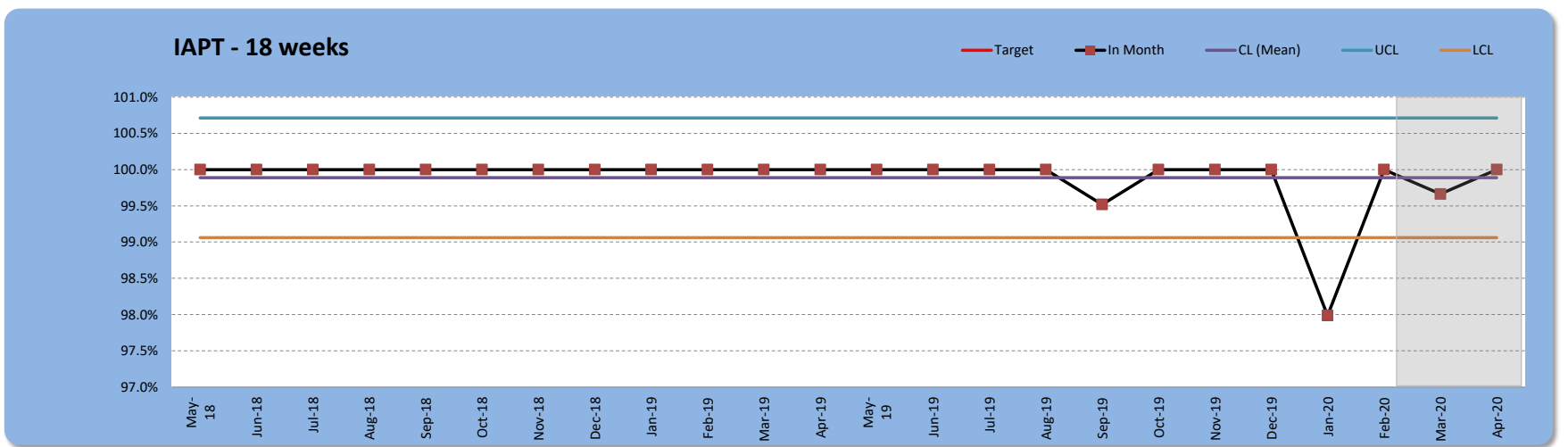


Narrative

100% Achievement in April 2020.

Target: 95%
Amber: 85%

Current month
100.0%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Apr 2020**

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

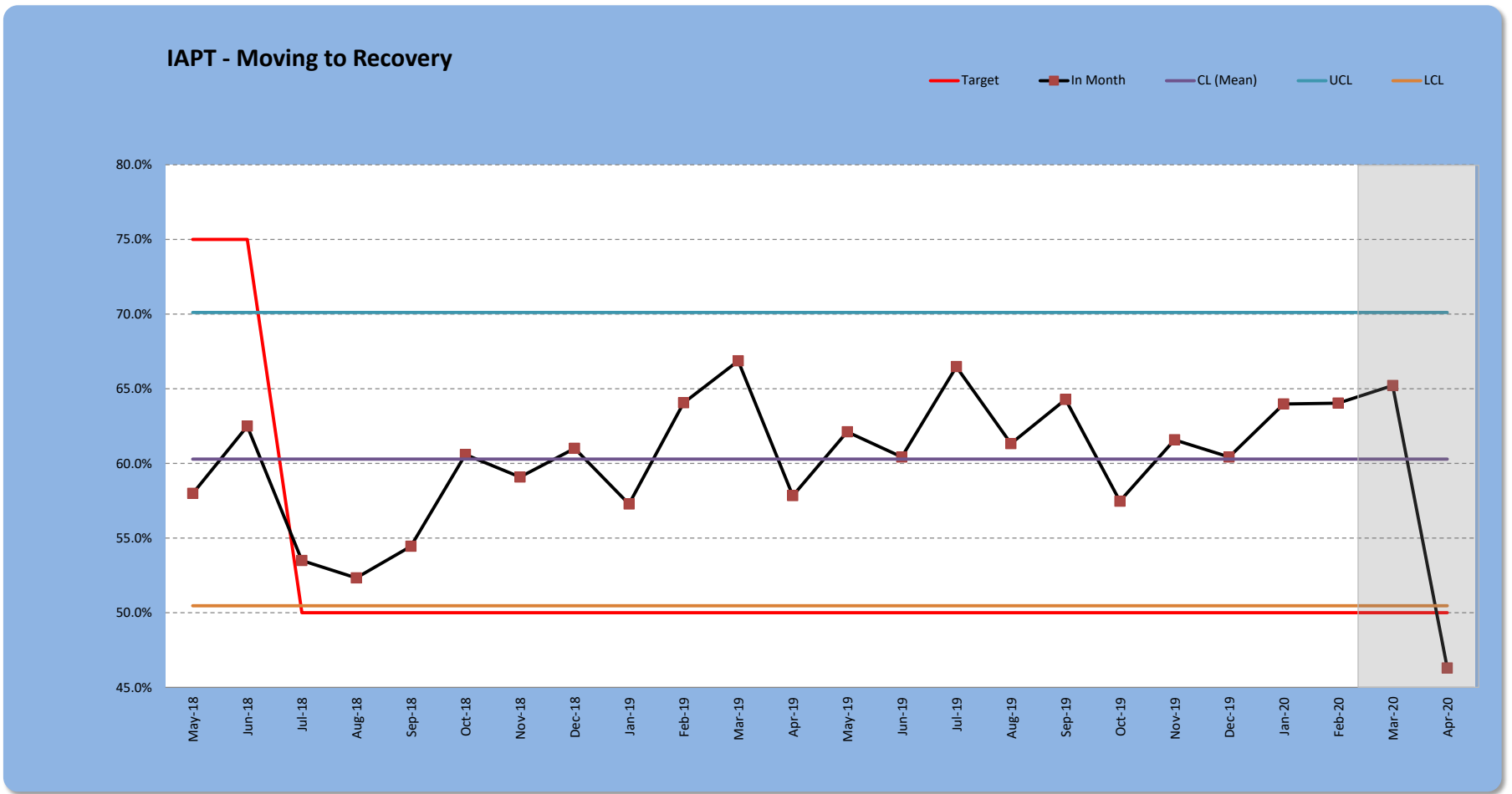
KPI Type
OP 11

Narrative

Performance has reduced by 18.9% when compared to the previous month.

Target: 50%
Amber: 45%

Current month stands at 46.3%



PI RETURN FORM 2020-21

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Apr 2020**

Indicator Title

Description/Rationale

Executive Lead
Lynn Parkinson

KPI Type

ST 4b

Out of Area Placements

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

Narrative

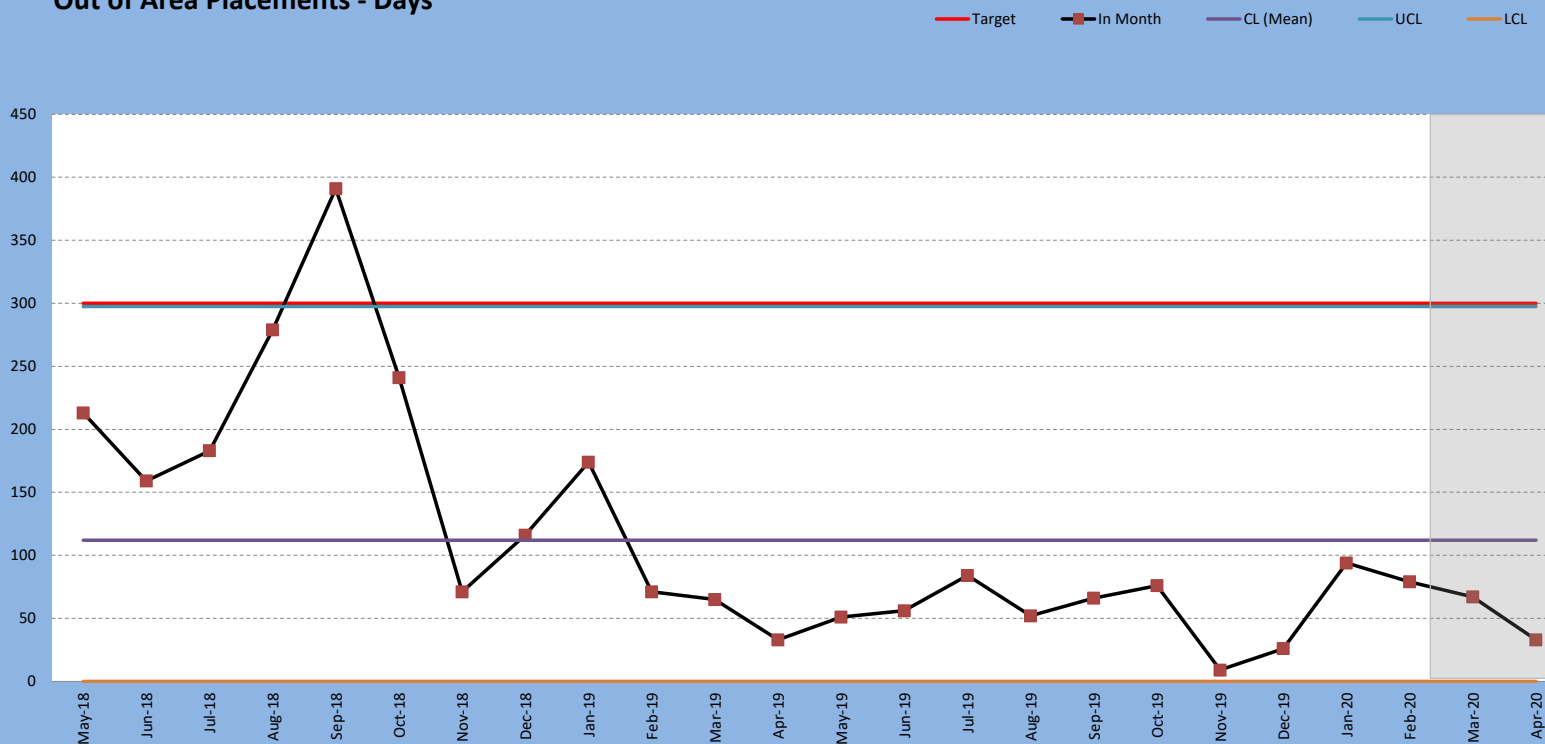
Out of area days have reduced by 34 and remains well below the trajectory set.

Target: 300

Amber:

Current month stands at 33

Out of Area Placements - Days



PI RETURN FORM 2020-21

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Apr 2020**

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

KPI Type
OP 14

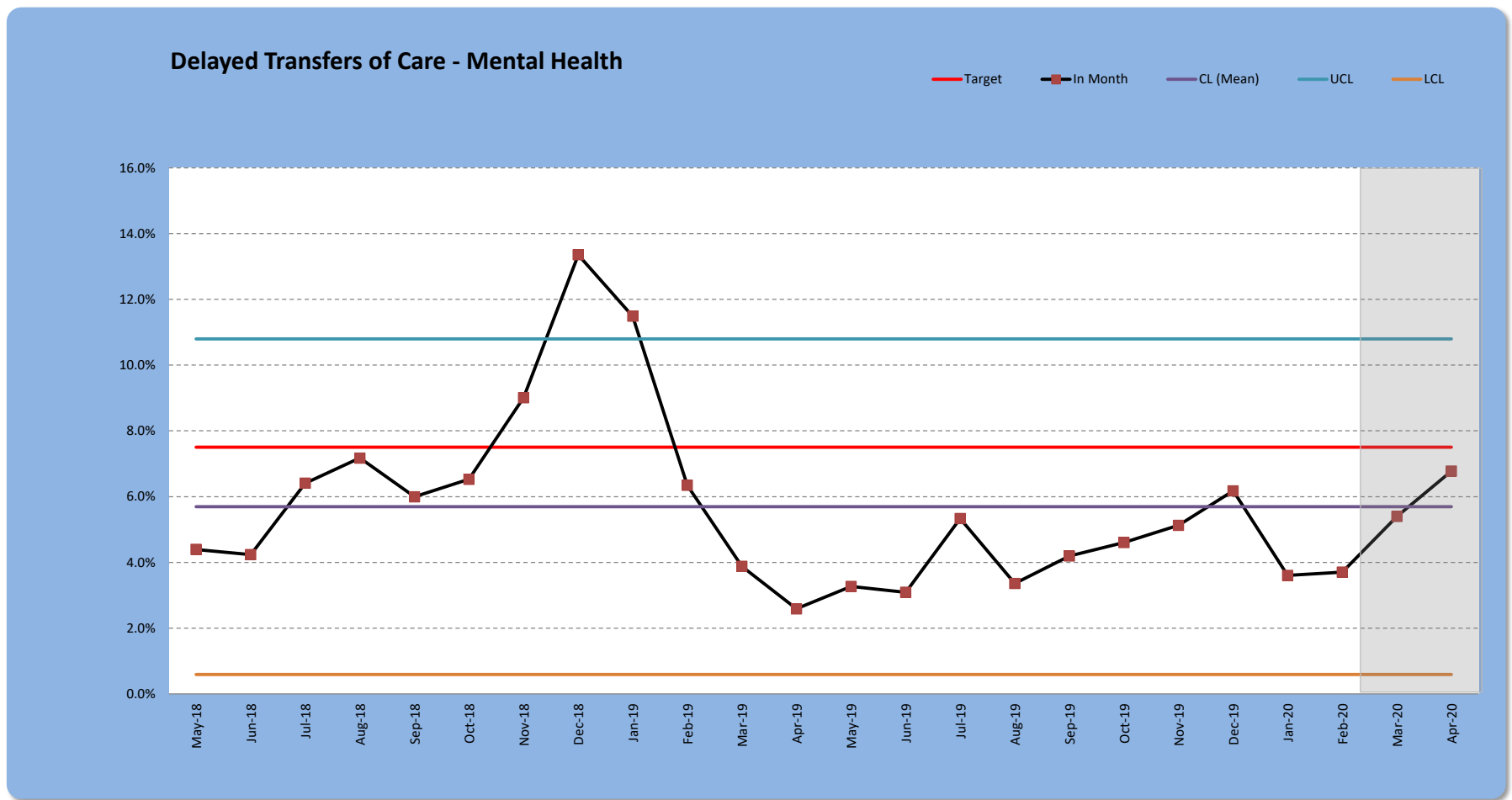
Narrative

remains within target but increased by 1.4% when compared to previous month.

Target: 7.5%

Amber: 7.0%

Current month stands at 6.8%



PI RETURN FORM 2020-21

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Apr 2020**

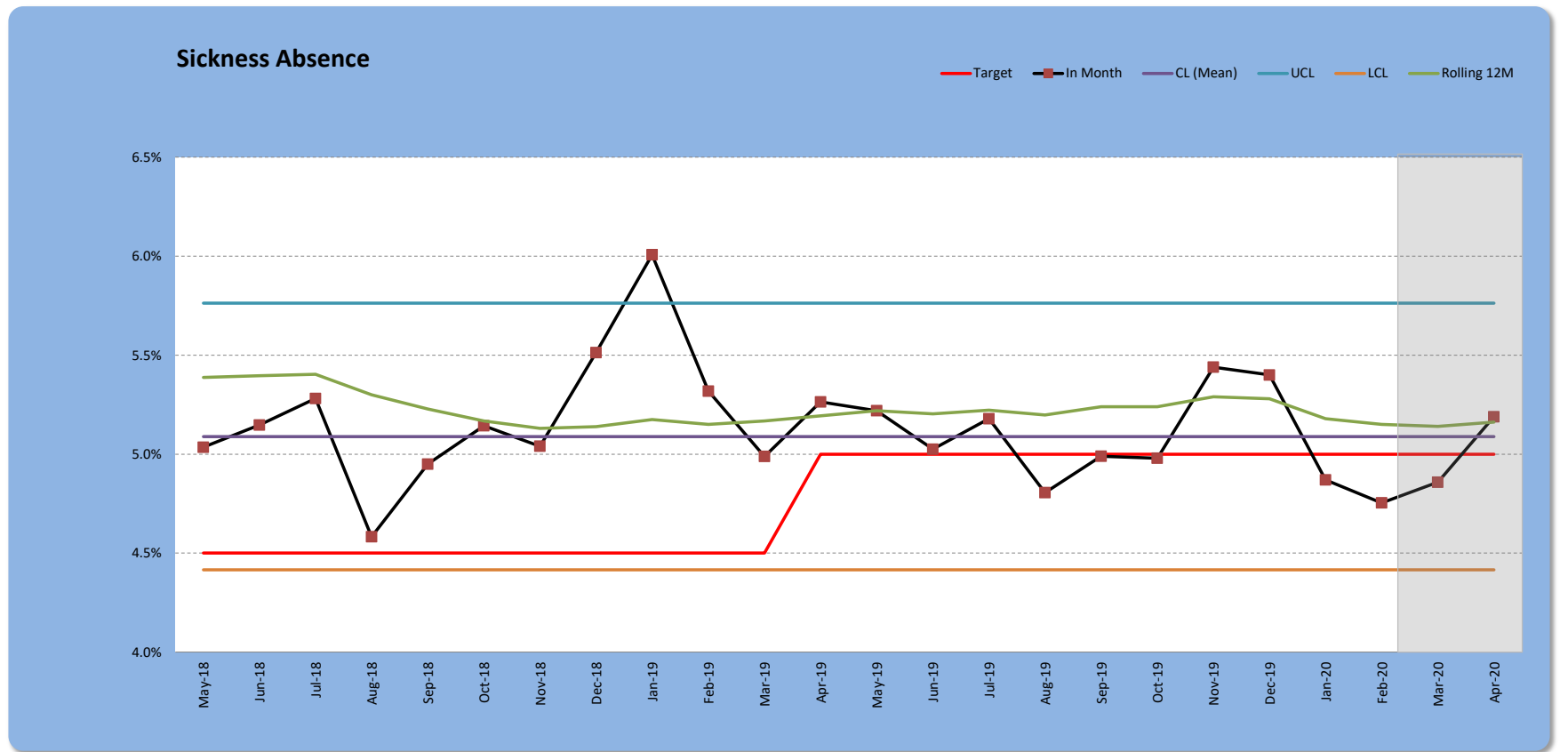
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Sickness Absence	Percentage of staff sickness across the Trust (not including bank staff). Includes current month's unvalidated data	Steve McGowan	WL 1

Narrative

0.2% above the 5% target in Apr-20.

Target: 5.0%
Amber: 5.2%

Current month 5.2%



PI RETURN FORM 2020-21

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Apr 2020**

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

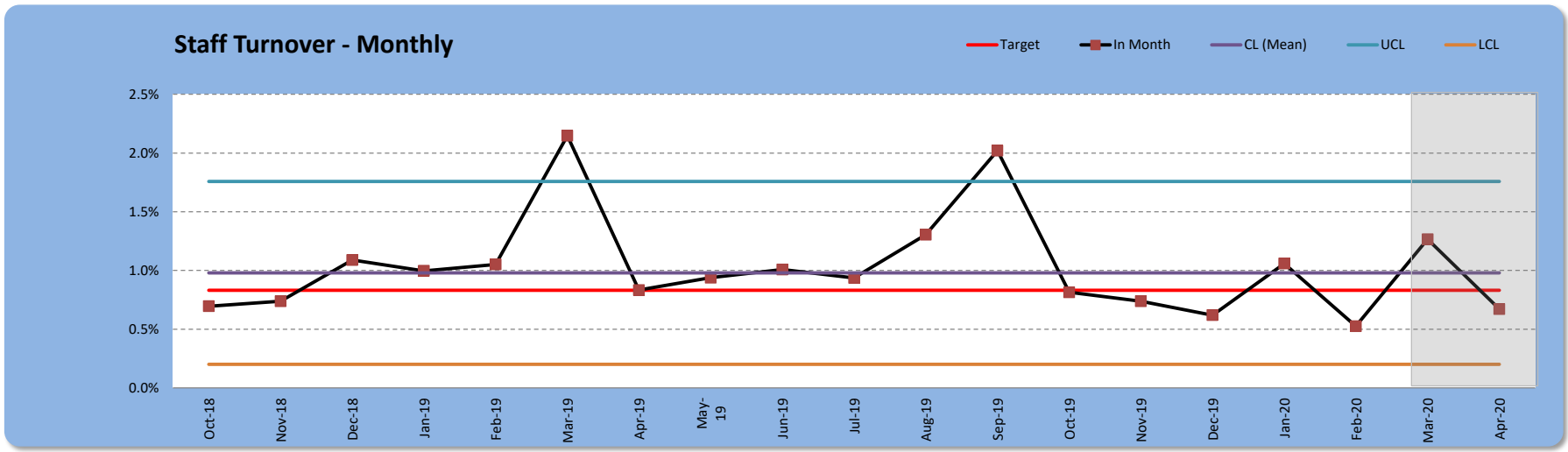
Narrative

Within target

Target: 0.83%

Amber: 0.70%

Current month stands at 0.7%



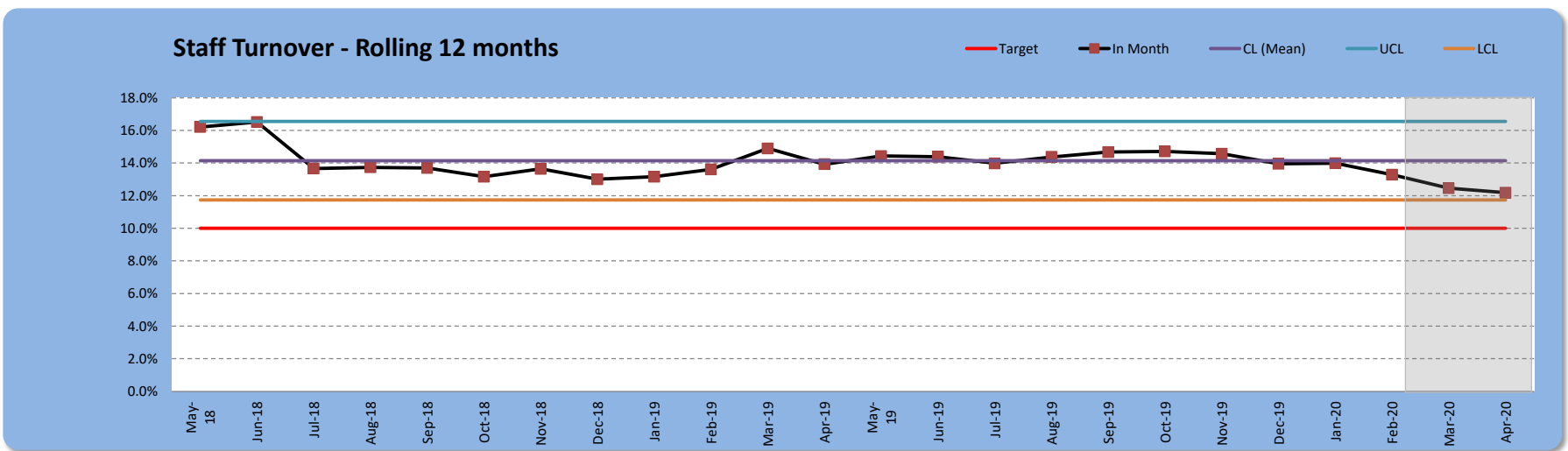
Narrative

Exceeds Target

Target: 10%

Amber: 9%

Current month stands at 12.2%



PI RETURN FORM 2020-21

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Apr 2020**

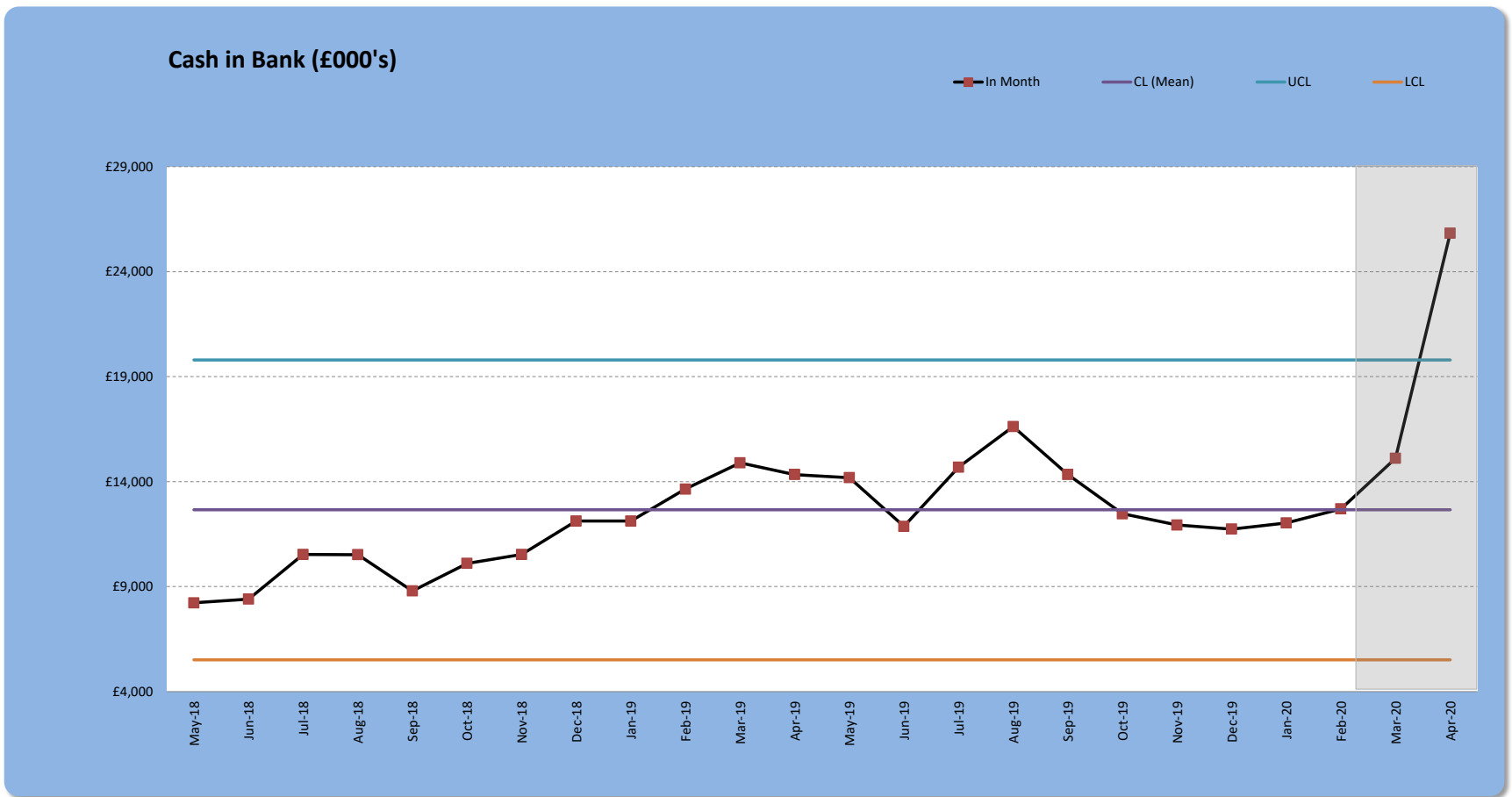
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Cash in Bank (£000's)	Review of the cash in the Bank (£000's)	Peter Beckwith	F 2a

Narrative

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

Target:
Amber:

Current month stands at £25,834 ,000



PI RETURN FORM 2020-21

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Apr 2020**

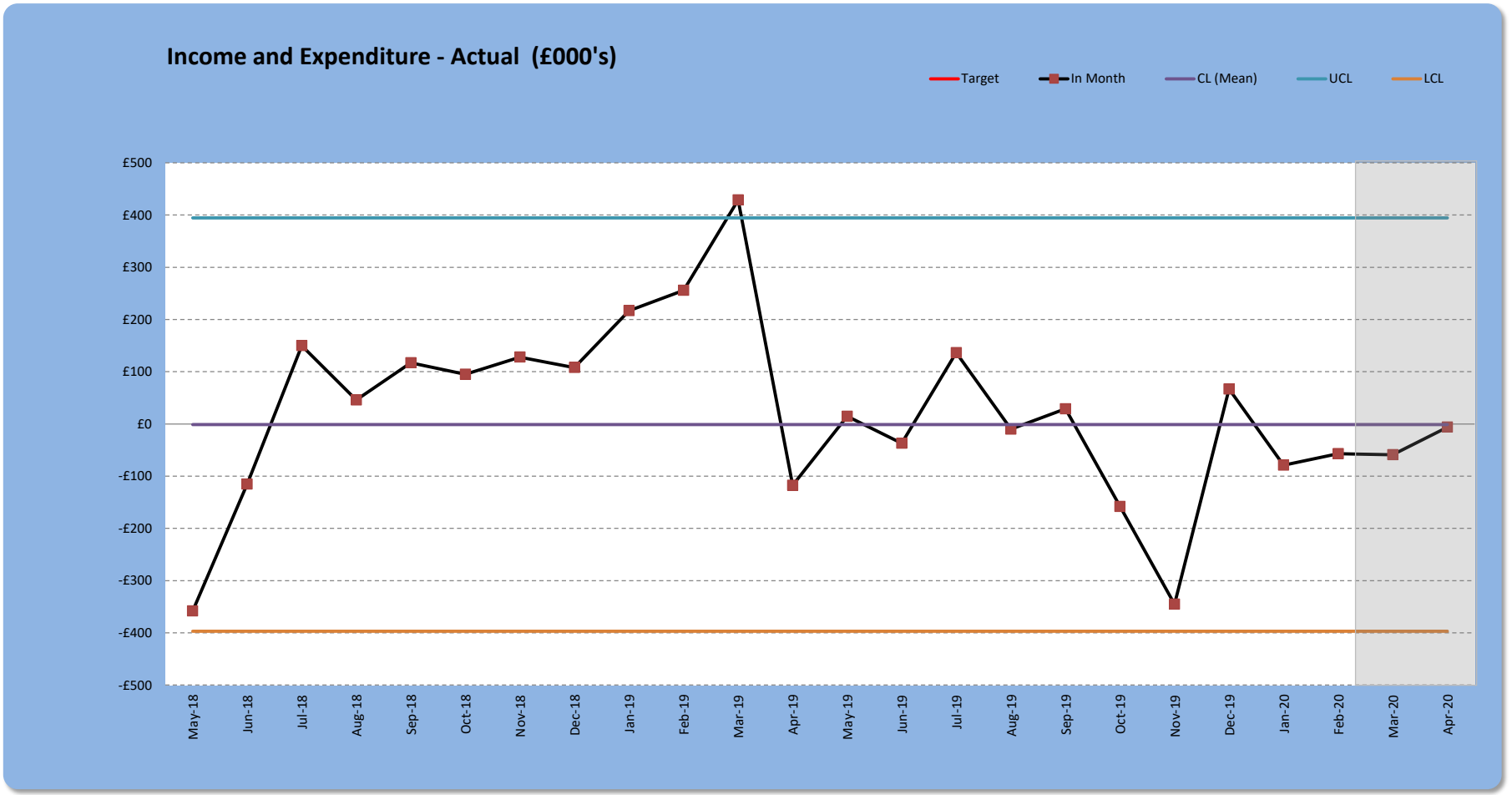
Indicator Title	Description/Rationale	Executive Lead
Income and Expenditure (£000's)	Review of the Income versus Expenditure (£000's) by month	Peter Beckwith

KPI Type
F 4b

Narrative

Remains within the control limits

Target:
Amber:
Current month stands at -£6 ,000



PI RETURN FORM 2020-21

Goal 6 : Promoting People, Communities and Social Values

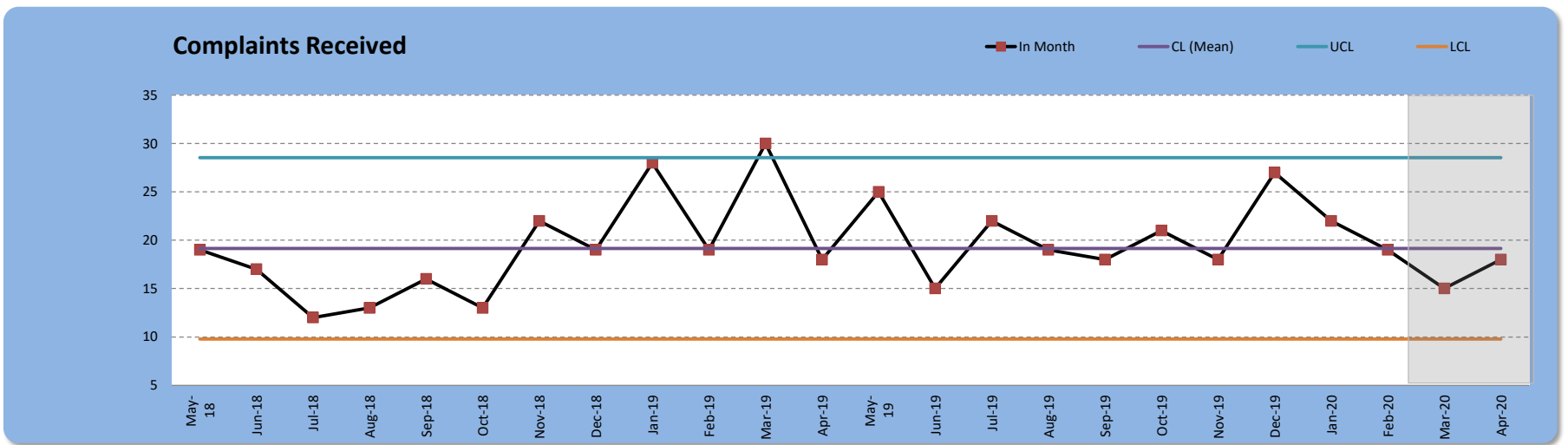
For the period ending: **Apr 2020**

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

Narrative

Within Control Limits

Current month stands at 18

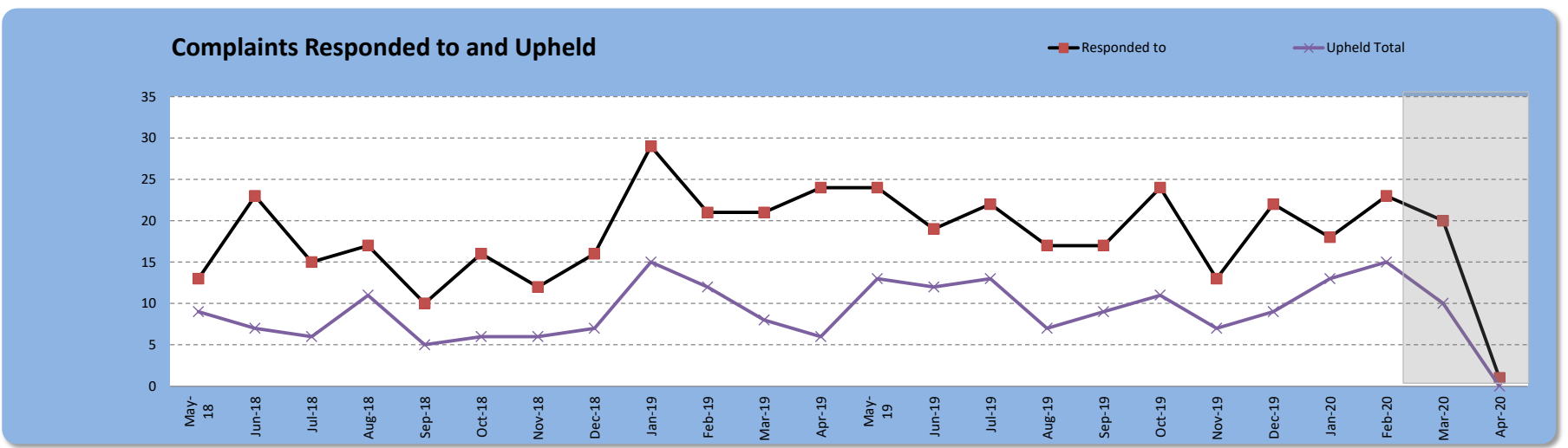


Narrative

Upheld YTD

0
0.0%

Current month upheld stands at 0



PI RETURN FORM 2020-21

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Apr 2020**

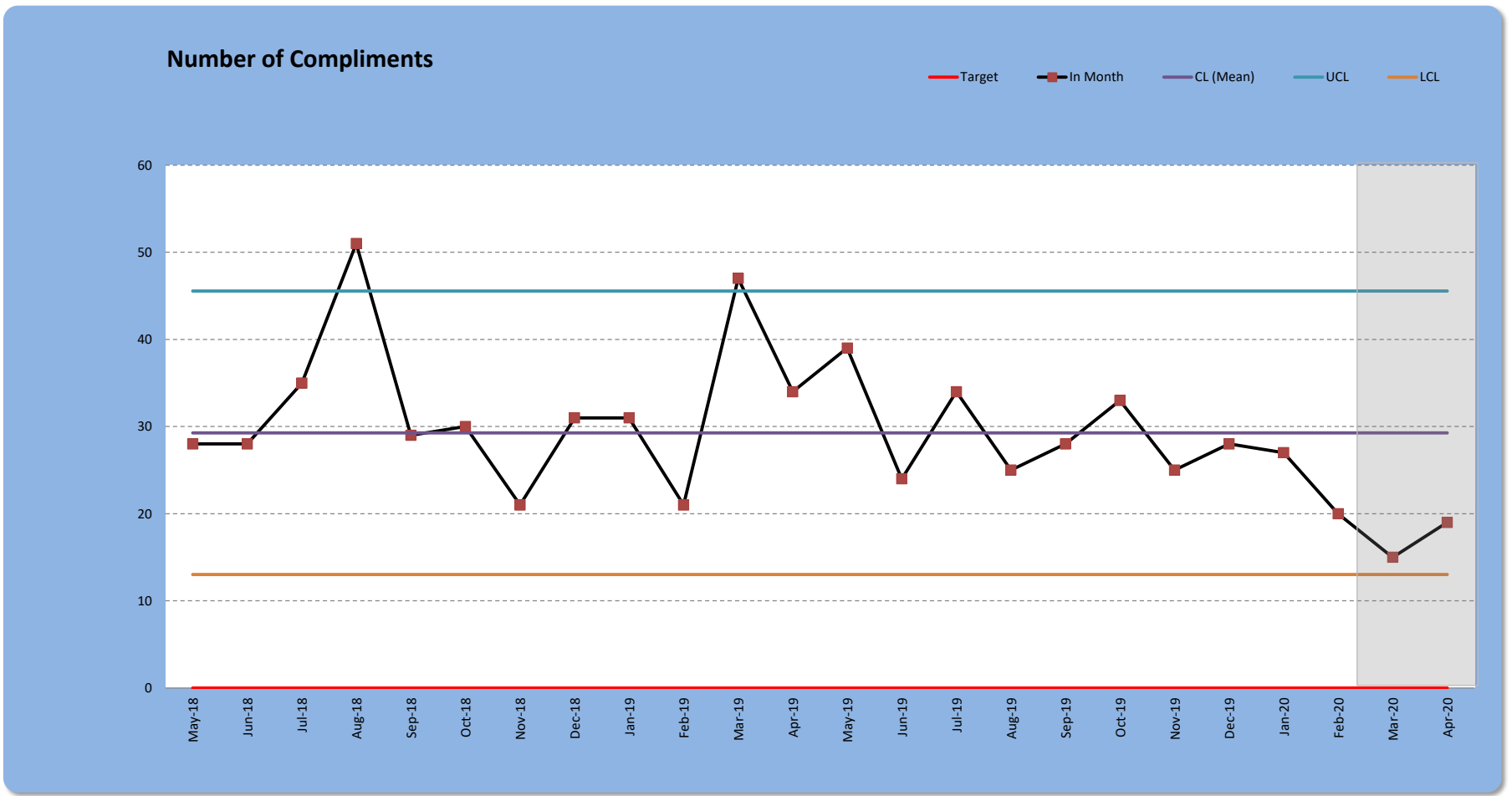
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Compliments	Chart showing the number of compliments received into the Trust	John Byrne	IQ 7

Narrative

within control limits

Target: 0
Amber: 0

Current month stands at 19





Executive Team:

Chief Executive: Michele Moran

Chairman: Sharon Mays

Chief Operating Officer: Lynn Parkinson

Director of Finance: Peter Beckwith

Director of Workforce and Organisational Development: Steve McGowan

Medical Director: John Byrne

Director of Nursing: Hilary Gledhill

Issue Date: 19/05/2020



Agenda Item: 10

Title & Date of Meeting:	Trust Board Public Meeting – 20 th May 2020			
Title of Report:	Finance Report 2020/21: Month 1 (April)			
Author/s:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:	To approve		To receive & note	X
	For information	X	To ratify	
Purpose of Paper:	<p>This report is being brought to the Trust Board to present the draft financial position for the Trust as at the 30th April 2020 (Month 1).</p> <p>The report provides assurance regarding financial performance, key financial targets and objectives.</p> <p>The Board are asked to note the financial position for the Trust and raise any queries, concerns or points of clarification.</p>			
Governance: <i>Please indicate which group or committee this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report: <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<ul style="list-style-type: none"> • The Trust recorded an operational break-even position at the end of April 2020. • Within the reported position is Month 1 covid expenditure claim of £0.539m, details of which are included in the report. • Cash balance at the end of April was £25.8m, which is inclusive of the May Block payment of £9.8m. • A BRS provision of £0.485m is included in the reported position. 			

Monitoring and assurance framework summary:

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



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



FINANCE REPORT – April 2020

1. Introduction

This report is being brought to the Trust Board to present the financial position for the Trust as at the 30th April 2020 (Month 1). The report provides assurance regarding financial performance, key financial targets and objectives.

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

2. Income and Expenditure

2.1 For the period April to October the normal contracting arrangements between NHS organisations have been ceased and the Trust will receive a block income allocation. Therefore, for the purpose of Month 1 reporting all clinical income has been grouped together with expenditure for clinical services reported as Gross.

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

The Trust recorded an operational breakeven position at the end of Month 1, details of which are summarised in the table below.

Table 1: 2020/21

Income and Expenditure

	2021 Net Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Total Income	142,801	12,019	13,301	1,281	12,019	13,301	1,281
Total Expenditure	141,468	12,222	12,432	(210)	12,222	12,432	(210)
EBITDA	1,333	(203)	868	1,071	(203)	868	1,071
Depreciation	3,111	253	253	(0)	253	253	(0)
Interest	148	12	14	(2)	12	14	(2)
PDC Dividends Payable	2,341	195	195	0	195	195	0
PSF Funding	(951)	(79)	(79)	(0)	(79)	(79)	(0)
Operational Position	(3,316)	(584)	485	1,069	(584)	485	1,069
BRS	(3,316)	(30)	485	(515)	(30)	485	(515)
Operating Total	(0)	(554)	0	554	(554)	0	554
Excluded from Control Total							
Donated Depreciation	220	18	6	12	18	6	12
Ledger Position	220	(536)	6	567	(536)	6	567
EBITDA %	1.1%	-2.1%	8.1%		-2.1%	8.1%	
Surplus %	0.0%	-5.8%	-0.1%		-5.8%	-0.1%	



2.2 Income and Expenditure

The Trust closed its ledger on the 11th of May, therefore detailed analysis on income and expenditure variances were not available at the time of writing.

2.3 COVID Expenditure

At the end of April 2020 the Trust recorded £0.539m of covid related expenditure, details of which are summarised below, a claim has been submitted to recover this expenditure and this has been accrued in the Month 1 position.

COVID 19 Costs	£m
Pay Costs	0.258
Non Pay Costs	0.281
Total Costs in April Position	0.539

3. Statement of Financial Position

The Statement of Financial Position in Appendix 1 shows the Trust's assets and liabilities as at 30th April 2020.

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

3.1 Cash

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

Table 2: Cash Balance

Cash Balances	£000s
Cash with GBS	25,654
Nat West Commercial Account	130
Petty cash	50
Total	25,834

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

4. Recommendations

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



Appendix 1
Statement of Financial Position

	APR-20 £000	MAR-20 £000	Movement £000	COMMENTS
Property, Plant & Equipment	109,843	109,525	318	
Accumulated Depreciation	24,771	24,523	248	
Net Property, Plant & Equipment	85,072	85,002	70	
Intangible Assets	9,976	9,656	320	
Intangible Assets Depreciation	1,881	1,870	11	
Net Intangible Assets	8,095	7,786	309	
Total Non-Current Assets	93,167	92,788	379	
Cash	25,834	15,108	10,726	Additional Block payment received in April
Trade Debtors	3,591	6,981	(3,390)	Reduced non clinical invoicing in April
Inventory	150	150	0	
Non Current Asset Held for Sale	990	990	0	
Other Current Assets	2,441	969	1,471	
Current Assets	33,006	24,198	8,807	
Trade Creditors	5,231	4,704	527	
Accrued Liabilities	21,741	13,068	8,674	Additional Block payment received in April
Current Liabilities	26,972	17,772	9,201	
Net Current Assets	6,034	6,427	(393)	
Non-Current Payables	1,216	1,216	0	Local Government Pension Scheme Liability
Non-Current Borrowing	4,190	4,204	(15)	
Long Term Liabilities	5,406	5,420	(15)	
Revaluation Reserve	18,568	18,568	0	
PDC Reserve	61,170	61,170	0	
Retained Earnings incl. In Year	14,057	14,057	0	
Total Taxpayers Equity	93,795	93,794	0	
Total Liabilities	126,172	116,986	9,186	



Agenda Item 11

Title & Date of Meeting:	Trust Board Public Meeting – 20 May 2020			
Title of Report:	Mental Health Legislation Committee Assurance Report following meeting by Skype on 07 May 2020.			
Author/s:	Name: Michael Smith Title: Non Executive Director and Chair of Mental Health Legislation Committee			
Recommendation:	To approve		To receive & note	✓
	For information	✓	To ratify	
Purpose of Paper:	<p>The Mental Health Legislation Committee is one of the sub Committees of the Trust Board</p> <p>This paper provides an executive summary of discussions held at the Skype meeting held on 07 May 2020 (due to Covid 19) and a summary of key issues for the Board to note.</p>			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Board Assurance report	✓
Key Issues within the report: <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<ul style="list-style-type: none"> Received assurance about patient involvement in care planning Received quarterly performance report which will, in future, be presented by the Clinical Director with a strong emphasis on assurance rather than data. The Committee had a substantive discussion concerning the CQC report on monitoring the Mental Health Act (as referred from main 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	Yes	If any action required is	N/A	Comment



this paper to Trust Board?		this detailed in the report?		
Patient Safety	√			
Quality Impact	√			
Risk	√			To be advised of any future implications as and when required by the author
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	
Executive Summary - Assurance Report:				
<p>Committee noted key items and assurances regarding:</p> <ul style="list-style-type: none"> Received assurance about patient involvement in care planning - a workshop has been held and there is a facility within My Assurance to evidence auditing regarding this Received quarterly performance report which will, in future, be presented by the Clinical Director with a strong emphasis on assurance rather than data. Also agreed to use colour coding (RAG ratings) to assist clarity and focus in the CQC MHA visits fields. Noted that the Mental Health Legislation Steering Group will meet via Skype on 19 May and the use and presentation of data will be considered. Noted that although second s136 suite is completed, it is currently being used for A&E screening. This is temporary and the suite will be brought into use as soon as possible. The Committee had a substantive discussion concerning the CQC report on monitoring the Mental Health Act (as referred from main Board) Agreed that the above, along with CQC reports on similar Trusts will be useful for Committee to understand themes and issues to focus on Agreed Terms of Reference will be updated and refreshed membership Agreed workplan with addition of Annual MAPPA report to come to MHLC (this action suggested by and agreed with Chair of Audit) Patient feedback report to bullet points for board assurance report 				
Key Issues:				
<p>Insight report:</p> <ul style="list-style-type: none"> CQC Monitoring the MHA 2018 – 2019 – focus on ensuring consideration of human rights is central to patient care and any restrictive practice. <p>Quarterly performance report – main items</p> <ul style="list-style-type: none"> CQC Mental Health Act visits – Committee assured that patient and carer involvement in care planning is improving and is being regularly audited. <p>Exceptions</p> <p>There were 13 exceptions to the lawful application of the MHA in Q4, unable to identify any trends. Individual actions have been carried out to prevent further errors in these areas.</p>				

Agenda Item 12

Title & Date of Meeting:	Trust Board Public Meeting – 20 May 2020			
Title of Report:	Workforce & OD Committee Assurance Report & 22 January 2020 Minutes			
Author:	Name: Dean Royles Title: Non-Executive Director and Chair of Workforce and Organisational Development Committee			
Recommendation	To approve		To note	
	To discuss	√	To ratify	
	For information	√	To endorse	
Purpose of Paper:	<p>The Workforce and Organisational Development Committee is one of the sub committees of the Trust Board</p> <p>This paper provides an executive summary of discussions held at the virtual meeting held on 13th May 2020 and a summary of key points for the Board to note. The minutes of the meeting held on 22 January are attached for information</p>			
Any Issues for Escalation to the Board:	<p>The committee recommends that the Board: -</p> <ul style="list-style-type: none"> • Notes the information from the Workforce Insight Report. • Notes the assurance gained from the Guardian of Safe Working report. 			

Executive Summary - Assurance Report:

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

A summary of the key areas within the Workforce Insight report and risk register was discussed.

The committee also received and reviewed reports on the 2019 staff survey, Equality, Diversity and Inclusion, Guardians of Safe Working, Recruitment Task and Finish Group as well as the Trusts workforce plan and committee effectiveness review.

Key Issues:

The key areas of note arising from the Committee meeting held on 13th May 2020 were:

- Minutes of the meeting on 22nd January were approved
- Action log was updated with agreement for those closed actions to be removed
- Those groups regularly reporting to the committee were stood down so no updates



available other than a brief update paper for the medical group. This was due to Covid 19. The Medical Education update highlighted that education work is continuing for consultants and trainee medical staff using innovated the ways of working.

- No new policies were presented to the committee for ratification.
- The Workforce Insight report was highlighted to the committee. The turnover data for end of March shows an increase that is likely year end effect in terms of contracts ending. There is a similar effect in September. It was recognised that the return to work interviews need to be highlighted within the organisation. A communication regarding importance of them has been circulated. In terms of vacancies and sickness, attention was drawn to the Mental Health division with LP highlighting mitigation in place. Reasons behind this could include Covid 19 however it was noted that there is currently a low bed occupy within the division therefore high sickness and vacancies may not be impacting the service as it would have done if the beds were more occupied. Employee leaving data was explored. The Trust had written to those who had left over 3 years ago to see if would return. A number of staff had also been recruited through the national programme. The committee looked at the workforce scheduling with increase in March and reasons why. Lynn Parkinson is following this up. Attention was drawn to item 7.3 in terms of mandatory training. Committee noted that due to Covid 19 period, for those in red, there is a potential that they may initially deteriorate further in this current level 4 emergency state. Executives are tasked to look into this in order to give a forward look and bring back to next committee meeting.
- Looked at risk register. In terms of risk 1, the bank staff issue, recognised that Hilary will update this in terms of mitigation and Steve McGowan also highlighted the survey going out as part of work plan in terms of supervision. The Chair and Steve McGowan are tasked with reviewing the insight report to streamline the information before the next meeting and share the headlines of what a new condensed report may look like.
- The committee effectiveness review was received. The committee were given the opportunity to comment. No updates required. The work plan and terms of reference were circulated. Committee approved effectiveness review. Recommendation to look at a formal method to compliment the effectiveness review to triangulate between all committees to work together. Action for Michelle Hughes to look at taking this forward.
- An overview of the presentation of staff survey results was given. Received headlines in previous workforce committee meeting as well as a discussion at a previous Trust Board meeting. Scheduled to be taken to the next board time out for further consideration. Committee noted that the information disseminated to directorates include directorate performance. Lynn Parkinson will be looking at accountability reviews when the group is re-established to encourage improvement activity to take place. There may be positive outcomes due to Covid 19 which can try and capture in those accountability meetings. Expressed importance of pulse surveys. These are scheduled in quarters 1, 2 and 4 and I look at questions including relationship between management and staff since Covid 19. Care groups will be asked to attend workforce committee on a rolling programme to give update on staff survey improvement activity.
- The committee received the Guardian of Safe Working quarterly report which comes to workforce committee to gain assurance on behalf of the Board. The report was noted. Thanks were given to Jennifer for all the good work she is undertaking on behalf of the Trust. Committee was reassured that everything is in place for doctors in training.
- The committee received a report on the current position of the recruitment task and finish group. The Committee looked at the hard to fill roles and recognised the challenges faced. They also recognise the work going on to fill posts. The Trust is working hard on these areas but only managing to stand still, thus the reason for the groups establishment. This recruitment drive will need an investment programme to

improve the supply pipeline. This will need further consideration by the committee and Trust Board. This additional funding will cover areas such as international recruitment, training, apprenticeships and backfilling as these will be an additional cost. A glide path is being developed for decisions to be made. Also recognise that Covid 19 has given opportunities and resulted in changes in the way people work. A positive outcome from Covid 19 is the increase of people wanting to join the NHS to make a contribution and have a secure job. SM to look at the 'bring back' scheme to see if there are further opportunities to recruit.

- Workforce plan was reviewed by the committee. The committee welcomed the plan and were assured by it. Committee noted that there were some hard numbers. Recommendation of making the plan more qualitative as well as looking at making a plan on a page. Executive leads to revise risk register on back on the plan to see if the mitigation is still current and come back with a revised risk register entry. It was confirmed that a workforce modernisation/skill mix will compete in quarter two to align with a revised workforce investment plan.
- The committee received the Equality, Diversity and Inclusion annual report. The report covered the governance arrangements and formal processes. Also considered staff survey results which form objectives for the following year. The Committee was asked to note that Trust has seen decrease in WRES in terms of harassment and small increases since 2018 in terms of disability analysis. A review in terms of awareness for managers has been undertaken. This activity will help continue improve the Trust's position.

**Minutes of the
Workforce & Organisational Development Committee
held on
Wednesday 22nd January 2020, 14:00 – 16:00pm, Meeting Room 2, Trust HQ**

Present:

Members:

Francis Patton (FP), Non-Executive Director, Chair
Mike Cooke (MC), Non-Executive Director
Dean Royles, Non-Executive Director (DR)
Steve McGowan (SMc), Director of Workforce & OD,
Hilary Gledhill (HG), Director of Nursing
John Byrne (JB), Medical Director
Lynn Parkinson, Chief Operating Officer, (LP)

Other attendees:

Patti Bowden, (PB)
Michele Moran, Chief Executive, (MM)
Helen Lambert (HL), Deputy Director of Workforce & OD
Sharon Mays, Chairman, (SM)
Katy Marshall (KM), (attended from 2pm to 2:47pm)
Jessica Norton (JN), Personal Assistant, (Note taker)

01/20	Apologies for Absence None
02/20	Declarations of Interest None
03/20	Minutes of the meeting held on 20th November 2019 The minutes of the meeting held on the 20 th November 2019 were accepted as an accurate record subject to the expansion of minute 60/19 and the deletion of a visible tracked change.
04/20	Action Log Action Log was reviewed and discussed. Those closed are highlighted in grey and will be removed/archived from next month's report.
05/20	Chairs Log No comments raised.
06/20	Board Issues No comments raised as not covered.
07/20	Workforce Insight Report SMc gave overview of the insight report covering each section in turn. Sickness – DR enquired about long term sickness absence. SMc confirmed that the Trust has

	<p>around 100 long term sickness cases, these are being actively managed and none are over 12 months. The monthly scorecard gives data to managers on their sickness levels. Additionally, the introduction of bank investigators has helped with investigating those reasons for people not at work.</p> <p>Turnover – MC suggested we speak to leavers to ask those who retire/return to see why they came back. MC added that the Trust could highlight these with Rachel Kirby, Communications Manager, to promote as part of PROUD process. DR noted the improving turnover position.</p> <p>Vacancies – 350 in December which is an improvement on November.</p> <p>Performance & Development Reviews – MC asked about the declining performance. LP stated that division managers have plans to address and this will be discussed in upcoming accountability reviews.</p> <p>Statutory Mandatory Training – above target. As of January all courses are on ESR up until March 2021. It was highlighted that from the chart that certain areas are struggling to get things completed such as courses, appraisals etc. HG suggested that some housekeeping is needed to make sure people are doing the right courses. SM stated that managers have access to the information to do this, so if that is the case they need to enact it. FP asked that each Exec takes action for their areas of responsibility.</p> <p>Employee Relations – DR pointed out that it is good to see drop off of grievances.</p> <p>Workforce scheduling – noted that 45 people had worked over 60 hour weeks and this was an increasing trend. LP to discuss with her general managers.</p> <p>Resolved: The report was noted.</p> <p>Action: Execs to ensure that all staff mandatory training in their areas is reviewed so that staff are only on the courses they need to be on and that they are then up to date with mandatory training.</p>
08/20	<p>CQC Report HG gave overview of the CQC report. Three regulation breaches sit here. The actions have been done but now gaining the evidence that the breach is closed.</p> <p>Staffing in community services has good progress. All have governance and checks and balances with trajectories. HG declared that this is a better position but still some way to go.</p> <p>For the action 'staff not feeling supported', all actions are there.</p> <p>It was noted the report is going to Quality Committee next month.</p> <p>MC raised query regarding the purpose of the Ouse Ward at the Humber Centre. LP confirmed that they are currently reviewing the function of the Ouse Ward and its purpose going forward. LP added that, as part of wider work done, there has been focus on sickness at the Humber Centre.</p> <p>Resolved: The report was noted</p>
09/20	<p>Workforce Risk Register The current workforce risk register was presented to the committee for consideration. Of the thirteen risks, HL summarised the highest risk areas.</p> <p>Four of the risks are relating to vacancies of staff both clinical and medical and this was covered in the insight report.</p>

	<p>Resolved: The risk register was noted.</p> <p>Risk register and insight report to be combined in the future. Action: SMC</p>
10/20	<p>Progress Report on Care Division Recruitment Plans LP gave overview of the care division recruitment plans to the committee.</p> <p>LP reminded the committee of the recruitment and retention summit which was held for divisions to present their plans. Ownership has now improved and divisions now have plans for their vacancies which they are tackling in different ways. Those action plans that the divisions do have will be scrutinised further and will form part of the accountability reviews.</p> <p>All the plans are now going to be pulled together into one workforce plan.</p> <p>MC noted that the 128 whole time equivalents has stabilised and was pleased to see stabilisation.</p> <p>Debate over the content of the report against that of the insight report was undertaken. The insight report reflects the data on the ledger, whereas this report is the view from the operational managers.</p> <p>The workforce plan deadline is 1st March which will have a projection for the next financial year.</p> <p>Resolved: The report was noted.</p> <p>Trust workforce plan to come in May, with update in March. Action: SMC</p>
11/20	<p>Update on Proud KM showed the committee a presentation on the Proud programme.</p> <p>Highlights of the progress so far included:</p> <ul style="list-style-type: none"> • Refreshing senior leadership forum • PROUD working group have 40 working people involved • Equality meeting taking place • Work to link behavioural standards with appraisals • Managers forum is taking place this week • Finished off OD work with CMHT for the Hull team • Trust board development • Courses provided • Leadership programmes launch this week. Two cohorts in which there are 15 places each • Staff, health and wellbeing meetings underway. <p>KM stated that they have recently done a full intervention with CMHT which received good feedback. This will link with the work Paul Johnson is doing. LP confirmed that we are linking to the broader programme.</p> <p>Highlights of the next steps for Proud included:</p> <ul style="list-style-type: none"> • Work in the Humber centre and Whitby • Behavioural standards workshops

	<ul style="list-style-type: none"> • Talent management • Value based recruitment and refresh of workforce and OD strategy <p>SMc stated that, at the Executive Management Team time out, discussion regarding a 360-degree appraisal took place and this was agreed for April onwards.</p> <p>MC pleased to hear service users involved in recruitment. Committee members agreed.</p> <p>DR drew attention to the national people plan which is due around March. Know CCG gearing up about headings so would be useful for us to use some of these headings to show our alignment. SMc confirmed that the workforce plan for Workforce reflects these headings.</p> <p>JB noted the progress but also commented that culture takes a long time to change and as a Board and Committee this needs to be recognised. Other members of the committee agreed. Committee recognised that the Trust is making great strides and there are signs that things are changing.</p> <p>SMc thanked KM for her hard work and leadership on PROUD.</p> <p>Resolved: The presentation was noted.</p> <p>Slides to be sent to FP for his chairs log Action: KM</p>
12/20	<p>Updates from any groups reporting to this committee</p> <ul style="list-style-type: none"> a) Staff Health, Wellbeing Engagement Group – this is still a developing group. Identified priority areas including mental health pathways, MSK pathways to be enhanced, menopause and physical environment for staff to take breaks. Next is to equip those who attend with tools and techniques to engage with people. Have a budget to utilise these plans locally. The meeting is progressing with a good level of engagement. b) Equality, Diversity and Inclusion Group – No meeting since the last one which was updated at the last committee. c) Operational Delivery Group – work has been focused on service plans. Also looking at workforce plans. Now the group has done this work to a degree, they are now looking to put it all together. d) Medical Group – no update provided. <p>Resolved: The updates were noted</p> <p>Future meetings to have assurance reports from subgroups. Action: JN</p>
13/20	<p>Policy Ratification</p> <p>Four policies were presented to the committee for ratification (ED&I, Transitioning at Work, Grievance Resolution and Induction). The policies were taken as read. All four policies were ratified by the committee.</p> <p>MC requested that the Grievance resolution be monitored. MC added that mediation hasn't being clear previously and this policy now provides clarity for managers.</p> <p>DR pointed out that he couldn't see a definition of what a grievance is. He requested that the policy includes examples and definition.</p>

	<p>It was requested that clarification on front sheets of policies as to where they have been for consultation is added.</p> <p>Resolved: The policies were ratified</p> <p>Definitions of what a grievance is in terms of the Trust policy to be added to Grievance Policy Action: HL</p>
14/20	<p>To Review the Meeting Committee agreed that it was a good meeting. It was noted that, those in attendance, majority sat on the Board. Confirmation by the chair that the terms of reference reflected the membership at the meeting was given.</p>
15/20	<p>Agenda for March Meeting No comments raised.</p>
16/20	<p>Items for Assurance Report Insight report CQC report Risk Register Progress report Update on Proud Ratified policies</p>
17/20	<p>Any Other Business HL showed the committee a presentation on the staff survey early embargoed results. More detailed results will be brought to the committee next time.</p>
18/20	<p>Date and Time of Meetings in 2020:</p> <ul style="list-style-type: none"> • Wednesday 18 March 2020, 14:00 – 16:00 pm, Meeting Room 2, Trust Headquarters, Willerby Hill, Willerby • Wednesday 13 May 2020, 14:00 – 16:00 pm, Meeting Room 2, Trust Headquarters, Willerby Hill, Willerby • Wednesday 15 July 2020, 14:00 – 16:00 pm, Meeting Room 2, Trust Headquarters, Willerby Hill, Willerby • Wednesday 16 September 2020, 14:00 – 16:00 pm, Meeting Room 2, Trust Headquarters, Willerby Hill, Willerby • Wednesday 18 November 2020, 14:00 – 16:00 pm, Meeting Room 2, Trust Headquarters, Willerby Hill, Willerby

Agenda Item 13

Title & Date of Meeting:	Trust Board Public Meeting – 20 th May 2020			
Title of Report:	Covid-19 Response - Summary Update			
Author/s:	Name: Lynn Parkinson Title: Chief Operating Officer			
Recommendation:	To approve		To receive & note	√
	For information		To ratify	
Purpose of Paper:	This report provides an overview of the ongoing arrangements and continuing work in place in the Trust and with partner organisations to manage the Covid- 19 emergency. The paper also sets out how we will plan to address the second phase of the NHS Response to Covid- 19 as set out in the letter to Chief Executive Officers from Sir Simon Stevens and Chief Operating Officer Amanda Pritchard from NHS England on 29 th April 2019.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Monthly report	√
Key Issues within the report:	The report provides an update on the Trusts Emergency Preparedness, Resilience and Response (EPRR) and command arrangements in place to respond to the Covid- 19 emergency. It gives an overview of the key issues relating to patient and staff testing, personal protective equipment (PPE), staff health and wellbeing, service changes and the approach we are taking to plan for phase 2 (recovery and restore) of the pandemic.			

Monitoring and assurance framework summary:

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



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

Covid-19 Summary Update

1. Introduction

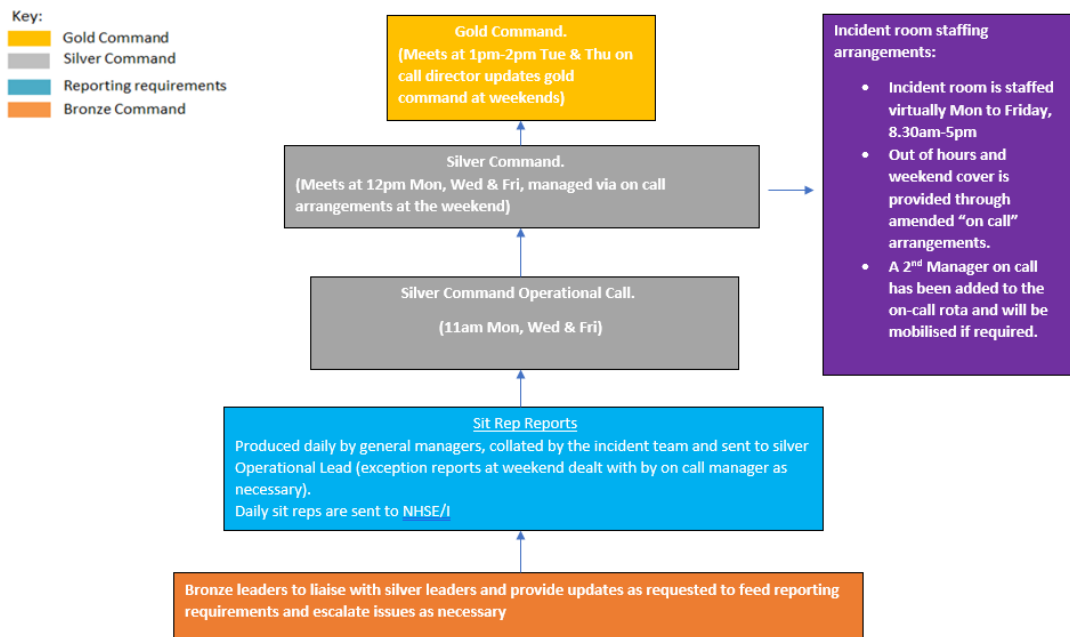
This report provides an overview of the ongoing arrangements and continuing work in place in the Trust and with partner organisations to manage the Covid-19 emergency. The paper also sets out how we will plan to address the second phase of the NHS Response to Covid-19 as set out in the letter to Chief Executive Officers from Sir Simon Stevens and Chief Operating Officer Amanda Pritchard from NHS England on 29th April 2020. This letter explains that whilst the data describes that England is coming through the peak of hospitalisations from Covid-19, that also coronavirus is set to be with us for some time to come.

This means that:

- Ongoing and consistent application of PHE (Public Health England)/NHS Infection Prevention and Control guidance in all NHS organisations, with appropriate cohorting of Covid/non-Covid patients needs to continue.
- NHS organisations should continue to assess staff who may be at increased risk - including older colleagues, pregnant women, returnees, and those with underlying health conditions - and make adjustments including working remotely or in a lower risk areas. Educational material, training and appropriate protection should be inclusive and accessible for our whole workforce, including our non-clinical colleagues such as cleaners and porters.
- Emerging UK and international data suggest that people from Black, Asian and Minority Ethnic (BAME) backgrounds are also being disproportionately affected by Covid- 19. It is recommended employers should risk-assess staff at potentially greater risk and make appropriate arrangements accordingly.
- We are going to see increased demand for Covid-19 aftercare and support in community health services, primary care, and mental health. Community health services will need to support the increase in patients who have recovered from Covid-19 and who having been discharged from hospital need ongoing health support.
- General practice will need to continue to stratify and proactively contact their high-risk patients with ongoing care needs, including those in the 'shielding' cohort to ensure they are accessing needed care and are receiving their medications.
- Further support to be provided to care homes. Continuing to ensure that all patients safely and appropriately being discharged from hospital to a care home are first tested for Covid-19 and to provide support with infection control training and PPE requirements.
- Each STP/ICS has been asked build a plan for the service type and activity volumes that will be needed beyond the end of June. This needs to retain the demonstrated ability to quickly repurpose and 'surge' capacity locally and regionally, should it be needed again, to fully step up non-Covid-19 urgent services as soon as possible over the next six weeks and to make judgements on whether there is further capacity for at least some routine non-urgent elective care.
- We should also take this opportunity to 'lock in' beneficial changes that we've collectively brought about in recent weeks. This includes backing local initiative and flexibility; enhanced local system working; strong clinical leadership; flexible and remote working where appropriate; and rapid scaling of new technology-enabled service delivery options such as digital consultations.

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

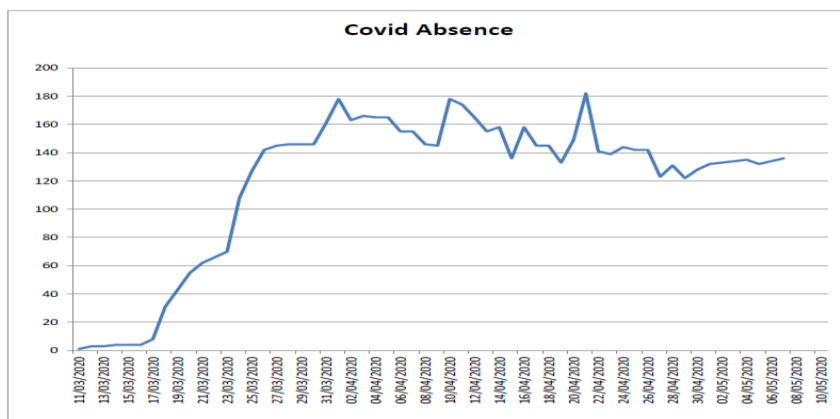
The Trust continues to maintain business continuity and EPRR command arrangements in line with diagram below. From Monday 27th April the frequency of the command sitrep meetings were reduced in due to the completion of a large number of actions and evidence that the arrangements put in place were working effectively. The arrangements will be kept under continual review by Gold and Tactical Silver command and stepped up again if necessary.



Sitrep reporting remains in place and is provided to Gold command daily, it includes:

- All sickness absence, including a breakdown of Covid-19 related absence
- Position on staff testing
- Bed occupancy
- Operational Pressures Escalation Level for each division and overall Trust level
- Division sitrep
- Position of Covid-19 positive and symptomatic patients for inpatient and community services
- Covid-19 related deaths
- Status of implementation of business continuity plans

Key to assessing the position against our business continuity plans is the availability of staff, the chart below sets out the number of instances of Covid-19 related absence, the reduction in the number which does correlate to staff testing becoming increasingly available.



The actions within the Business Continuity Plans have continued to be tested throughout this pandemic and so far have been effective. A number of high level service changes have taken place to accommodate the requirement to keep both patients and staff safe during this pandemic.

These changes have been achieved at pace however they remain under constant review and have been updated and refined as necessary. Our surge plan remains in place and sets out how the Trust will respond to significant surges in service demand as a direct result of the Covid-19 outbreak, ensuring the best possible balance of service delivery to patients. The plan was developed in accordance with the available guidance and predictive demand modelling information and is being reviewed regularly in light of the rapidly changing situation with the pandemic. The objective of the surge plan is to provide an overarching approach, supported by detailed service plans to ensure that:

- The spread of Covid-19 is minimised
- Essential core activities are maintained
- Minimise morbidity and mortality from Covid-19 among patients and staff
- Optimise deployment of staff, planning for the impact of self-isolation and Covid-19
- Timely and effective health and wellbeing support is provided to our staff
- Staff are provided with training and support to undertake their duties
- The best possible environment and equipment is provided for staff to undertake their duties safely
- Staff have access to appropriate personal protective equipment
- Return to normal working after the pandemic is restored as rapidly and effectively as possible

3. Patient and Staff Testing

The Trust continues to test any patients in our inpatient beds that have symptoms of Covid-19. Isolation areas remain in place for all of our inpatient areas, our mental health and learning disability beds continue to be supported by our Covid-19 Rapid Response Service, a new team with staff that have physical health expertise and who have had recent additional training to support the care needs of patients who are Covid-19 symptomatic/positive. In line with national guidance testing is now taking place for all patients on admission to an inpatient bed. The National Testing Programme provides Coronavirus tests to frontline workers or symptomatic members of their household. The purpose of testing is to support the return to work of frontline workers and help the NHS and other employers to maximise the workforce capacity during this unprecedented time.

Staff and family/household testing is available through the following pathways within Hull, East Riding and North Yorkshire:

- Hull University Teaching Hospitals NHS Trust (HUTH)
- York Teaching Hospital NHS Foundation Trust (YFT)
- North Lincolnshire and Goole NHS Foundation Trust (NLAG)
- Regional Testing Centres (RTC)
- Remote testing

Testing is provided at all sites seven days per week. Therefore, teams can refer staff or their family/household members across seven days. Pilots have taken place over very recent weeks in some Trusts to test asymptomatic staff, this is expected to be rolled out nationally soon and arrangements have been put in place by the Trust to prepare for that to happen. Currently a UK wide contact tracing operational model is also being developed and this will be considered by the Trust when more information becomes available.

4. Personal Protective Equipment (PPE) and Infection Control

Robust systems have been established to ensure that staff have access to the appropriate Personal Protective Equipment (PPE) at all times. Stock is received via a PUSH delivery system from NHS Supply chain, they use demand data and daily SITREPS to determine the content and frequency of deliveries. Currently the Humber Centre has been established as the main store for

all PPE deliveries and distribution; two further stores have been established at Malton and Whitby hospitals. Instances of low central stock supplies are escalated to the National Supply Disruption Line and are usually resolved. Currently, the supplies of PPE are at good levels. However given that the use of PPE will be required for some time yet, changes are currently being put in place to make this system more sustainable in the Trust; this includes a new location for a central store and additional logistical capacity to support the matrons in ensuring that all operational services receive the supply they need.

The infection control team continues to support all areas, clinical and corporate to ensure that PPE is used in line with PHE guidelines and that staff are effectively trained and competent to do so. However as the use of personal protective equipment becomes part of our everyday procedures it is still imperative that the basics of maintaining the highest levels of hand hygiene and social distancing remain in place to reduce the spread of infection. The Trust has therefore initiated a “Back to Basics” campaign to support our staff to do this to protect themselves and our patients.

Our Clinical Risk Environment Group (CERG) has commenced meeting again and its focus is on ensuring that clinical areas are optimised further where necessary to meet the need to comply with infection control requirements being in place over the longer term. Supported by clinical staff, infection control and estates advice, it is reviewing all areas to ensure that:

- Space available to don and doff PPE is optimised
- Showering and changing facilities are adequate
- Social distancing can be achieved
- Staff rooms are suitable and “wobble” rooms can be accommodated if needed
- Hand hygiene arrangements are optimised
- Ligature risk assessments are carried out to ensure that any enhancements and changes are in line with this safety requirement.

5. Covid-19 Risk Register

The operational risk register developed to support the Trust’s business continuity arrangements during the Covid-19 emergency situation remains in place. The risk register is maintained by the Corporate Risk Manager and is reported to the Trust Silver Command meetings (Operational and Tactical) at each command meeting to ensure that it is representative of key operational risks that the Trust is facing and that it adequately captures the mitigations in place, as well as further actions required to support service delivery at this time. Gold Command receives the full COVID-19 operational risk register on a fortnightly basis to provide assurance on the management of the Trust’s key risks at this time. The highest-rated risk, and the only one currently scoring above a risk score of 12 held on the COVID-19 operational risk register is described below:

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

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

6. Staff Health and Wellbeing

We continue to recognise that for all of our staff, this is a unique and challenging time. Since the start of our response to this pandemic help and resources have been shared through the Trusts Health and Wellbeing Hub on our intranet. This includes emotional health and wellbeing support such as the Shiny Minds App and our ongoing access for staff to our psychologists, to support with remote working, travel and accommodation. Feedback from our staff continues to be positive

and they value the support that has been provided. Focus has been maintained on those groups of staff that are at increased risk from Covid-19, such as those with underlying health conditions, older staff, shielded staff, pregnant women and, people from Black, Asian and Minority Ethnic (BAME) backgrounds. The Chief Executive Officer recently wrote to all of our BAME staff and highlighted how to raise any concerns that they have. Guidance has been put in place, supported by our occupational health team to ensure that managers are following a risk assessment process to address the needs of any staff in these groups. This guidance requires managers to liaise frequently with staff in any of the increased risk groups in order to support them and with them to consider adaptations to their roles by taking into account the following:

- Where the role and equipment permit, follow national guidance to work from home.
- If the individual's role does not permit them to work from home to consider if there is an alternative task that they can carry out working from home for their substantive area of work.
- Where tasks for their substantive area of work cannot be carried out at home, consider if there is a role available to support another area whilst working from home.
- If working from home cannot be facilitated consider if the individual can be redeployed to a lower risk area.

Feedback from staff and managers is that the guidance in place is working well and roles have been adapted.

In order to support all of our staff and especially those in the at risk groups, the work that we have done and continue to do on ensuring that infection control advice is followed remains crucial in supporting our staff. As the use of PPE has become part of daily usual procedure in our services it became apparent that some of our staff weren't always practising the essentials of good hygiene and social distancing as they could do. As a consequence of this, through our Gold command and with support from the communications team our "back to basics" campaign was launched, this reminds staff to follow the hand hygiene, social distancing requirements and other key elements of infection control advice. This work has been supported by our matrons with the expectation that they are champions for this across their areas supported by the campaign materials that have been produced. Gold command will continue to focus on this area to ensure that we protect our staff from spread of the infection.

7. Covid-19 Clinical Advisory Group

A Covid-19 clinical advisory group has been established and meets bi-weekly to consider and address any clinical implications of the impact of the pandemic on our services. Each of the divisions is represented by their clinical leads and the group is chaired by Dr Kwame Fofie in his clinical director role. The group has reviewed new national clinical guidelines that have been received and developed and revised standard operating procedures as necessary.

8. Phase 2 Planning - Recovery and Restore

Since the start of the current Covid-19 situation, the Trust has rapidly adapted how it is working in many ways and has brought some future planned transformations to the forefront more quickly than expected. Where these changes have created improvements in services or working practices, as many of these beneficial transformational/service delivery changes will be retained as possible and engagement with commissioners and partners will take place where applicable in support of doing this. Significantly the Trust has embraced the use of digital technology to support its response; longer term consideration will now be required to sustain the approach including revenue and capital investment.

To take this approach forward, Divisions were supported to capture the following:

- what has stopped
- what is delivered differently

- what we are doing additionally
- associated rationales and benefits

This was undertaken in order to identify what was true transformation and what were temporary measures that were taken in response to a crisis but would not be continued post Covid-19 due to safety or logistical reasons. The work is linked to the Phase 2 Continuity of Operations and Sustainability Plan which is being developed by the Chief Operating officer. Analysis of changes in activity levels across our services has taken place, whilst most of our services have continued to be provided; reduction in activity and referral rates has been seen in some areas. Referrals to our Children and Adolescent Community Service (CAMHS) for example reduced by 45% in March and April, activity levels are however now rising again across all areas. Modelling work is now being undertaken in line with this to determine the effect of covid- 19, social isolation and the expected wider socioeconomic impacts on health and especially mental health where increase in demand for services is being widely anticipated.

The Trust continues to work closely with our system partners and the work is now focusing generally in the following areas in line with the letter received from NHS England on 29th April:

- partners to understand the impacts of the Covid-19 response on all parts of the health and care system
- Outline system understanding of plans to resume urgent and planned activity
- Develop understanding of immediate and short-term capacity requirements across system partners
- Agree the governance structure needed to deliver this.

A National Ethical Framework has been introduced regarding decision making in social care during the pandemic and to support its planning and organisation eight principles have been produced as follows:

1. Respect: Recognise that every person and their human rights, personal choices, safety and dignity matters.
2. Reasonableness: Ensure that decisions are rational, fair, practical, and grounded in appropriate processes, available evidence and a clear justification.
3. Minimising Harm: Strive to reduce the amount of physical, psychological, social and economic harm that the outbreak might cause to individuals and communities. In turn, ensure that individual organisations and society as a whole cope with and recover from it to their best ability.
4. Inclusiveness: Ensure that people are given a fair opportunity to understand situations, be included in decisions that affect them, and offer their views and challenge. In turn, decisions and actions should aim to minimise inequalities as much as possible.
5. Accountability: Hold people, and ourselves, to account for how and which decisions are made. In turn, this requires being transparent about why decisions are made and who is responsible for making and communicating them.
6. Flexibility: Be responsive, able, and willing to adapt when faced with changed or new circumstances. It is vital that this principle is applied to the health and care workforce and wider sector, to facilitate agile and collaborative working.
7. Proportionality: Provide support that is proportional to needs and abilities of people, communities and staff, and the benefits and risks that are identified through decision-making processes.
8. Community : Commit to get through the outbreak together by supporting one another and strengthening our communities to the best of our ability.

In addition a national range of measures have been introduced to help the social care system manage pressures. In the event of a council being unable to continue to meet their existing duties,

they are able to streamline existing assessment arrangements and prioritise care so that the most urgent and acute needs are met through powers in the Coronavirus Act 2020. The powers are time-limited and to be used as narrowly as possible. The measures are in 4 stages which range from “business as usual” to decisions about changing support for people and allocating services based on capacity across the whole of adult social care. This could mean allocating resources from some service types that may not be under pressure to support those that are; for example, reducing personal care for one person so that another gets the help they need to eat. As part of this, the Trust has been asked to provide information on a weekly basis to Hull City Council on staffing numbers for all social care staff who assess for and arrange Care Act services.

Each local authority area has also been asked to rapidly produce a care home resilience plan to address and reduce the impact of Covid-19 across the care home sector, this includes contingency in the case of provider failure. The plan needs to cover:

- The local plan for training on infection control and guidance on how every care home can access training and support. The Directors of Nursing from the CCGs have a key role to play, and where possible, should look to lead on clinical input into this training. This should support homes both with and without pre-existing nursing support.
- An understanding of staffing patterns across the market, including guidance on how GPs, Community Health Services are working with care homes as well as plans for mutual aid.
- How testing is being undertaken and how care homes and their staff access tests.
- Bring forward some aspects of the Enhanced Health in care homes model including a named community health and clinical lead to provide 24/7 advice. This will be a mix of digital consultations, telephone advice and face to face work. Look at virtual weekly ‘home’ rounds from GPs in care homes.
- Looking at how we deploy returning nurses and volunteers into care homes, as well as ensuring that every area has a plan for mutual aid.

We are working with our partners across the sector in support of these plans, specifically in Scarborough, Ryedale and Whitby where we are developing an enhanced offer from our community services, whilst also being mindful of the support in Hull and East Riding provided by our mental health care home liaison service. In addition to this work we are working closely with Hull City Council who specifically asked us to consider what support we can offer to staff across the care home sector.

9. Conclusion

The Trust continues to manage the impact of Covid-19 effectively within its ongoing EPPR and command arrangements. The next phase of planning is crucial to ensure that we are ready to support the system requirements and to be prepared for the ongoing need to support care homes and the likely increase in demand for mental health provision.

Agenda Item 14

Title & Date of Meeting:	Trust Board Public Meeting - 20 th May 2020																										
Title of Report:	Quality Account 2019-20																										
Author/s:	Executive Lead: Hilary Gledhill, Director of Nursing Allied Health & Social Care Professionals Author: Caroline Johnson Assistant Director of Quality Governance and Patient Safety																										
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td>x</td> <td>To receive & note</td> <td></td> </tr> <tr> <td>For information</td> <td></td> <td>To ratify</td> <td>x</td> </tr> </table>	To approve	x	To receive & note		For information		To ratify	x																		
To approve	x	To receive & note																									
For information		To ratify	x																								
Purpose of Paper:	The Board are asked to approve the Quality Accounts																										
Governance: <i>Please indicate which group or committee this paper has previously been presented to:</i>	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Audit Committee</td> <td></td> <td>Remuneration & Nominations Committee</td> <td></td> </tr> <tr> <td>Quality Committee members (virtually due to COVID-19)</td> <td>March 2020</td> <td>Workforce & Organisational Development Committee</td> <td></td> </tr> <tr> <td>Finance & Investment Committee</td> <td></td> <td>Executive Management Team</td> <td>May 2020</td> </tr> <tr> <td>Mental Health Legislation Committee</td> <td></td> <td>Operational Delivery Group</td> <td></td> </tr> <tr> <td>Charitable Funds Committee</td> <td></td> <td>Other (please detail)</td> <td></td> </tr> </tbody> </table>				Date		Date	Audit Committee		Remuneration & Nominations Committee		Quality Committee members (virtually due to COVID-19)	March 2020	Workforce & Organisational Development Committee		Finance & Investment Committee		Executive Management Team	May 2020	Mental Health Legislation Committee		Operational Delivery Group		Charitable Funds Committee		Other (please detail)	
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Mental Health Legislation Committee		Operational Delivery Group																									
Charitable Funds Committee		Other (please detail)																									
Key Issues within the report: <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<p>The final report is included for ratification by the Board.</p> <p>We have received feedback from Hull & East Riding CCG, Healthwatch East Riding and Hull but no other responses have yet been received. These are being pursued for inclusion. The Governors will also be asked for their views to include following ratification from Board.</p> <p>The requirement for external audit was stood down due to COVID-19</p> <p>The revised submission date due to COVID is no later than 15 December 2020; we have however chosen to progress with the usual timescales due to the report being ready for the Board to review.</p>																										

Monitoring and assurance framework summary:

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

√ Tick those that apply



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



Humber Teaching
NHS Foundation Trust

2019/20

Quality Account

'Humber and Proud'





Humber Teaching
NHS Foundation Trust

Part One: Introduction to the Quality Account and Humber Teaching NHS Foundation Trust

- 1.1 Chief Executive's Statement
- 1.2 Patient and Family Stories
- 1.2 Patient and Family Stories**

Part Two: Priorities for Improvement and Statements of Assurance from the Board

- 2.1 Priorities for Improvement
- 2.2 Our Approach to Quality Improvement and Quality Governance
- 2.3 Looking Back: Review of the Quality Priorities in 2019/20
- 2.4 Looking Forward: Our Quality Priorities for 2020/21
- 2.5 Statements of Assurance from the Trust
- 2.6 Mandatory Quality Indicators

Part Three: Other information on Quality Performance 2018/19

- 3.1 Key National Indicators
- 3.2 Performance in Relation to other Indicators Monitored by the Board

Annex 1: Statement from Commissioners, Local Healthwatch Organisations and Overview and Scrutiny Committees

Annex 2: Statement of Directors' Responsibilities for the Quality Report

Annex 3: Independent auditors report to the Council of Governors of Humber Teaching NHS Foundation Trust on the Quality Account

Annex 4: Our Strategic Goals

Annex 5: Glossary and Further Information

If you require any further information about the Quality Account please contact the Trust Communications Team on HNF-TR.communications@nhs.net



Part One: Introduction to the Quality Account and Humber Teaching NHS Foundation Trust

Welcome and Introduction to the Quality Account

Welcome to the Humber Teaching NHS Foundation Trust Quality Account. All providers of NHS care are required to produce an annual Quality Account showcasing the work undertaken during the year to continuously improve the quality of our services based on national policy drivers and patient, staff and stakeholder feedback. We are proud to be able to share with you the fantastic work that our staff, patients and carers have undertaken together throughout 2019/20.

This document is divided into three sections:

Part One: Provides an overview of Humber Teaching NHS Foundation Trust and shares with you a celebration of our successes over 2019/20. We also include a statement from our Chief Executive, Michele Moran. The section concludes with two stories, one from Georgina a carer and another from Tom a patient.

Part Two: Outlines the progress we have made during 2019/20 in relation to the quality priorities we set in our last Quality Account. We also share the priorities we have set for the coming year (2020/21) that have been agreed with our patients, carers, staff and stakeholders. This section then goes on to share our performance against a number of mandatory performance indicators identified by NHS Improvement.

Part Three: In this section we report on key national indicators from the Single Oversight Framework (SOF) and will also share performance in relation to other indicators monitored by the Board and not already reported in Parts 2 or 3 of the Quality Account.

In this section we will share with you the comments we have received in relation to the Quality Account from our Commissioners, Healthwatch and our external auditors. This section also contains a glossary of terms used within the document.

The purpose of Quality Accounts is to enable:

- Patients and their carers to make better informed choices
- Boards of providers to focus on quality improvement
- The public to hold providers to account for the quality of NHS Healthcare services they provide

Humber Teaching NHS Foundation Trust at a glance...



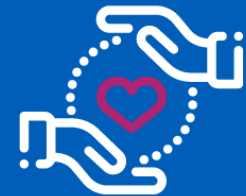
Rated **Good** by the Care Quality Commission

We are the Health Service Journal
Mental Health Provider of the Year 2019



We employ more than 2,800 staff across 79 of our sites at locations throughout five geographical areas; Hull, the East Riding of Yorkshire, Whitby, Scarborough and Ryedale.

94% of our staff area aware of our values of caring learning and growing



We provide care to a population of 765 thousand people of all ages who live within an area of more than 4,700 square kilometres

What our patients and carers say...

"Listened to all of us, gave my child time, excellent."

"The staff are very professional and offered support to our daughter and to us as parents."

"The team is courteous, caring, friendly and honest."

"Extremely caring and compassionate attitude and conscientious about providing help and support."

What our staff say...

"I am encouraged by the shift in emphasis away from a target driven approach to a focus on quality and clinical leadership."

"Good training opportunities and investment in staff. In my team I feel very valued."

"The importance of teamwork runs throughout the trust which makes me feel very supported in my role."

"Flexible working has allowed me to maintain a great work-life balance for me and my family."

About the Trust

Humber Teaching NHS Foundation Trust are a highly successful, highly reliable multispecialty health and social care provider who aims to improve the physical, mental and social health and wellbeing of our patients and service users.

We are a leading provider of integrated health services with the care of our patients at the heart of what we do. We are committed to listening to and learning from our staff, patients and service users to continuously improve and develop our services to enhance the health outcomes and experiences of our communities.

We provide a broad range of community and therapy services, primary care, community and inpatient mental health services, learning disability services, healthy lifestyle support and addictions services.

We also provide specialist services for children including physiotherapy, speech and language therapy and support for children and their families who are experiencing emotional or mental health difficulties.

Our specialist services, such as forensic support and offender health, support patients from the wider Yorkshire and Humber area and further afield. Inspire, our Children and Adolescent Mental Health in-patient unit serves the young people of Hull, East Yorkshire and North-East Lincolnshire.

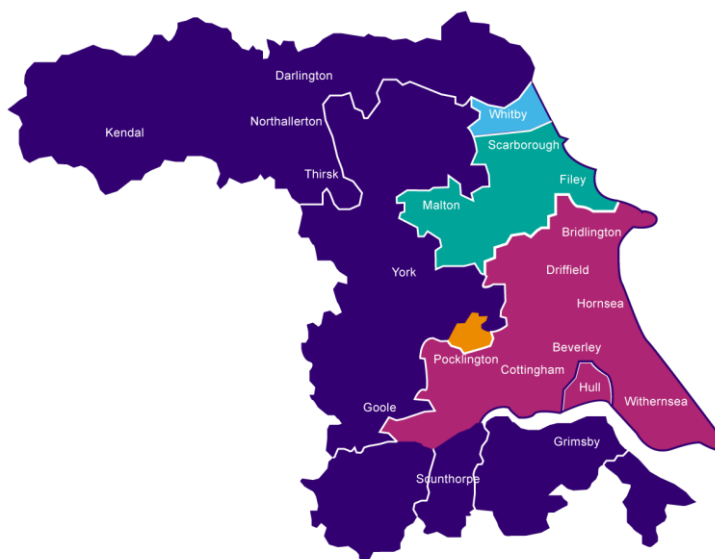
We hold a total of eight GP practice contracts registered to provide care with the Care Quality Commission (CQC). These are a mixture of GMS, Personal Medical Services (PMS) and Alternative Provider Medical Services (APMS) contracts across Hull, Hessle, Cottingham, Market Weighton and Bridlington.

We employ approximately 2800 staff working across over 79 sites covering five geographical areas; Hull, the East Riding of Yorkshire, Whitby, Scarborough and Ryedale

We have approximately 16,000 members who we encourage to get involved, have their say, elect governors and make a difference to how local healthcare services are provided. The views of Trust members are represented by our Council of Governors. We have 22 governors made up of public governors, service user and carer governors, nominated governors and staff governors. More than half of the Council of Governors is elected by local people. Nominated governors include representatives of local partnership organisations.

We also have more than 120 volunteers who are passionate about working in our services and are available to help patients, staff and visitors. Our volunteers are dedicated and caring members of the community who give their time and skills freely to support us. Their work can make a huge difference to our patients' experience while improving their own health and wellbeing. Our volunteers complement the work of our staff and provide practical support to our patients, their families and carers.

Through our high quality services, excellent employee experience and outstanding and innovative practice and research we are able to meet our strategic objectives and the expectations of those in our care. Humber Teaching NHS Foundation Trust are a highly successful, highly reliable multispecialty health and social care provider who aims to improve the physical, mental and social health and wellbeing of our patients and service users.



Our Values



These values shape the behaviour of our staff and are the foundation of our determination to:

- ✓ Foster a culture in which safe, high-quality care is tailored to each person's needs and which guarantees their dignity and respect;
- ✓ Achieve excellent results for people and communities;
- ✓ Improve expertise while stimulating innovation, raising morale and supporting good decision-making;
- ✓ Unify and focus our services on early intervention, recovery and rehabilitation;
- ✓ Engage with and listen to our patients, carers, families and partners so they can help shape the development and delivery of our healthcare;
- ✓ Work with accountability, integrity and honesty; and
- ✓ Nurture close and productive working relationships with other providers and our partners.

Our 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 Strategic Goals



Innovating
quality and
patient safety



Enhancing
prevention,
wellbeing
and recovery



Developing
an effective
and
empowered
workforce



Promoting
people,
communities
and social
values



Fostering
integration,
partnerships
and alliances



Maximising
an efficient
and
sustainable
organisation

**For further information on our strategic goals, please see
Annex 4.**

Our Development and Success Highlights for 2019 - 2020

2019

- January**
 - ✓ We held our 'Building our Priorities' event with patients, service users, carers, commissioners and third sector organisations to agree our 2019/20 Quality Account Priorities.
 - ✓ 17 January, a meeting was held with the Trust governors to agree the local indicator for the Quality Account. The indicator they chose was clinical supervision.
- February**
 - ✓ The Trust joined thousands of other groups, schools and members of the public in having conversations about mental health on Time to Talk Day (7 February)
 - ✓ The CQC undertook its 'Well Led' inspection of the Trust 12-14 February.
- March**
 - ✓ Humber Teaching NHS Foundation Trust's Frequent Attenders Service was shortlisted as a finalist for a Specialist Service Award in the 2019 HSJ Value Awards.
 - ✓ The East Riding Social prescribing team launched the first ever Social Prescribing Day on 14 March to raise awareness of the service and celebrate smashing set healthcare targets with over 2,500 referrals made since launch.
- April**
 - ✓ In April 2019, the Trust launched Proud, an organisational development programme that aims to recognise and enhance the skills of staff, celebrate our strengths as individuals and teams and promote solution focussed and collaborative working. Significant progress has been made during 2020/2021 to introduce the things that were important to our staff, including health and wellbeing, equality and diversity and leadership development.
- May**
 - ✓ The Trust maintained "Good" rating with "Outstanding" features, after being inspected by the Care Quality Commission (CQC).
 - ✓ Inspectors awarded a rating of "Good" to the Trust for being well-led, effective, caring and responsive; and "Outstanding" for their services to support young people who are at risk at developing mental health problems.
 - ✓ The Trust was awarded the lead contract from the East Riding of Yorkshire Council in May 2018 in a bid to help people tackling non-medical issues without needing medical assistance.
 - ✓ Our third annual research conference was attended by over 170 people individuals from over 26 organisations including commissioners, universities, NHS trusts, independent providers, local Clinical Research Network, and professional groups. Results from research were shared with the audience and new exciting opportunities for participation in future studies presented.
- June**
 - ✓ We were one of the first 13 trusts to implement electronic prescribing. We have taken a phased implementation approach to launch the system, which will help improve patient safety by reducing the risks associated with traditional methods of prescribing and administering medicines.
 - ✓ The Trust Occupational Health service was awarded the SEQOHS (safe, effective, quality occupational health services) accreditation. The

accreditation assessed the team against standards to evidence a culture of continual quality improvement. The service was congratulated on its thorough and documented comprehensive processes including audit of the management of vaccines.

July

- ✓ Our first Professional Strategy for Health and Social Care Staff was launched. The strategy was developed by professionals who represent our diverse, dedicated and highly skilled workforce and aims to create the right climate for professionals to be empowered to deliver great care and have fulfilling and lifelong career.
- ✓ Our Social Values report was also published as part of the Trust's NHS Day Celebrations. Our social values report highlights how our teams and patients have embraced the significant challenges facing the NHS as it adjusts to increasing complexity in delivering high quality health care.

August

- ✓ The Integrated Specialist Public Health Nursing Service (ISPHNS) joined thousands of breastfeeding mothers, babies and children across the world to gather in their communities to take part in the Global Big Latch On.
- ✓ The events were an opportunity to celebrate been awarded the prestigious UNICEF Baby Friendly, Achieving Sustainability Gold Award. The team working in partnership with East Riding of Yorkshire Council are the first integrated service in the UK to achieve the gold award, and the East Riding is also the first children's centre service to achieve the gold accreditation.

September

- ✓ A series of five films showcasing the work of Trust in engaging patient and carers titled 'Patient Experience for Quality Improvement' were launched by NHS England/Improvement over five events across the country. They highlight the positive impact of involvement in Trust activities for our patients, service users and carers and demonstrate how the development of the co-produced Patient and Carer Experience Strategy has provided the direction and focus for the work achieved by the team and champions.
- ✓ Our Patient Safety Strategy was launched on at the first World Patient Safety Day. The launch was part of a patient safety educational event 'Speak Up for Safety' hosted for staff. The strategy demonstrates that safety is at the heart of all we do and supports a leadership culture that supports staff to feel safe to report patient safety issues without fear of retribution, and be empowered to act swiftly to address risk.

October

- ✓ The Trust was named as one of 11 pilot sites to test new integrated mental health care services for adults. These sites will collectively receive more than £70million in additional funding during 2019/20 and 2020/21. The new models of care will more closely align community-based mental health teams to the emerging Primary Care Networks, helping to remove barriers between primary care and secondary care to create a seamless service. This will enable people to receive appropriate care from community mental health services within four weeks from referral to treatment.

November

- ✓ The Trust was awarded the prestigious Mental Health provider of the Year award at the Health Service Journal Awards.
- ✓ The award recognises the dedication and commitment of our teams to ensure that we are delivering the best possible care to the communities that we serve. The Judges said that "The journey for this organisation is exemplary.....they don't know quite how impressive they are. They

retain an understated wow factor in their progress to change, patient safety and embedded positive culture. A unique presentation from a unique Trust”.

December

- ✓
- ✓ The Trust became the Lead Provider for IAPT service across the East Riding of Yorkshire CCG geographic Boundary from the 1st December 2019.

2020

January

- ✓ The Trust's new children's and adolescent mental health inpatient unit serving the young people of Hull, East Riding of Yorkshire, North Lincolnshire and North East Lincolnshire was opened.
- ✓ Inspire marks a national step-change in CAMHS delivery as a service that has been shaped with young people at its heart. Young people and their families were involved in each stage of the building from identifying a suitable location, designing interiors and developing the best practice and services that will be used during treatment.
- ✓ Humber Trust Charity, Health Stars raised over £300,000 through their Impact Appeal which has been used to enhance the unit with special touches and enhanced features.

February

- ✓ The results of a Care Quality Commission (CQC) led survey of our mental health inpatient services has ranked our Trust better or equal to the national average compared to other NHS Trusts.
- ✓ Our Trust was in the top 20% for patients being involved in decisions about their care and treatment (39.7%), the quality of our hospital food (72.5%), explaining the purpose of medications given to patients (55.9%), and not delaying discharge for any reason (86.3%) which was the highest score amongst all Trusts.
- ✓ A new café providing those with complex needs a place to work and develop their skills opened its doors at Trust headquarters. The café is run by charity Autism Plus who supports adults and young people with autism, learning disabilities, mental health conditions and complex needs. The outlet, which is supported by Trust charity Health Stars, provides freshly prepared food daily for staff and visitors whilst supporting workers to build their careers, gain qualifications and build confidence.

March

- ✓ Work started on site for the Whitby Hospital remodelling project. The project, which is been led by the NHS Property Services will see all services come together in the current tower block. The hospital redevelopment is part of the CCG's Vision for Whitby and surrounding areas which sets out a direction of travel for sustainable health and social care services including the transformation of community services.
- ✓ During March the COVID-19 pandemic began to take hold nationally and the Trust moved into a phase of emergency preparedness, establishing a dedicated COVID-19 rapid response team, developing COVID-19 treatment cohort wards; refreshing and developing a range of clinical policies and procedures to support clinicians and a range of measures to further support staff to promote workforce resilience during these unprecedented times. These measures were all in place by the time the Trust saw the first case of COVID-19.

1.1 Chief Executive's Statement

It gives me great pleasure to once again introduce the annual Quality Account and share with you our achievements, challenges and successes over the past year and areas we have identified to support our continued improvement journey.

It has been a proud year for the Trust as we were named as Mental Health Provider of the Year at the Health Service Journal Awards on 6 November 2019. This demonstrates the dedication and commitment of our staff to ensuring that we deliver the best possible care to the communities that we serve. However, while we are incredibly proud of this award, we continue on our journey to be recognised as Trust that continuously delivers services that are outstanding for the communities we serve.

In May 2019 we received the outcome of our Care Quality Commission (CQC) inspection and the Trust maintained "Good" rating with "Outstanding" features. Although we retained a rating of 'requires improvement' for the CQC safe domain it is important to note that the majority of our services were rated "Good", demonstrating our continued improvement journey.

In order to continue to improve our performance in relation to safety we launched our Patient Safety Strategy in September 2019. This strategy aligns with the ambitions set out in the national NHS Patient Safety Strategy (2019), builds on the fantastic achievements from our previous strategy (2016-18), and sets ambitious goals for the next three years in order to realise our ambition to become an outstanding organisation.

Central to the delivery of high quality, safe, and effective care is our commitment to patient, service user and carer involvement. Our approach has been recognised nationally and in September 2019 a series of five films showcasing the work of Trust in engaging patient and carers titled 'Patient Experience for Quality Improvement' were launched by NHS England/Improvement over five events across the country. The films highlight the positive impact of involvement in Trust activities for our patients, service users and carers and demonstrate how the development of the co-produced Patient and Carer Experience Strategy has provided the direction and focus for the work achieved by the Trust and champions.

In January 2020, Inspire, the Trust's new children's and adolescent mental health inpatient unit serving the young people of Hull, East Riding of Yorkshire, North Lincolnshire and North East Lincolnshire was opened. Inspire marks a national step-change in CAMHS delivery as a service that has been shaped with young people at its heart. Young people and their families were involved in each stage of the building from identifying a suitable location, designing interiors and developing the best practice and services that will be used during treatment.

Recruitment and retention of professionally registered staff, particularly nurses, Psychiatrists and General Practitioners remains an area of challenge for the Trust which mirrors the national picture. This further reinforces the Trust commitment to investing in the development and wellbeing of our staff, to not only ensure we retain our excellent staff but also are recognised as an excellent employer. Therefore, investment in the wellbeing and development of our staff is a key priority for the Trust and is something I as Chief Executive am particularly passionate about.

In April 2019, the Trust launched **Proud**, an organisational development programme that aims to recognise and enhance the skills of staff, celebrate our strengths as individuals and teams and promote solution focussed and collaborative working. In addition we have established a wellbeing forum, which is placing staff wellbeing at the heart of achieving excellence in care.

Reducing waiting lists remains a priority area for the Trust. The Trust's Waiting List and Waiting Times Policy ensures that patients are contacted regularly whilst they are on a waiting list to mitigate the risks associated with waiting. Our ambition is that all of our waiting lists are reduced and compliant with national requirements. The work we are undertaking to reduce waiting lists is

already showing an improved position. We will continue with our focus on this work during 2020 to ensure no one who needs to access our services is waiting over the national standards.

The Quality Account showcases further examples of quality improvements achieved across all of our services during 2019/20. I am immensely proud of everything we have achieved in the last year and this is testament to the hard work and dedication of our staff and the patients and carers who work with us to continuously improve the quality of services. This dedication and commitment to providing high quality care has become particularly evident as the Coronavirus pandemic has taken hold nationally. Our staff have enabled service transformation at pace to support good patient care and support staff health and at times step into roles that they would not otherwise do. Every day I am amazed by the dedication and commitment of our staff during this crisis, working above and beyond to support patients and colleagues, when they are also often caring for vulnerable relatives in their personal lives. As a Trust we have shown our capacity to move at pace to ensure that we continue to provide a high quality care whilst minimising the risk of infection, through the use of technology. We have also placed considerable emphasis on the wellbeing of our staff, both psychologically and physically through ensuring the availability of appropriate personal protective equipment.

As we move ahead into the next financial year the coronavirus pandemic will continue to challenge us all, but as we move through this crisis it will also provide an opportunity to reflect on the new ways of working we have developed, some of which we may choose to continue. However, with our commitment to achieving both efficiencies and quality improvements through our quality improvement approach, we are confident that we can meet our financial targets and continue to provide high quality services. We look forward to another year and building on our success and keeping quality at the heart of everything we do.

To the best of my knowledge, the information contained in this Quality Account is accurate.



Michele Moran
Chief Executive
Humber Teaching NHS Foundation Trust

1.2 Patient and Family Stories

In this section we are privileged to share with you two stories, one from Georgina, the wife of a military veteran experiencing symptoms of post-traumatic stress disorder and another from Tom a patient receiving care from our early psychosis service (PSYPHER). Both Georgina and Tom have presented their stories to our Trust Board.

A Wife's Experience – Georgina's Story

PTSD or Post Traumatic Stress Disorder is one of those things that until recently, many of us would not have heard of or even experienced. Have you ever wondered how it affects people around the sufferer? Many documentaries often show the scars of war and trauma as physical but leave out the mental issues. There has always been a stigma with mental health; in Victorian times you were branded a lunatic and locked away, thankfully things are not that way anymore.

It had been loitering in my life for a while, I crept around it, avoided it, shut myself away until one day it broke me. I teetered on the edge of something very unpleasant and at times uncontrollable. But I am glad to say, it now plays a smaller part in my life thanks to great support from friends, family, work and I can now say a mental health team.

I suffered my own traumas but the main one has been dealing with my husband's PTSD. He came back from Iraq a different man to the one who left in 2003. It was not just this conflict that affected him but others such as Northern Ireland and Bosnia. I was unaware for a long time of what he had seen and felt, I think there were times when he had tried to talk about it but I had said, "Don't tell me I can imagine" but how could I really?

Living with someone who has the condition is very hard. It can be very lonely and extremely isolating as often the sufferer doesn't realise how their behaviour is affecting you. We live with the experiences daily, it's hard to admit that you might not be coping or even understanding their behaviour. There are times when you feel like leaving, feel withdrawn, lack in confidence and at times not sure what the best thing is to do. You regularly make excuses for their behaviour; ignore your own feelings of frustration and anger. They become argumentative, drink more and become very self-absorbed. They become withdrawn and aggressive. Eventually something must give and that was me.

We had dealings at first with Combat Stress and through them and our local GP; we were referred to the Humber Traumatic Stress Service. It has a team that works with veterans and families (if needed) and an outreach service that veterans can self-refer direct. It was a combination of these services that started a long and challenging road to recovery.

At the service, I was able to talk in my own space, about what had happened in my own life, my feelings and without judgement. I was helped to realise that my own needs were just as important and that a lot had affected me too. I was encouraged to rediscover things I had once loved doing, such as art. It took a huge amount of effort and on some days, I had no enthusiasm but gradually things came back. I also rediscovered my love of writing and other creative arts. I also discovered the Big White Wall, an NHS funded scheme for members of the forces, families etc. where you can write anonymously on a virtual postcard. Other members can give advice, help or share experiences.

PTSD is just not a symptom of military life; it can happen to anyone who witnesses a traumatic event (such as an accident or childhood event). Our brains store memories like a film or photograph and when a traumatic or series of events occur, these images get stuck and replay. Some people can process these thoughts and move on, but others can't, and this creates a constant loop of nightmares, smells and noises. Can you imagine having these things interfere with your daily life, often at inappropriate times? For example, at night, in a crowded place, even on holiday. Unfortunately, some individual's way of dealing with these issues' can make them

depressed, angry, frightened, anxious and so unhappy; they may lose family, jobs or sadly their life.

We all need an understanding of the condition, and it affects people. The hardest part is realising you need it and asking for it. It takes a lot of courage to speak out. Perhaps the next time you hear or meet someone with issues don't look on them as weak. Without the help of many of the mentioned agencies, friends and family I'm not where we would be today.

PTSD is the third person in our marriage and it certainly was not invited but now we know how to deal with it and prevent it from interfering.

A Patient's Experience – Tom's Story

My journey within the NHS began in the summer of 2017 I was struggling with varying factors in my life and had found comfort in solace, self-medicating and self-harm. These were all unhealthy factors which would eventually lead me to being admitted into Hospital at Avondale and eventually Mill View. Along with suffering from acute depression and anxiety I also began suffering with first stage psychosis including hearing voices and seeing things that weren't there, really sparking self-doubt in this reality I was living in.

This would start to change when I was assigned to PSYPHER. I would be introduced to a whole team of hard working and caring individuals. At first I was hesitant, having been let down by other mental health teams in the past, I felt this was going to be exactly the same. Soon however I would come to see that recovery is possible with the help and support of this fantastic team.

Patient and Carer Experience

Along my recovery journey I would be asked to take part in interviews for new staff members joining PSYPHER. This was a very enjoyable and engaging experience and it started to highlight what direction I wanted to go in life. Following these interviews I was asked if I wanted to take part in the Always Event programme. I said yes, and what followed felt to me like the next part of my journey.

After giving a presentation at the Always Event meeting, I was approached by Mandy Dawley, Head of Patient and Carer Experience, to ask if I would like to be involved in their patient and carer experience forums, another great outlet for myself, helping me to discover what I want to do I have gone on to give multiple presentations to the Trust at a Learning the Lessons event including one based on my own research.

These were not the only opportunities I was given either. I was selected to take part in the Quality, Service Improvement and Redesign (QSIR) course in Leeds with the aim to become a trainer thanks to my executive sponsor Dr John Byrne.

The Trust, PSYPHER and the Patient and Carer Experience Team have done great work co-working with me and helping me get to where I am today.

Part Two: Priorities for Improvement and Statements of Assurance from the Board

2.1 Priorities for Improvement

In part two of our Quality Account we outline our planned quality improvement priorities for 2020/21 and provide a series of statements of assurance from the Board on mandated items, as outlined in the 'Detailed requirements for quality reports 2019/20' (<https://improvement.nhs.uk>).

In this section we will also review the progress we have made in relation to the quality priorities we set ourselves in the 2018/19 Quality Account.

2.2 Our Approach to Quality Improvement and Quality Governance

Quality Improvement

Our executive lead for quality improvement is the medical director. Our QI approach is based on the principle of our staff continuously trying to improve how they work and the quality of care and outcomes for our patients. This requires a systematic approach based on iterative change, continuous testing and measurement, and the empowerment of frontline teams. The fundamental principle of our QI approach is an understanding that those closest to complex quality problems (frontline teams, patients and carers) are often best placed to find the solutions to them.



We encourage an approach whereby service user involvement is considered central to our work. In order to enable this, the QI team work closely with colleagues in the Patient Experience and Patient Safety department to ensure the patient and carer voice is included in the continued journey to embed a QI Culture within the Trust. The QI Charter now includes a question to prompt the inclusion of patients/carers as part of the delivery of QI projects.

We recognise that developing the culture of continuous quality improvement will take time, effort and persistence. To support the development of a culture of continuous quality improvement we are investing in the QI capability of our staff and volunteers. In November 2019, the Trust launched its four tier Quality Improvement training programme which enables the provision of training in team meetings, classroom and e-learning environments.



Each Clinical Division within the organisation produces a Quality Improvement Plan (QIP) annually and the delivery of these is overseen by the Quality Committee.

Quality Governance

The Board ensures robust quality governance through the Quality Committee; a subcommittee of the Board. The Quality Committee is chaired by a non-executive, meets five times per year, and its purpose is to:

- Oversee and support quality improvement to support the journey of taking the Trust to becoming a 'high-performing organisation' that delivers excellence in patient care.
- Assure the Trust Board that appropriate processes are in place to give confidence that:
- Quality, patient safety performance and associated risks are monitored effectively and that appropriate actions are taken to address any deviation from accepted standards and to manage identified risks.
- Ensure performance in relation to research and development requirements is monitored effectively with appropriate actions being taken to address any performance issues and risks.









Each clinical division has established quality governance arrangements in place to address the key elements of quality and safety. These are outlined in divisional standard operating procedures (SOPs). Divisional Clinical Networks report directly to the corporate Quality and Patient Safety (QPAS) group which in turn reports to the Quality Committee. Each clinical division is required to provide assurance to the Quality Committee against its quality improvement plans.

The Trust has embedded a range of QI approaches to support effective quality governance and improvement. These are as follows:

- My Assurance – this is an iPad-enabled, in the moment audit tool that clinicians use to audit their practice and care environment. Results are immediate ensuring any improvements required can be taken immediately.
- Electronic Risk Registers – this approach ensures teams capture, manage and escalate risks.
- Staff Training and Development opportunities supported by our Learning Centre and an in-house skills laboratory.
- A programme of Quality Improvement skills development and support sessions delivered by our QI lead.
- Leadership and organisational learning and sharing events and newsletter.
- A range of approaches to gather patient, service user and carer real-time feedback and engagement.
- The use of an electronic platform for clinical audits.
- Health Assure to support the dissemination of evidence-based practice, the delivery of clinical audits, management of policies and patient safety alerts

2.3 Looking Back: Review of the Quality Priorities in 2019/20

As part of our 2019/20 Quality Account, following consultation with our stakeholders, the Board of Directors agreed four quality priorities to be addressed via the Quality Account during 2019/20. In this section we outline the progress that we have made during 2019/20 in delivering the priorities.

<p>Priority 1 Ensure we have meaningful conversations with patients/carers to develop therapeutic relationships and engagement in service delivery</p>	<p> Strategic Goal 1 Innovating quality and patient safety</p> <p> Strategic Goal 2 Enhancing prevention, wellbeing and recovery</p> <p> Strategic Goal 5 Fostering integration, partnerships and alliances</p>
<p>Priority 2 Ensure that quality improvement is a part of every staff member's role to maximise patient safety across all of our services</p>	<p> Strategic Goal 1 Innovating quality and patient safety</p> <p> Strategic Goal 3 Developing an effective and empowered workforce</p>
<p>Priority 3 Embed best available evidence in practice utilising patient reported and clinical reported outcome measures (PROMS, CROMS) Enhancing prevention, wellbeing and recovery</p>	<p> Strategic Goal 1 Innovating quality and patient safety</p> <p> Strategic Goal 2 Maximising an efficient and sustainable organisation</p> <p> Strategic Goal 6 Enhancing prevention, wellbeing and recovery</p>

<p style="text-align: center;">Priority 4</p> <p style="text-align: center;">Ensure physical health screening is routinely undertaken across all secondary mental health services</p>	 <p>Strategic Goal 1 Innovating quality and patient safety</p>
	 <p>Strategic Goal 3 Developing an effective and empowered workforce</p>
	 <p>Strategic Goal 6 Enhancing prevention, wellbeing and recovery</p>

Priority One: Ensure we have meaningful conversations with patients and carers to develop therapeutic relationships and engagement in service delivery.

Why this was important



Meaningful conversations are fundamental to the delivery of excellence in health care. Unless we listen and engage we cannot be certain that we are meeting the needs of the communities we serve. A genuine culture of involvement will enable the Trust to learn and grow in line with our values.

In order to be meaningful, engagement needs to be genuine, not tokenistic, and needs to ensure that all members of the community have an equal opportunity to be heard.

In line with the principles of the Triangle of Care, staff need to feel empowered to involve patients and carers in decisions about care and to feel supported to listen to feedback both positive and negative. Likewise, patients' carers and families need to trust that their views are heard and respected. Without a culture of genuine openness to involve and learn the Trust will not reach its aspiration to be an outstanding provider of health care.

What we said we would do in 2019/20

- We said we would...**
- Develop clear guidance for staff in relation to carer and family involvement in care
 - Actively support carers groups
 - Involve patients and carers in assessments of the quality of care – for example peer review process and the development/review of the live dashboard
 - Involve patients, service users and carers routinely in service redesign
 - Capture and share patient success stories wider than those already shared with the Board, to offer hope to others and also raise staff morale
 - Explore further ways to capture feedback from patients, service users, carers and staff
 - Strengthen the involvement of faith leaders in the delivery of care and support to patients, carers and families
 - Provide greater access to faith rooms
 - Strengthen the staff understanding of sexuality related needs

What we did

There has been a great deal of progress in relation to this priority, below is a summary:

- Family friendly care co-ordination training is being delivered through a one day workshop on a rolling programme. We have also included Family Inclusive Care Coordination in our preceptorship programme for newly qualified professionals.
- In response to feedback from families and carers guidance is being co-produced to support families, carers and loved ones following an incident. This booklet called 'supporting families, carers and loved ones following a patient safety incident' has been coproduced and offers an explanation of what happens next, including information and services that are available for additional support when someone close to them has been involved in a patient safety incident.
- The Trust has built strong relationships with local carer support services and is a member of East Riding carers Support Group. Various carers organisations are members of our Patient and Carer Experience forums and they support the patient and carer experience agenda.
- Quality Improvement charters include a requirement to include patients and carers. Patients, carers and service users are also identifying quality improvement initiatives. Two of our volunteers have attended the Quality Service Improvement and Redesign (QSIR) training programme and support ongoing training and quality improvement initiatives.
- Large transformation plans all include a co-production, involvement and engagement plan and patients, service users and carers are members of the steering groups and project groups.
- The Always Events Quality Improvement initiative has been adopted across a number of services. This approach enables patients, service users and carers identify 'what matters most' to them to prioritise areas for improvement.
- A Patient's family presented at the launch of the Patient Safety Strategy, to set the scene for why involvement of families and carers in the assessment of risk and in learning from serious incidents is essential.
- Yorkshire MESMAC one of the oldest and largest sexual health organisations in the country have provided a one day lesbian, gay, bisexual, transgender and questioning plus (LGBTQ+) training session in September where staff from various services attended. It is anticipated that this training will be rolled out across the Trust. This year the Trust also became a member of Stonewall an LGTBQ+ charity.
- We have co-produced leaflets and posters for sexual safety as part of our approach to ensuring we protect our patients from incidents of a sexual nature on our in-patient units. This is an area of national focus.
- All Staff Champions of Patient & Carer Experience are completing a Patient and Carer Experience Development Plan for their team, which they will have ownership of. They will report back to each Staff Champions of Patient Experience (SCoPE) forum with updates.
- The Trust Chaplain is working with the Humber Coast and Vale suicide lead to raise awareness of spirituality and suicide.
- Quarterly Patient and Carer Experience forums in Hull and East Riding, Scarborough & Ryedale and Whitby and District continue to meet to give our patients, service users and carers a voice and the chance to be involved in Trust activities.
- The Trust has 126 Staff Champions of Patient Experience who attend bi-monthly meetings to share best practice around all aspects of patient and carer experience.

Priority Two: Ensure that quality improvement is a part of every staff member's role to maximise patient safety across all of our services

Why this was important:

Quality Improvement is about making health care safe, effective, timely, patient-centred, efficient and equitable. As a Trust we continually strive to improve and learn.

As a Trust we collect a wide range of information to enable us to continuously assess the quality and safety of our services. Our regulators, the CQC and our commissioners also identify areas of good practice and areas we can improve upon. A quality improvement approach helps to develop a culture of openness to change through the involvement of staff, patients and carers to achieve systematic sustainable change.

What we said we would do in 2019/20

We said we would...

- Continue to embed a leadership style that encourages new ideas and develops a culture of continual quality improvement
- Continue to develop the skills of our staff in relation to quality improvement and the use of technology
- Continue to embed a culture of asking ourselves “what have we done that has made a difference to our patients and carers?” by utilising feedback from patients and carers in our clinical staff appraisal process
- To develop and launch a live dashboard to enable teams to triangulate learning from incidents, complaints, compliments and Friends and Family Test (FFT).
- To embed team level processes for using experience and incident data to improve service delivery.
- Involve patients, service users and carers in quality improvement initiatives
- Involve patients and carers in the thinking around developing innovative solutions to staffing pressures – peer support etc.
- To continue to embed a safety culture through the launch of the patient safety strategy

What we did

Our Proud Leadership Programme

Together with the Proud working group (staff development working group) we have developed a nine-day leadership programme for both senior leaders (Bands 8a and above) and leaders (Bands 3-7). These programmes run for two consecutive days over four months with no more than 15 attendees to ensure a quality learning and development experience. These programmes began in January 2020 and cover four modules:

- Self as leader
- Leader as coach
- Leader of others
- Leader into action

The aim of our leadership programmes is to support the development of our leaders, equipped with the skills to lead and develop and sustain high quality services.

Quality Improvement (QI)

The QI team continued to build the culture of QI through social media, existing Trust communications methods and during 2019/20 have attended team/service meetings providing QI updates to approximately 275 staff.

The QI team worked closely with colleagues in Patient Experience and Patient Safety to ensure the patient and carer voice is included in the continued journey to embed a QI Culture within the Trust. The QI Charter now includes a question to prompt the inclusion of patients/carers as part of the delivery of QI projects.

In November 2019, the Trust launched its four tier Quality Improvement training programme (shown in section 2.2) which enables the provision of training in team meetings, classroom and e-learning environments. Throughout the year training places were provided to 220 members of staff at all levels including team meetings, Junior Doctor inductions, preceptorship programme and scheduled sessions.

In May and November, we celebrated some of our Quality Improvement projects and learnt new tools at our QI Forums and from September we launched our QI Consultancy as a mentoring group for QI champions.

Over the course of 2020/21 the QI team aims to undertake the following:

- Further develop the training programme to the Preceptorship Academy, Band 5 Mental Health Nurses development and the Leadership Programme.
- Develop a process to further align the QI programme alongside Patient Safety
- Develop the use of NHS Futures as an alternative median for QI champions to communicate and learn.
- Continue to the journey to embed the QI Culture within the Trust with the support of our staff, volunteer and service user champions.

Medical Appraisals

We are developing a process with the Medical staff to ensure that Friends and Family Test feedback is discussed routinely in the PADR/Appraisal process. The appraisal lead for the Trust will be discussing at the Appraisers forum how we can build on the individual patient feedback as well as the organisational feedback which is available to the consultant so that every Consultant can think about feedback from a personal as well as organisational perspective and this will be reflected in their annual appraisal.

The Community Mental Health Service User annual survey is discussed at the Consultant Forum led by the Medical Director, to support a culture of continuous improvement within our medical workforce.

Live Patient Safety and Experience Dashboards

In order to ensure that staff at all levels of the organisation understand and use data in relation to incidents, complaints and experience we launched a Datix dashboard for incidents, complaints and compliments in March 2020. Datix is the system by which staff report incidents and we record complaints and compliments. The dashboard enables teams to identify areas of good practice, themes and trends and areas for improvement. The dashboards will be used in team and divisional governance meetings and team daily safety huddles to continue our journey to achieve a rating of good for safe by the CQC.

The Trust has a Friends and Family Test (FFT) 'live' data dashboard which shows the results of the FFT survey feedback received from patients, service users and carers. The information shows how we are performing at organisation, division and team level and includes:

- Number of survey forms received
- Percentage of people who would recommend our services, by month
- Breakdown of positive, neutral, negative and don't know responses
- Random selection of feedback comments including; main reason for recommending/or not, what we do well and what we could do better

Teams are discussing their data in team meetings to share the feedback; good feedback is celebrated and actions are identified where improvements can be made.

Patient Safety Strategy

In September 2019 the Trust launched the Patient Safety Strategy, which is fully-aligned to the national Patient Safety Strategy. Our vision for 2019-2022 is to develop a 'high reliability' culture of safety, which is based on the experience of high-risk industries such as the aviation and the nuclear industries. Such a culture ensures consistency to ensure that all our staff understand, collaborate, develop and share learning in relation to patient safety across the organisation in conjunction with patients, carers and wider agencies and partners. Embedded within the Trust approach to patient safety is the requirement that every person working in Humber Teaching NHS Foundation Trust is aware of their responsibilities in relation to ensuring the safety of our patients, carers and families and takes appropriate action to maintain safety in our most vulnerable service users. Equally, we assert that our staff must feel safe; safe to report incidents without fear of reprisal, safe to question practice or resources and safe in their daily work. As an organisation we recognise that our staff are our greatest asset and we are committed to developing a culture of learning, transparency and openness that enables us to continue to improve patient safety and make Humber Teaching NHS Foundation Trust an excellent place for staff to work.

We have identified six priorities across the three areas (insight, involvement and improvement) identified in the NHS Patient Safety Strategy and these are aligned to our overall Trust strategy goals.

Our Patient Safety Priorities

Insight

1. To 'develop a positive and proactive safety culture
2. To reduce the number of Patient Safety Incidents resulting in harm

Involvement

3. To work with patients, carers and key partners to continuously improve patient safety
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

In order to implement our strategy we have developed a comprehensive implementation plan and associated programme of training which will be delivered through a range of online and face to face methods.

Peer Support

Professional leads, managers and divisional representatives have been working co-productively, with present and former service users, to look at introducing peer support workers (PSW) into the Trust. The advisory group which was formed, called itself the 'Journeys' group, and started with a fundamental belief that introducing people with lived experience of mental health problems into the workforce, would make a significant contribution to making the services more recovery-orientated. Drawing on written and anecdotal evidence from Nottingham, Leeds and elsewhere where these roles have been successful, the 'Journeys' Group set about working through the potential challenges and exploring the common myths and misperceptions associated with employing PSWs.

Service user and carer experience and insight in the group have been essential to ensure an informed perspective, to get the right vision, and to incorporate all the key elements of preparation, training, building support systems and inclusivity.

On a practical level, the 'Journey's' group, worked on a job description and person specification, which was banded at the Evaluation panel, and refined a matrix which defined the roles of peer workers, mental health practitioners and other support staff, to ensure role clarity.

The group were asked to present their co-produced work on Peer Support to the Trust Board in September 2019. The Board were very positive about moving forward from the 'Preparation phase', and gave a direction, and a commitment, to support the 'Journey's' Group in moving forward toward recruitment.

Given the widespread discussion about the positive impact of peer support working within mental health teams, a number of vacancies were identified, together with funding arising through the transformation of services.

A total of 15 PSW posts have now been advertised though NHS jobs, and span across community mental health and inpatient services. There have been 3020 views on the site, and a significant number of applications from candidates aspiring to the PSW role. It is of note that there are numerous references to people's involvement in Trust networks, Patient and Carer Experience (PACE) forums, of both the 'Positive Assets' employment service, and the Recovery and Wellbeing College, and also the Trust's Volunteer Service, which together with the work of the Communications team, shows good breadth of reach. The interviews for the PSW posts are taking place at the end of March 2020, but there are future plans for additional peer support workers in other services, and possibly a carer support worker (CSW) too, who would be able to use their lived experience to support carers known to our services

Priority Three: Embed best available evidence in practice utilising patient reported and clinician reported outcome measures (PROMS, CROMS)



Why this was important:

It is important that we measure outcomes to determine whether the care we deliver is effective. There are a range of outcome measures available. Patient reported outcome measures (PROMS) capture a person's perception of their health and clinician reported outcome measures (CROMS) capture the clinician's perception. On an individual level these measures help us to detect improvements or worsening of symptoms and direct the

choice of appropriate treatment. At a Trust level the use of outcome measure helps us to determine how effective our services are.

By developing and implementing standardised, evidence based metrics that incorporate National Institute for Health and Care Excellence (NICE) standards there should be more effective and comprehensive assessment of the care provided to patients to inform improvement in services and ensure equity of access to high quality care.

We said we would

- Continue to develop and roll out PROMS and CROMS across services
- Develop carer related outcome measures for mental health services
- Develop and implement a process for utilising outcome measures in assessing the effectiveness of services

What we did



In collaboration with patients, service users and carers a tool called ReQoL (Recovering Quality of Life www.regol.org) was implemented as one of the 2018/19 quality priorities. As the tool had only just been implemented in February 2019, it was agreed that this should continue to be a priority for 2020-21. Therefore over the course of 2019/20 we have continued to embed this

outcome measure. The ReQoL tool is short and simple to use and is suitable for a range of mental health conditions from common mental health disorders to more severe ones.








During 2019/20 the mental health division has worked with Business Intelligence to develop a clinical dashboard to enable practitioners to use the ReQoL results therapeutically. In addition, the data from the dashboard will be available for the Board to assess effectiveness of our services.

Carers Stress Tool

The Trust recognises the importance of carers receiving support. Therefore it is necessary to identify carers (somebody who the patient/service user/child or young person relies on for emotional support and/or to support with daily activities). The Trust has introduced the Relative Stress Scale Tool to support clinicians to identify if a carer is under stress and to indicate where support and/or intervention is required. It is recommended that the clinician completes the Relative Stress Scale Tool with the carer as early on as possible in the care pathway and at reviews (at least once a year).

2.4 Looking Forward: Our Quality Priorities for 2020/21

In January 2020, we held a 'Building our Priorities' workshop with patients, service users, carers, third sector organisations, commissioners and staff. During this workshop we presented our progress in relation to the 2019/20 priorities. This was followed by three separate presentations in relation to Patient, Service User and Carer Experience, Clinical Effectiveness and Patient Safety. The attendees used the presentations as a basis to suggest our 2020/21 Quality Priorities, in groups they ranked the priorities in order of priority. These were then proposed to the Board and as a result four priorities were agreed.

<p style="text-align: center;">Priority 1</p> <p>To work towards an approach to recruitment across clinical services and senior roles that involves patients, service users and carers in the recruitment process.</p>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; align-items: center; margin-bottom: 10px;">  <div style="margin-left: 10px;"> <p>Strategic Goal 1 Innovating quality and patient safety</p> </div> </div> <div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p>Strategic Goal 3 Developing an effective and empowered workforce</p> </div> </div> </div>
<p style="text-align: center;">Priority 2</p> <p>Each clinical network will identify key NICE guidance where there are known gaps in compliance and have clear plans for addressing these gaps</p>	<div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p>Strategic Goal 1 Innovating quality and patient safety</p> </div> </div>
<p style="text-align: center;">Priority 3</p> <p>Develop an inventory of skills that is specific to individual roles which clearly outlines essential training and assessment requirements. This will include the frequency and means of reviewing and refreshing competency</p>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; align-items: center; margin-bottom: 10px;">  <div style="margin-left: 10px;"> <p>Strategic Goal 1 Innovating quality and patient safety</p> </div> </div> <div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p>Strategic Goal 2 Maximising an efficient and sustainable organisation</p> </div> </div> </div>
<p style="text-align: center;">Priority 4</p> <p>Ensure teams have access to patient safety data and we can demonstrate improvements based on the data.</p>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; align-items: center; margin-bottom: 10px;">  <div style="margin-left: 10px;"> <p>Strategic Goal 1 Innovating quality and patient safety</p> </div> </div> <div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p>Strategic Goal 3 Developing an effective and empowered workforce</p> </div> </div> </div>

Priority One: To work towards an approach to recruitment across clinical services and senior roles that involves patients, service users and carers in the recruitment process.

Why is this important?

The involvement of patients, service users and carers in the recruitment and selection process benefits both patients and the Trust; their 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.

What we will do in 2020/21

We will:

- Ensure staff are familiar with the framework for involving patients, service users and carers in the recruitment process and the case for change
- Actively recruit patients, service users and carers to join a recruitment network
- Develop a training package for patients, service users, carers and staff to support them through the process
- Commence a roll out across service areas

How will we know we are making a difference?

- An increase in teams implementing the framework for involving patients, service users and carers in recruitment which will positively influence recruitment and selection decisions which is crucial to the delivery of high quality services.
- Meaningful involvement will contribute to patients, service users and carers feeling recognised and valued which may lead to an improvement in their wellbeing and recovery.

Priority Two: Each clinical network will identify key NICE guidance where there are known gaps in compliance and have clear plans for addressing these gaps

Why is this important?

The National Institute for Health and Care Excellence (NICE) issues a range of guidance and standards on current best practice related to health technologies, clinical management of specific conditions and the safety and efficacy of interventions and procedures for a wide range of health issues. Where these are relevant to services and care delivered by Humber Teaching NHS Foundation Trust it is imperative that we understand if we are meeting the recommended standards and where we have gaps in compliance we are taking measures to ensure that we are taking action to improve our compliance and the safety and effectiveness of the care we provide.

What we will do in 2020/21:

We will:

- Each clinical network will review and report the applicability and compliance of published NICE guidance using HealthAssure.
- Each clinical network will identify up to three pieces of guidance/Quality Standards where they have identified gaps in compliance that they have identified as a priority
- Each clinical network will develop a locally owned action plan to address the gaps in compliance and review and report progress/exceptions via Nice and Clinical Audit Review Group (NCAR) and Quality and Patient Safety Group (QPAS)

How will we know we are making a difference?

- Complete and accurate reports of applicability and compliance in relation to published NICE guidance will be available to review from Health Assure
- Action plans will be developed and evidence of ongoing review, completed actions and escalation where required will be present in clinical network minutes and work plan.
- Year-end compliance with NICE guidance will have improved

Priority Three: Develop an inventory of skills that is specific to individual roles which clearly outlines essential training and assessment requirements. This will include the frequency and means of reviewing and refreshing competency

Why is this important?

We have skilled staff delivering a range of clinical interventions across a range of services. This included the effective delegation of some clinical task to unregistered staff and specialised areas of practice that require specific skills and competencies.

It is vital that we train our staff and ensure they are competent to deliver these clinical interventions effectively and safely. This can be done in several ways including written instruction; demonstration; simulation; observed and supervised practice. Once an individual is competent in a particular clinical skill we need to ensure that this is reviewed regularly to ensure that they remain competent especially where the skill may not be used frequently and/or if best evidence is evolving.

What we will do in 2020/21:

We will:

- Confirm existing skills that are being utilised across the services through policy review and feedback from clinical leads
- Review new skills identified in the new nursing curriculum and benchmark our ability to deliver training and assess competence against these skills
- Develop inventory of skills with baseline training and assessment requirements and frequency and means of ongoing means of reviewing and refreshing competency

How will we know we are making a difference?

- Evidence of new and refreshed training provision and staff uptake of training
- A Reduction in the number of incidents leading to patient harm as a result of poor practice and lack of clinical skill.
- Improved compliance with best practice
- New clinical competency framework which will support safe and effective clinical practice

Priority Four: Ensure teams have access to patient safety data and we can demonstrate improvements based on the data

Why is this important?

In order to continuously improve the quality and safety of the care we deliver it is important that teams have access to and understand their own incident data. By actively using this data teams will be able to identify themes and trends (both positive and negative) and identify ways in which they can improve safety and overall and patient experience.

What we will do in 2020/21

We will:

- We will introduce a dashboard in each team which displays data from our incident reporting system known as Datix
- We will develop training for teams to enable them to improve their knowledge of how to use data to identify themes and trends and improve care
- We will ensure staff have access to quality improvement methodology to enable them to undertake quality improvement informed by the data.

How will we know we are making a difference?

- Evidence of staff using data effectively to inform quality improvements
- Increased numbers of quality improvement initiatives from frontline teams arising from identified themes in data.
- Reduction in recurring incident themes

How we monitor our progress in relation to the delivery of the quality priorities

The delivery of our quality priorities is monitored through our Quality and Patient Safety Group and Quality Committee. An assurance report is presented to each Quality Committee (a subcommittee of the Board), detailing the progress made, delivery against agreed milestones and impact.

2.5 Statements of Assurance from the Trust

In this section of the Quality Account, the Trust is required to provide statements of assurance in relation to a number of key performance indicators which are as follows:

- Services and sub-contracts provided by the Trust
- Freedom to Speak Up
- Annual report on rota gaps and vacancies: Doctors and Dentists in Training
- Emergency Preparedness, Resilience and Response
- Clinical Audit
- Research
- Commissioning for Quality and Innovation (CQUIN)
- Care Quality Commission (CQC) registration
- Data quality and coding
- Information Governance
- Learning from deaths

Review of Services Provided or Subcontracted by Humber Teaching NHS Foundation Trust

Humber Teaching NHS Foundation Trust held a number of contracts for the services delivered by the Trust and for services delivered for the Trust by other providers.

Working with our commissioners and providers Humber Teaching NHS Foundation Trust holds a range of contracts for the services delivered by the Trust and for services delivered on behalf of the Trust by other providers (subcontractors).

During 2019/20, Humber Teaching NHS Foundation Trust provided and/or subcontracted 175 relevant health services. Of these the Trust provided 123 and subcontracted 52 relevant health services.

The most significant contracts agreed were as follows:

- NHS ERY CCG – Mental Health, Learning Disability, Primary Care and Community Services
- NHS Hull CCG – Mental Health, Learning Disability, Primary Care and Community Services
- NHS Vale of York CCG – Community Services
- NHS England – Medium and Low Secure Mental Health Services, Child Health Information Service, Primary Care Services, School Age Vaccination & Immunisation Services and CAMHS Tier 4 Services (from January 2020)
- Hull Local Authority – Mental Health and Learning Disability Service, Substance Misuse Services
- ER Local Authority – Mental Health and Learning Disability Services, Substance Misuse Services, Community Services and Integrated Public Health Nursing Services
- NHS Hambleton, Richmond and Whitby CCG – Whitby Community Services
- NHS Scarborough & Ryedale CCG – Community Services

Humber Teaching NHS Foundation Trust has reviewed all the data available to them on the quality of care in 24 of these relevant health services.

The income generated by the relevant health services reviewed in 2019/20 represents 91.84% of the total income generated from the provision of relevant health services by the Humber Teaching NHS Foundation Trust for 2019/20.

Freedom to Speak Up

In its response to the Gosport Independent Panel Report, the Government committed to legislation requiring all NHS trusts and NHS foundation trusts in England to report annually on staff who speak up (including whistleblowers). Ahead of such legislation, NHS trusts and NHS foundation trusts are asked to provide details of ways in which staff can speak up (including how feedback is given to those who speak up), and how they ensure staff who do speak up do not suffer detriment. This disclosure should explain the different ways in which staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment within the Trust.

Response

Working in partnership with the Trust Board, staff members and staff governors we have developed a Freedom to Speak up Strategy (2019) which is supported by the Freedom to Speak up Policy and Procedure.

Our vision is to all work together to provide an open and transparent culture across our Trust to ensure that all members of staff feel safe and confident to speak out and raise their concerns.

The Trust's Executive Lead for Freedom to Speak up is Michele Moran, the Chief Executive and Peter Baren a non-executive is the Senior Independent Director. The Freedom to Speak up Guardian is Alison Flack (Transformation Director for Humber Coast and Vale) and the Deputy Freedom to Speak up Guardian is Helen Young (safeguarding practitioner).

The Guardians have both completed the National Guardians Office (NGO) training and also participate in the regional networking meetings.

There are a number of ways in which staff can contact the Guardians to raise their concerns including using the confidential speak up email address and direct phone contact. Staff can also use the Guardians NHS email addresses. In addition the FTSU Guardians attend the monthly new staff induction training, where the role of the Guardian and the importance of raising concerns and speaking up is explained and staff are provided with contact details. The Guardians also regularly visit Trust staff bases and team meetings and speak to staff directly, both formally and informally,

explaining the role of the Guardian and responding to any issues that are raised. Staff are kept updated on a regular basis regarding the role of the Guardian and the learning from individual cases via the Midday Mail and weekly global.

An annual speak up report is presented to the Trust Board and this includes details of the number of staff who have spoken up, details of the concerns and learning and actions taken. The Trust Board also hold board development sessions to measure progress against the NHSE/I FTSU Board self- assessment. Regular updates are also provided to the Trust's Workforce and OD sub-committee of the Trust Board.

Throughout the FTSU process staff who have raised concerns are kept informed about the progress of the concerns they have raised and are also offered a confidential meeting with an Executive Director of the Trust. When the concerns have been investigated, feedback is offered and provided to the staff member. On occasions it is difficult to provide feedback on any actions the Trust has taken, for example if the concern was raised anonymously or if it concerns another member of staff. Generally, however the investigator assigned by the Guardian will meet with the staff member who raised the concern, and give them general feedback on what action the Trust has taken.

Throughout the FTSU process, staff are reminded that if they choose to raise a concern through the FTSU process the Trust will not tolerate them being victimised in any way. This is discussed explicitly with staff from the outset, particularly if they are raising concerns about bullying and harassment. If staff do feel that they are at risk of being victimised for raising a concern, then this is discussed with senior managers, with a view to identifying what needs to be done, to protect that staff member.

A letter is sent to staff members who has raised their concerns from the Chief Executive to thank them and requesting that they complete a confidential anonymous questionnaire to provide feedback on their experience and also the support provided by the Guardians and the assigned investigators.

Annual report on rota gaps and vacancies: Doctors and Dentists in Training

The Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) require the Trust to produce an annual report on rota gaps and vacancies. The annual report was presented to the Trust Board in October 2019 by the Guardian of Safe Working. The report highlighted that while there continues to be vacancies in junior doctor workforce, with a proportionally high number of less than full time trainees (six out of 22,) the data does not indicate any major issues with safe working hours.

The recommendations were as follows:

- Recruitment to Psychiatry in the Humber region has proved difficult at times. The Trust has a number of initiatives to encourage recruitment and is advised to continue them
- Nationally other Trusts have seen noticeable benefits from using technology to maximise efficiencies of working and thus reduce junior doctor workload. Humber is rolling out electronic prescribing across the Trust which will have tangible benefits for junior doctors in terms of reducing travel between sites.
- The 2016 TCS mandates the provision of adequate rest facilities or alternative arrangements for safe travel home. This is important for patient safety as well as staff morale. This is an area the trust is looking in to in conjunction with the junir doctor cohort and work should continue in this area.

Progress made in 2019/20 in bolstering staffing in adult and older adult community mental health services, following additional investment from local CCGs' baseline funding

In line with NHS Mental Health Implementation Plan we are undertaking transformation work across our adult and older adult Community Mental Health Teams. The focus of this work is to develop the mental health offer in primary care. Nationally, community mental health teams (CMHT) have been recognised as an essential part of mental health services. A project programme is in place supported by a number of work streams and the key objectives are that:

- We have people from different backgrounds and training working with improving access to psychological therapy services connected to primary care and primary care networks, including health and wellbeing workers, pharmacists and peer support workers.
- Ways of working that mean people are supported into and out of different parts of the mental health system, rather than referred in and discharged out.
- There is a focus on recovery and helping people to stay connected to their communities.
- Less emphasis on someone's age and a bigger focus on who is in the best position to support them.
- A focus on employing more people who have expert skills in understanding how trauma can affect an individual's mental health
- Anyone using the service for the first time will not wait more than 4 weeks from referral to treatment from the community mental health teams including a detailed assessment to develop a plan for the future.

This means that there will be new roles, new ways of working and less barriers between different organisations, teams and workers. Ongoing service user, carer, staff and stakeholder engagement is key to achieving this ambition and is central to this programme of work.

Emergency Preparedness, Resilience and Response (EPRR) Assurance 2019/20

All NHS Trusts have a duty to plan for and respond to major, critical and business continuity incidents whilst maintaining services to patients.

In order to provide assurance that it has addressed this duty, the Trust has reviewed itself against NHS England's core standards for Emergency Preparedness, Resilience and Response and for the sixth year running has rated itself as 'substantially' compliant in 2019.

The Trust continues to improve care and service safety, resilience and response through a programme of training, testing and learning from incidents internally, through networks and partners.

The Trust's overall assurance rating has been signed off by the Executive Management Team, the Trust Board and shared with the Local Health Resilience Partnership.

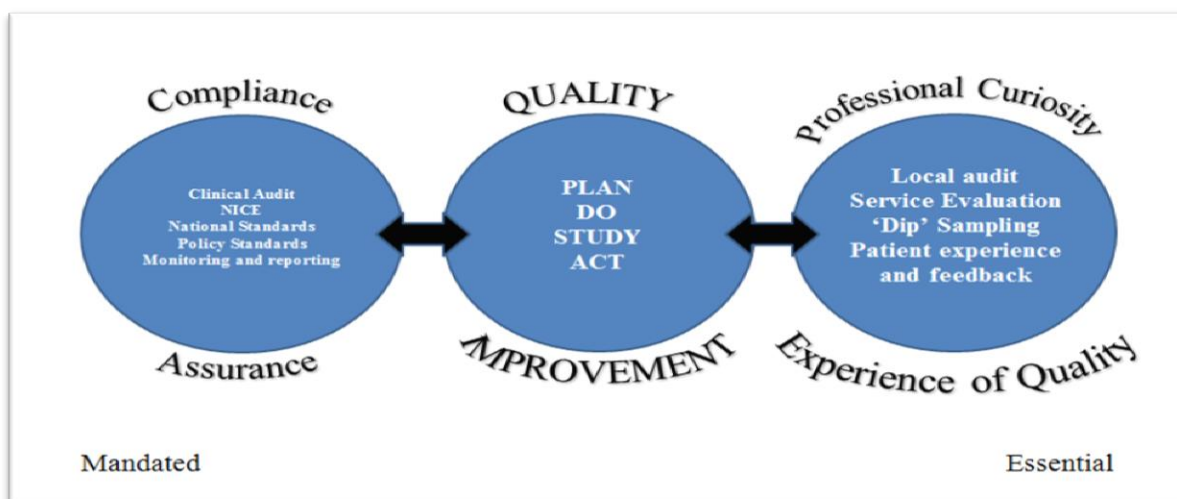
Improving Care through Clinical Audit

Clinical audit enables the Trust Board to determine whether the care we are providing is in line with recognised standards. We undertake a programme of clinical audits across our services to include the use of the National Institute for Clinical Excellence (NICE) quality standards and Care Quality Commission (CQC), Key Lines of Enquiries (2015). We also audit themes emerging from serious incidents, adverse events and recorded complaints to fully inform our programme of clinical audit.

The services across the Trust are all aligned to a Clinical Network. Each clinical network aims to have three to five audits ongoing at any time and also contribute to national and the Prescribing Observatory for Mental Health UK (POMH-UK) audits.

Proposals for new audits and service evaluations are reviewed by the clinical network and priority and relevance agreed. The NICE and Clinical Audit Review Group (NCAR) provides oversight and tracking of agreed audit and other improvement activity with six monthly reporting to the Quality and Patient Safety Group and thereafter the Quality Committee. This includes reporting and review of actions arising from completed audits.

Clinical audits form part of our approach to Quality Improvement and this is shown through the diagram below:



Audits Undertaken During 2019/20

During 2019/20 ten national clinical audits and one national confidential enquiry covered relevant health services that Humber Teaching NHS Foundation Trust provides. During that period Humber Teaching NHS Foundation Trust participated in 91% (10 of 11) of national clinical audits and 100% (1 of 1) of national confidential enquiries of the national clinical audits and national confidential inquiries in which it was eligible to participate in. The national confidential inquiry the Trust participated in was the National Confidential Inquiry into Suicide, Homicide and Sudden Unexplained Death. All mental health trusts across the UK provide data to the Confidential Inquiry, which enables themes and trends to be investigated on a national level. The Quality Committee were given an overview of the findings from the 2019 Confidential Inquiry in January 2020 and these findings continue to inform our patient safety programme.

The national clinical audits and national confidential inquiries that Humber Teaching NHS Foundation Trust was eligible to participate in during 2019/20 are as follows:

Eligible National Clinical Audits 2019/20
Falls and Fragility Fractures Audit programme (FFFAP)
National Diabetes Audit – Adults
National Audit of Care at the End of Life (NACEL)
UK Parkinson's Audit
Learning Disability Mortality Review Programme LeDer
Mandatory Surveillance of bloodstream infections and clostridium difficile infection
National Clinical Audit of Anxiety and depression (NCAAD)
National Clinical Audit of Psychosis (NCAP)
POMH Topic 19a – Prescribing for depression in adult mental health
POMH-UK Topic 18a – Use of Clozapine
POMH Topic 7f – Monitoring of Patients Prescribed Lithium

Eligible National Confidential Inquiries 2019/20
Suicide, Homicide and Sudden Unexplained Death

The national clinical audits and national confidential enquiries that Humber Teaching NHS Foundation Trust participated in during 2018/19 are as follows:

Eligible National Clinical Audits 2019/20
Falls and Fragility Fractures Audit programme (FFFAP)
National Diabetes Audit – Adults
National Audit of Care at the End of Life (NACEL)
UK Parkinson's Audit
Learning Disability Mortality Review Programme LeDer
National Clinical Audit of Anxiety and depression (NCAAD)
National Clinical Audit of Psychosis (NCAP)
POMH Topic 19a – Prescribing for depression in adult mental health
POMH-UK Topic 18a – Use of Clozapine
POMH Topic 7f – Monitoring of Patients Prescribed Lithium

Eligible National Confidential Enquiries 2019/20
Suicide, Homicide and Sudden Unexplained Death

The national clinical audits and national confidential enquiries that Humber Teaching NHS Foundation Trust participated in, and for which data collection was completed during 2019/20 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Clinical Audits 2019/20	Cases Required	Cases Submitted	%
National Audit of Care at the End of Life (NACEL)	40	9	23%
Learning Disability Mortality Review Programme LeDer	No minimum requirement	14	100%
UK Parkinson's Audit	10 Occupational Therapy	0 Occupational Therapy	0%
	10 Physiotherapy	0 Physiotherapy	0%

National Clinical Audits 2019/20	Cases Required	Cases Submitted	%
National Clinical Audit of Psychosis (NCAP)	100 Community	100 Community	100%
	50 Inpatient	50 Inpatient	100%
National Audit of Anxiety and Depression (NCAAD)	80	54	68%
POMH Topic 6d: Side Effects of Depot Antipsychotics	No minimum requirement	73	N/A
POMH Topic 7f: Monitoring of Patients Prescribed Lithium	No minimum requirement	18	N/A
POMH-UK Topic 18a: Clozapine in the Community	No minimum requirement	21	N/A

National Confidential Enquiries (2019/20)	Cases Required	Cases Submitted	%
Suicide, Homicide & Sudden Unexplained Death	N/A	6	N/A

The reports of five national clinical audits were reviewed by the provider in 2019/20 and Humber Teaching NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

National Clinical Audits 2019/20	Actions
Falls and Fragility Fractures Audit programme (FFFAP)	Awaiting report, still ongoing.
National Diabetes Audit – Adults	Awaiting report, data collection ongoing.
National Audit of Care at the End of Life (NACEL)	Three elements of data collection during 2019/20 as follows: Data collection during period of 3 June to 11 November 2019 case note review community sites all deaths in April and May 2019. Mental Health providers are not required to participate in NACEL. Awaiting local action plan.
UK Parkinson's Audit	National report completed awaiting local action plan.
Learning Disability Mortality Review Programme LeDer	The national report published in May 2019 made 12 recommendations, these have been reviewed and the learning implemented via the clinical networks.
National Clinical Audit of Anxiety and depression (NCAAD)	Part of CQUIN and subject to ongoing audit. Carer Contact and Carer Assessment is in the electronic patient record – Lorenzo. Service User involvement is included in the updated Lorenzo Care Plan and subject to audit on HealthAssure and the Mental health Act audit. Medication Information box was added to

National Clinical Audits 2019/20	Actions
	<p>the medicines administration record (MAR) chart initially however this now on the e-Prescribing Tab on Lorenzo.</p> <p>Ensure appropriate discussions take place for referrals to all therapies/professional groups.</p> <p>Ensure 72-hour follow up is completed after discharge for all.</p>
National Clinical Audit of Psychosis (NCAP)	Data collection completed. Report due for completion April 2020.
POMH Topic 6d: Side Effects of Depot Antipsychotics	Service User involvement is on the updated Lorenzo Care Plan and subject to audit on HealthAssure and the Mental Health Act audit
POMH Topic 7f: Monitoring of Patients Prescribed Lithium	Medication Information box was added to MAR chart initially however this now on e-Prescribing Tab on Lorenzo : consider adding to Junior doctor potential audit list
POMH-UK Topic 18a: Clozapine in the Community	Discuss at Clinical Network and Junior doctor induction: consider adding to Junior doctor audit list

The reports of 28 local clinical audits were reviewed by the provider in 2019/20 and Humber Teaching NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Local Clinical Audits 2019/20	Actions – summary
Antipsychotic Prescribing in Dementia MH	<p>The Audit has demonstrated that antipsychotic prescribing in dementia across our older adult community mental health teams is below the local and national rate which is positive.</p> <p>However it was found that the documentation of decisions to prescribe antipsychotics varies not only in terms of the standards measured but also in terms of where in the patient electronic record such decisions are recorded.</p> <p>As a result a possible Improvement to pilot following this audit cycle could be an electronic form to be added to Lorenzo where best interest decisions for antipsychotic prescribing could be recorded including the five standard areas. To prevent the risk of the antipsychotic monitoring/review being lost to follow up this could eventually include an electronic reminder.</p>
NICE NG53 Transition between inpatient and	Findings should be read in conjunction

Local Clinical Audits 2019/20	Actions – summary
community services	<p>with the completed NG53 Baseline Assessment tool, Trust NG53 working party and CPA/family interventions work.</p> <p>Admissions to inpatient units that do not follow the Mental Health Response service (MHRS)/Older People’s crisis team pathway should ensure a full Initial Assessment is recorded.</p> <p>Clinicians should ensure they document on Care Plan, Supportive Engagement Plan, Risk Assessment and Discharge Plan, if the service user and/or family member was involved in developing it and if they were offered a copy.</p> <p>Clinicians should ensure they document capacity where relevant when making decisions about care and treatment.</p>
Quality of Seclusion Medical Review according to Trust Guidelines	<p>To develop a template for Seclusion Medical Review according to Trust Guidelines and to incorporate in the already</p> <p>To present the findings from the audit in the junior doctors teaching programme.</p> <p>Re-audit in one year’s time.</p> <p>Add prompts to Medical seclusion review form on Lorenzo to review mental, physical health, capacity, risks, management frequency of physical observations, medication, restrictions in seclusion and exit plan.</p> <p>Prompts also to be added to MDT Review form one.</p> <p>Compare audit findings against Matrons audits (CQC raise concern re timing of reviews) timing of medical reviews.</p>
Anticholinergic Cognitive Burden of patients admitted to Maister Lodge	<p>To introduce regular monitoring of ACB score along with other medication side effects on the ward as part of a wider side effect monitoring tool.</p> <p>To review prescriptions for commonly prescribed physical health medications not usually thought of as being anticholinergic like furosemide, digoxin, ranitidine and atenolol.</p> <p>Consider liaising with neurology about any patients with Parkinsons as to</p>

Local Clinical Audits 2019/20	Actions – summary
	whether there is any scope for less anticholinergic options.
Review of the quality of falls reviews Maister Lodge	<p>All nursing staff on the ward to be reminded by email to document the exact time at which a fall took place in the Communication tab entry, not just the Datix, and the junior doctor to likewise record the time of their review (not just the time of the entry on Lorenzo).</p> <p>Present the findings of this study to the junior doctors at the Wednesday morning academic programme.</p> <p>Repeat review six months after these interventions to establish whether quality of reviews has improved or whether further actions are needed.</p>
Physical health on admission monitoring	<p>Information about the physical health monitoring requirements should be included in the induction for junior medical staff.</p> <p>Posters should be placed in clinical areas outlining the list of blood tests that are required on admission.</p> <p>Pre-printed stickers can be used for blood request forms on admission so that all the required bloods tests are requested.</p> <p>A dedicated section for documenting blood and ECG results on admission should be created under the 'Medical' tab on Lorenzo.</p>
Physical health care of patients on PICU	<p>Include a column for Physical Examination and Review on the Patient status at a Glance (PSAG) Board as a reminder to medics.</p> <p>New form to incorporate different assessment used during admission to use in the Immediate Discharge Summary.</p> <p>To familiarise junior doctors with the admission assessment forms during induction.</p> <p>To repeat audit in six months after work has been completed.</p> <p>Present audit results at Medical Staffing Meeting.</p>
NICE CG90 Depression in Adults: recognition and management	Implement the pathway for depression in embedding the stepped care model.

Local Clinical Audits 2019/20	Actions – summary
	<p>Cognitive Behaviour Therapy (CBT) provision to be reviewed for Hull and East Riding CMHTs.</p> <p>Occupational therapy (OT) provision to be reviewed throughout Hull and East Riding Community Mental health Teams (CMHTs).</p> <p>Agreement and implementation of consistent outcome measures.</p> <p>Carer Assessments and information to be clear in patient notes/added to Lorenzo.</p> <p>Discussion and directive to inpatient staff to ensure they provide and record medication information to service user.</p>
<p>NICE CG192 Antenatal and postnatal mental health: Pharmacological interventions</p>	<p>GP letter to clearly document whether baby is breast fed or formula fed.</p> <p>Next data collection tool to include oral antipsychotics and antidepressants medications and their indications.</p> <p>Highlight in GP letter the importance of checking Lamotrigine or Lithium levels as per recommendations even if the indication is for a physical cause.</p> <p>Documentation required in relation to whether Psychology support was offered/declined or accepted by the patient/not offered due to service arrangements.</p> <p>Documentation required regarding whether information leaflets are offered.</p> <p>Re audit in six to 12 months of original audit.</p>
<p>NICE CG91 Depression in adults with a chronic physical health problem: recognition and management</p>	<p>Results against care planning standards to be discussed at the Mental Health Division Clinical Network, cascade to the learning centre lead, clinical and medical forums and teams.</p> <p>Discussion with Patient/Carer Experience Lead regarding the potential additions to Lorenzo forms to make carer information more visible.</p> <p>Review/discussion with junior doctors' induction team regarding chronic medical</p>

Local Clinical Audits 2019/20	Actions – summary
	assessment and information required for GP discharge letters.
NICE CG185 Bipolar disorder: managing bipolar disorder in adults in secondary care clinical audit	<p>Present the audit to the Drugs and Therapeutics Committee and medical continuing professional development (CPD) meeting.</p> <p>Agree a standardised area within Lorenzo to store consent to share information.</p> <p>Discussion with CMHTs regarding referral of Bipolar Affective Psychosis patients for structured psychological intervention/documenting refusal or inappropriate for psychology.</p>
NICE NG58 Coexisting severe mental illness and substance misuse	<p>Future audit in partnership with partner agencies to evidence/identify areas for improvement.</p> <p>Robust training packages need to be delivered on a regular basis to ensure workers maintain knowledge and competencies.</p>
NG97 Dementia: assessment, management and support for people living with dementia and their carers	<p>Assessing and managing other long-term conditions in people living with dementia: Ongoing issues exist with referrals for people with learning disabilities (LD)/difficulties without formal LD diagnosis.</p> <p>Palliative care: In conjunction with Dove House the Older People Services are currently undertaking an 'End of Life Project' to include training staff in advanced care planning.</p> <p>Supporting carers: Patient and Carer Team to be approached to discuss the identification of carers willing to support with training.</p>
Review of the effectiveness of the 'group security induction' process for bank staff	<p>The current 'group' approach to bank security inductions should continue.</p> <p>All inductions must be completed within 42 days.</p> <p>Any bank staff who do not take up a shift at the Humber Centre for a period of eight weeks will lose the 'security' skill, and thus no longer be able to take up shifts at the unit until their training is refreshed.</p> <p>Thereafter, bank staff who fail to pick up any shifts for a period of 12 weeks should</p>

Local Clinical Audits 2019/20	Actions – summary
	<p>lose the 'security' skill, and thus not be able to take up bank shifts at the Humber Centre.</p> <p>Explore options for monitoring the above using the e-roster, or establish an internal monitoring system similar to that used in data collection.</p>
Evaluation of the Medium Secure Personality Disorder service (Swale ward)	The data will also be reviewed by the Swale team and further analysis considered to help improve understanding of our client group and the effectiveness of admission to Swale ward.
ECG Monitoring in High Dose Methadone	It is the responsibility of the keyworker to discuss the need for ECG monitoring (where required), book the ECG appointments/give patient reminders and record non-attendance/attendance at ECG appointments.
Prescriber's review for patients on opioid maintenance treatment	<p>Explanation to patient that when prescribed opiate substitution treatment (OST), prescriber reviews are essential for monitoring safety and effectiveness of medications prescribed. This is an opportunity for a holistic assessment of addiction recovery needs and review progress of personal recovery goals. If patients do not attend for prescriber reviews, it will not be possible to prescribe safely and so the medication will be reviewed without the patient present.</p> <p>Ensure telephone consent and telephone numbers correct for patient in SystemOne. All patients prescribed opioid substitution treatment booked for a prescriber review every three months.</p> <p>Text message with appointment details will go to patient on the date the appointment is made.</p> <p>Two weeks before prescriber review an appointment letter sent to patient.</p> <p>Verbal reminder of prescriber review.</p> <p>Text message reminder the day before.</p> <p>If the patient does not attend prescriber review, Prescriber to task Admin to send Did Not Attend (DNA) Letter 1.</p> <p>Keyworker to discuss the reason for non-attendance with the patient and show the</p>

Local Clinical Audits 2019/20	Actions – summary
	<p>letter to the patient. Keyworker to rebook the appointment with the patient. Use 'improving attendance at appointments' framework and DNA policy.</p> <p>If patient does not attend the next prescriber review – medication review to be undertaken in patients absence.</p> <p>Medication to be changed to daily collection or supervision (if not already done so). DNA Letter 1 to be sent out and amended with changes made.</p>
Weight and Height monitoring Chart for CAMHS patients on ADHD medication.	<p>Height and weight record keeping to be maintained on a separate Tab on Lorenzo.</p> <p>Once the height and weight chart is maintained, the same chart can be appended over time on subsequent reviews.</p>
Re-audit of the practice of prescribing stimulant medication against NICE guidelines NG87 in CAMHS	<p>Prescribing Stimulants within our CAMHS treatment units continue to perform to the standards recommended by NICE.</p> <p>There were minimal areas in need of improvement; the objective is now to maintain our present practice to ensure safe prescribing. However some areas have shown minor decline since we audited this in 2016 and these will be subject to close monitoring.</p> <p>A re-audit in 12 months' time should be considered to evaluate the practice again.</p> <p>The audit tool used for this audit could be attached to all patients' notes, as this will act as a reminder for prescribers and will also facilitate further auditing.</p>
Use of Psychotropic Medications in accordance with STOMP (Re-audit)	<p>Continue a focus on staff training sessions and bespoke input from the named Lead nurses and Psychologists. Continued attendance at STOMP conferences and updates.</p> <p>Continued focus at team meetings.</p>
NAIC 2018: National Audit of Intermediate Care 2018	<p>Work with the business intelligence (BI) to ensure consistency of recording and reporting of the prevention of admission work Continue current practice.</p> <p>Work with BI to accurately collect data regarding face to face contacts.</p>

Local Clinical Audits 2019/20	Actions – summary
	Continue to work in partnership with East Riding Council to streamline processes from referral to request for care services.
Dermatology Audit – Manor House Surgery 2018/19	Awaiting report.
Document management – Manor House Surgery	<p>Of the 160 letters (40 letters from four scanners), only three letters were deemed to be sent on inappropriately. These letters were sent on to the prescription desk when there was no medication to check on the letters.</p> <p>Out of the 160 documents, 20 letters were forwarded to the GP.</p>
Antibiotic Prescribing Sore Throat Manor House Surgery	<p>To encourage Clinicians to make use of Fever PAIN or Centor algorithm and integrate these algorithm (templates) into the EMIS platform.</p> <p>Encourage use of TARGET Treating Your Infection – Respiratory Tract infection (TYI-RTI) leaflet.</p> <p>Re-audit to be carried out in six months to evaluate the impacts of these changes.</p>
Patients at high risk of diabetes Manor House Surgery Third cycle	This was felt to have been a useful audit and showed that the practice had significantly improved its management of these patients.
Heart Failure Audit	<p>Subsequently established a specialist Heart Failure (HF) clinic for practice patients using a new standardised HF template.</p> <p>Patient care has been improved by improving access to treatment and specialist services.</p> <p>Improving patient care also supports Quality Outcomes Framework (QoF) heart failure indicators and thus practice income.</p>
Blood Monitoring at Market Weighton Practice	<p>Patients having diabetic bloods do not need Hypertension or coronary heart disease (CHD) bloods as diabetic bloods cover them.</p> <p>Repeat test eight weeks after initiation of statins.</p> <p>Two weeks after commencing Angiotensin-converting enzyme inhibitors (ACE) inhibitor or each change of dose.</p>

Research and Innovation

Research

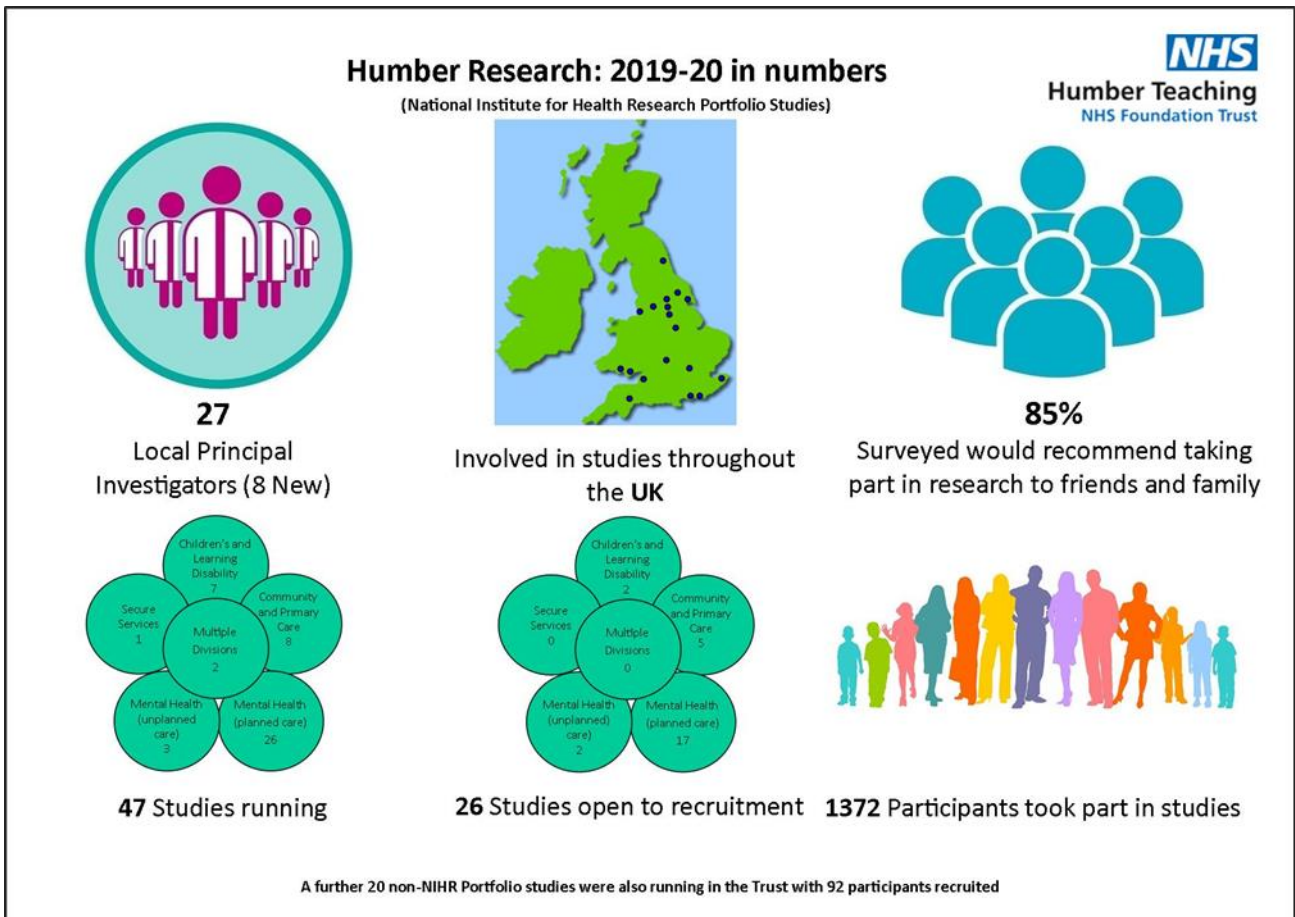
We recognise the importance of investing in research; enabling our staff to learn and grow and our community to participate in healthcare improvement. As there is evidence that people do better in organisations that do research we view this as core business and as such are committed to working with key local, national and international experts, to increase opportunities for our community to take part in studies. Our growth and delivery of research in the Trust contributes to the wider evidence base for better health, increased opportunities for our community to shape services and improvements in the quality of our care locally.

We are immensely proud of our increase in research activity; almost double the number of studies and participants than six years ago. Based on the size of the population the Trust covers it recruits a significantly larger proportion of people into National Institute for Health Research (NIHR) Portfolio studies than many other trusts across the country which provide similar services. National research activity league tables published July 2019 by the NIHR, listed the Trust in the top third of mental health trusts for 2018/19, (www.nihr.ac.uk/research-and-impact/nhs-research-performance/league-tables, accessed 20/01/2020); of the 50 listed we were 16 for number of participants recruited into studies. Across the 22 trusts in Yorkshire and Humber we were fourth in percentage change (36% increase) in recruitment from 2017/18 to 2018/19, indicating our continued growth and increased opportunities to impact on future healthcare for our community.

I get a real kick out of it. Good that I can help others in the future...I always feel better about things after your visits.
Research participant

The number of patients receiving relevant health services provided or sub-contracted by Humber Teaching NHS Foundation Trust in 2019/20 that were recruited during that period to participate in research approved by a research ethics committee was 1,464; 1372 patients were recruited to NIHR Portfolio studies and 92 were recruited to local studies. In total, there were 47 Portfolio studies and 20 (non-Portfolio) local studies running in the Trust in 2019/20. The Trust far exceeded its target of 660, set by the Yorkshire and Humber NIHR Clinical Research Network (CRN), for recruitment to Portfolio studies in 2019/20. It was also the first NHS site to open, the first to recruit and the first to reach its recruitment target on a number of national Portfolio studies. Patients accessing Trust services are offered a breadth of research opportunities spanning numerous health conditions and many types of study design; approximately a third of Portfolio studies involved the evaluation of novel treatment interventions.

See summary infographic for '2019/20 in numbers'.



In 2019/20 the Trust continued to provide core funding for a small number of key research posts, demonstrating its commitment to grow research, provide increased opportunities for patients to take part in good quality research studies and contribute to the national evidence base for future healthcare delivery.

As the Trust is a partner organisation in the Yorkshire and Humber CRN, an additional £297k of CRN funding was provided specifically to support the delivery of NIHR Portfolio studies in 2019-20, with a further £12,500k for specialty leads with Trust contracts, one for dementia and the other for mental health, to champion research across Yorkshire and Humber. A small amount of additional CRN funding was also provided to the Trust in year for the research team in their role training other researchers across Yorkshire and Humber, for equipment to increase agility and for support to the Chief Executive in her role as CRN Partnership Group Chair. A further bid for £23k CRN funding to increase research opportunities as part of the Bridlington Health Town initiative was also granted for the period Dec 2019 to March 2020. In addition to CRN funding the Trust received £20k Research Capability Funding from the Department of Health and Social Care (DHSC), which has been used to support a small number of clinicians working with academic colleagues to develop grant applications with the potential of bringing new research to the Trust. As a direct result of this, funding has been secured for a study utilising telemedicine in addiction services. Additional study-specific funding from universities has also been secured throughout the year.

Significant progress has been made against the objectives set out in the Trust's Research Strategy 2017-19. A new strategy for 2020-22 has now been developed in consultation with various groups, including patients, carers, staff, Trust Governors the Board and other key stakeholders. This also included a round table session with around 170 people from 26 organisations that attended the 2019 Trust research conference. The new strategy builds upon the successes of the previous strategy, fits within the objectives of the overarching Trust Refreshed Strategy 2019-22, sets out three main priorities and includes new research ambitions.



The research department has continued to ensure the Trust operates in accordance with the statutory guidance of the UK Policy Framework for Health and Social Care Research (2017). This includes conducting specific tasks to ‘assess, arrange and confirm local capacity and capability’ to deliver each new study, as part of the national Health Research Authority (HRA) approval process. Work has continued in 2019/20 to adapt EDGE (local performance management system) to manage this information and to enable the CRN to access the study level data they require to monitor Trust performance. This includes that of ‘recruitment to time and target’ (RTT), which has increased in importance for the NIHR. Certain elements of EDGE communicate automatically with the national central system for reporting research performance and monitoring equity issues around population access to research opportunities. The expectation is that the local system is kept up to date daily by the research department.

I would just like to say what a fabulous team you have been to work with! You have done an amazing job.... And you have made my job easier!

Trial Manager, University of Manchester

Each quarter the Trust has published its performance in initiating and delivering (PID) research, a DHSC national benchmark. The PID data in relation to eligible studies (intervention trials) have been posted on the research pages of the Trust’s website as well as submitted centrally. This indicator has been met in quarters one to three, with the exception of one study for which the delay was not the fault of the Trust (N.B. quarter four had not been published at the time of writing).

Research performance data has been reported to the Board on a monthly basis, with a more detailed report provided six monthly, helping ensure research has remained high on the Trust’s agenda. The Research and Development Group, chaired by the Medical Director, has reported into the Quality Committee quarterly to ensure there has been appropriate research management, governance, participation in quality research and strengthening of the research culture. The Assistant Director for Research and Development has continued to represent the Trust at various stakeholder meetings, including the Yorkshire and Humber CRN Partnership Group, which the Trust’s Chief Executive also chairs.

It is important for research to have patient and public involvement and engagement (PPIE) and throughout 2019/20 there have been many examples of how the Trust has achieved this, including:

- Trust Patient Research Ambassador (PRA), someone living with dementia, has helped promote research. For example, they have presented at numerous staff induction days, promoted ‘Join Dementia Research’ as a way for more patients and their supporters to get involved in research, is a member of the Trust’s Research and Development Group, written the foreword for our research strategy and presented at an internal conference in Dec 2019. In July 2019 they were also awarded an honorary doctorate by the University of Hull in recognition of their contribution to research, teaching and helping people better

understand the lived experience of dementia. Another PRA, a family carer, has also volunteered with the Trust and has promoted research alongside the wider research team.

You could not have volunteered with a better NHS Trust R&D service...the team is the tops!
PPIE Officer, CRN

- PPIE groups informed external research grant applications.
- PPIE representatives included as co-applicants on research grant applications and as a peer researcher.
- Previous participants of a study led by a Trust clinician are now members of the Advisory Board for a new Masters in Dementia at the University of Hull.
- Research participants shared their experiences in a celebration video at the Trust's 2019 research conference. This video has also been played at various other events to promote the importance of research and the benefits for patients, carers, service users and staff of being involved.
- Research participants asked about their experience of being involved in research via an annual Research Participant Experience Survey.

Feeling like we might be helping to improve treatment for this terrible disease.

Seeing my mum interacting and having fun chatting to others.

Research participant responses to survey

- Recovery College workshops on 'Living with dementia and things you can do to help (through research)' included a person living with dementia facilitating the workshop with the Assistant Director of Research and Development.

Selection of comments from Recovery College student feedback

Excellent workshop – entertaining, educating and inspiring.

Humour, friendship, an enjoyable morning...such an amazing double act.

So 'available' in terms of presentation of positive.

Brilliant sharing of tips and experiences.

Everything was done at a level that everyone could understand.

I have a much better understanding of what life must be like for someone with dementia.

During 2019/20 the research department helped develop new local principal investigators and opened studies in specialties not previously involved in research. Work continued to establish stronger relationships with higher educational institutions, locally and nationally, and other key stakeholders to ensure as many research opportunities as possible for those accessing Trust

services. Collaborating with Chief Investigators we have not previously worked with resulted in new research studies being opened in the Trust, including from Sussex Partnership NHS Foundation Trust, University College London and East London NHS Foundation Trust. The research team have worked hard throughout the year to ensure a quality service and that the Trust is a site national experts want to work with.

Thank you so much and congratulations on our first randomisation. What a great achievement and thank you all for your enthusiasm and support to the trial. I'm looking forward to working with you on delivering this important study, and I will never forget who got our first participant into the trial. It's a great Team. I really enjoyed meeting you all and felt really happy and optimistic after our site initiation visit. Looking forward to you smashing records for the trial!

Chief Investigator, University College London

Following the Trust's inaugural conference in 2017, our third research conference in May 2019 provided another opportunity to celebrate the Trust's contribution to research and to raise awareness locally. This was a huge success, with all 170 places snapped up within a few weeks, an increase from the previous year, and at least 26 organisations were represented. External guest speakers included, amongst others, Professor David Challis of the Institute of Mental Health at the University of Nottingham, Professor Simon Gilbody, Director of the Mental health and Addictions Research Group at the University of York, Professor Colin Martin of the Institute of Clinical and Applied Health at the University of Hull and Elaine Taylor-Whilde, CEO of Nine Health CIC, as well as Trust clinicians and research participants.

Selection of comments from conference feedback

Inspirational, well designed conference agenda – setting out the importance and role of research in all our lives. A really good range of speakers.

The personal stories were brilliant.

Really inspired me to get involved with research.

Stunning!!

During 2019/20 new innovative healthcare interventions have continued to be evaluated as part of research in the Trust. For example, a structured intervention for expanding social networks for those experiencing psychosis, problem adaptation therapy for depression in dementia, low-intensity guided help through mindfulness and a phobia intervention for children and young people.

We just wanted to say a very big THANK YOU for all your hard work in achieving above and beyond the required number of recruits!

Trial Manager, University of Nottingham

Research was celebrated at the annual staff awards in Oct 2019, with a Consultant Psychiatrist winning the innovation award for their contribution to research. As well as being a local Principal Investigator for a number of national NIHR Portfolio studies and a member of national research

steering committees, they have also secured external funds to develop an innovative local research project using telemedicine to bring consultations closer to where people live.

During 2019/20 research continued to be promoted within the Trust and out in the community, including via social media, at public events, through community groups, voluntary organisations, sports clubs and via local media. A quarterly research newsletter has been circulated within and outside of the Trust and is available on the Trust's website. The research team has also promoted the NIHR's 'Be Part of Research' and 'Join Dementia Research' campaign. A number of research papers including authors from within the Trust have been published in 2019/20, a list of which is included on the Trust's website. These add to the pool of evidence that will contribute to the enhancement of healthcare in the future.

Most studies in the Trust are national NIHR Portfolio research, contributing to the larger national and international jigsaw of evidence which in future may lead to, for example, new NICE guidance, more appropriate patient/clinical outcome measures, new genetic discoveries to inform treatment and/or prevention and technology to aid clinical decision-making.

An example of research implementation into practice is the PINCER safety tool, which was developed and tested as part of a national research trial, and has now been implemented in most of our Trust GP practices. PINCER is led by pharmacists and pharmacy technicians and involves using computerised prescribing safety indicators to search clinical systems in general practices, identifying patients who are at risk from their medications. This increases the quality of life for patients and their families by lowering the number of complications, preventable hospital admissions and deaths; prescribing errors can be an expensive, preventable cause of safety incidents.

The impact of being involved in research is wide-ranging; from enhancing clinical skills to potentially saving lives. See below summary infographic for the 'impact of research in 2019/20' for the Trust.

Impact of Research 2019-20

Saved Lives

'Taking part in the research has been an amazing experience for us both'

'Better insight into how to resolve some of my negative feelings'

'The intervention has made me feel very safe'



'Just having somebody to discuss things with made a big difference'

'I always feel better about things after your visits'

'Seeing my mum interacting and having fun chatting to others'

This is what research participants told us

Enhanced Clinical Skills



32 staff trained in new clinical interventions

Generated Income



£389k external research funding into the Trust

Contributed to Evidence



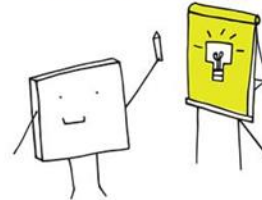
45 national and international publications included authors from the Trust

Implemented Research



PINCER safety tool, now implemented in most of our Trust GP practices. Identifies patients at risk from their medications. Increases quality of life by lowering number of complications, preventable hospital admissions and deaths.

Shared Learning



172 delegates from 32 organisations registered for 2019 Research Conference

47 local events (internal and external) attended by research team

Increased Patient \ Carer Contact



More than 700 hours spent with patients\carers by researchers (over and above clinical contacts)

Enhanced Lives



'Excellent workshop – entertaining, educating and inspiring'
'Humour, friendship, enjoyable morning an amazing double act'
'Done at a level that everyone could understand'
'Brilliant sharing of tips and experiences'

50 people attended Recovery College workshops run by research team and person with dementia

Commissioning for Quality and Innovation (CQUINs)

CQUIN is an annual scheme where commissioners and providers agree on which areas need more focus for improvement and payments are made for evidencing those improvements. The scheme is refreshed every 12 months and each scheme may be different from preceding years.

A proportion of Humber Teaching NHS Foundation Trust income in financial year 2019/20 was conditional on achieving quality improvement and innovation goals agreed between Humber Teaching NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Agreed CQUIN Goals for 2019/20

The agreed goals for 2019/20 are shown in the table below. It is important to note that the achievements indicated are indicative only based on the Trust's own self-assessment as final feedback from our commissioners is not expected until June/July 2020. Further details of the agreed goals for 2019-20 and for the following 12-month period are available electronically at <https://www.humber.nhs.uk/about-our-trust/cquin-scheme-201920>

Indicator Name	Indicator Description	Services Applicable to	Predicted Achievement
CCG2: Staff flu vaccinations	Flu vaccine uptake target of 80% for front line clinical staff	East Riding/Hull Mental Health Services	1544/1971 (78.3%) of front line clinicians were vaccinated. With a payment range of 60% to 80% this equates to 91.7% achievement.
CCG3: Alcohol and tobacco screening/interventions	Adult patients in mental health inpatient services are screened for, and offered interventions to reduce, alcohol and tobacco use. 80% of inpatients must be screened. 90% of smokers and above low risk alcohol users must be offered an appropriate intervention.	East Riding/Hull Mental Health Services	100% achievement. All targets met.
CCG4: 72 hour follow up post discharge	80% of adult mental health inpatients receive a follow up contact within 72 hours of discharge from the inpatient service.	East Riding/Hull Mental Health Services	Awaiting publication of Q4 national figures but 100% achievement expected based on local reporting.
CCG5a: Mental Health Data Quality: MHSDS Data Quality Maturity Index	To achieve a score of 95% or greater in the Mental Health Services Data Set (MHSDS) Data Quality Maturity Index (DQMI). https://digital.nhs.uk/data-and-information/data-tools-and-services/data-quality	East Riding/Hull Mental Health Services	Awaiting publication of Q4 national figures but 100% achievement expected based on local reporting.

Indicator Name	Indicator Description	Services Applicable to	Predicted Achievement
CCG5b: Mental Health Data Quality: Interventions	70% of mental health referrals in scope for the MHSDS with two or more attended contacts to have at least one SNOMED intervention code recorded.	East Riding/Hull Mental Health Services	Approximately 5% of in scope referrals had a SNOMED code recorded by the end of March. This is below the minimum threshold for achievement (15%).
CCG6: Use of Anxiety Specific Disorder Measures (ADSMs) in IAPT	65% of Improving Access to Psychological Therapies (IAPT) referrals with a specific anxiety disorder problem descriptor finishing a course of treatment having paired scores recorded on the specified ADSM.	East Riding/Hull Mental Health Services	Awaiting publication of Q4 national figures but 100% achievement expected based on local reporting.
PSS4: Healthy Weight in Adult Secure Mental Health Services	<p>To deliver a healthy service environment in adult secure services regardless of security level.</p> <p>To promote and increase healthy lifestyle choices including increased physical activity (in line with expectations set out in NHS England guidance) and healthier eating in all patients in adult secure services.</p> <p>To ensure continuity in approach and promotion of good practice across high, medium and low secure services.</p>	Secure Services	Quarter 4 expected to be awarded based on the quarter 3 position which was 100%.
PSS5: CAMHS Tier 4 Staff Training	<p>To improve the effectiveness of and team consistency in approaches, methods and interventions delivered in Tier 4 hospital and community setting.</p> <p>To adopt a whole team training ethos designed according to a standardised national training curriculum compliant with the CYP IAPT principles of participation, accountability, accessibility, evidence-based practice and awareness.</p> <p>To reduce unwarranted</p>	Inspire	NHS England has confirmed that 100% achievement will be awarded.

Indicator Name	Indicator Description	Services Applicable to	Predicted Achievement
	variation in access, delivery of effective treatment modalities, quality comprehensive formulations and patient outcomes in Tier 4 service settings (inpatient and community). To ensure clinically appropriate lengths of stay.		
Improving awareness and uptake of screening and immunisation services in targeted groups	Identify groups likely to benefit from promotion of immunisations. Design and undertake a programme of communication and awareness, including community stakeholders. Monitor uptake and review the success of the promotional activities.	Integrated Specialist Public Health Nursing (ISPHNS)	Quarter 4 expected to be awarded based on the quarter 3 position which was 100%.
Hambleton, Richmondshire & Whitby Community Services			
CCG2: Staff flu vaccinations	Flu vaccine uptake target of 80% for front line clinical staff	Hambleton, Richmondshire & Whitby Community Services Scarborough & Ryedale Community Services	1544/1971 (78.3%) of front line clinicians were vaccinated. With a payment range of 60% to 80% this equates to 91.7% achievement.
CCG3: Alcohol and tobacco screening/interventions	Adult patients in community inpatient services are screened for, and offered interventions to reduce, alcohol and tobacco use. 80% of inpatients must be screened. 90% of smokers and above low risk alcohol users must be offered an appropriate intervention.	Hambleton, Richmondshire & Whitby Community Services Scarborough & Ryedale Community Services	Awaiting CCG confirmation of achievement. 100% expected.
CCG7: Actions to prevent hospital falls	80% of community patients, aged 65 or older with a length of stay greater than 48 hours must receive three key falls prevention actions: Lying and standing blood pressure recorded at least once No hypnotics, antipsychotics	Hambleton, Richmondshire & Whitby Community Services Scarborough & Ryedale Community Services	Awaiting CCG confirmation of quarter 4. 100% expected in HRW; 88.1% in S&R (due to target being missed in quarter 2).

Indicator Name	Indicator Description	Services Applicable to	Predicted Achievement
	<p>or anxiolytics given during the stay OR rationale documented</p> <p>Mobility assessment to take place within 24 hours of admission and if required a walking aid to be provided within 24 hours of admission</p>		
Local: Falls assessment pathway	To create a network of falls assessors across a range of organisations including healthcare, housing and residential services, the emergency services and the voluntary/charitable sector	Hambleton, Richmondshire & Whitby Community Services Scarborough & Ryedale Community Services	Unable to complete CQUIN due to COVID19. Awaiting CCG confirmation of achievement.
Local: Improving continence care in residential home	To improve the number of annual continence reviews undertaken for patients in residential homes who require continence products. An audit will be undertaken to assess of the quality of continence care in the homes and inform future actions.	Hambleton, Richmondshire & Whitby Community Services Scarborough & Ryedale Community Services	Awaiting CCG confirmation of achievement. 100% expected.

Income from CQUIN

In 2018/19 we achieved £1,428,155 for the CCG and NHSE CQUIN schemes. This is purely CQUIN so does not include other money available for meeting the STP engagement and financial control targets.

In 2019/20 there is a total of £1,265,741 available for achieving our CQUIN schemes.

Care Quality Commission (CQC)

Humber Teaching NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered to provide services. The Trust has no conditions on registration. The Care Quality Commission has not taken enforcement action against the Trust during 2019/20.

Humber Teaching NHS Foundation Trust has participated in a special review of Review of restraint, prolonged seclusion and segregation for people with a mental health problem, a learning disability and or autism by the Care Quality Commission relating to the following areas during 2019/20. The review is part of a national review. The CQC published their interim report in May 2019 and the final report is due for publication in March 2020 (will update this section once published). The report does not provide specific feedback on organisation but provides the overall findings of the review. As a Trust we are using the findings to continually assess and improve the care that we provide to our patients. It is important to note that our learning disability services are currently rated outstanding by the CQC.

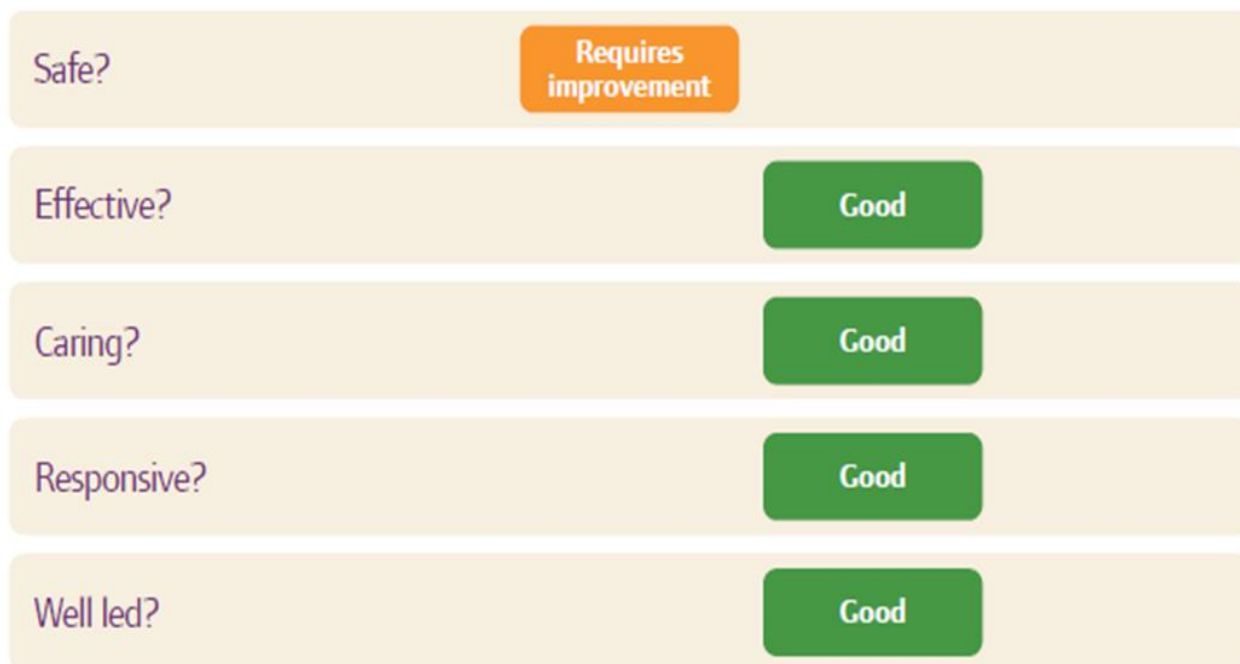
An announced scheduled 'well-led' inspection was carried out by the CQC in 2019, from 12 to 14 February 2019. This was preceded by a number of unannounced inspections across eight core services and substance misuse services. The final report was received in May 2019.

Overall, the Trust was rated as Good. The CQC rated the effective, caring and well-led domains as good. The safe domain was rated as requires improvement. However, our mental health inpatient units and the Mental Health Response Service (MHRS) both improved their ratings in the safe domain from requires improvement to good, which is testament to the hard work of our staff since our last inspection.

Our Rating from the 2019 Inspection



Are services



'Feedback we received from patients was positive. Friends and Family Test results were consistently positive.'

Outstanding Practice



Areas of outstanding practice were identified within in acute wards for adults of working age and psychiatric intensive care services, child and adolescent mental health services and Trust-wide. Examples of these are as follows:

- The Trust launched a friends and family test live data dashboard in April 2018 which showed the results of the friends and family test surveys received. The information showed how the Trust was performing at organisation, care group and team level. This live link was available via the Trust's internet page and patients, carers and staff could access this immediately. In February 2019 the live link showed that 216 people had responded to the survey and that 94% of them would recommend their services to friends and family if they needed similar care or treatment.
- The Trust had developed a bereavement package for deaths that occurred because of physical ailments. As part of that bereavement package the charity Health Stars paid for bereavement cards to be printed. Patients and carers developed the messages inside the card. The bereavement package included a card, advice on how to deal with bereavement for the carers, a card from the clinician who dealt with the loved one, links to funeral homes.
- Staff on Westlands had developed a toolkit for use with patients at risk of suicide and self-harm. They were in the process of providing training for staff on other wards.
- The Trust had reduced their out of area transfers for acute admissions by redesigning the acute pathway including adding five beds, supported by developments of the crisis pad, step down beds and clinical decisions unit.
- The Social Mediation and Self-Help (SMASH) programme is a group-based programme which takes referrals from schools. They work with young people aged 10-16 years who may be at risk of developing mental health problems, this is a unique collaboration between Humber Teaching Foundation Trust and the SMASH programme which worked with a wide range of partners across health, social care, communities, education, young people and families. The programme has received national recognition from Thrive, Royal College of Psychiatrists and Young Minds. The programme is a finalist in the HSJ Innovation in Mental Health Award.
- Although referrals to the children and adolescent mental health services continue to rise, consistent with the national picture, the programme has delivered an accessible early intervention programme which has begun to reduce the numbers requiring access to specialist treatment.

Staff treated children and young people with compassion, kindness, respected their privacy and dignity and understood individual needs. They actively involved them and their families and carers in care decisions.

Areas for Improvement

The CQC identified 13 actions at the Trust must take in order to comply with legal obligations. The actions included the following themes:

- Ensuring good standards of record keeping are maintained, i.e. records are accurate, risk assessments completed, care plans are personalised, holistic, reflect all the identified needs of patients and are regularly reviewed.
- Ensuring that the waiting lists for treatment for children and young people to meet national guidance.

- Ensuring that staff act in line with the Mental Capacity Act and code and practice in assessing capacity, making best interest decisions and allowing patients to make unwise decisions.
- Ensuring that staff complete consent to treatment records for all detained patients.
- Ensuring that nursing and medical reviews for patients in seclusion take place and are documented within required timescales.
- Ensuring that patients in seclusion must have individualised personal emergency evacuation plans in place.
- Ensuring that systems to report record and resolve maintenance issues in the service are in place that repairs to essential services are completed in a timely manner.
- Ensuring staff on the wards feel supported, valued and that they are consulted appropriately on service developments.
- Ensuring that systems and processes designed to monitor and improve services are implemented consistently and that staff are clear in relation to what is expected of them.
- Ensuring regular audits are conducted to assess, monitor and improve the quality and safety of services.
- Ensuring there are appropriate systems in place to monitor actions from incident investigations and share learning from incidents amongst the staff team.
- Ensuring all staff receive supervision and appraisals.
- Ensuring there are sufficient skilled and competent staff to safely meet the needs of patients.

In addition to the areas identified above that the Trust must improve, the CQC identified a number of areas that the Trust should take action to address. A comprehensive improvement plan was developed to address the concerns raised via 'must do' and 'should do' actions detailed in the final inspection report. The 'should do and must do' improvement plans were monitored by the Trust Board through the Quality Committee and overseen corporately via our monthly Quality and Regulations Group which reports directly to the Executive Management Team and the Quality and Patient Safety (QPAS) Group. The QPAS Group reports directly to the Quality Committee.

All of the must and should do actions arising from the 2019 inspection have been delivered. However, as a Trust we continually strive to improve, therefore we have carried out a series of peer reviews and audits, from which we have developed additional quality improvement plans.

Data Quality and Coding

Humber Teaching NHS Foundation Trust submitted records during [reporting period] to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data:

which included the patient's valid NHS number was:

99.7% for admitted patient care 100% for outpatient care and
98.4% for accident and emergency care.

which included the patient's valid General Medical Practice Code was:

99.9% for admitted patient care;
100% for outpatient care; and
97.9% for accident and emergency care.

The source of these is NHS Digital's December 2019 DQMI published report for the months April to September 2019

<https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/data-quality#current-data-quality-maturity-index-dgmi->

Clinical Coding Error Rate

Humber Teaching NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2019/20.

Actions to Improve Data Quality

Humber Teaching NHS Foundation Trust will be taking the following actions to improve data quality:


- Endorse a proposal for the continuation of the contract coding services to ensure optimum data analysis.
- Review immediately the contract arrangement with a focus to increasing WTE hours from April 2019; to accommodate the coding service for Community Healthcare.
- Investigate immediately with the informatics team a process to enable a 'word search facility' in Lorenzo.
- The Trust to promote regular clinical engagement with the Coder as part of a validation strategy programme. To be supported immediately by the Medical Director.

Information Governance

Information Governance Assessment Report

Information Governance (IG) refers to the way in which organisations process or handle information in a secure and confidential manner. It covers personal information relating to our service users and employees and corporate information, for example finance and accounting records.

The Data Security and Protection (DSP) Toolkit submission date for 2019/20 is the 30 September 2020. Humber Teaching NHS Foundation Trust's DSP Toolkit overall score for 2019/20 is expected to be **Standards Met**. The DSP Toolkit was audited and assessed and the findings summary is:

	<p>Governance, risk management and control arrangements provide substantial assurance that the DSP Toolkit assertions are being managed effectively managed. Compliance with the DSP Toolkit assertions was found to be taking place.</p>
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There were no actions.

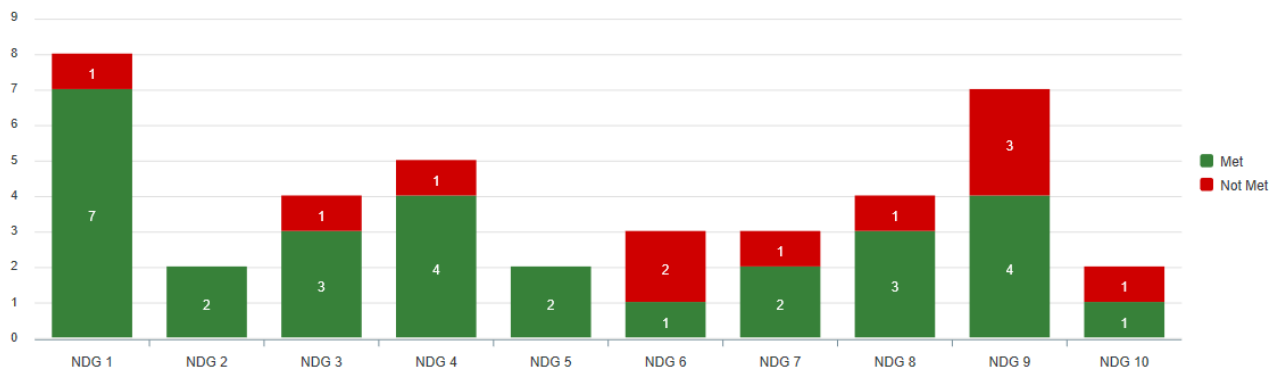
Findings summary from DSPT Audit	Priority		
	High	Medium	Low
Compliance with control framework	0	0	0
Total	0	0	0

IG provides a framework in which the Trust is able to deal consistently with, and adhere to, the regulations, codes of practice and law on how information is handled, for example the Data Protection Act 2018, General Data Protection Regulation, the Freedom of Information Act 2000 and the Confidentiality NHS Code of Practice.

The way in which the Trust measures its performance is via the DSP Toolkit. The DSP Toolkit is a performance tool produced by DHSC, which draws together the legal rules and guidance referred to above as a set of requirements. The Toolkit is based on the National Data Guardian Standards.

In the current version there are 44 assertions and 116 mandatory evidence items relevant to this Trust. For each assertion, the status can be “met” or “not met”. The Trust must ensure that all mandatory assertions are “met” for a “Standards Met” DSP Toolkit. If any of the assertions are “not met”, the Trust will receive a “Standards not met” DSP toolkit.

The Trust’s submission at the present time for the 2019/20 DSP Toolkit is below; however all assertions are expected to be “met” prior to the 30 September 2020 submission deadline.



NDG 1 - Personal Confidential Data
 NDG 3 - Training
 NDG 5 - Process Reviews
 NDG 7 - Continuity Planning
 NDG 9 - IT Protection

NDG 2 - Staff Responsibilities
 NDG 4 - Managing Data Access
 NDG 6 - Responding to Incidents
 NDG 8 - Unsupported Systems
 NDG 10 - Accountable Suppliers

Key areas of development in the year 2019/20 have been:

Accountability

The IG Team has supported the Trust to be able to demonstrate compliance with the ‘Accountability Principle’ under Data Protection Law by ensuring:

- Policies and Procedures are GDPR/DPA 18 compliant
- Data Protection Impact Assessments are under taken ensuring that privacy concerns have been considered and addressed
- Contracts have been reviewed and mapped for GDPR/DPA 18 compliant clauses, new contracts are checked to ensure appropriate data protection clauses are in place. IG due diligence on service providers prior to a new contract entered into.
- Records of Processing undertaken providing a comprehensive overview of personal data processing activities within the Trust.
- Data Breaches reported to the Information Commissioner’s Office within 72 hours

An audit of GDPR compliance was carried out by internal audit which found a high level of compliance with the control framework. The audit found minor remedial actions which have been completed.

Data Security and Protection Toolkit

An additional four assertions and 16 mandatory evidence items were added to the Data Security Protection Toolkit by NHS Digital. The IG Team has reviewed and updated 100 mandatory evidence items required for the 44 assertions. The remaining 16 evidence items will be updated prior to the submission deadline. A report on progress has been provided to the IG Group.

‘Spot Check’ Audits

To provide assurance that information governance practices are compliant with Trust policy, legal and regulatory requirements and are embedded in the Trust culture, a programme of random ‘spot check’ audits is conducted throughout the Trust. This ensures that information governance policies, processes and operational activities are effective on the ground and compliant with DSP Toolkit requirements and CQC outcomes 2 and 21. If this is not the case, corrective action is recommended by the IG Team. The results of these audits confirm that IG practices are well established and are compliant with Trust policy, legal and regulatory requirements.

Information Governance Training Needs Analysis

To ensure IG training remains ‘fit for purpose’, the IG Team reviewed and updated the Training Needs Analysis during the year to identify the information governance training needed for all staff, including those with specialist roles in information governance.

A survey of quantitative and qualitative questions was designed by the IG Team to assess any gaps in staff knowledge. Results of the survey was collated and submitted to the IG Group. The results informed changes to the face-to-face training and development of help and guidance to staff around specific topics through 2019/20.

Supporting New Business

The IG Team continues to support the Trusts new business opportunities, providing IG due diligence checks; in accordance with Information Commissioner’s Office and NHS Digital guidance, on partner organisations that process Trust data, ensuring they have ICO registration, if the organisation is part of any certification schemes, or have any data breaches resulting in fines.

New Systems/Data Protection Impact Assessment (DPIA)

When new services begin, new information processing systems are introduced or there are significant changes to existing information processing involving personal confidential information, the Trust ensures that it remains compliant with legislation and NHS requirements. This process is a mandated requirement on the DSP Toolkit and the new data protection legislation.

The DPIA process is reviewed and updated annually to ensure it continues to meet best practice. The process provides a robust assessment ensuring that privacy concerns have been considered and actioned to safeguard the security and confidentiality of personal confidential information, whilst supporting innovation in patient care.

Information Sharing Agreements

This good work has continued in 2019/20 with the development of information sharing agreements between the Trust and partner organisations across the Humber region. This work has enabled the Trust and its local partners to support patient care in the following:

- Improving Access to Psychological Therapy across the East Riding
- Armed Forces Charter – working with the Armed Forces Forum to support veterans with complex needs
- Crisis Pad – working with Humbercare to provide a safe place for people in emotional crisis or distress
- Reducing pressure on A&E working with multiple agencies in the York area
- Social Prescribing Service working with Primary Care Networks for East Riding patients
- Reducing health inequalities for the ‘Beverly Road Corridor’ with Hull City Council and other agencies
- Whitby Home from Hospital Service supporting patients following a long stay in Hospital

- Working with Healios for Autism Spectrum Conditions assessments
- Enabling Hull City Council to understand support children are currently receiving whilst on the waiting list for an autism or speech and language assessment
- Vaccination and Immunisation of children in the Hull area
- Continuity and planned healthcare to patients who are detained in prison
- Forensic Outreach Liaison service across Hull, East Riding of Yorkshire and North East Lincolnshire
- Mental Health Case Management and direct patient care
- Trust GP practices sharing information as part of the Yorkshire and Humber Care Record
- The Trust hosting the System of System for the Yorkshire and Humber Care Record
- Working with Vocare for the provision of GP out of hours on-call cover at Malton Hospital
- North Yorkshire Children's Safeguarding Board
- Information sharing with Scarborough Hospital Home First Unit and Rapid Assessment Team to support direct care
- Working with Matthew's Hub to support both children and adults awaiting an autism assessment

Policies

Lawful and correct treatment of personal data is important. During 2019/20 a number of IG policies were reviewed, they include:

- Data Protection Procedure for Employment Records
- Safe Haven Procedure
- IG IT Forensic Investigation and Confidentiality Audit Procedure
- Freedom of Information Policy
- Sharing Information with Carers and Significant Others Standard Operating Procedure
- Records Management and Information Lifecycle Policy
- Sharing Letters with Patients Standard Operating Procedure
- Community Adoption Procedure
- Photography, Video and Audio Recording Policy
- Data Quality Policy
- Registration Authority Policy
- Information Governance Training Procedure
- Data Protection Impact Assessment Standard Operating Procedure
- Information Governance Training Procedure

All policies and procedures are included on the IG Work Plan when due for review. The IG Work Plan is standing agenda item for the IG Group.

Information Assets

The Trust reviews its information assets regularly. Its key information assets have been identified and approved by the IG Group. Each key asset has an Information Asset Owner assigned. Each asset has been updated in the Information Asset Register.

The Information Asset Register is reviewed and updated each quarter. The Register is then approved by the IG Group.

Cyber Security

CareCERT provides cyber security threat notifications to the Trust. The IT Service review and act upon these notifications and take action where necessary to ensure Trust systems and protected and vulnerabilities cannot be exploited. The CareCERT notifications and actions taken to protect the Trust are monitored through the IG Group.

Data Quality

Data quality checks are undertaken to provide assurance that data is accurate and ready for migration to national systems. An action plan had been identified to improve data quality. The Trust has a Data Quality Group which provides a forum to consider performance against data quality standards, audits and ad hoc requirements across a range of Trust activities. The Data Quality Group co-ordinates action plans and reports progress to the IG Group and Audit Committee (in respect of audits).

A clinical coding audit was performed on discharged patient records in 2019/20. The results from the audit were excellent. The percentage of records that had a correctly coded primary and secondary episode were:

Overall:

- 100% primary
- 96.9% secondary

These results are above the mandatory level set in the Data Security Standard 1 and would meet a 'Standards Exceeded' attainment level.

Humber Teaching NHS Foundation Trust will be taking the following actions to improve data quality:

- Endorse a proposal for the continuation of the contract coding services to ensure optimum data analysis.
- Review immediately the contract arrangement with a focus to increasing whole time equivalent (WTE) hours from April 2019; to accommodate the coding service for Community Healthcare.
- Investigate immediately with the informatics team a process to enable a 'word search facility' in Lorenzo (electronic clinical record) .
- The Trust to promote regular clinical engagement with the Coder as part of a validation strategy programme. To be supported immediately by the Medical Director.

Freedom of Information (FOI)

The Trust supports the principle that openness and not secrecy should be the norm in public life and wants to create a climate of openness. The Freedom of Information Act 2000 provides individuals with a general right to access all types of recorded information by public authorities. The right is subject to certain exemptions. The aim of the Act is to promote openness and accountability within the public sector.

The Trust responded to 232 requests for information under the Freedom of Information Act, this is a reduction of 41% on the previous year. 44 requests (19%) were not answered within the statutory 20-day timescale due to delays in the information being supplied. This is a reduction from 22.5% in the previous year. During the financial year, the FOI process has been streamlined through the introduction of an FOI web form to capture requests via the Trust website. This has resulted in an overall reduction in the number of requests received across the year.

Registration Authority (RA)

Humber Teaching NHS Foundation Trust is established as a Registration Authority (RA). The Registration Authority for the Trust' is part of the Clinical Systems Team. The RA team works closely with Human Resources and IG, together with other relevant organisations externally. For all staff requiring a Smartcard the relevant ID checks are undertaken by either the HR RA staff, the RA

Officer or, as necessary, an RA Manager. Once a member of staff's identity is confirmed they are issued with a Smartcard.

Staff have to use their Smartcard and pass code each time they log on to access and use information in systems such as SystmOne and Lorenzo.

The Trust has reviewed and updated its RA Policy and Procedures and provides quarterly activity reports to the IG Group.

The RA Officer performs audit checks to ensure staff have followed registration procedures for identity checks and that the correct role is assigned. The audits also ensure that when someone leaves the organisation their role is removed from the Smartcard.

Learning from Deaths

Humber Teaching NHS Foundation Trust remains committed to embedding a culture of continuous learning. Throughout 2019/20 we have continued to strengthen our approach to learning from deaths. All incidents (including all deaths) that occur within our services are reported via our Datix incident management system. On a weekday basis these are reviewed in a daily corporate safety huddle held within the Patient Safety department. The corporate safety huddle is attended by a range of professionals which include, safeguarding, matrons, senior managers, and senior clinicians. Deaths are reported through Datix in line with the Mazars LLP criteria shown below:

Mazars LLP

Mazars LLP is the UK firm of Mazars, an international advisory and accountancy organisation. Mazars was commissioned by NHS England to review the deaths of people with a learning disability or mental health issues. The criteria they introduced for categorising deaths is as follows:

- **Expected natural death – (EN1)** A death that occurred in an expected time frame
- **Expected natural death – (EN2)** A death that was expected but was not expected to happen in the timeframe
- **Expected unnatural death – (EU)** A death that was expected but not from the cause expected, or timescale
- **Unexpected natural death – (UN1)** Any unexpected death from a natural cause e.g. a sudden cardiac condition or stroke
- **Unexpected natural death – (UN2)** An unexpected death from a natural cause but that did not need to have resulted in death
- **Unexpected unnatural death – (UU)** An unexpected death from unnatural causes e.g. suicide, homicide, abuse, neglect.

In addition to the Mazars LLP criteria we have also built into Datix mandatory indicators (known as red flags) for mortality reviews developed by the Royal College of Psychiatrists. Patient deaths which meet the red flag indicators listed below are considered for mortality review where they are not subject to a serious incident (SI) investigation, significant event analysis (SEA) or Learning from Learning Disabilities (LeDeR) review.

During 2019 we have strengthened our processes by introducing a Corporate Safety Huddle Review meeting. The governance and patient safety team meet each week to review the additional information requests made in the preceding week by the daily corporate safety huddle. This meeting monitors all responses and escalates to the Clinical Risk Management Group when

responses have not been received. The Corporate Safety Huddle Review meeting also closes down any Datix where all actions or information requests have been completed.

A quarterly serious incident report has been developed which is reviewed within the Quality and Patient Safety group. This report provides an overview per quarter of the Serious Incidents declared by the Trust and includes a progress update regarding the number of Serious Incident investigation action plans per division which are outstanding and/or closed. Any issues that may have the potential to impact on the delivery of the organisational objectives are escalated to the executive management team.

Royal College of Psychiatry Mortality Review Red Flags

- All patients where family, carers, or staff have raised concerns about the care provided
- All patients with a diagnosis of psychosis or eating disorders during their last episode of care, who were under the care of services at the time of their death, or who had been discharged within the six months prior to their death
- All patients who were an inpatient in a mental health unit at the time of death or who had been discharged from inpatient care within the last month
- All patients who were under a Crisis Resolution and Home Treatment Team (or equivalent) at the time of death

An initial Incident Review (IIR) report is completed within 72 hours for deaths deemed by the daily Corporate Safety Huddle as potentially meeting the criteria for an SI, SEA or mortality review. All Datix reports related to deaths are reviewed in the weekly Clinical Risk Management group (CRMG) along with all Initial Incident Review reports. Incidents meeting the SI threshold are declared by either the Director of Nursing or Medical Director and SEAs or mortality reviews are commissioned by the CRMG.

During 2019/20, the Trust has continued to work closely with other trusts and organisations through the Regional Mortality Steering Group to develop the approach to learning from deaths that do not meet the serious incident threshold. The Trust is also a member of the Learning from Deaths Northern Alliance group. This group has been established to share best practice in supporting the implementation of the learning from deaths guidance issued by the National Quality Board in 2018. (National Quality Board, June 2018)

Learning from all deaths is disseminated across the organisation through the weekly Clinical Risk Management group (CRMG), divisional governance processes, the mortality review steering group, and at the Trust board.

During 2019/20, 496 of Humber Teaching NHS Foundation Trust patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 122 in the first quarter
- 106 in the second quarter
- 134 in the third quarter
- 134 in the fourth quarter.

Of the total number of deaths 88.9% were from natural causes. The remaining deaths are reviewed through the daily corporate safety huddle to determine whether an initial incident review conducted with 72 hours is required. This initial review is used to determine whether a further case record review, known as a Structured Judgement Review (SJR) or serious incident investigation is required.

By 22 January 2020, four Structured Judgement case record reviews and 17 investigations have been carried out in relation to 20 of the deaths included above. In one case, one death was subjected to a Structured Judgement Review (SJR) and a serious incident investigation. The

number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 5 in the first quarter
- 6 in the second quarter
- 9 in the third quarter
- 9 in the fourth quarter.

0 representing 0% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this consisted of:

- 0 representing 0% for the first quarter
- 0 representing 0% for the second quarter
- 0 representing 0% for the third quarter
- 0 representing 0% for the fourth quarter.

These numbers have been determined using the structured judgement methodology and root cause analysis methods.

The following learning, whilst not causal, has been collated from the investigations above:

- Structured risk assessment needs to include professional judgement alongside known risk factors and views of significant others
- Consider independent carers assessment for each individual to help generate support plans
- Patient's capacity to be reviewed at Care Programme Approach reviews and pre-discharge clinical review meetings
- To ensure that patient views regards treatment, discharge and follow up arrangements are discussed and where appropriate carers are involved in the decision making process, all discussions to be recorded within Multi-Disciplinary Team notes
- The safeguarding needs of the wider family should always be considered when risks and possible abuse indicators are identified. The principles of 'Think Family' should be considered in order to safeguard children where there are issues relating to parental mental health
- Staff should not have to gain consent from an individual if a parent/relative is ringing asking for help. One cannot assume capacity or lack of capacity. It is good practice to speak with the potential patient but not always necessary or relevant
- Training and support for temporary staff (Bank and Agency) who work occasional and out of hours shifts should be strengthened
- Review the Mental health Response Triage process to effectively manage demand.

The actions which the Trust has taken in the reporting period, and those proposed to take following the reporting period, in consequence of the Trust's learning are as follows:

- Review the demand on the service within the Mental Health Response Service
- Strengthen the triage procedure within the Mental Health Response Service
- Strengthen the Multi-disciplinary team meeting process within the Home Based Treatment team to ensure there is evidence of high quality decision making processes with structured consideration of risks and clearly documented outcomes and plans
- Provide the opportunity for carers and relatives to give their views on risk and treatment options in a sensitive way recognising the complexities and sensitivities of their position
- Ensure carers assessments are offered appropriately to both patients and their carers
- Ensure timely access to medication prescriptions from the GP to ensure consistent care delivery

- Continue to reinforce the need to consider Domestic Violence in the context of care and patient safety
- Consider the assessment of risk and ensure that there is patient and carer involvement in the discharge process where possible
- Clearly identify who is responsible for each part of the patient journey especially around discharge from inpatient to community teams
- To conduct a review of ward based social worker roles

The impact of the actions outlined above is as follows:

- Strengthened triage processes within mental health Response
- Staff training has resulted in increased involvement of family and carers in care. Involvement of family and carers is known to improve assessment of risk
- Increased awareness and skillset of staff in relation to capacity assessment and best interests' decisions.

Deaths in 2018/19

Nil case record reviews and 12 investigations completed after 31 March 2019 which related to deaths which took place before the start of the reporting period.

None representing 0% of the patient deaths before the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the structured judgement methodology and root cause analysis.

None representing 0% of the patient deaths during 2018/19 are judged to be more likely than not to have been due to problems in the care provided to the patient.

How We Measure Performance – Meeting Framework Targets

Humber Teaching NHS Foundation Trust reports via various platforms for NHS England via NHS Improvement (NHSI), NHS Digital (NHSD), Mental Health Services Data Set (MHSDS) and Calculating Quality Reporting Services (CQRS). Key Performance Indicators (KPIs) are mapped via the Integrated Board Report (IBR) and Integrated Quality and Performance Report (IQPT) to the NHSI Single Oversight Framework (SOF).

Our Trust uses a 'traffic Light' or 'RAG Rating' system to report on performance and quality against our selected priorities and KPIs, e.g. Red = Weak, Amber = Fair and Green = Good. This is translated to reflect the performance of the Trust on these initiatives.

Our internal reporting is split into three levels:

Level 1:

Monthly Statistical Process Control charts (SPCs) via the Integrated Board Report to the Trust Board and monthly IQPT dashboards to the Operational Delivery Group (ODG) and Executive Management Team (EMT).

Level 2:

Monthly Divisional and Service Line Reports via a dashboard to the divisional group leads and their directors.

Level 3:

Monthly performance reports at team level to directors, service managers, team leaders and staff members with an interest in performance and enhancement.

We also report externally to our Commissioners via:

Contract Activity Report (CAR)

This is completed on a monthly basis by the Business Intelligence Department (BI Hub). The BI Hub was formed during 2017/18 to provide a more joined-up working approach which improves fluidity and enhances cohesiveness.

This system ensures that we can:

- Monitor critical clinical processes and activities using measures of clinical and corporate performance that trigger alerts when potential problems arise.
- Analyse the root cause of problems by exploring relevant and timely information from different sources and at various levels of detail.
- Steer the organisation by supporting the management of people and processes to improve decisions, be more effective and subsequently enhance performance.

Meetings are held regularly with Commissioners, Board members, divisional directors, service managers and with team leaders and their teams.

Internal and external audits are undertaken to ensure our methods of calculation and delivery meet the national and local guidelines.

Data Quality Improvement Plans

Data Quality Improvement Plans (DQUIP) are designed to highlight where services may not be meeting required performance measures. Action plans are developed to encourage improvement and progression to meet measures within set timescales.

Benchmarking

Each year the Trust participates in national benchmarking data collections projects. This consists of Adult and Older Adult Mental Health Service, Community Services (Physical Health), CAMHS (Children & Adolescent Mental Health Services), Corporate Services, Learning Disabilities and Perinatal as an example.

The benchmarking projects allow for comprehensive benchmarking of activity, finance, workforce and quality metrics. Service quality, safety and outcomes against the rest of the NHS can be explored within the toolkit. This is the largest set of physical and mental health intelligence available in the NHS, including a dataset of over 5,000 indicators provided by each statutory provider in England and Wales and a number of large independent sector providers.

The Trust utilises a number of outputs from the data collection, such as:

- Access to the benchmarking toolkit, allowing you to compare your service nationally across several thousand metrics
- A high-level bespoke report tailored to our organisation, outlining key messages and metrics
- The opportunity to attend the various conference to hear from national speakers and member good practice sites

The findings are shared with the respective divisions for their consideration and action. Any identical indicators in the Trust's IBR and IQPT will also include national benchmarking results for a direct comparison where possible.

Finance

The use of resources score reported earlier in this report is split by the five components, with an overall score, and is reported at a granular level.

Financial information is linked and presented to the Board of Directors who are provided with a breakdown of the Use of Resources score in the monthly finance report. This information is also linked to the Integrated Quality and Performance Tracker (IQPT) report that is also provided to the Board every month and includes a number of the performance measurements that are covered to some extent in the Use of Resources rating and also includes reporting on bank, agency and overtime whereas the Use of Resources specifies agency.

Risk Register

Where performance is not where it is expected and there is significant risk (e.g. clinical, financial), this is logged as a risk for the Trust which if sufficiently scored appears on the risk register and the Board Assurance Framework (BAF). In addition, Finance and Use of Resources is one of the five themes feeding into the Single Oversight Framework.

2.6 Mandatory Quality Indicators

In this section we report against a national core set of quality indicators was jointly proposed by the Department of Health and Social Care and Monitor for inclusion in trusts' Quality Accounts from 2012-13. Further information about these indicators can be found on the HSCIC website www.hscic.gov.uk.

Seven-Day Follow Up

This indicator relates to the percentage of patients on Care Programme Approach (CPA) who were followed up within seven days after discharge from psychiatric inpatient care during the reporting period.

The National Suicide Prevention Strategy for England recognises that anyone discharged from inpatient care under the Care Programme Approach (CPA) should be contacted by a mental health professional within seven days of discharge. The Trust has set a local performance standard that all patients should be seen face to face. However, phone contact is acceptable where face to face is either not geographically viable or safe.

Our aim is to ensure everyone discharged under the CPA process from a mental health inpatient unit is followed up within the criteria. Our goal is to ensure at least 95% of all patients are contacted within seven days of discharge each quarter. Exceptions to the national target are:

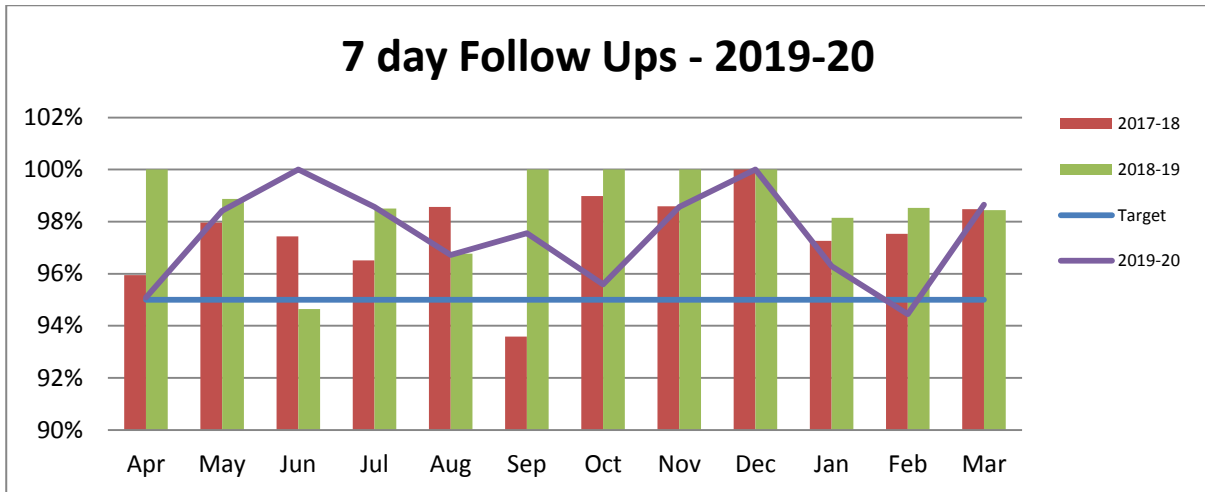
- People who die within seven days of discharge
- Transfers to other psychiatric units
- Where legal precedence has forced the removal of a patient from the country
- Patients discharged or transferred to other NHS hospitals for psychiatric treatment

Summary of Progress

As at end of Q4, 20 patients were not seen within the 7 day follow up period. This is similar to the same period last year. Each follow up breach is reported as an adverse incident and reviewed with the Care Group and overall responsible to CRMG (Clinical Risk Management Group).

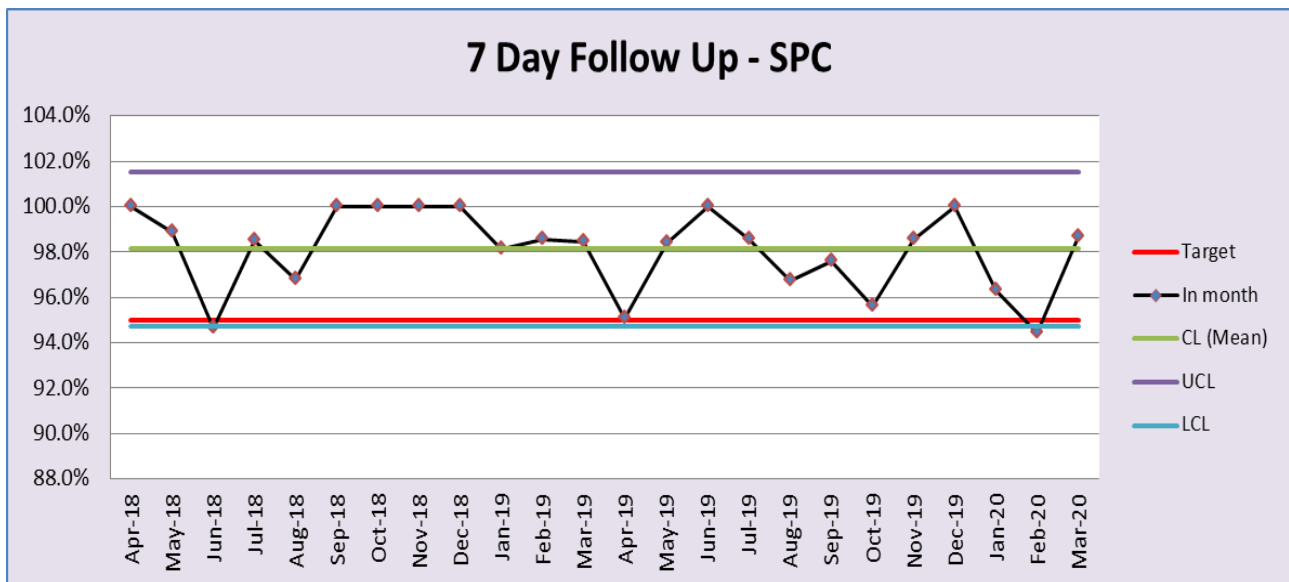
The Trust has retained an average 98.0% compliance rate across all four quarters. This equates to 796 patients seen out of the 816 discharges. All incidents are investigated and reported on the Trust Datix system. Appropriate actions and resolutions sought for individual cases.

Graph



SPC Chart

The chart below shows the mean results with upper and lower control limits over the last two years.



The table below benchmarks the Trust's achievements against the national average submitted to Department of Health and Social Care. Figures may differ on occasion due to timing of submission and refresh of data.

Indicator	NHS Outcomes Framework Domain	Health & Social Care Information Centre Performance Data (2019/20)				
			Q1	Q2	Q3	Q4
Percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care during the reporting period	1 Preventing people from dying prematurely					
		Humber	97.8%	97.6%	98.6	Not received
	2. Enhancing quality of life for people with long-term conditions	National average	95.1%	94.5%	95.5%	Not received
		National best score	100%	100%	100%	Not received
		National worst score	86.1%	77.9%	86.3%	Not received

Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- This indicator is closely monitored on a daily basis. The data is recorded and reported from the Trust's patient administration system (Lorenzo) and is governed by standard national definitions.
- It is reported to the Trust as part of the Integrated Board Report. It is also reported to clinical directors and team leaders at individual team level.
- It is also reported externally to our commissioners on a monthly basis and to the Department of Health and Social Care on a quarterly basis via the Mental Health Provider Commission return.
- Reported contractually to Commissioners as part of the CQUIN programme.

Humber Teaching NHS Foundation Trust has taken the following actions to improve this percentage and the quality of its service by:

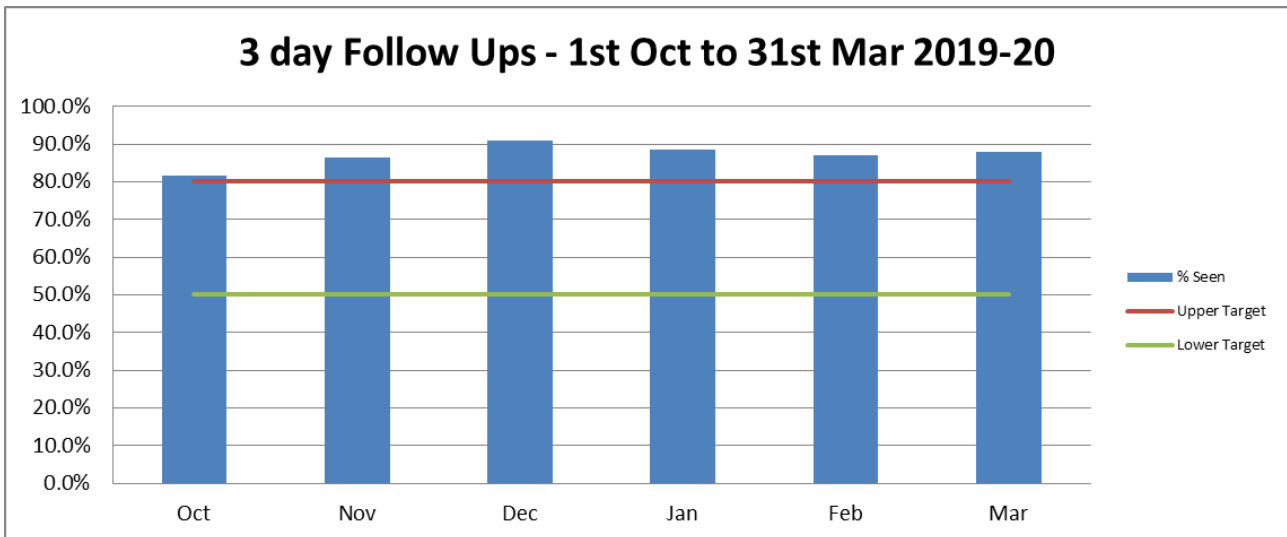
- Reporting on patients who are discharged out of the area for continuing community care.
- The role of the assessment unit is reviewed to ensure there is a robust procedure in place for assigning patients to the Care Programme Approach as part of the discharge process and continued future treatment.
- Follow-ups are monitored daily and teams are notified of each discharge via email as an additional reminder of their obligations to carry out a seven-day follow up contact. The Trust care group directors and service managers also receive a regular Potential Breach Report which identifies those patients who are at risk of not being seen within timescale.
- A daily timescales report is now available to support the monitoring of follow ups carried out within one to three days.
- The reviewed all failed seven-day follow-ups with a focus on whether the reason for no contact was avoidable and applying any available learning or understanding as a consequence of an unavoidable set of circumstances preventing contact.

Trust Internal Target of Follow-up with Three Days – Governor-Chosen Local Quality Indicator

The National Confidential Inquiry into Suicide and Safety in Mental Health (2019) <http://documents.manchester.ac.uk/display.aspx?DocID=46558> recommends that follow-up occurs within two to three days of discharge, as in their analysis the highest number of deaths (21%)

occurred at day three post-discharge. Three day follow-up became a CQUIN target for patients discharged from 1 October 2019. Compliance is calculated over each quarter period. Governors are also extremely cognisant of the importance of this target so chose this as their local indicator for the purposes of the Quality Account.

Throughout the six-month period from 1 October 2019 to 31 March 2020, the Trust met the target for both Quarter 3 and Quarter 4. A total of 604 patients were seen within 3-days of discharge from a total 693 discharges, an average of 87.2%.

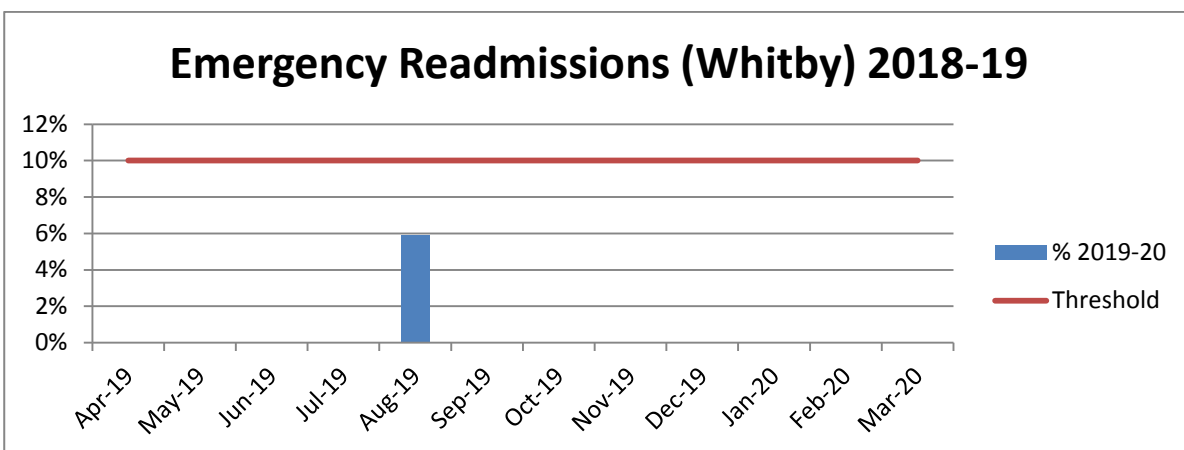


Readmissions (Community Hospitals)

The Trust has two community hospital sites, Whitby Community Hospital and Malton Community Hospital.

Whitby

For April to March 2020 there were 286 discharges at Whitby. Of these there was one patient who was an unplanned readmission within 30 days of their previous discharge, which equates to 5.9%. The calculation is based on the number of non-planned (i.e. emergency) readmissions within a month divided by the number of discharges within the same month.



Malton

For Malton we do not record an emergency readmission rate. Instead we identify and measure how many patients are re-admitted back to an acute setting – ‘stepped back up’.

Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons

- A community bed provides short-term (usually no longer than three weeks) 24-hour clinical care and rehabilitation for individuals whose clinical care needs cannot be supported at home but do not require acute level care.
- Evidence suggests that patient outcomes are enhanced by robust delivery of community care, including a step up and step down approach to the management of individual episodes of need and long-term conditions. This, together with flexible and accessible community beds within community hospitals, has been shown nationwide to deliver beneficial outcomes for patients.

Humber Teaching NHS Foundation Trust has not had to take any actions to improve the percentage but will maintain its good practice and quality of service and continue to strive for excellence.

Percentage of Staff who would recommend the Trust as a Provider of Care to their Family or Friends

Since April 2014, the Staff Friends and Family Test (FFT) has been carried out in all NHS trusts providing acute, community, ambulance and mental health services in England.

The aim is for all staff to have the opportunity to feed back their views on their organisation at least once per year. The Staff FFT is helping to promote a big cultural shift in the NHS, where staff have both the opportunity and confidence to speak up, and where the views of staff are increasingly heard and are acted upon.

Research clearly shows a relationship between staff engagement, patients and organisational outcome measures, such as staff absenteeism and turnover, patient satisfaction and mortality; and safety measures, including infection rates. The more engaged staff members are, the better the outcomes for patients and the organisation generally. It is therefore important that we strengthen the staff voice, as well as the patient voice.

Each year a proportion of staff have the opportunity to respond to Staff FFT in one of the three quarters (Quarter 1, Quarter 2 and Quarter 4). Quarter 3 is the national staff survey and all staff have the opportunity once per year, as a minimum requirement. The Trust must submit data to NHS England in Quarter 1, Quarter 2 and Quarter 4, which includes the breakdown of responses for each question and the total number of responses for each collection method.

The Staff FFT surveys for the period 2019/20 were carried out on a quarterly basis and the same key questions were asked each time:

- Q1: How likely are you to recommend the Trust to friends and family if they needed care or treatment?
- Q2: How likely are you to recommend the Trust to friends and family as a place to work?

For the year 1 April 2019 to 31 March 2020 the Humber Teaching NHS Foundation Trust chose to ask an additional seven questions which alongside the overall questions above, help to give a more reflective engagement score. Again these questions are consistent in each survey:

- I look forward to going to work

- I am enthusiastic about my job
- Time passes quickly when I am working
- There are frequent opportunities for me to show initiative in my role
- I am able to make suggestions to improve the work of my team/department
- I am able to make improvements happen in my area of work
- Care of patients/service users is my organisation's top priority

The surveys are all completed online. Once the full responses are received, the Trust has until the 26 of the month after the quarter end to upload the results to the NHS England portal for Question 1 and Question 2.

A copy of the verbatim comments is also provided which gives real insight into the specific views of staff.

The below table shows the key metrics for the year 1 April 2019 to 31 March 2020

At A Glance Key Metrics for 2019/20

Quarter	Live Dates	Invited to partake	Target Area	Responses	% Response	Overall Engagement Score	% of staff likely to recommend as a place of care	% of staff unlikely to recommend as a place of care	% of staff likely to recommend as a place to work	% of staff unlikely to recommend as a place to work
1	28.05.2019 to 25.06.2019	1038	Primary Care, Community, Children and Learning Disability	215	21%	3.66	67.9%	8.0%	53.1%	24.6%
2	01.08.2019 To 30.08.2019	1,080	Mental Health and Forensic	253	23%	3.20	63.2%	14.4%	45.9%	27.6%
3	Quarter 3 SFFT survey is not required as this period is when the National Staff Survey 2019 is live									
4	11.02.2020 to 31.03.2020	552	Corporate	148	27%	3.97	77.4%	4.8%	64.6%	16.3%

Humber Teaching NHS Foundation Trust considers that it can achieve a much higher response rate to the SFFT in the coming years due to an increased focus and clearer communication around the actions taken in response to the surveys. For this period there are now nine engagement questions within the National Staff Survey therefore these nine questions have been added to the SFFT each quarter to provide the organisation with a 'pulse check' in terms of staff engagement. These results will be clearly communicated to the care divisions and corporate areas to enable key objectives to be set.

The analysis of Q1 and Q2 Staff FFT indicates that over 60% of staff would recommend to friends and family the Trust as a place of care whilst over 45% would recommend as a place to work.

Humber Teaching NHS Foundation Trust has taken the following actions to improve this percentage and the quality of its service by:

- Adding the nine engagement questions to the SFFT to ensure that the survey acts as a pulse check for staff engagement
- Ensuring that each staff member is asked to complete a SFFT survey once in the year to ensure that they don't feel that they are filling in too many surveys
- Introduction of a Workforce and Organisational Development Committee which is a sub-committee of the Trust Board with the overall purpose to provide strategic overview assurance to the Trust Board that there is an effective system of governance and internal control across workforce and organisational development
- Clear visual communications of staff survey to enable staff across the Trust so care divisions and corporate areas can own their results by encouraging discussion, focus groups that will see changes owned and embedded
- The development of a Health, Wellbeing and Engagement group with a specific remit to make improvements to staff health and wellbeing with accountability to the Workforce and Organisational Development Committee
- The planned introduction of TRAC recruitment system to support managers and candidates with the recruitment process with the aim to reduce the time to recruit
- Introduction of a Recruitment Task and Finish Group to focus on those posts that are hard to recruit
- Development of a Staff Benefits document bringing together all of the benefits that the Trust offer to staff
- Development of an Equality, Diversity and Inclusion Group
- Introduction of the **PROUD** programme which is a programme of organisational development which includes some of the following initiatives:



The NHS Community Mental Health Users Survey

Each year, a national study takes place across the NHS to gather patients' experiences of using community-based mental health services (CMHT). The 2019 response rate was 30%. The majority of scores were in the mid-60% range of Trusts surveyed, with three questions in the top 20% range and six in the bottom.

The Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- The data is collected nationally from a randomly selected sample; therefore the Trust does not introduce any selection bias into the sample selection. We are therefore confident that the sample is as reflective of our patient population as possible.

The Humber Teaching NHS Foundation Trust has taken the following actions to improve this percentage and so the quality of its service by:

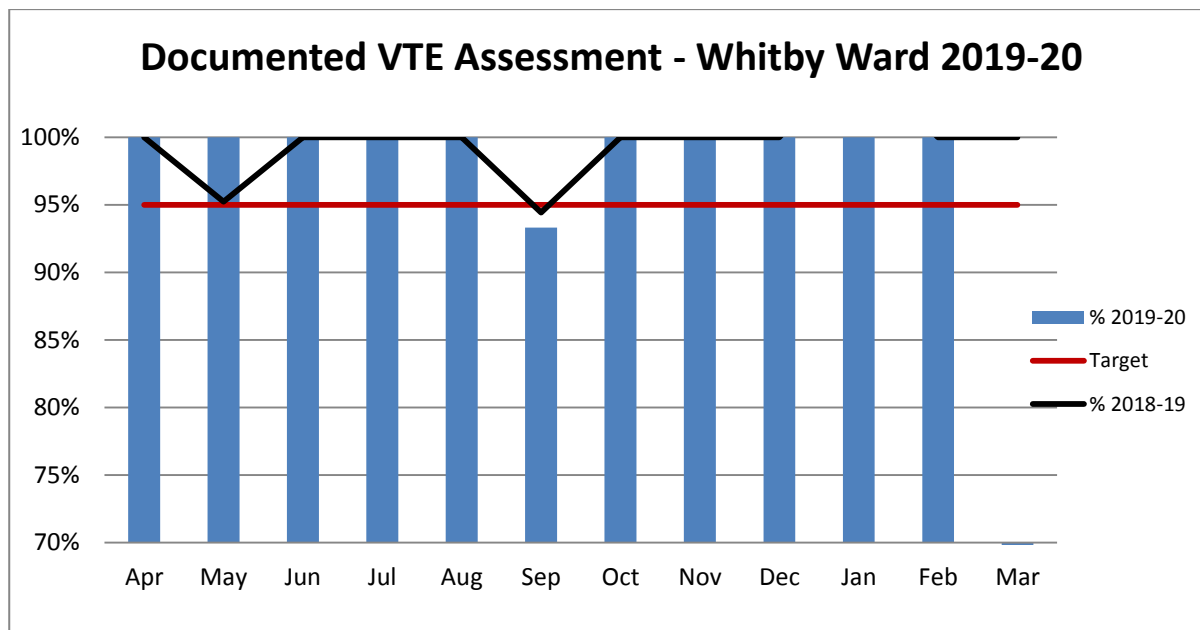
- When the survey is being undertaken we will continue to encourage our service users to take part.
- The 2019 report was shared at a Trust Leadership event in October 2019. Following this a workshop was arranged and members of each Community Mental Health Team (CMHT), Pharmacy, Patient and Carer Experience team, service users and heads of professions were in attendance. The workshop provided a focus to those areas where the Trust was in the bottom 20%, or any other areas that the report had provided recommendations for. As a result of the workshop a coproduced action plan has been developed from which to build improvements upon. Key actions that the CMHTs are progressing include:
 - Care co-ordinator or case manager to ensure all service users are given clear information of how to contact them, the team and out of hours crisis services.
 - Medication to be discussed in Care Programme Approach (CPA) documentation, collaboration of social workers and nurses, involving pharmacy, information leaflets, simple language, involving family in information sharing to ensure this is discussed with service users and their carers.
 - All care co-ordinators and case managers to ensure they discuss NHS therapy options clearly and that they are explained to the individual in a manner that is understood. Information leaflets and information will be provided.
 - To ensure that peer support workers are employed in the CMHTs and that there is a clear link to the Patient and Carer Experience team from the CMHTs.
 - Dignity and respect to be embedded in CPA work underway and increase in co-production and patient involvement.
 - How service users are getting on with their medicines is to be discussed in regular planned reviews by medical and clinical staff. Also, documentation, collaboration of social workers and nurses, involving Pharmacy, information leaflets, simple language and involving family in information sharing to ensure that such discussions take place with service users and their carers.
- A training package for staff regarding the understanding of the CPA and administering CPA in a family inclusive way continues to be delivered.
- We are undertaking a redesign of our community mental health services to enable greater integration with primary care to meet the physical health needs of our service users through good shared care protocols.
- All teams have Staff Champions of Patient Experience (SCOPE) and attend bi monthly SCOPE forums to share best practice and provide a voice of experience on behalf of their clinical networks.
- All of our CMHTs continue to receive excellent feedback via our Friends and Family Test (FFT) where live feedback is available by accessing the Trust's FFT dashboard.
- Service users and their carers are given the opportunity to attend quarterly Patient and Carer Experience forums where they can provide a public voice by bringing lived experiences and individual perspectives to the Trust.
- Always Events have been developed and implemented in the early intervention service in relation to discharge planning, which is positively impacting on patient experience.
- Service users and carers are supporting the Trust recruitment process; their 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.

Venous Thromboembolism (VTE) Risk Assessments (via NST)

The percentage of patients who were admitted to hospital and who were risk-assessed for venous thromboembolism during the reporting period.

The data for this metric is gathered monthly for Whitby Ward by the National Safety Thermometer (NST). The NST is a national improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care on a single, nominated day per month.

We record, if appropriate, for every patient a member of staff visits, on one day a month, whether the patient has a documented risk assessment for VTE.



Due to the Covid-19 pandemic the National Safety Thermometer was not gathered for the month of March.

The Trust has taken the following actions to improve the quality of its service:

- All NHS Safety Thermometer submissions are subject to a quality check by the patient safety team prior to submission to ensure the accuracy of the data.

The Trust has taken the following actions to improve this percentage and so the quality of its service by:

- Introducing, as part of the Matrons audit on our audit platform MyAssurance, questions to measure compliance with the completion of VTE assessments across all our inpatient units. This is due to be implemented from 1 April 2020.

Healthcare Associated Infections

Healthcare associated infections (HCAI) remain one of the major causes of patient harm and although nationally there continues to be a reduction in the number of patients developing serious infections such as Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia and *Clostridium difficile* in health care settings, the rates of other HCAI have risen due to an emergence of resistant organisms. It is therefore vital that the reduction of HCAI remains a high priority on the patient safety agenda within the Trust and indeed in any other NHS organisation.

The Trust has a proven track record of performing well against the contractually agreed targets for HCAI and this year has been no exception. Our performance against agreed key performance indicators are outlined below.

Clostridium difficile Infection (CDI) Measure

The target on this nationally set key performance indicator is currently:

- Not to exceed four cases within the Trust’s Hull and East Riding of Yorkshire inpatient units (Hull and East Riding of Yorkshire Clinical Commissioning Group CCG).
- Not to exceed four cases for Whitby Community Hospital inpatient unit (Hambleton, Richmondshire and Whitby CCG).
- No target is set for Malton Hospital (based on the patient GP Practice the Vale of York CCG or the Scarborough and Ryedale CCG are to be notified by the IPC team within 48 hours of notification).

Summary of Progress

During 2019/20, it is noted there have been no CDI cases apportioned to the Trust.

2019/20	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year End
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0
Whitby Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0
Malton Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0
Trustwide	0	0	0	0	0	0	0	0	0	0	0	0	0

Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

A *Clostridium difficile* infection (prevention and management) policy is available on the Trust Intranet for all staff. It is expected that staff manage any suspected cases as per Trust policy. The diagnosis of CDI is based upon the presence of the *Clostridium difficile* toxin. In some instances people are referred to as being a *Clostridium difficile* carrier as they have the *Clostridium difficile* bacteria present within their gut but no toxin production.

Only CDI cases where the sample is obtained after our days from admission are included in the quality data reporting. Any cases that occur prior to this are not deemed attributable to the Trust.

When the laboratories detect *Clostridium difficile* toxin in a Trust faecal sample, there is a notification process in place to ensure both the clinical area and infection prevention and control team are informed.

The Trust has taken the following actions to improve this percentage and so the quality of its service:

- Identifying any areas of learning using root cause analysis and whether the case of CDI could have been avoided.
- All completed root cause analysis reports are presented to the applicable Clinical Commissioning Group Health Care Associated Infection review Group.
- Ensuring antibiotics were prescribed and administered in accordance with the respective locally agreed antibiotic guidelines.
- Increase the opportunities to work collaboratively across the health economy to prevent and control CDIs.
- Identifying and eliminating (where applicable) any potential risks of cross contamination and other possible risk factors.

- Provision of staff educational workshops with specific focus i.e. Clostridium difficile
- The applicable Care Group Clinical Governance Network for Trust apportioned cases monitoring the actions identified from the investigation.

Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteraemia Measure

For the financial year 2019/20 it is noted there have been zero MRSA Bacteraemia cases apportioned to the Trust.

***Escherichia coli* (E.coli) Bacteraemia**

For the financial year 2019/20 it is noted there has been one *E.coli* Bacteraemia cases apportioned to the Trust in Quarter 1.

Patient Safety Incidents

The National Reporting and Learning System (NRLS) reports nationally on all incidents relating to patient safety. Within these figures, the national median rate for incident reporting from their last six-monthly report, which was published in March 2020, was 56.34 per 1,000 bed days. Humber Teaching NHS Foundation Trust's reporting rate was 94.25 incidents per 1,000 bed days which puts the Trust in the upper quartile; the highest number of incidents per 1,000 bed days was 130.79. In terms of reported level of harm presented in the last NRLS six-monthly report, 75.58% of the Trust's reported patient safety incidents resulted in no harm and 19.74% of the total incidents resulted in low harm.

	Total Incidents 2018/19	Total Incidents 2019/20	Severe/ Death 2018/19	Severe/ Death 2019/20	Serious Incidents 2018/19	Serious Incidents 2019/20
1 April-30 June	1,178	1,189	10	10	5	4
1 July-30 September	1,098	1,272	10	7	4	4
1 October-31 December	1,518	1,042	15	7	10	6
1 January-31 March	1,677	1,368	17	6	6	3
Totals	5,471	5,009	52	34	25	17

Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

All incidents are reviewed in a daily patient safety huddle held within the risk team. Within this meeting the severity rating and category of each incident is reviewed to ensure it is correct. Our reporting of low/no harm incidents indicates a healthy open reporting culture within the Trust.

Humber Teaching NHS Foundation Trust has taken the following actions to improve this percentage and so the quality of its service:

The risk department provides Datix training to all new staff and targeted teams. Where incidents are incorrectly categorised or the severity is not accurately recorded feedback is given to the reporter to enable them to understand why this is the case.

We have reviewed our Datix reporting forms to ensure they are as quick and simple as possible to complete, thus minimising administrative burden and increasing use

We are introducing a dashboard developed from our Datix incident reporting system, which will provide teams with at a glance data in relation to their incidents, themes and trends. This is will enable teams to ensure they focus their quality improvement initiatives on incident themes of concern and see how the reporting of incidents, provides essential data for use at team level.

In addition to learning from incidents, we recognise the importance of learning from what we have done well and has not gone wrong. This is known as 'Safety II'. To capture instances of excellent practice and share the learning more broadly we have introduced "GREATix" which is part of our Datix incident reporting system and very quick and easy to use. Each month we recognise the patient safety team of the month and annually we are introducing an award at our annual staff awards ceremony for Patient Safety Team of the Year.

We continue to embed the 'Just Culture tool' launched by NHSI in March 2018. This ensures that staff are supported to report and be open about incidents. This is supporting and embedding a culture of openness and learning within the Trust.

Part Three: Other information on Quality Performance 2018/19

In this section we report on key national indicators from the Single Oversight Framework (SOF). This section will also share performance in relation to other indicators monitored by the Board and not already reported in Parts 2 or 3 of the Quality Account.

In this section we will also share some highlights of our successes throughout 2018/19 and the comments received from our stakeholders.

3.1 Key National Indicators

There are three domains which the Key National Priorities fall under that the Trust has reported on in Part 3. This is explained in the table below (please note that some of these indicators have already been included in Part Two of the report; where this is the case, reference is made to Part Two).

The Three Domains for Key National Indicators

Domain	Indicator
Patient Safety	Immunisation Rate for Human Papillomavirus (HPV)
	Seven day follow up (Part Two)
	Clostridium Difficile (Part Two)
	Admissions of Under 18s to Adult Facilities
Clinical Effectiveness	Mental Health Delayed Transfers of Care
	Percentage of Patients Seen for Treatment within 14 Days of Referral
	Gatekeeping (Part Two)
	Percentage of Children Measured for Height/Weight in Reception
	Cardio-metabolic Assessments
Patient Experience	Certification against compliance with requirements regarding access to healthcare for people with a learning disability
	Attrition (Drop-Off) Rate of Breastfeeding Prevalence between Ten Days and Six Weeks
	Four-hour waits – MIU
	Percentage of Patients Seen for Treatment within six and 18 Weeks of Referral

Immunisation Rate for *Human Papillomavirus* (HPV)

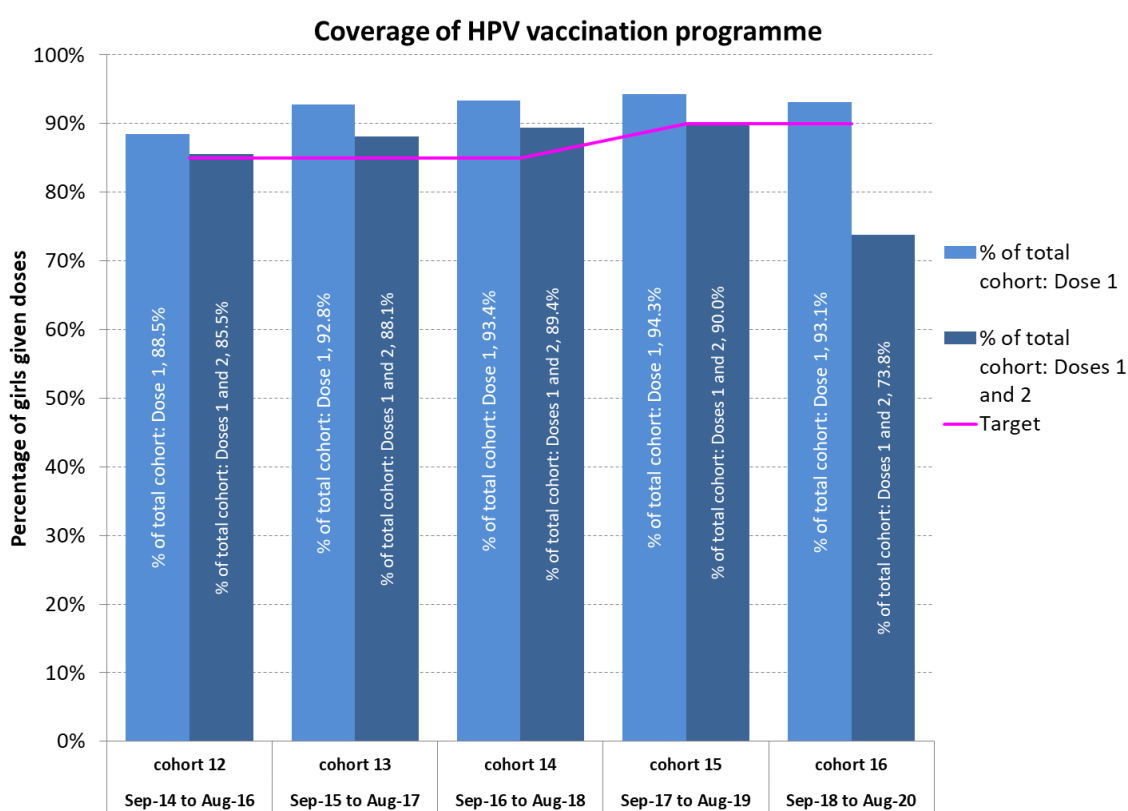
Immunisation against *Human Papillomavirus* (HPV) highlights an area of national and international concern to end the transmission of preventable life-threatening infectious diseases. Vaccines prevent infectious disease and can dramatically reduce disease and complications in early childhood, as well as mortality rates.

The HPV vaccine is delivered in two separate doses. Delivery of the two doses should have a gap of at least six months between doses to be most effective, and to fit this around the academic school year and deliver it efficiently it is delivered across two academic years, twelve months apart. We deliver dose one to Year 8 pupils and dose two to Year 9 pupils during the same visit.

Due to the difference between the financial year we are describing in this report (April 2019 to March 2020) and the academic year that dictates the delivery timings of the vaccination doses (September to July), we are reporting on vaccinations completed in the 2018/19 academic year (September 2018 to July 2019), as the 2019/20 vaccination programme is still under way at the time of reporting.

In the 2018/19 academic year the Trust delivered the second dose of the HPV immunisation to 89.4% of girls in Year 9 in East Riding Schools, against a target of 90%.

Also in the 2018/19 academic year the Trust also delivered the first dose of the HPV immunisation to 93.1% of girls in Year 8. The second dose was delivered in the 2019/20 academic year; as the contract ended at short notice the end of March 2020 the vaccines had to be delivered in a shortened timescale and the service was only able to achieve 73.8% coverage of the cohort.



Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- High levels of vaccination coverage have usually been achieved by ensuring excellent data management to support delivery and follow-up through accurate recording and close monitoring of performance information. The allocation of the contract to a new provider from 1 April 2020 meant that the service had to deliver the second dose to cohort 16 in a much shorter timescale and was unable to provide any follow-up sessions to catch those that were missed due to illness etc.

The Trust maintained good practice and quality of service for the duration of the contract and was disappointed to lose the contract on the basis of price.

Mental Health Delayed Transfers of Care (DToC)

This indicator measures the impact of community-based care in facilitating timely discharge from a hospital and the mechanisms in place to support this. The aim is to ensure people receive the right care, in the right place, at the right time.

The target is to show less than 7.5% of delayed transfers. This figure compares the number of days delayed with the number of occupied bed days (OBDs). In accordance with NHS Improvement (NHSI), the Trust only records mental health inpatient delayed discharges for patients aged 18 and over.

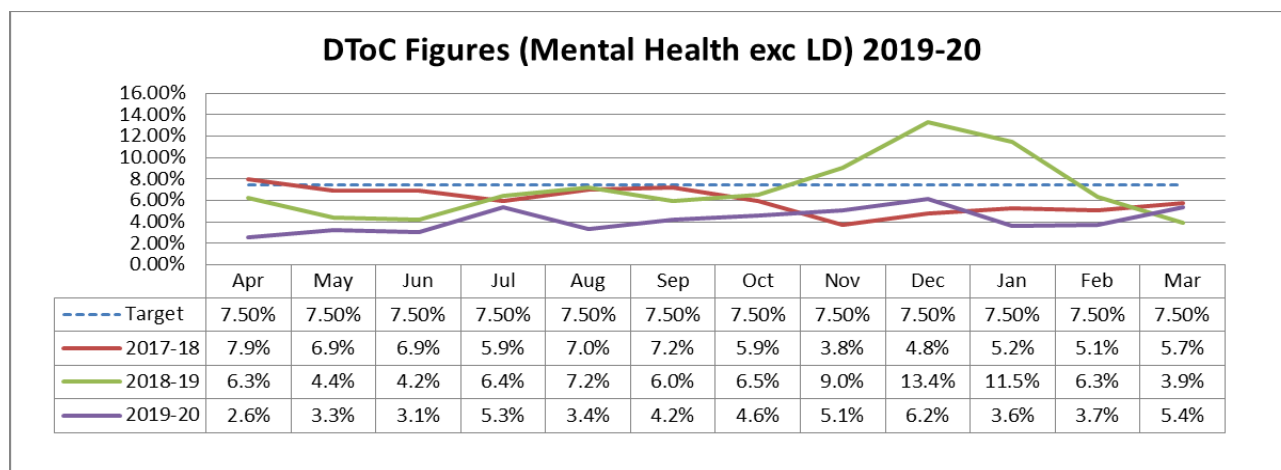
Summary of Progress

For the year ending 2019-20, the Trust reported a percentage of 4.2% delayed transfers which is an improvement on last year's 5.3%. From Q2 however, there has seen a steady increase in the number of delays reported across both adult and Older People's units although still remaining well within thresholds.

The number of occupied bed days is reported through the Trust's patient administration system (Lorenzo). The number of patients affected and the number of days delayed by are monitored via weekly system updates. The data is governed by standard national definitions. The OBDs are subject to constant refresh.

Delayed Transfers of Care are also reported to NHSI. This return (SitReps) provides a count of all patients (community hospitals, learning disabilities and mental health) who were delayed during the month. It does not compare against Occupied Bed Days.

A project group is making continued progress to facilitate the move across from manual recording to electronic reporting for Community Hospitals.



The graph above compares three years' data by month up to the current year.

The table below highlights the number of occupied bed days (OBDs) and the number of patients delayed days per month for the current year.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
OBDs	3712	4039	4175	4330	4084	3909	4084	4155	4178	4054	3891	3964
Days Delayed	96	132	129	231	137	164	188	213	258	146	144	214
%	2.6	3.3	3.1	5.3	3.4	4.2	4.6	5.1	6.2	3.6	3.7	5.4

Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

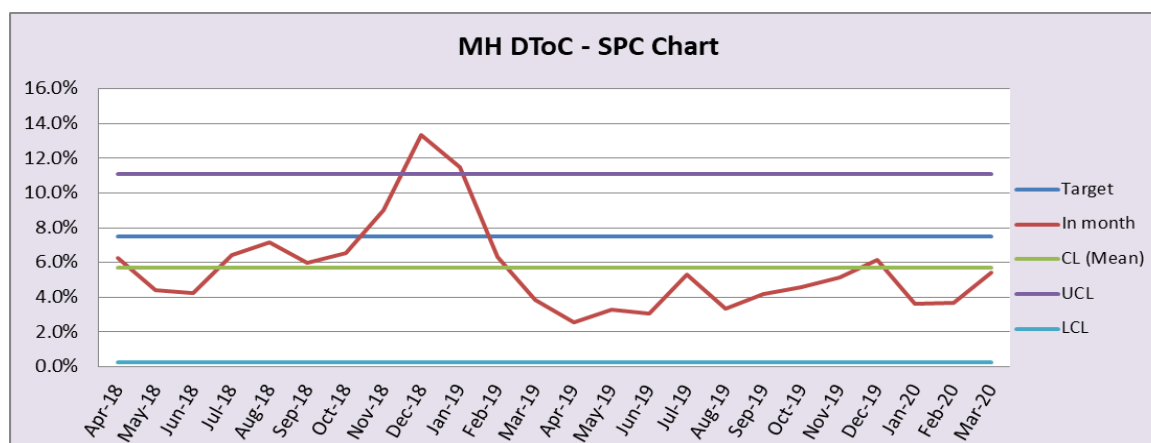
Both the Care Quality Commission and NHSI measure delayed discharges for patients whose transfer of care was delayed due to factors which were the responsibility of Social Care/NHS or both.

The Trust has taken the following actions to improve this percentage and so the quality of its service by:

- Holding weekly operational meetings to identify problem areas and seek to plan early, appropriate discharge more effectively.
- Delayed Transfer of Care within Mental Health are routinely raised at a fortnightly patient flow and escalation meeting which is attended by Kingston Upon Hull City Council and East Riding of Yorkshire Council and both CCGs. Equally all other delays are raised via the daily system wide meetings.
- Monthly validation of patients undertaken with North Yorkshire County Council for patients delayed in our Primary Care settings in support of our submission to NHS Improvement.
- Liaising with families, carers and housing providers. Regular liaison also takes place with residential homes to give support/advice and ensure patients settle in well.
- Validation meetings to cross-reference electronic recording and reporting.
- Weekly and monthly automated reports to senior clinical leads identifying current patient delays.
- Project team set up to review the process and adopt within community hospital wards.
- Commissioning of step-down beds to provide alternatives for those delayed as a result of housing need.

Delayed Transfers of Care SPC Chart

The chart below shows the mean results with upper and lower control limits over the last two years.



Improving Access to Psychological Therapies (IAPT)

Percentage of Patients Seen for treatment within six and 18 weeks of referral

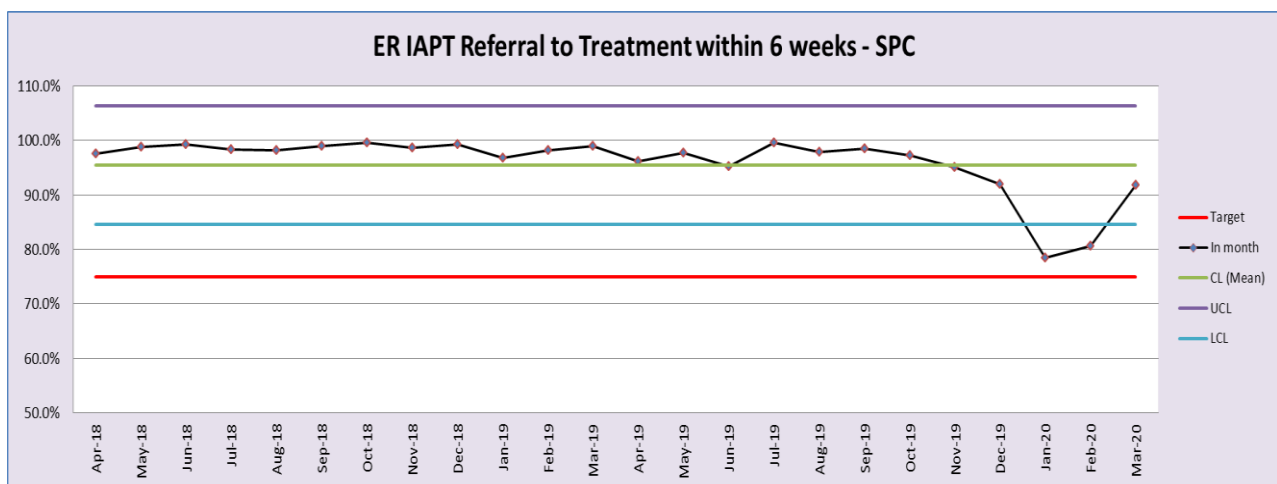
IAPT Access Times/Goal

The waiting time standard requires that 75% of people with common mental health conditions referred to the Improved Access to Psychological Therapies (IAPT) programme will be treated within six weeks of referral, and 95% will be treated within 18 weeks of referral. The standard applies to adults.

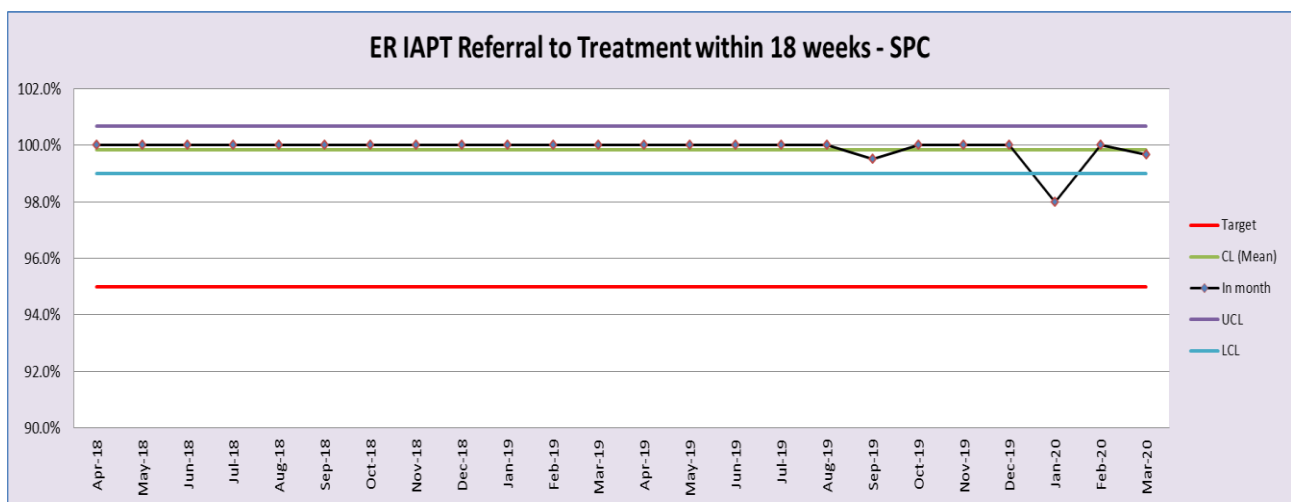
Summary of progress

The IAPT team has been measured against this standard for the East Riding catchment area throughout 2019/20. Both the six- and 18-week targets have been achieved each month throughout the year.

Graph (Six-Week Target)



Graph (18-Week Target)



Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- Monthly reporting from the Trusts PCMIS system

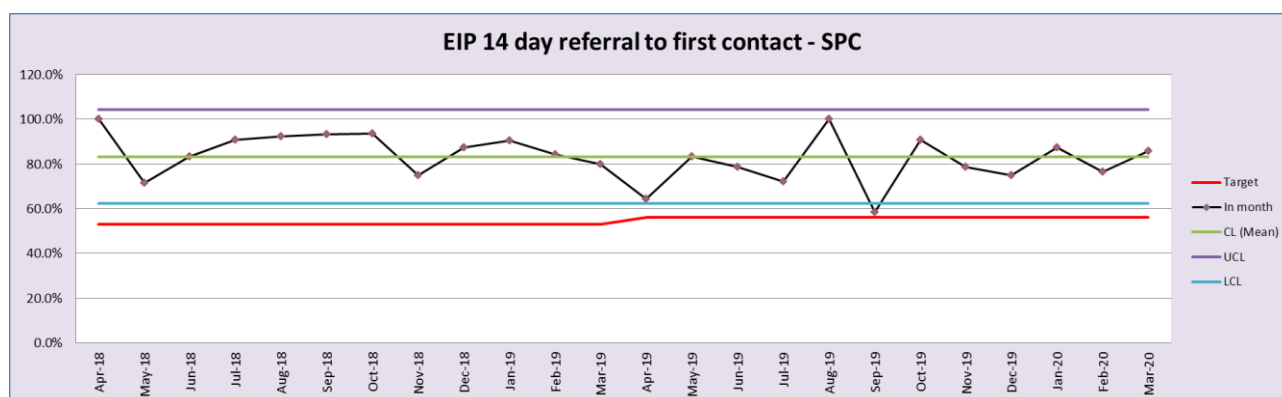
The Trust has not had to take any actions to improve the percentage but will maintain its good practice and quality of service and continue to strive for excellence.

Percentage of Patients Seen for Treatment within 14 Days of Referral

From April 2016 NHS England introduced a series of standards for Early Intervention for Psychosis Teams to meet in the delivery and shaping of services with these being measured and Teams working towards achieving national accreditation. The access and waiting time standard for early intervention in psychosis (EIP) services requires that more than 50% of people experiencing first episode psychosis will be treated with a NICE-approved care package within two weeks of referral. The standard is targeted at people aged 14-65.

Summary of progress

From April 2016, the Psychosis Service for Young People in Hull and East Riding (PSYPHER) team has been measured against this standard. The service continues to support the age range of 14-64. The year to date performance of 79.1% is greater than the nationally mandated target of 56%.



Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- Monthly reporting from the Trust Lorenzo system
- Weekly multidisciplinary meeting for feedback on assessments in progress
- Daily morning meeting where referrals are discussed and allocated.

The Trust has not had to take any actions to improve the % but will maintain its good practice and quality of service and continue to strive for excellence.

Cardio-metabolic Assessment and Treatment for People with Psychosis

The Trust should ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:

- Inpatient wards
- EIP
- Community MH Services (CPA clients)

People with severe mental illness (SMI) are at increased risk of poor physical health, and their life-expectancy is reduced by an average of 15-20 years mainly due to preventable physical illness. Two thirds of these deaths are from avoidable physical illnesses including heart disease and cancer, mainly caused by smoking. There is also a lack of access to physical healthcare for people with mental health problems – less than a third of people with schizophrenia in hospital receive the recommended assessment of cardiovascular risk in the previous 12 months.

Physical health assessments for patients with severe mental illness (SMI) were a CQUIN in 2018/19. Patients with SMI for the purpose of the CQUIN were all patients with psychosis, including schizophrenia.

Data is recorded and reported from the Trust’s Lorenzo patient administration system and during 2019/20 new reporting process were put in place to run these automatically.

Although no longer a CQUIN, the following figures are a snapshot of the compliance rate for all assessments completed as at 31 March 2020 as entered on Lorenzo.

Service	Target	% of patients with complete electronic HIP (as at 31 December 2019)
Inpatient	90%	40.7%
Community (non-EIP)	75%	32.6%
Early Intervention Psychosis	90%	48.6%

Humber Teaching NHS Foundation Trust considers that these data are as described for the following reasons:

- They are based on direct analysis of the submissions made on Lorenzo

The Trust has taken the following actions to improve this percentage and so the quality of its service by:

- Developing the electronic record so the assessment can be entered directly into the system and support the teams in using the new form.
- Compliance results shown in team performance reports to allow teams an opportunity to review and assess for improvement.

Admissions of Young People under the age of 16 to Adult Facilities

Inpatient Child and Adolescent Mental Health Services (CAMHS) General Adolescent Services deliver tertiary level care and treatment to young people with severe and/or complex mental disorders (12 to 18 years) associated with significant impairment and/or significant risk to themselves or others such that their needs cannot be safely and adequately met by community CAMHS. This includes young people with mild learning disability and Autism Spectrum Disorders who do not require Inpatient CAMHS Learning Disability Services. There is currently no provision within the Trust for mental health inpatient services for this age group.

In the event that a young person needs an immediate admission for their safety or that of others, it is acknowledged that a CAMHS inpatient unit is normally the preferred environment for a person under age 18. There are occasions when a bed or other CAMHS alternatives are not available.

The revised Code of Practice (2015) states if a young person is admitted in crisis it should be for the briefest time possible.

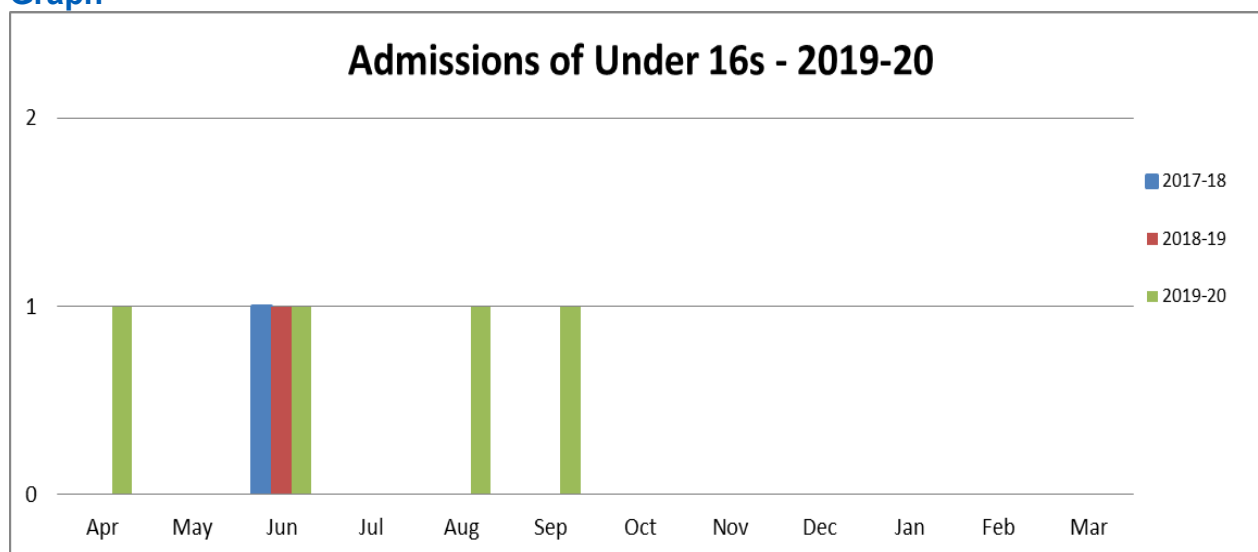
There are also some 17 year olds who prefer to engage with adult mental health services and have a preference for being admitted to an adult ward environment when the need arises. However, even in these circumstances there is still an obligation to ensure that safeguards are in place for an under 18 year old in line with their status as a minor.

Summary of progress

There is no national target set for this indicator but the Trust considers this to be a zero event with the aim of having no admissions of children into adult wards. The national parameters review patients admitted who are under 16.

During 2019/20 there were four admissions of under 16s. The average length of stay on an adult ward was five nights.

Graph



Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

The Trust opened its new thirteen bedded CAMHS Inpatient Unit on 22 January 2020. Prior to this, CAMHS inpatients from the area were placed in units outside the area.

Currently CAMHS inpatient beds are commissioned by NHS England and there is a very clear protocol for CAMHS needing to access those beds. It is nationally accepted that there is a current shortage of beds. Young people are admitted to adult wards due to the lack of accessible and available beds CAMHS-specific beds.

Prior to the opening of the new unit the Trust had two designated wards to accept emergency admissions for children where appropriate placements are not available: Westlands for female patients and Mill View Court for male patients. The average length of stay for patients aged under 16 in these units between 1 April 2019 and 21 January 2020 was five days.

The Trust has taken the following actions to improve this percentage and the quality of its service by:

The Trust was commissioned by NHS England to provide a 13-bedded CAMHS inpatient unit. The new unit, names 'Inspire' comprises of four PICU beds and nine general adolescent beds. NHS England has specifically commissioned this number of beds based on an audit of the regional usage. The new service supports young people from Hull, East Yorkshire, North and North East Lincolnshire. The unit is a state of the art new build and is located on Walker Street in Hull. The new service offers a shift from the traditional approach to CAMHS inpatient provision to one that

supports the ongoing transformation of Young People’s Mental Health services locally, where access to services is key, keeping young people close to the systems of support that aid recovery.

Out of Area Placements

Definitions

Out of Area Placement – this is when a patient with assessed acute mental health needs who requires non-specialised inpatient care (CCG commissioned), is admitted to a unit that does not form part of the usual local network of services. This includes inpatient units that:

- are not run by the patient’s home mental health care provider, regardless of distance travelled or whether the admitting unit is run by an NHS or Independent Sector Provider (ISP);
- are not intended to admit people living in the catchment of the person’s local community mental health team (CMHT);
- are located in a place where the person cannot be visited regularly by their care coordinator to ensure continuity of care and effective discharge planning.

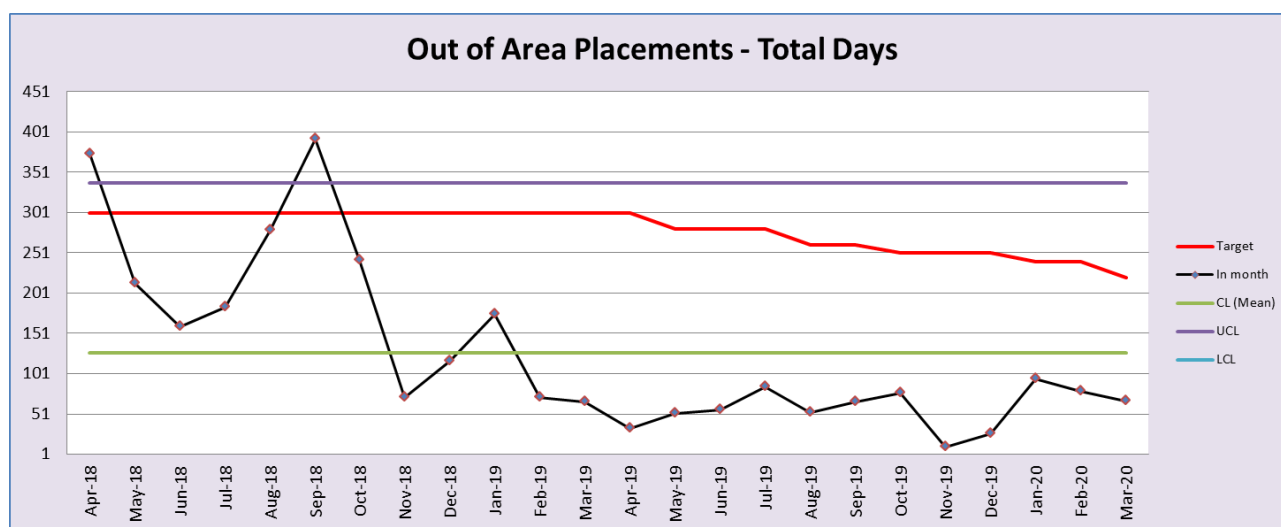
Summary for 2019/20

For 2019-20, the results of Out of Area Placements are documented in the Integrated Board Report (IBR). Graph 1 below shows the number of patients who were in an out of area placement per month. Graph 2 shows the number of days out of area, both appropriate and inappropriate. It is the Trust’s intention that there will be zero inappropriate out of area placements by 2020/21. There were a total of 25 new patients who were admitted to an out of area placement during the year.

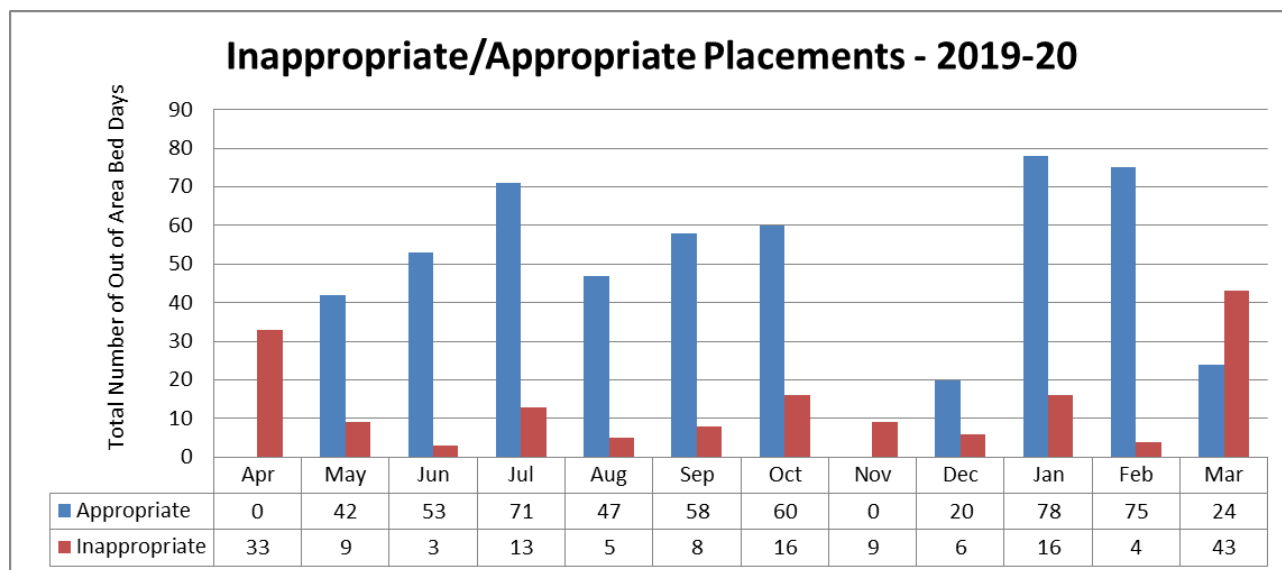
Progress

Reporting mechanisms are in place to ensure the best care is received and that the service user is returned as safely and quickly as capacity allows. Work continues to look at regional bed management and reduce the need for service users to go far from home when admitted out of their locality area. The closer someone is to their home Trust, the more beneficial this is for family and enable on-going care needs to be met.

SPC Chart – Out of Area Placements – Total days



Graph – Inappropriate/Appropriate Placements 2019-20



Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- Total number of out of area placements and new placements within each month
- Split of inappropriate and appropriate placements. Inappropriate in this instance relates to those patients that have had to be placed out of area due to there being no bed available on Trust wards
- There are no interim percentage targets set and the results are based on the number of placements and days out of area
- The local community mental health team is the Trust catchment area (Hull, East Riding and North Yorkshire)

The Trust has taken the following actions to improve this outcome and the quality of its service by:

- Extending the crisis pad hours
- Recommissioning of the crisis pad service for a further 12 months
- Commissioning of five step-down beds within MIND accommodation to support earlier discharge when housing needs may create a delay around discharge.
- Creation of a new bed management team to support the management of capacity
- Showing in the Integrated Board Report the split between working age, Psychiatric Intensive Care Unit and older people placement
- Validation and escalation process to be initiated with Care Group Directors on a monthly basis
- Twice daily bed state reporting
- Weekly inpatient system meeting to support flow

CAMHS Eating Disorders

Percentage of children and young people with an eating disorder seen for treatment within target timescales

CYP ED Aim/Goal

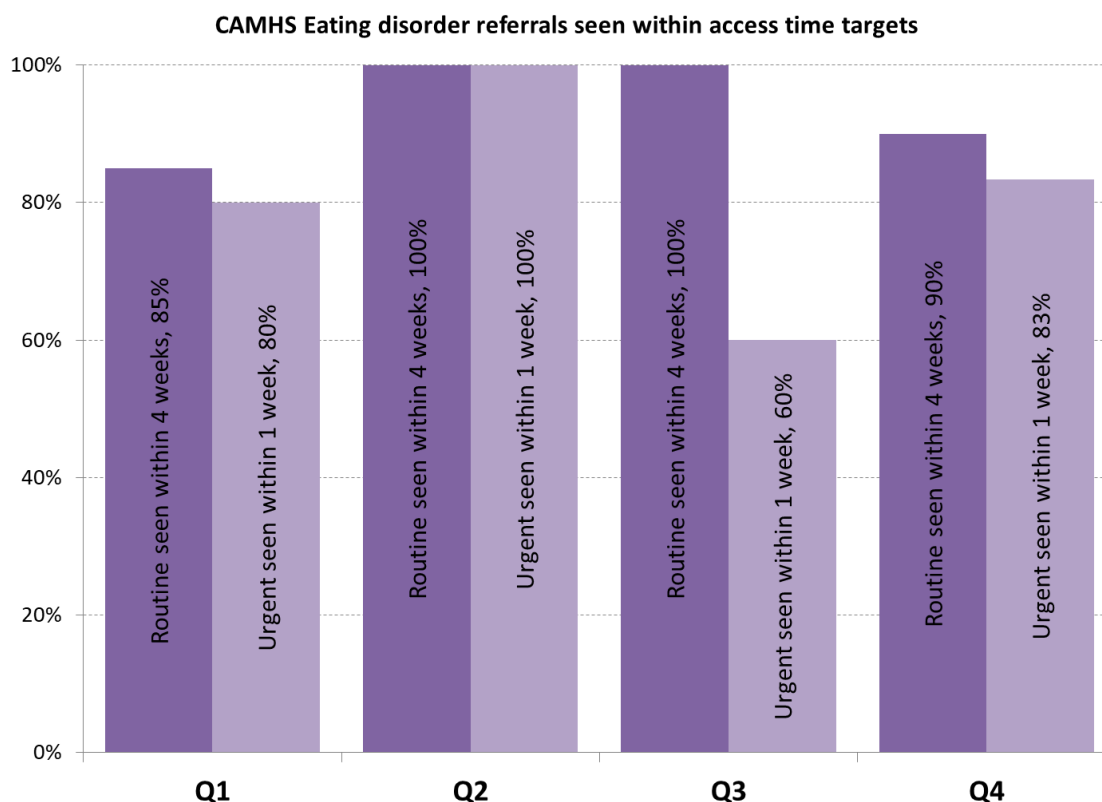
From April 2016 NHS England introduced a requirement for all children and young people's mental health service (CAMHS) providers to establish a dedicated Eating Disorder team and introduced national access time targets for children and young people with an eating disorder (CYP ED). The indicators look at the number of children and young people who have accessed, or are waiting for treatment following a routine or urgent referral for a suspected eating disorder. Eating disorders present both an immediate risk to life and long terms health risks due to the pressure placed on internal organs by a severely restricted diet. For this reason the access time targets for CYP ED are tighter than most other mental health conditions.

Children and young people (up to the age of 19) referred for assessment or treatment for an eating disorder should receive NICE-approved treatment with a designated healthcare professional within one week for urgent cases and four weeks for every other case. The standard includes all children and young people up to the age of 19 years in whatever setting (community or inpatients) the young person is receiving care.

Summary of progress

The Trust has a dedicated team in place covering the Hull and East Riding 0-19 populations. This team became operational in October 2016.

Graph



As at 31 March 2020, 19 children and young people started treatment following an urgent referral for a suspected eating disorder, of which 15 (79%) did so within one week of referral. Urgent referrals are prioritised and the service investigates each breach of this target; we can confirm that

the breaches were due to circumstances beyond the control of the service, such as the child not being brought to the appointment, or the family cancelling it. All breaches are followed up to ensure that the young person receives a service at the earliest opportunity.

As at 31 March 2020, 64 children and young people started treatment following a routine referral for a suspected eating disorder, of which 60 (94%) did so within four weeks of referral. Where the first contact happened later than four weeks this was due to reasons beyond the control of the service, such as the child not being brought to the appointment, or the family cancelling it. Again, all breaches are followed up to ensure that the young person receives a service at the earliest opportunity.

Numbers of referrals are small compared with other CAMHS pathways such as anxiety, but patients with eating disorders tend to remain on the caseload for longer (often up to two years) and require more intensive/frequent intervention than other conditions. Because of the intensity of intervention, especially at the start of the pathway, the volatility of the referral rate presents a challenge as even five or six more referrals than usual in a quarter places a much greater demand on the team. The rate of referral has increased each year since we started to monitor it, with the highest ever number in one month (18) recorded in September 2019, more than double the average of eight per month.

The Trust considers that this data is as described for the following reasons:

- Weekly reporting from the Trust Lorenzo system
- Weekly team meeting for caseload management
- Daily morning meeting where referrals are discussed and allocated.

The Trust has taken the following actions to improve this percentage and so the quality of its service by:

Close monitoring of referral numbers and access times and recruitment to vacancies.

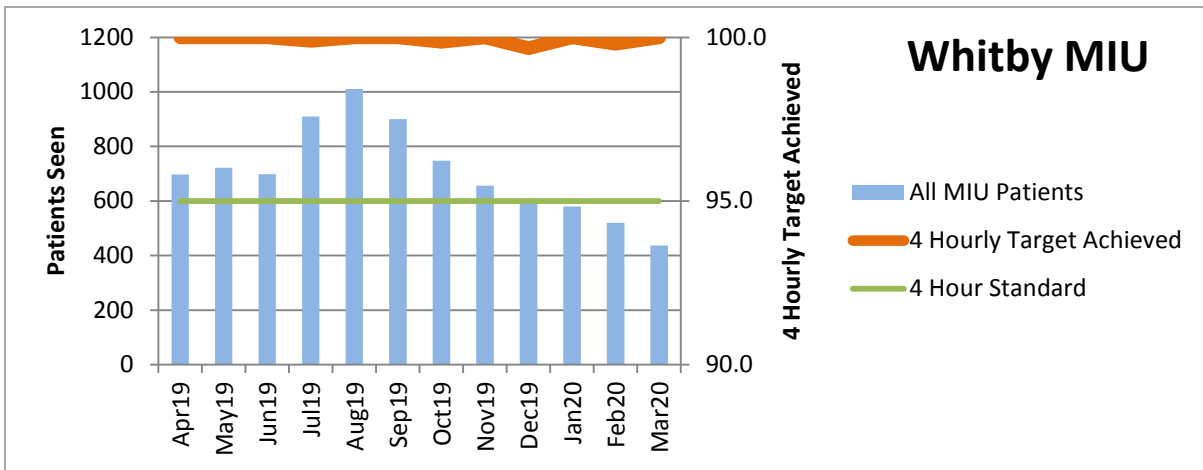
Percentage of patients seen and discharged/transferred within four hours for Minor Injuries Units

The national target for other Accident and Emergency departments including Urgent Care Centre/Minor Injury Units is for at least 95% of patients attending to have a total time in the service less than four hours from arrival to discharge or transfer.

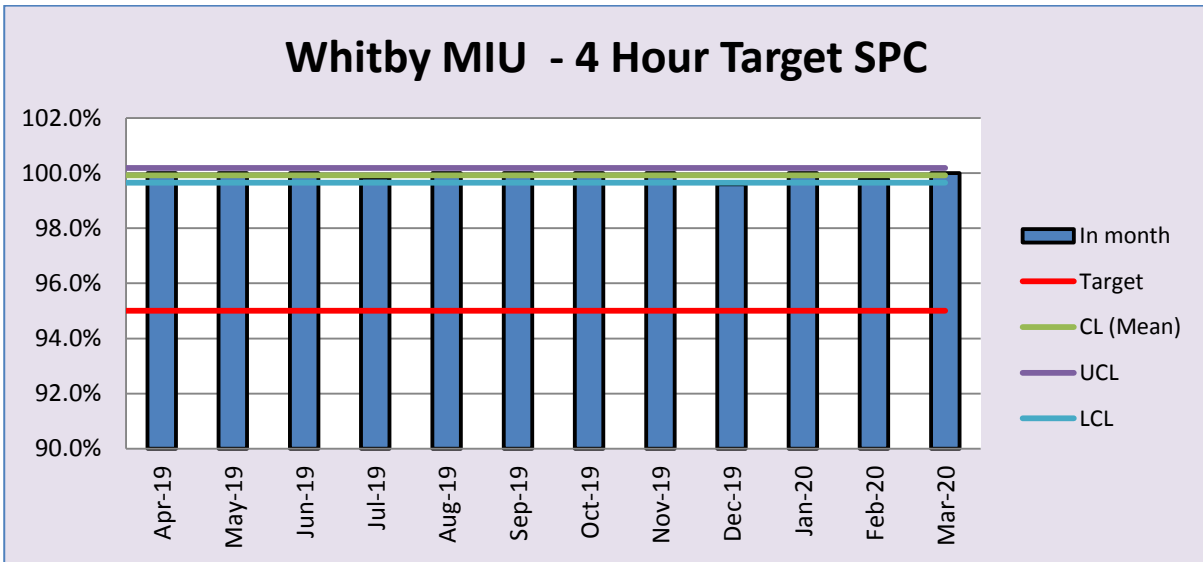
Underlying of the four-hour target is the principle that patients should receive excellent care without unnecessary delay. The target focuses on patients requiring treatment which can be accessed without an appointment for treatment as a minor injury or illness. In order to be a part of the reporting, the service has to have an average weekly attendance of more than 50 people, which is calculated over a quarter.

The Trust provides one Minor Injuries Unit (MIU) in Whitby. The MIU has seen 8475 patients in the year April 2019 to March 2020 (an average of 177 patients a week).

The National Standard requires that a minimum of 95% of patients attending an A&E department should be admitted, transferred or discharged within 4 hours of their arrival. We can report an achievement of 99.9% for April 2019 to March 2020 at Whitby MIU. Data is sourced via the SystemOne patient administration system.



The chart below shows the mean results with upper and lower control limits over the last two years.



3.2 Performance in Relation to other Indicators Monitored by the Board

In this section we share other key performance indicators monitored by the Board that have not already been mentioned within the mandated indicators included in this account.

Clinical Supervision



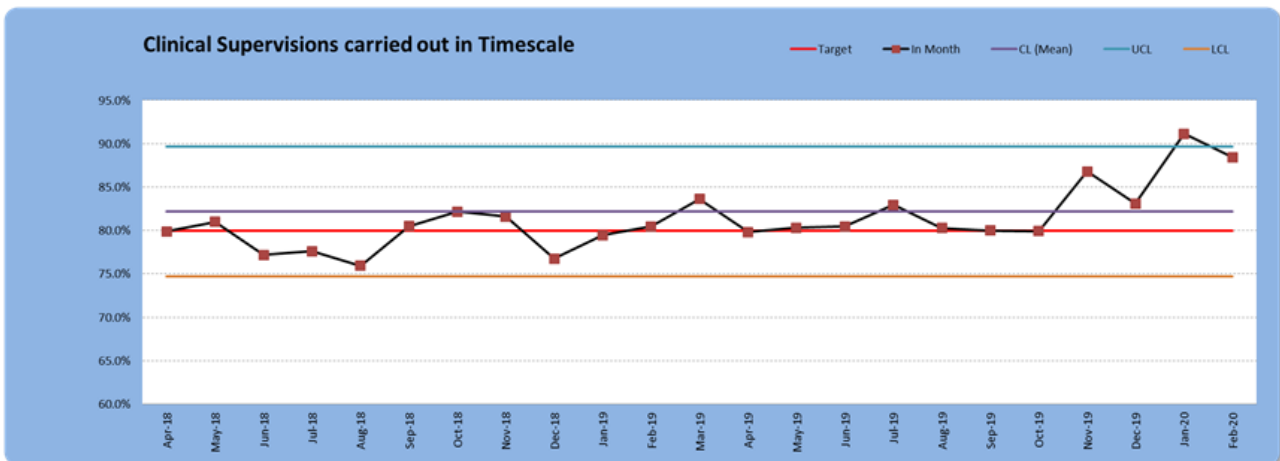
Clinical supervision is essential to the delivery of safe and effective care as it provides a safe environment for clinicians to actively engage with each other to reflect on their clinical practice and improve standards of care. The process of supervision facilitates the individual to develop knowledge and competence and link theory and research to practice.

The Trust supervision policy requires all clinical staff to receive clinical supervision from an appropriate professional as a minimum frequency of six-weekly. This can be on a one-to-one basis or within a professional group or forum. Individual teams are required to achieve

compliance with a target of 80% of their staff receiving clinical supervision within the month. This target allows for sickness absence and other factors that impact on supervision. An audit of compliance with these standards is undertaken monthly across the whole organisation. Compliance is monitored via a number of governance groups throughout the organisation and is reported monthly through to the Trust Board and Quality Committee via the Integrated Quality and Performance Tracker.

The dashboard below shows clinical supervision compliance for the Trust, which as can be seen has been consistently meeting and exceeding the Trust target of 80% during 2019/20. Please note that March 2020 figures were not collected due to the Coronavirus pandemic.

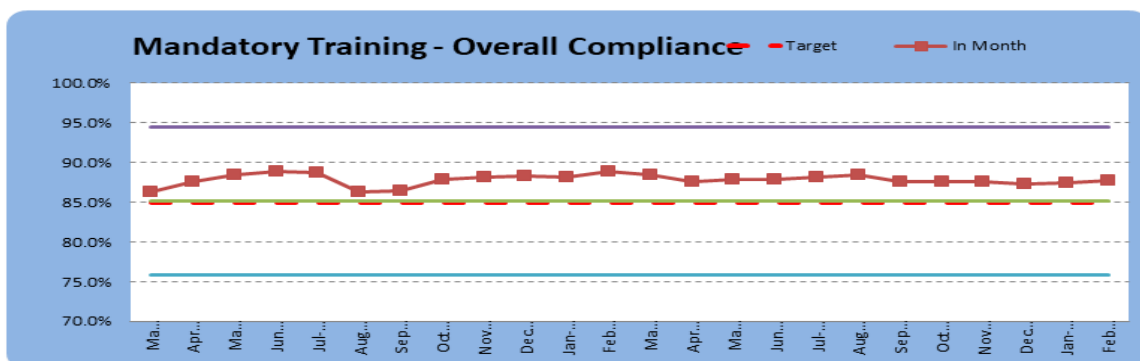
Trust-level Supervision Compliance 1 April 2018- 28 February 2020



The reasons behind non-compliance with supervision standards are explored by division and action is taken to address areas of concern. Factors impacting on supervision compliance are complex; however, staffing levels can impact on the ability of staff to access supervision. Therefore, we monitor supervision compliance as one of the metrics within our safer staffing dashboard. This enables the Board to see when staffing is impacting on supervision compliance and take the appropriate action. The governors of Humber Teaching NHS Foundation Trust chose clinical supervision as the local indicator for the Quality Account.

Statutory and Mandatory Training Compliance

The Board places considerable emphasis on mandatory training compliance. All areas of the Trust receive a fortnightly mandatory training compliance report which enables managers to target areas of lower or reducing compliance. These reports were introduced in early 2018 and as can be seen the performance across the Trust has steadily improved and been maintained at above the 85% target compliance for the Trust during 2019/20. Please note figures were not collected for March 2020 due to the Coronavirus pandemic.



Formal Complaints and Patient Advice and Liaison Service (PALS)

All complaints data is sourced from Datix. The Complaints and PALS Department records and responds to complaints, concerns, comments and compliments received from all areas of the Trust. The Trust ensures that all potential complainants have the option to have their concerns dealt with informally via the PALS service or formally via the NHS Complaints Procedure. Offering both services through one department allows the Trust to monitor all concerns raised, whether formally or informally, to see if there are any trends and to provide a consistent approach for patients, carers and the public.

Formal complaints

For the period 1 April 2019 to 31 March 2020, the Trust received 235 formal complaints, which compares to 221 for 2018-19 and 191 for 2017-18.

Each complaint is treated individually, as although the issues raised may be similar to others, the circumstances are often different for the individual concerned. The Trust aims to respond to formal complaints within 30, 40 or 60 working days, dependent on the complexity and number of issues raised. If the timescale cannot be achieved, the complainant is informed of when they may expect their response.

It is important to note that not all formal complaints are the result of a Trust failing or poor service. For example, a complainant may not be happy with the service provided because they consider their needs are different to what the Trust has assessed them as needing. At the outset of each complaint staff try to determine the complainant's desired outcome from making the complaint, however it is not always possible to give people what they seek.

For the period 1 April 2019 to 31 March 2020, the Trust responded to 243 formal complaints which compared to 218 for 2018-19 and 185 for 2017-18.

The primary subjects for these complaints are as follows:

Primary subject	Number
Patient care	49
Communication	42
Appointments	35
Values and behaviours of staff	28
Admissions/discharge	18
Trust admin/policies and procedures	16
Clinical treatment	16
Access to treatment or drugs	12
Prescribing	10
Facilities	6
Other	4
Waiting times	4
Privacy and dignity	3

Of the 243 responded to, none of the complainants have, to date, taken their case to the Parliamentary and Health Service Ombudsman for review. Three older cases are being considered.

The following are some examples of actions/learning from complaints responded to between 1 April 2019 and 31 March 2020.

- GP practice – patients are to be offered appointments at an alternative Trust GP practice to avoid delays if they are willing to travel.
- Community Hospital – all registered nurses to attend ward based training session depicting a patient journey from admission to discharge. Clinical care planning training scenarios to be part of this training.
- Complaints and PALS – complainants are offered the opportunity to have their response/information emailed securely to them. This involves the complainant registering once to allow this to happen and all future correspondence to them will be secure.
- Mental Health Response Service – to ensure all staff are aware of the recent updated practice to give time windows of two to three hours when agreeing to call a patient back.
- Adult Inpatient Unit – works to be completed on perimeter to try to prevent patients from being able to leave the unit via the walls.
- Adult Mental Health, Community – to review the CMHT brochure and update information to appropriately reflect the availability of traumatic stress service.
- Older People's Mental Health, Community – no patient will be diagnosed with dementia without a face to face contact. Change to administrative procedure; no letter will be sent out directly to a patient without having being seen by the author or a nominated person and signed before sending.

The actions for complaints are monitored by the Complaints department and for each action, and confirmation and evidence is requested from the lead person identified for that action that the action has been completed by the specified time. An action plan tracker to cover the actions identified from formal complaints has been developed.

Patient Advice and Liaison Service (PALS)

For the period 1 April 2019 to 31 March 2019, the Trust responded to 484 PALS contacts which compares to 366 for the previous year.

Of the 484 contacts, 134 were referrals to other Trusts/agencies and therefore there were 347 concerns, queries or comments for this Trust.

Priorities for 2020-21

To continue to manage and respond to complaints, concerns, comments and compliments for all our services. To ensure that staff aim to resolve issues as they arise as close to the delivery of the service as possible, however, if a formal complaint is raised, to ensure staff are aware of the importance of a professional, open, honest and informative response to patients and carers when they raise a concern or complaint.



Below are examples of a few of the compliments which have been received:

“It was most evident to the family that whole of the unit staff are professional in whatever aspect of patient care they are engaged in but the aspect that struck us most was the common decency of the staff in their genuine concern for the patient. The patient indeed sensed this ‘affection’ and it undoubtedly buoyed him up during his off days. The patient spoke with great respect and reciprocal affection for all of the staff that he came into contact with and he made relationships with staff and patients that sustained him, affording him fresh resolve to become well and move on”.

Adult Mental Health, Inpatient

Email received saying thankyou to the team for responding to the patient’s emails and the support given as it was appreciated. The patient also stated that they were back on track with things and were feeling better.

Mental Health Response Service

A patient came back to see his GP for review as planned after the GP had admitted him to hospital. He had a pacemaker fitted due to complete heart block. He thanked the GP for saving his life that day.

GP surgery

“No words could ever express my appreciations for the support your District Nurses have shown throughout the difficult time my wife and I endured in her final weeks at home. Not only were they most considerate and tender, they were friendly, uplifting and warm in their conversation that was most assuring. I especially wish to thank those who attended on my wife’s final night as they helped me in ways far above anything I could have imagined. I do not think could have got through the ordeal without them”.

District Nursing

Thanks received from the patient and his wife for the physiotherapy delivered to the patient in his home which had made all the difference and enabled the patient to resume his life fully.

Physiotherapy

“I would like to say a big thankyou to all the ward and catering staff for the care, kindness and empathy shown whilst being assisted on the road to recovery”.

Older People’s Mental Health, Inpatient

Patient and Carer Experience

Our patients, service users, carers and communities are at the centre of everything we do. There is no better and more important way of improving services than by listening to what individuals think, feel and experience throughout their care journey and beyond.

The Trust continues to deliver on the priorities identified in our Patient and Carer Experience strategy (2018 to 2023). Our strategy plan on a page is shown on the next page.

We are continuing to actively engage and involve patients, service users and carers in Trust business and are actively listening and acting on the information we hear. This strategy not only promotes working together better but sets out how we will do this to ensure maximum involvement and engagement.

Forums

Five forums continue to meet on a regular basis to give our patients, service users, carers, staff and partners a voice and the chance to be involved in Trust business. These are:

Hull and East Riding Patient and Carer Experience Forum (PaCE) – our patients and their carers are invited to attend this forum to provide them with a public voice by bringing lived experiences and individual perspectives. We also have representatives from patient and carer support groups on the forum.

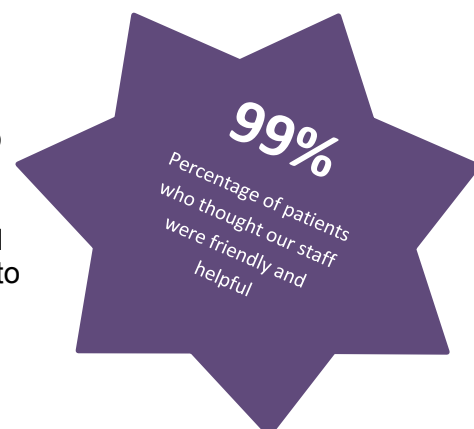
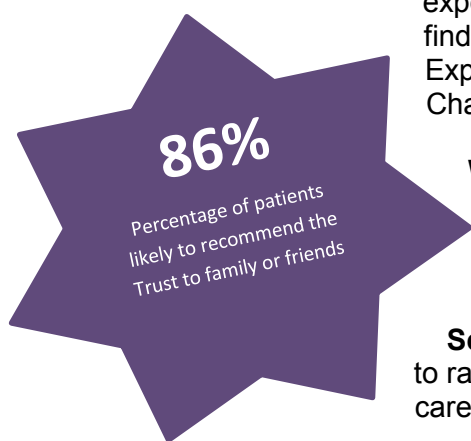
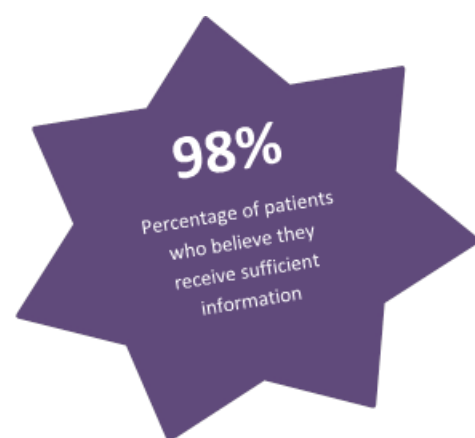
Hull and East Riding Staff Champions of Patient Experience (SCoPE) – staff (Champions) attend this forum to share best practice and provide a voice of experience on behalf of their teams. The forum also reviews survey findings and complaints to identify key themes to help inform the Patient Experience Team's work plan. The Trust currently has 122 Staff Champions and all teams are represented.

Whitby and District Patient and Carer Experience Forum – to raise awareness of patient and carer experience through patient, carer, staff, statutory and voluntary organisation participation by ensuring all have a voice.

Scarborough and Ryedale Patient and Carer Experience Forum – to raise awareness of patient and carer experience through patient, carer, staff, statutory and voluntary organisation participation by ensuring

all have a voice.

Humber Co-production Network – to build stronger relationships and partnerships with third sector, public sector, commissioners and hard to reach groups by ensuring they all have the opportunity to provide a voice on behalf of the communities and groups they serve. The Humber Co-production network meets every six months to help to build stronger relationships. At present we have 56 organisations signed up to the network. Each meeting includes either a presentation or workshop from a partner organisation and an update or workshop from a service within the Trust.



NHS Improvement Films

NHS England/Improvement chose the Trust to produce three short films (learning, leadership and culture) to showcase how we have developed our approach to integrating quality improvement and patient experience. This was a great opportunity for us to be a national exemplar of patient experience and share our journey with fellow Provider Trusts across the country. There were a number of film launches across the country and our regional launch in Leeds was attended by the Trust's patient and carer experience champions, Chief Executive, Chairman, Head of Patient and Carer Experience and Engagement, Communications and Marketing Manager and staff champions of patient experience.

Identification of Carers and Carers Assessments

Work is continuing to ensure staff are identifying and signposting carers for assessments as appropriate. When a clinician comes into contact with a patient, service user or their carer, they must identify whether there is a carer and then complete the relevant documentation.

Identification of Caregivers in Stress

A tool is now available to support clinicians when identifying if a care giver is in stress called the "Relatives Stress Scale". The tool asks the caregiver fifteen questions and identifies their level of personal stress and domestic upset. The tool helps clinicians to make the decision to refer the carer to carers support services for a carer's assessment. The carer's assessment will then determine what level of support is needed.

Involving Patients, Service Users and Carers in Recruitment

A framework called 'Involving Patients, Service Users and Carers in Recruitment' has been developed. The purpose of this framework is to initiate and implement a consistent approach for patient, service user and carer involvement in the recruitment process for public facing roles across the Trust.

Equality, Diversity and Inclusion Priorities for Patients, Carers Service Users 2019/20

As a result of last year's event called 'Building our Priorities for 2019/20' the following priorities have been progressed over the year:

- To improve communication with our young people with a protected characteristic.
- To co-produce relevant training packages with people from a diverse background so that it is representative of the protected characteristics.
- To raise awareness of the Interpretation and Translation services available to staff.
- To better understand the preferred channel of communication for individuals accessing our services.

Equality, Diversity and Inclusion Priorities for Staff 2019/20

The following actions have taken place to ensure we meet the equality and diversity needs of our staff:

- Developed a robust equality, diversity and inclusion strategy in partnership with staff groups this was subsequently incorporated into the Trust's wider people strategy in order to ensure equality, diversity and inclusion was the golden thread that runs through our people related initiatives.

- Recruitment has been restructured during 2019/20. To support this, the Trusts recruitment pages on the intranet as well as NHS Jobs have been redeveloped to be fully inclusive and training has been sourced for recruiting managers (delivery delayed due to Covid-19 pandemic).
- An LGBT+ staff network has been established with a strong early commitment from staff. The group meets on a bimonthly basis with the agenda to focus on how the Trust can be more inclusive to the LGBT community. Already, the group has been instrumental in co-producing the Trust's new Transitioning at Work Policy as well as the refreshed Equality, Diversity and Inclusion Policy. In addition, members of the group were in the early stages of supporting the Hull Pride event (delayed due to Covid-19 pandemic).
- In order to develop equality of opportunity for leadership roles between people who share a protected characteristic and people who do not share a protected characteristic a leadership development programme has been established and is available for all managers, across the Trust, to support their development as a leader. The first cohorts started in January 2020. (Put on hold due to Covid-19). Furthermore, the Trust has refreshed its Senior Leadership Forum (for managers at band 8a and above) to ensure it is fully inclusive. Additionally, the Trust has started delivering new a Leadership Forum (for managers at bands 3-7) designed to develop the Trust's junior managers, regardless of protected characteristics.
- In order to improve the working experience of Trust staff with protected characteristics in relation to bullying and (or) harassment in their place of work an independent review of bullying and harassment was carried out across the Trust. The outcome of this saw a refreshed Bullying and Harassment Policy, Procedure and Guidance produced. Additionally, training has been put in place for managers to raise awareness of bullying and harassment (delayed due to Covid-19).

Interpreter on Wheels

Interpreter on Wheels is a video interpretation service providing one touch, on demand, secure access to the largest global resource of experienced, security-vetted interpreters via electronic devices. Following the success of a pilot during spring 2019 including the Trust's Mental Health Crisis Service and Avondale Unit, approval was given to those teams who have the highest referral rates to interpretation services to use the interpreter on wheels service as a mainstream addition to their existing interpretation services. The teams include; Mental Health Response Service, all Mental Health inpatient units, Hull East and Hull West Community Mental Health teams.

Hull Pride 2019



The Trust supported the Hull Pride event and parade in July 2019. Many teams supported the Trust's two information stands on the day and participated in the Pride march with our Humber banner.

Always Events Framework

We are improving our Quality Improvement process by participating in the national Always Events programme. An Always Event involves patients, families and health professionals working together

to decide what matters most to them. Teams involved in the programme include, Learning Disabilities Inpatient Team, Townend Court, PSYPHER, Field House Surgery, Bridlington and the Humber Centre.

Friends and Family Test (FFT) National Guidance Changes

In September 2019 NHS England and NHS Improvement issued new guidance which sets out how Trusts must use the Friends and Family Test (FFT) to improve patient experience. The changes must be implemented by no later than 1 April 2020. Key changes relevant to our Trust include:

- A new standard question for all settings “Thinking about the service we provide.....Overall, how was your experience of our service?” (The previous mandatory question was “How likely are you to recommend our service to friends and family if they needed similar care or treatment?”)
- A new response scale: Very good, good, neither good nor poor, poor, very poor, don't know. (The previous response scale was: extremely likely, likely, neither likely nor unlikely, unlikely, extremely unlikely, don't know).
- The guidance is encouraging commissioners to move away from a narrow focus on how many responses are being collected and what the score is and will move towards a quality improvement culture.
- The guidance promotes a culture where staff are engaged in the process of deciding what questions to ask, how to collect it, how to use it to make improvements.
- It is recommended that providers use a combination of methodologies to collect the information to support making the opportunity to give feedback accessible to all.

During the year a working group was formed to support development of two refreshed FFT survey forms; a generic form and an accessible form (in easy read) which will be used by all services with effect from 1 April 2020.

Child and Adolescent Mental Health Service (CAMHS)

As part of the development of the CAMHS Inpatient services ‘Young Minds’ were commissioned by NHS England North to engage with young people about the kind of services they wanted to see. From that engagement it was clear that the location, access and building design were key issues for young people. As a result of listening to the feedback the Trust identified a site for the new service which is situated within a socially inclusive and mutually supportive neighbourhood. The location is within easy walking distance of Hull city centre, with outstanding transport links and amenities as well as in close proximity to the local acute hospital.

Working with Adult and Children’s Safeguarding Boards

The Humber safeguarding service works alongside the safeguarding children and adult boards throughout all of the statutory processes. This process identifies learning for Humber (and other agencies) and Humber safeguarding is a key part in multi-agency working, developing policies, training and protocols together.



The Humber safeguarding service is a key contributor to the Vulnerable Adult Risk Management (VARM) processes in Hull, East Riding and North Yorkshire via strategic work groups.

Prevent is about safeguarding people and communities from the threat of terrorism and a local authority responsibility. This is a key area for Humber and we have been cited as a very positive contributor to the complex Prevent cases involving mental health patients. Humber safeguarding attends all key Prevent meetings and provides complex information for high risk cases.

Self-neglect has been another key area of multi-agency working and we have shared our newly-developed training materials with Hull Safeguarding Adult Review (SAR) panel to identify Humber safeguarding actions and progress on this issue. Humber safeguarding has developed a new self-neglect, neglect and hoarding policy to reflect the growing focus on self-neglect. Local authority feedback has been very positive and they have adopted the policy as part of their processes.

The Humber safeguarding service is part of the ongoing multi-agency review of safeguarding referral threshold agreements and advisory processes.

Early Help and Hidden Harm (EHASH) are part of the statutory subgroups processes. Humber safeguarding has contributed to the development of new procedures and processes. Humber safeguarding sits on the EHASH management subgroups, has a presence in EHASH and is working with partners on issues including Voice of the Child and Domestic Abuse.

The Humber safeguarding service has completed a multi-agency audit in Making Safeguarding Personal (MSP) with Hull. This was to understand and analyse the involvement of the adult at risk, reflecting their views and outcomes, and is part of the Hull Adult Safeguarding Board business plan. As a result of the audit Humber, Hull and ER are working together formulate joint procedures and guidance on completing Sec 42 enquiries.

Humber will be facilitating a multi-agency working group to review the forthcoming changes for Mental Capacity (Amendment) Act 2019 and significant changes to Liberty Protection Safeguards under the new forthcoming legislation. This will have significant changes and impact on Humber services with responsibility for the new process falling more on Humber Teaching NHS Foundation Trust. The multi-agency working will help ensure a smooth facilitation of the change process.

Action plans are devised and shared within the panels that reflect all of the required learning objectives. These are also governed within the safeguarding forum so assurances can be provided regarding completion. The safeguarding team is involved in all related Serious Case Review (SCR), Safeguarding Adult Review (SAR), Domestic Homicide Review (DHR) and Learning Lessons Review (LLR) meetings and is part of the multi-agency review process throughout. The safeguarding team attends relevant subgroups and is involved in strategic work throughout all three local authorities.

Humber is firmly embedded in the SAR processes in Hull and East Riding, Humber is involved on the Hull SAR panel and the feedback has been that the health contribution has been invaluable with a number of key actions and improvements identified as a result.



The Safeguarding Children's Partnerships are now implemented and involve three key partners, LA, Police and Health. Our attendance at subgroups remains the same and there is health representation at the new partnership groups. This change came about following the Working Together statutory guidance 2018 and the Wood Report 2017. The purpose is to strengthen and have equal roles for all partners. Humber remains part of the new partnership processes throughout the statutory procedures.

Learning from SCR, SAR, DHR, and LLR is shared via:

- Monthly development sessions – operational and managers levels
- Training
- Supervision
- Newsletters
- Five-minute focus bulletins
- Safeguarding working lunches
- Six-monthly Lessons Learned conferences

- SCR/SAR tables with themes and trends identified in the quarterly reports disseminated to staff
- Specific planned work shop sessions in clinical areas affected which inform, train and develop staff knowledge
- Safeguarding Forum
- MDT (multi-disciplinary team)
- Clinical governance groups
- Clinical workshops

Some of the lessons learned over the last year have been identified via the statutory processes and include:

Mental Health Act, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLS)

The Mental Health legislation Committee meets quarterly to undertake its delegated function on behalf of the Trust Board in relation to the discharge of duties and responsibilities under the Mental Health Act (MHA), Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

It has been identified that although training compliance is not an issue, staff sometimes lack awareness of MCA in practice. MCA training compliance has improved, the MCA policy has been updated and Humber safeguarding has been conducting Trust-wide MCA reviews to identify areas of practice requiring improvement. Bespoke MCA training sessions are delivered to areas where issues are identified and now run face to face monthly sessions throughout the year.

The Safeguarding Team work closely with Humber Mental Health Legislation Team, delivering advice and support to staff Trust-wide. To ensure policies and procedure's remain up to date and in line with legislative changes

Early Help, Hidden Harm and Neglect

Development sessions have reflected these themes and raised awareness with staff: a themed newsletter on neglect has been distributed as well as a five-minute focus on neglect. The safeguarding children's policy is being updated to reflect more clearly the need for focus and awareness on these areas. Supervision guidance has been developed for all staff for safeguarding and the supervision links with children services has been strengthened. These issues are all addressed in the new integrated level three safeguarding training.

Self-neglect

Humber safeguarding has developed and delivered self-neglect training: which is now on the electronic training system and available to all staff. Self-neglect has been a theme for development sessions and practice notes and five-minute focus updates have been circulated. Humber safeguarding has developed a new self-neglect policy to give further guidance to staff. Humber safeguarding is part of the self-neglect strategy group in East Riding and North Yorkshire.

Domestic Abuse/Think Family

Domestic abuse has been an issue in several Serious Incident (SI) reports and has identified the need for staff to be aware of the impact of domestic abuse. Humber safeguarding has developed a domestic abuse policy reflecting national practice and has raised awareness with staff via a series of events which included a safeguarding week with a focus on domestic abuse through a series of roadshows. Humber safeguarding also co-facilitates multi agency domestic abuse training which also incorporates elements of the DASH risk assessment tool. Humber are seeking the 'White Ribbon Accreditation' and improving and reviewing its work with fathers. The safeguarding team

also are active members of the ER MARAC process and are involved in the domestic abuse sub groups in Hull, ER and North Yorkshire.

Voice of the Child

This is a theme from a recent LLR which included issues of recognising domestic abuse and the safety of the family as a whole. The Voice of The Child is a continuing theme in training, supervision, level three, development sessions and newsletters.

Sexual Abuse/Patient Safety

This has been identified in both internal and external statutory processes as an issue on inpatient areas. Humber safeguarding has contributed to the new sexual safety training and is part of the sexual safety strategic group. A standard operating procedure has now been developed and implemented. This issue is also reflected in the level three safeguarding training.

Our Charity – Health Stars

Health Stars works in partnership with the Humber Teaching NHS Foundation Trust to enhance the community and mental health services provided to over 800,000 people living in our service area.



At Health Stars, we're very proud of our NHS and we work hard to improve services, through investment in specialist equipment, training and environments.

healthstars

As a local charity, we rely on the support of businesses, community groups and the generosity of our friends and neighbours. Generous donations and wonderful fundraising efforts help us improve services for patients and their loved one who are looked after by the amazing staff who work for Humber Teaching NHS Foundation Trust.

The financial year 2019/20 has been a very busy one for us here at Health Stars with us receiving 202 wishes and one major appeal, The Impact Appeal.

Throughout the year we have worked hard to add "sparkle" across the Trust with wishes such as dementia clocks to support our teams within the community, football kits for our inpatient units, refilling of CAMHS crisis bags, holistic therapy aids, team days and much more.

It was also a very exciting year as we saw the hard work of our Impact Appeal come to life. We worked extremely hard alongside the Trust to open INSPIRE, which was a great achievement for Health Stars with our appeal raising in excess of £300,000. This money enabled us to enhance the spec of the unit and add "sparkle" such as a range of technology, including a giant iPad built within the wall.

Health Stars continues to work hard granting wishes, hopes and dreams across the Trust and looks forward to an exciting future for 2020/21.

Celebrating Success – Our 2019-20 Highlights

In this section we are pleased to share some of our key successes across 2019-20:

CQC Rating of “Good” Retained



Humber Teaching NHS
Foundation Trust

CQC overall rating

Good

Following inspection by the CQC in February 2019, the Trust was rated ‘Good’ overall in its latest inspection. Inspectors awarded a rating of “Good” to the Trust for being well-led, effective, caring and responsive.

Acute wards for adults of working age and psychiatric intensive care units improved from “Requires improvement” to “Good”, along with mental health crisis services and health-based places of safety improving to “Good” for being safe and well-led.

The report also highlighted examples of “outstanding practice” in the areas of patient feedback and engagement, self-harm and suicide prevention work and the redesigning of acute pathways to reduce out of area transfers for acute admissions.

We were disappointed to be assessed as ‘requires improvement’ for safety in community services, which continued to be an area of focus as we further integrated our community services.

Introducing Proud



In April 2019, the Trust launched Proud that invests in and values staff; our **“PRogramme of Organisational Development with U at the heart of it”**. More detail of our Proud programme is contained in Section 7: Workforce Planning.

Health Service Journal Mental Health Provider of the Year Award



The Trust was shortlisted for four Health Service Journal Awards this year, and could not have been prouder to be the winners of the prestigious Mental Health Provider of the Year award.

The award recognises the dedication and commitment of our teams to ensure that we are delivering the best possible care to the communities that we serve. The judges said that “the journey for this organisation is exemplary they don’t know quite how impressive they are. They retain an understated wow factor in their progress to change, patient safety and embedded positive culture. A unique presentation from a unique Trust”.

CAMHS Inpatient Unit

The Trust’s new children’s and adolescent mental health inpatient unit serving the young people of Hull, East Riding of Yorkshire, North Lincolnshire and North East Lincolnshire was opened in January 2020.

The unit, based on Walker Street, Hull includes nine general adolescent beds and four Psychiatric Intensive Care beds for young people with severe and complex mental health difficulties. The inpatient unit will treat young people struggling with a wide range of mental health issues such as depression, severe anxiety, psychosis and eating disorders, providing a comprehensive recovery focussed treatment approach and education programme.

Inspire will mark a national step-change in Children and Adolescent Mental Health Services (CAMHS) delivery as a service that has been shaped with young people at its heart. Young people and their families were involved in each stage of the building from identifying a suitable location, designing interiors and developing the best practice and services that will be used during treatment.

Humber Trust Charity, Health Stars raised over £300,000 through their Impact Appeal which has been used to enhance the unit with special touches and enhanced features. The appeal was launched on World Mental Health Day 2018 with the initial ambition to raise £250,000. Funds raised have provided everything from enhanced gardens to gaming equipment and a fully equipped gym to allow occupational therapists to work with young people through art, exercise and more. Health Stars also ran a public competition to name the unit, with the winning suggestion 'Inspire' been selected by a panel of young people.

Baby Friendly Initiative Gold Award



Our Integrated Specialist Public Health Nursing Service (ISPHNS), working in partnership with East Riding of Yorkshire Council, were awarded the prestigious UNICEF Baby Friendly, Achieving Sustainability Gold Award in June 2019.

It is the first integrated service in the UK to achieve the gold award, and the East Riding is also the first children's centre service to achieve the gold accreditation.

This is fantastic achievement for the service and a testament to the hard work and dedication of everyone involved.

Electronic Prescribing

We were one of the first 13 trusts to implement electronic prescribing in June 2019. We have taken a phased implementation approach to launch the system, which will help improve patient safety by reducing the risks associated with traditional methods of prescribing and administering medicines.

There are a number of benefits to patients, staff and the organisation of implementing electronic prescribing, including:

- Improving patient safety: transcribing and administration errors will be reduced
- Saving staff time: electronic prescriptions will be automatically transferred to the pharmacy so reducing the time spent managing prescriptions
- Improving prescribing processes: it will help us to manage prescribing data more effectively to see the efficiency and effectiveness of how we are prescribing medicines
- Saving the Trust money - no purchase of paper prescription charts, improved formulary compliance, reduces the risk of fraudulent prescription claims

Research Conference

Our third annual research conference, held on 15th May 2019, was another great success and generated lots of positive feedback. Around 170 people attended and represented at least 26 organisations including commissioners, universities, NHS trusts, independent providers, local Clinical Research Network, and many different professional groups. Results from research were shared with the audience and new exciting opportunities for participation in future studies presented.

Quality Improvement Conference

The first Quality Improvement and Always Event Forum took place in June 2019. The audience had the opportunity to hear presentations that included:

- An introduction to Quality Improvement including our Quality Improvement Approach, QSIR (Quality, Service Improvement and Redesign) College and Always Events
- The Patient Experience Toolkit presented by the Improvement Academy

- Presentations from Trust Staff on the Quality Improvement (including Always Events) journey.

NHS Improvement Films

On Friday 13 September, the Trust launched five short films that were commissioned by NHS Improvement. The film themes were 'Culture', 'Leadership', 'Using Patient Experience Data' and 'Our Top Tips' and are a way to share our journey with fellow provider trusts across the country. The films represented an excellent opportunity to highlight the positive impact of involvement in Trust activities for our patients, service users, carers.

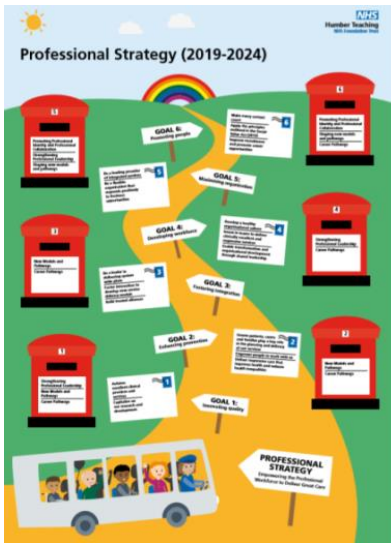
Occupational Health Accreditation

The Trust Occupational Health service was recently awarded the SEQOHS (safe, effective, quality occupational health services) accreditation 1 June 2019. Accreditation involved both a self-assessment and external peer assessment against accreditation standards to evidence a culture of continual quality improvement. The service was congratulated on its thorough and documented comprehensive processes including audit of the management of vaccines.



Launch of the Professional Strategy for Health and Social Care Staff

Our first Professional Strategy for Health and Social Care Staff, developed by professional who represent our diverse, dedicated and highly skilled workforce, was launched in July 2019. The Strategy aims to create the right climate for professionals to be empowered to deliver great care and have fulfilling and lifelong career development opportunities across the service provided by the Trust.



The Strategy is designed to support the Trust's Mission, Vision and Strategic Goals and the NHS Long-Term Plan, identifying four key priority areas of delivery:

1. Promoting professional identity and professional collaboration
2. Strengthening professional leadership
3. Shaping new models and pathways
4. Career pathways.

Whitby Hospital Remodel

The Whitby Hospital Remodel, led by the NHS Property Services, commenced in March 2020 with Phase One: the remodelling of the maternity unit. This will be followed in May 2020 by Phase Two: a 42-week project to remodel the tower block. It is expected that the inpatient facilities will be relocated into the remodelled maternity unit, but this relies on implementation of a successful bed reduction plan.

Launch of the Patient Safety Strategy at the first World Patient Safety Day



The Trust was proud to support the world Health Organisation's first ever patient safety day in September 2019 by holding a patient safety educational event for staff, Speak Up for Safety.

At the event we launched our Patient Safety Strategy, which builds on the achievements of our previous strategy (2016-2018) and sets our ambitious goals for the next three years in order to realise our ambition to become an outstanding organisation.

Our Patient Safety Strategy demonstrates that safety is at the heart of all we do and supports a leadership culture that supports staff to feel safe to report patient safety issues without fear of retribution, and be empowered to act swiftly to address risk.

Health Education England/Fair Health Charity

In November 2019, the Trust hosted a Health Education England/Fair Health Charity sponsored event concentrating on Health Inequalities. Over 70 GP's including trainees attended the event which attracted positive media attention from Radio HumberSide.

Staff Survey Results 2019

The results of the 2019 national Staff Survey show that the Trust has maintained the improvements achieved in 2018 and show that 88% of staff feel that their role makes a difference to patients and service users and more staff would recommend the Trust as a place to work (49%) than last year with 71% of staff enthusiastic about their job and 77% of staff responding to say that time passes quickly when they are working.

More than 1,050 of staff (40%) took part in the 2019 survey to tell us what they like about working for our Trust and where we can improve. However, our response rate of 40% means the Trust was below the average national response rate of 49%.

NHS England Visit

The Trust hosted an NHS England visit on Tuesday 26th of November where they explored the Trust's approach to Patient and Carer Engagement, Patient Safety and Quality Improvement. It's envisaged that the 'Humber Approach' will subsequently feature in a publication as an exemplar site.

Launch of the Complex Recovery Service

The Complex Recovery Service was developed during 2019/2020 to provide intensive community rehabilitation people in Hull and East Riding who experience severe and/or enduring mental illness to prevent them being placed in inpatient facilities outside of the local area. It provides a range of accessible and responsive support structures within communities that wrap treatment and support around individuals as needed, ensuring they access inpatient services for the shortest time possible as part of a community focussed service.

IAPT

The Trust became the Lead Provider for IAPT service across the East Riding of Yorkshire CCG geographic Boundary from 1 December 2019.

Community Mental Health Team Redesign

We successfully secured investment to roll-out a new way of delivering community mental health services as part of a national pilot to test new and integrated models of primary and community mental health care.

The new models of care will more closely align community-based mental health teams to the emerging Primary Care Networks, helping to remove barriers between primary care and secondary care to create a seamless service. This will enable people to receive appropriate care from community mental health services within four weeks from referral to treatment in all areas of Humber, Coast and Vale.

Quality Health Mental Health Inpatient Survey 2019

Quality Health undertook a survey of a sample of our inpatients and found that we were in the highest 20% of trusts for patients assessing us on 'definitely involved as much as wanted in decisions about care and treatment', 'hospital food', 'purposes of medications explained completely' and 'discharge not being delayed for any reason'.

Annex 1: Statement from Commissioners, Local Healthwatch Organisations and Overview and Scrutiny Committees

Hull City Council Health and Wellbeing Overview and Scrutiny Commission

Awaiting

East Riding Health and Wellbeing Overview and Scrutiny Commission

Awaiting

Healthwatch East Riding of Yorkshire

Healthwatch East Riding of Yorkshire welcomes the opportunity to make a statement on the Quality Account for Humber Teaching NHS Foundation Trust.

I found the Chief Executive's statement very useful and provided a good introduction to the Accounts and delighted to see the Trust was named the Mental Health Provider of the Year at the Health Service Journal Awards.

The Quality Accounts were well laid out and easy to read, the month-by-month format provided a good insight to the Trust's achievements throughout the year. It is clear that the Trust has worked hard to deliver on its priorities to improve the quality of their services.

The opening of the Trust's new children's and adolescent mental health inpatient unit was especially welcome as young people were involved in every stage from the building location, interior design and developing best practice and services.

It was good to note that although the Trust maintained the Care Quality Commission (CQC) inspection 'Good' rating with 'Outstanding' features, measures were put in place to improve their performance in relation to safety, with the launch of the Patient Safety Strategy in September.

Healthwatch is pleased to note that reducing waiting lists remains a priority area for the Trust, and welcomes the ambition to continue reducing waiting lists and complaints.

The recruitment of 1,600 members and 120 volunteers is a big achievement and Healthwatch is pleased to note they are encouraged to get involved and have their say about the services they or their family member, have received.

Healthwatch's involvement in the Quarterly Patient and Carer Experience forums have proven to be very useful in hearing about patients', service users' and carers' experiences and welcomes the opportunity the Trust provides them giving them a voice and the chance to be involved in their activities.

We look forward in continuing to work more closely with Humber Teaching NHS Foundation Trust in the future and seeing how the new priorities are developed.

Julie Dearing, Manager
24 April 2020

Healthwatch Kingston Upon Hull

I believe that the Quality Accounts are representative and give a comprehensive coverage of the services that the Humber NHS Foundation Trust provides.

Healthwatch Kingston Upon Hull is delighted to be asked to comment on the Trust Quality Accounts for this year. Over the past year we have been asked to be involved in and consulted on some aspects of the Trust's work which we have been happy to participate in.

I found contents of the Quality Accounts to be well laid out and tastefully designed providing lots of information on the Trust's achievements throughout the year.

I found the Chief Executive's statement very useful and provided a good introduction to the Account. I was pleased to see the addition of patient and family stories too.

It is clear from the Account that the Trust has worked extremely hard to deliver on its priorities to improve the quality of their services throughout the year. On a month-by-month basis the Trust has identified their achievements, which is a credit to them.

The Trust was named Mental Health Provider of the Year at the Health Service Journal Awards in November 2019. This is a clear demonstration of the commitment and dedication of the workforce.

It is pleasing to see the Trust continues to maintain its CQC rating of 'good' and made some progress in some of these areas, demonstrating some outstanding features which will hopefully in time enable the Trust to obtain an outstanding CQC rate.

Equally, it is disappointing that the CQC has identified some areas that 'require improvement' in relation to patient safety. However, the Trust has already delivered on the 'should do and must do' actions identified by the CQC and it has also decided to carry out a series of peer reviews and audits, from which it has developed quality improvement plans.

Healthwatch welcomes the improvements to the waiting times for treatment in line with the national guidance and improvements in record keeping are maintained to ensure accurate records of assessments, care plans and reviews.

I am pleased to see the Trust has enlisted over 16,000 members who they encourage to get involved and have their say about the services they or their family member receive or indeed did receive. Healthwatch members act as patient representatives on the Patient Experience Meetings where carers, patients (present and past) play an active role.

In conclusion, Healthwatch welcomes the opportunity to comment on the Trust's Quality Accounts and we would like to congratulate all members including staff, patients, carers for all their hard work and commitment to improving the quality of care for improving patient and carer experience.

We also welcome the opportunity to work more closely with the Trust to facilitate independent engagement with patients, carers and the public.

Moira Harrison, Delivery Manager
20 April 2020

Healthwatch North Yorkshire

Awaiting

Scarborough and Ryedale CCG

Awaiting

Hambleton Richmondshire and Whitby CCG

Awaiting

Hull CCG and East Riding CCG – Joint Response

NHS East Riding of Yorkshire and NHS Hull Clinical Commissioning Group are pleased to be given the opportunity to review and comment on Humber Teaching NHS Foundation Trust's Quality Report for 2019/20. The Quality Account provides Commissioners with an informative overview of the progress that has been made by the Trust and the challenges that the Trust has encountered during 2019/20.

May we start our review of your Quality Account by once again congratulating you on winning the Health Service Journal Mental Health Provider of the Year 2019. The comments made by the judges on the progress evidence the extent of the improvement journey you have made over recent years. We congratulate you on this.

We are pleased to see the Quality Account starts with patient stories. These reflections and detailed patient journeys gives an excellent insight into the services offered by the Trust, the impact on patient outcomes and the great work of the Trust in supporting recovery.

Commissioners note that in the 2018/19 Quality Account feedback we looked forward to receiving the outcome of your Well Led CQC Inspection that had begun in February 2019. We again congratulate the Trust on your overall "Good" rating with elements of "Outstanding" from the CQC.

As noted there continues to be areas for improvement identified by the CQC in relation to record keeping. This has also been identified as an issue within Serious Incident (SI) investigations. We would welcome the opportunity to work with and support the Trust to improve record keeping further.

Supervision and appraisal has also been raised by the CQC. It is recognised that the Trust has remained focussed on improvements in both the uptake and quality of supervision and appraisal within its services and this has being discussed within the quality meetings.

Both Clinical Commissioning Groups acknowledge the focussed worked undertaken over the year in both improving and maintaining a consistent and quality driven service. We hope therefore that this dedication and commitment will bring further improvement in regulatory ratings particularly in the safe domain which is at this time requiring improvement.

As appreciated there is a national challenge in respect of workforce. It is therefore accepted that the Trust also continues to be challenged in respect of the recruitment and retention of staff; in particular clinical staff. The Trust has taken a positive and proactive approach to addressing this, staff satisfaction and retention via your #PROUD Programme. We also noted the Annual Report on gaps and vacancies with regards to Doctors and Dentists. Commissioners know the Trust is particularly challenged with regards to Consultant Psychiatrist recruitments and note the commitment to address this by the Trust.

Commissioners would also like to make special mention of the Trust's "Professional Strategy for Health and Social Care Staff" launched in July 2019. The strategy with its focus on Professional Identity, Collaboration and Leadership and new career pathways will hopefully contribute to the Trusts recruitment strategy by making Humber an employer of first choice by the wide range of clinical professionals it is hoping to attract.

Commissioners have noted the Trust's commitment to addressing waiting lists and long waits and have welcomed the discussions with the Trust in Quality Forum Meetings with regards to waiting lists and the assurances given by the Trust with regards to patient safety. We appreciate the work that has been done to address waiting lists and times, however there is still a considerable way to go and this will continue to be a significant focus in the coming months and we need to maintain close communication over risk assessment and stratification as well as opportunities for improved efficiency. Hull CCG has invested considerably in CAMHS, Autism and ADHD services within the Trust and look forward to seeing further improvements to waiting lists in these areas and compliance with National standards.

It was good to see the section on the Trust's approach to Quality Improvement (QI). Commissioners have had several presentations from the Medical Director and members of the QI Team and have seen the process in action in Quality Meetings and various workshops. The several different approaches to QI outlined in the Quality Account that are to be rolled out to other staff sound innovative and aspirational. Commissioners look forward to receiving updates on the outcomes of this work.

The Quality Accounts reflect the progress that has been made towards the quality priorities that were identified in 2018/19 by the Trust showing that many of the actions identified were achieved. Commissioners particularly enjoyed reading the reviews of the 2018/19 Quality Priorities having been involved in the workshops held in the Humber Lecture Theatre that had worked on and set these priorities. It was good to be involved in this process and appreciate the real focus on partnership as both staff, patients and other agencies were given a voice and opportunity to contribute to priority setting. It was pleasing to read the progress made against the priorities in the Quality Account and Commissioners know from the "Building our Priorities" event in January 2020 that the priorities have been thoroughly reviewed and updated.

Commissioners would like to pay specific recognition to the "Patient and Carer Experience Strategy". This continues to go from strength to strength and underpins so much of the Trust's activity. The success of this work was rightly acknowledged by NHS Improvement who asked the Trust to contribute films to showcase the work the Trust has undertaken, Commissioners are pleased to note the significant number of national and local clinical audits that the Trust participated in. The variety of audits reflects the wide range of services provided by the Trust. It was particularly good to see the actions that have resulted from these audits and how they will be used to improve patient care and improve efficiency.

The Trust continued to be a strong advocate for research, development, learning and teaching as evidenced in the Quality Account. The increase in the number of studies and recruited participants is to be applauded leading to the Trust being recognised in the top third of mental health trusts participating in research. The Trust far exceeded its target of studies, set by the Yorkshire and Humber NIHR Clinical Research Network (CRN) ensuring that patients using the Trust's services have the opportunity to participate in a wide range of studies if they so wish. We note the new Research Strategy for 2020-22 has been developed and should ensure that research activity continues to increase.

The large and detailed section in the Quality Account with regards to Information Governance and Data Quality was noted and welcomed. The new Data Security and Protection (DSP) Toolkit provides a new and challenging framework for all providers to meet and Commissioners look forward to receiving details of the Trust's compliance with the DSP requirements.

Commissioners welcome the opening of the new Inspire CAMHS unit in Hull. As acknowledged and monitored the Trust has on occasion been required to admit patients under the age of 16 to adult beds or placement in units outside of the area. The Inspire Unit with its combination of Psychiatric Intensive Care and general adolescent beds provides a welcome new resource not just for East Riding and Hull but also the wider area.

Finally, we confirm that to the best of our knowledge, the report is a true and accurate reflection of the quality of care delivered by Humber Teaching NHS Foundation Trust and that the data and information contained in the report is accurate.

Commissioners remain committed to working with the Trust and its regulators to improve the quality and safety of services available for the population of each CCG area in order to improve patient outcomes.

Nicki Sparling, Assistant Director of Quality and Improvement/Deputy Lead Nurse (ERY CCG) and Robert Thompson, Head of Nursing and Quality (Hull CCG)
30 April 2020

NHS England/NHS Improvement

The Trust's Quality Account 2019/20 reflects the progress that has been made towards its four quality priorities. The new 13-bedded CAMHS Inpatient Unit has a great design and there are areas of innovation. The seclusion facilities have digital/IT to enable young people to have contact with family and friends. The new service offers a shift from the traditional approach to CAMHS inpatient provision to one that supports the ongoing transformation of Children and Young People Mental Health Services. The Trust has integrated service user feedback into its appraisal process which is positive. It has won a number of awards for collaboration and research.

Wendy Barker, Deputy Director of Nursing and Quality
13 May 2020

Annex 2: Statement of Directors' Responsibilities for the Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the *NHS foundation trust annual reporting manual 2019/20 and supporting guidance Detailed requirements for quality reports 2019/20*
- the content of the quality report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2019 to March 2020
 - papers relating to quality reported to the board over the period April 2019 to March 2020
 - feedback from commissioners dated 30 April 2020
 - feedback from governors dated **View to be sought following Board approval for QA submission in June 2020**
 - feedback from local Healthwatch organisations dated 20, 24 April 2020
 - feedback from overview and scrutiny committee dated **Awaiting**
 - summative data from the Trust's quarterly complaints report to provide annual data relating to complaints received within the Trust. The annual complaints report published under regulation of the Local Authority Social Services and NHS Complaints Regulations 2009 will be submitted to the September Board
 - the national patient survey 2019
 - the national staff survey 2019
 - the Head of Internal Audit's annual opinion of the trust's control environment dated **April 2020 to be confirmed**
 - CQC inspection report dated 14 May 2019
- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the Board

Insert Date Sharon Mays (Chairman)

Insert Date Michele Moran (Chief Executive)

Annex 3: Independent auditors report to the Council of Governors of Humber Teaching NHS Foundation Trust on the Quality Account

Independent auditor's report to the council of governors of Humber Teaching NHS Foundation Trust on the quality report

In line with revised guidance published 1 May 2020, due to the Coronavirus pandemic which states that "*providers are no longer expected to obtain assurance from their external auditor on their quality account / quality report for 2019/20*" external audit has not taken place. Therefore, this section is intentionally blank.

Annex 4: Our Strategic Goals

Strategic Goal One: Innovating Quality and Patient Safety

What we will do

We will:

- Deliver high-quality, responsive care by strengthening our patient safety culture;
- Demonstrate that we listen, respond and learn;
- Achieve excellent clinical practice and services;
- Capitalise on our research and development;
- Exceed CQC and other regulatory requirements

How will we know we have achieved it

We will demonstrate:

- An 'outstanding' CQC rating;
- Timely access to safe services delivered by excellent clinical staff;
- National recognition for best practice through specialist research and benchmarking.

Strategic Goal Two: Enhancing Prevention, Wellbeing and Recovery

What we will do

We will:

- Ensure patients, carers and families play a key role in the planning and delivery of our services;
- Empower people to work with us so they can manage their own health and social care needs;
- Deliver responsive care that improves health and reduces health inequalities;
- Develop an ambitious prevention and recovery strategy

How will we know we have achieved it

We will demonstrate:

- Pioneering innovation that promotes access, patient/carers engagement, empowerment, self-management and peer support;
- A zero suicide death rate in our inpatient services;
- A jointly managed transformation of services based on people's needs;
- Nationally recognised leadership demonstrated across all health and social care pathways.

Strategic Goal Three: Fostering Integration, Partnership and Alliances

What we will do

We will:

- Be a leader in delivering Sustainability and Transformation Partnership plans;
- Foster innovation to develop new health and social care service delivery models;
- Strive to maximise our research-based approach through education and teaching initiatives;
- Build trusted alliances with voluntary, statutory/non-statutory agencies and the private sector.

How will we know we have achieved it

There will be::

- System-wide solutions to long-term problems with our partners;
- Recognition of the Trust as a world-class specialist education and teaching provider;
- Joint ventures that enhance our ability to deliver excellent services.

Strategic Goal Four: Developing and Effective and Empowered Workforce

What we will do

We will:

- Develop a healthy organisational culture;
- Invest in teams to deliver clinically excellent and responsive services;
- Enable transformation and organisational development through shared leadership.

How will we know we have achieved it

We will demonstrate:

- Teams built around their members and which deliver services tailored to individual needs;
- Staff who are nationally recognised as excellent leaders;
- Motivated staff influencing decision-making and delivering change.

Strategic Goal Five: Maximising an Efficient and Sustainable Workforce

What we will do

We will:

- Be a flexible organisation that responds positively to business opportunities;
- Be a leading provider of integrated services;
- Exceed requirements set by NHS Improvement regarding financial sustainability;
- Build state-of-the-art care facilities.

How will we know we have achieved it

We will demonstrate:

- Business growth that exceeds £30 million;
- A physically and financially efficient business built on sound integrated models of care.

Strategic Goal Six : Promoting People, Communities and Social Values

What we will do

We will:

- Apply the principles outlined in the Social Value Act (2013);
- Ensure our human resource priorities and services have a measurable social impact;
- Improve recruitment and apprenticeship schemes and promote career opportunities;
- 'Make every contact count' via an integrated approach designed to make communities healthier.

How will we know we have achieved it

There Will be:

- A robust social values policy implemented across the organisation;
- Social impact measures as core performance measures for all services;
- A clear demonstration of the social impact return on investment for apprenticeship schemes;
- Reduced demand for services.

Annex 5: Glossary and Further Information

136 Suite	A registered health-based place of safety where Police can take an individual under a Section 136 of the Mental Health Act for their own safety
BIA – Best Interests Assessor	Best Interests Assessors are responsible for ascertaining that the person is 18 or older. They are solely responsible for assessing whether there are any lawful decision-makers who object to what is proposed. If qualified also as Approved Mental Health Professionals, they are able to carry out an eligibility assessment, to decide whether a person’s rights should be protected by the use of the MHA or the MCA, via the Safeguards.
BMI – Body Mass Index	A measure of body fat based on height and weight.
C. Diff – <i>Clostridium difficile</i>	A type of bacterial infection affecting the digestive system.
Care Co-ordinators	A health care worker who is assigned a caseload of patients and is responsible for organising the care provided to them.
Care Plan	A document which plans a patient’s care and can be personalised and standardised.
CCG – Clinical Commissioning Group	NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.
Community Hospital	The Trust has two Community wards providing short term 24-hour clinical care and rehabilitation – Whitby Community Hospital and Fitzwilliam Ward, Malton Community Hospital
CPA – Care Programme Approach	A multi-agency system used to assess, plan and co-ordinate care for a patients receiving mental health services.
CQC – Care Quality Commission	The independent regulator of health and social care services in England. The CQC monitors services by way of setting standards and carrying out inspections.
CQUIN – Commissioning for Quality and Innovation	A framework rewarding excellence in healthcare by linking achievement with income.
CROMS – Clinical Reported Outcome Measures	Assess the quality of care delivered to NHS patients from the clinical perspective.
CTO – Community Treatment Order	A legal order made by the Mental Health Review Tribunal or by a Magistrate. It sets out the terms under which a person must accept medication and therapy, counselling, management, rehabilitation and other services while living in the community.
Datix	Datix Limited is a patient safety organization that produces web-based incident reporting and risk management software for healthcare and social care organisations.
DHSC – Department of Health and Social Care	Responsible for Government policy on health and social care in England.
DoLS – Deprivation of Liberty Safeguards	Part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care

	homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.
<i>E. coli – Escherichia coli</i>	<i>Escherichia coli</i> (abbreviated as <i>E. coli</i>) are bacteria found in the environment, foods, and intestines of people and animals. <i>E. coli</i> are a large and diverse group of bacteria.
EDGE	Clinical Research Management System
FACE – Functional Analysis of Care Environments	The FACE risk profile is part of the toolkits for calculating risks for people with mental health problems, learning disabilities, substance misuse problems, young and older people, and in perinatal services.
FFT – Friends and Family Test	A patient feedback survey used throughout the NHS asking whether patients would recommend services to their friends and family.
Freedom to Speak Up Guardian	Freedom to Speak Up (FTSU) guardians in NHS trusts were recommended by Sir Robert Francis, following his review and subsequent report into the failings in Mid-Staffordshire. FTSU guardians have a key role in helping to raise the profile of raising concerns in their organisation and provide confidential advice and support to staff in relation to concerns they have about patient safety and/or the way their concern has been handled.
KPI – Key Performance Indicator	Indicators which help an organisation to measure progress towards goals.
LeDeR – Learning Disability Mortality Review Programme	The programme aims to make improvements to the lives of people with learning disabilities. It clarifies any potentially modifiable factors associated with a person's death, and works to ensure that these are not repeated elsewhere.
Lorenzo	An electronic health record for patient records.
MCA – Mental Capacity Act	Designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. It is a law that applies to individuals aged 16 and over.
MDT – Multi-disciplinary Team	A group of health care workers who are members of different disciplines (professions e.g. Psychiatrists, Social Workers, etc.), each providing specific services to the patient.
MHA – Mental Health Act	The main piece of legislation that covers the assessment, treatment and rights of people with a mental health disorder.
Midweek Mail	A communication email sent weekly to Humber Teaching NHS Foundation Trust.
MRSA – Methicillin-resistant <i>Staphylococcus aureus</i>	A bacterial infection, resistant to a number of anti-biotics.
MyAssurance	An app-based, real time inspection and reporting tool for healthcare inspections. It eliminates administration by capturing results directly and provides automated reporting
NHSE – NHS England	NHS England is an executive non-departmental public body of the Department of Health and

	Social Care.
NHSI – NHS Improvement	Supports foundation trusts and NHS trusts to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable.
NICE – National Institute for Health and Care Excellence	Produces evidence-based guidance and advice for health, public health and social care practitioners. Develops quality standards and performance metrics for those providing and commissioning health, public health and social care services. Provides a range of information services for commissioners, practitioners and managers across the spectrum of health and social care.
NIHR – National Institute for Health Research	Funds health and care research and translate discoveries into practical products, treatments, devices and procedures, involving patients and the public in all our work.
NPSA – National Patient Safety Agency	Lead and contribute to improved, safe patient care by informing and supporting organisations and people working in the health sector.
PALS – Patient Advice and Liaison Service	Offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers.
POMH-UK – Prescribing Observatory for Mental Health (UK)	Helps clinical services maintain and improve the safety and quality of their prescribing practice, reducing the risks associated with medicines management.
PROMS – Patient Reported Outcome Measures	Assess the quality of care delivered to NHS patients from the patient perspective.
QOF – Quality Outcome Framework	Part of the General Medical Services contract for general practices and was introduced on 1 April 2004. The QOF rewards practices for the provision of 'quality care' and helps to fund further improvements in the delivery of clinical care.
SEA – Significant Event Analysis	A qualitative method of clinical audit which highlights and reviews events in a non-threatening meaningful way; involving a range of people to review the issues, to gain a collective understanding of what happened, why it happened and identify areas for learning and or areas for change or improvement to reduce the likelihood or prevent recurrence.
SitRep – Situation Report	A report on the current situation to inform of any issues within services at that time.
SOF – Single Oversight Framework	Sets out how NHSI oversees NHS trusts and NHS foundation trusts, helping to determine the level of support they need.
STP – Sustainability and Transformation Partnerships	The purpose of Sustainability and Transformation Partnerships is to help ensure health and social care services in England are built around the needs of local populations.
SystemOne	An electronic health record for patient records.

Title & Date of Meeting:	Trust Board Public Meeting – 20 May 2020			
Title of Report:	Committee Effectiveness Reviews 2019/2020			
Author/s:	Name: Michelle Hughes Title: Head of Corporate Affairs			
Recommendation:	To approve	x	To receive & note	
	For information		To ratify	
Purpose of Paper:	To provide completed effectiveness reviews for the Trust Board and each of the Board's sub committees for 2019/20.			
	To present committee terms of reference for Board approval.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Documents discussed by committees and board members	/
Key Issues within the report:	All committees have undertaken an effectiveness review and these are attached as appendices with their terms of reference.			

Monitoring and assurance framework summary:

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



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

Committee Effectiveness Reviews 2019-2020

1. Introduction

The Board has delegated functions to each of its committees as outlined in the Standing Orders, Scheme of Delegation and Standing Financial Instructions document.

An annual review of effectiveness has been undertaken for the Trust Board and each of the sub committees as outlined on the table below.

	Non-Executive Director Committee Chair
Quality Committee	Mike Cooke
Charitable Funds Committee	Mike Cooke
Remuneration and Nomination Committee	Sharon Mays
Mental Health Legislation Committee	Mike Smith
Audit Committee	Peter Baren
Finance and Investment Committee	Francis Patton
Workforce & Organisational Development Committee	Francis Patton Apr'19-Mar'20 Dean Royles wef March'20
Trust Board	Sharon Mays

2. Completed Reviews

The effectiveness reviews and terms of reference for each committee are attached as appendices:

- Appendix 1: Quality Committee
- Appendix 2: Charitable Funds Committee
- Appendix 3: Remuneration and Nomination Committee
- Appendix 4: Mental Health Legislation Committee
- Appendix 5: Audit Committee
- Appendix 6: Finance and Investment Committee
- Appendix 7: Workforce & Organisational Development Committee.
- Appendix 8: Trust Board

Each sub-committee has a work plan for the 2020-2021 year ahead and are available on request.

3. Summary

- The Trust Board and all sub committees have undertaken a committee effectiveness review for 2019/20 and have reviewed their Terms of Reference.
- The Trust Board and all sub committees have a work plan for the 2020/21 year ahead.

4. Recommendations

- To receive and discuss effectiveness reviews for the Trust Board and its sub committees.
- To approve Terms of Reference for the Trust Board and sub committees.

M Hughes
May 2020

Quality Committee

Annual Review of Committee Effectiveness and Terms of Reference 1st April 2019 to 31st March 2020

The purpose of the Quality Committee is to assure the Trust Board that appropriate processes are in place to give confidence that;

- Quality, patient safety performance and associated risks are monitored effectively and that appropriate actions are taken to address any deviation from accepted standards and to manage identified risks.
- Performance in relation to research and development requirements is monitored effectively with appropriate actions being taken to address any performance issues and risks.
- The quality impact of proposed business change proposals (i.e new models, budget reductions) are fully reviewed for their impact on quality
- The impact of quality improvements and audits are clearly tracked through performance and experience data.

1. Executive Summary

The Quality Committee has met six times during 2019/20, is well and consistently attended and remains highly engaged with quality assurance and quality improvement across the organisation including assurance to Trust Board.

During 2019/20 amongst many other aspects of our work Quality Committee have:-

- Welcomed the continuous improvement and significant progress in confirming the overall Good rating following the February 2019 Care Quality Commission Inspection
- Continued to oversee progress on safety and implementation of improvements recommended by CQC, patients and staff
- Supported our 3rd Annual Research Conference and welcomed significant increases in patient and staff participation in research
- Launched our revised Patient Safety Strategy in the context of National NHS Safety Strategy and also agreed a refreshed Safeguarding and further Research Strategies to underpin quality
- Commented on new innovative clinical models for Child and Adolescent Mental Health inpatients and Adult Mental Health Inpatients
- Supported the deployment of a programme of quality improvement projects and a revised Quality Improvement Plan for each service area
- Assured the quality of the Quality Accounts/Report for 2019/20 and quality priorities and a forward Work Programme for Quality Committee during 2020/21.

At all times, the members have worked with and promoted the PROUD values and ways of working.

I would like to thank all my colleagues for their contribution especially Hilary Gledhill and Dr John Byrne as Lead Executives and Su Hutchcroft for her excellent administration of Quality Committee throughout 2019/20. This is all in advance of our NHS response to Coronavirus outbreak and we are sure the strong foundation we have on quality will help support patients and staff in the best way possible in unprecedented times.

Mike Cooke
Professor Mike Cooke CBE
Chair, Quality Committee and Non-Executive Director

2. Delivery of functions delegated by Board

	Functions within ToR	Evidence to support delivery	Outstanding issues / action plan
1	To provide the strategic overview of and assurance against clinical and quality governance, clinical risk and patient and carer experience and engagement issues in the Trust	Annual reports for Safeguarding, Research and Development, Healthcare Acquired infection reported to the Committee. Quality Accounts oversight Complaints and PALs annual report CQC regulation breaches report and actions taken.	Quality Account draft report to be reviewed by committee members April 2020 by email.
2	Drive improvements in the approach to quality improvement, innovation and quality assurance informed by the internal governance reporting structures and external horizon scanning and learning from others.	This was a new duty added to the ToR following the previous effectiveness review in April 2019. The committee has: Reviewed divisional quality improvement plans. Received presentations/discussion topics at each meeting – for example the National Confidential Inquiry into Suicide and Safety in Mental Health - February 2020.	
3	To provide an assurance to the Trust Board that risks and governance issues of all types are identified, monitored and controlled to an acceptable level.	Quality Improvement Plans submitted by divisions through which they are held to account for quality improvement Annual Policy log reviewed at the April Quality Committee each year Assurance received at each Quality Committee of the 2019/20 CQC action plan delivery.	Assurance process against the CQC compliance action plans following the February 2019 Well-led inspection report established from May 2019 and continues as per the work plan
4	To provide a regularly reviewed and appropriate risk register to the Trust Board identifying risks to achieving the Trust's strategic objectives	Review of the Board Assurance Framework quality related risks at each meeting. BAF presented quarterly to the Board. Top quality related risks from the Care Groups/divisions reported to each meeting via the Quality Committee Risk Register	Ongoing development of the BAF and related risks and identification of risks to be assessed for the appropriate risk registers.
5	To advise the Trust Board on significant risks and governance issues, identifying	Committee Assurance Report and approved minutes submitted to the Board. BAF report	From April 2020, the Committee Assurance report to Board will be included with the papers for the Committee to note.

	recommendations, to enable it to take appropriate action.	Discussion topic in relation to a specific governance related issue at each Committee, agreed with the chair prior to each meeting	
6	To ensure that there is an effective mechanism for reporting significant risks and governance issues to the Trust Board in a timely manner.	Insight report captures work of the Committee against priority areas including areas of significant risk.	Monthly reports to the Board via the executive briefings in the Chief Executive board briefing and the Quality Dashboard to continue
7	To provide a strategic overview of patient and carer experience, regularly reviewing outcomes and satisfaction	Six monthly Patient and Carer Strategy progress report and work plan submitted	Systems and processes for capturing patient and carer experience continue to be embedded. Further development of the live patient experience dashboard to provide triangulated data in 6-monthly reports.
8	To monitor and advise on the Trust approach to Research and Development	R&D Strategy and progress reports submitted. Supported annual conferences and events	Work of the Committee informing R&D programme. Continued support given to R&D events
9	To ensure that work plans are produced, and a range of actions are undertaken by other committees and meetings, reporting to the Quality Committee to provide assurance to the Trust Board.	Minutes received from the R&D Group Quality and Patient Safety Group and Drugs and Therapeutics Group. Items influence the Quality Committee agenda.	
10	To monitor Trust compliance with the required standards for regulation and registration with the Care Quality Commission and other national guidelines	CQC action plan reported with progress updates for review and sign off. Additional assurances requested in relation to specific actions.	CQC deep dive of the safe domain to be reviewed at April 2020 Committee

3. Attendance

3.1 The Quality Committee met on 6 occasions during 2019/20

Members:	No of meetings attended
Non-Executive Director (Chair)	6/6
Non-Executive Director x 2	6/6
Director of Nursing – Management support to the Committee	6/6
Medical Director	5/6 and one rep
Chief Operating Officer	4/6

3.2 *Chair (and Executive lead) to provide a view on whether the membership composition is effective and the extent to which members have contributed.*

It was felt membership is effective with joint membership and links with other committees. Co-production has given a real flavour within the organisation and committee structure.

3.3 *Include any recommendation for change to membership & reasons why*

The Terms of reference were updated December 2019 following a request by the Trust Board to state the Chief Executive had a standing invitation instead of a core member of the Committee

4. Quoracy

The Committee was quorate on all occasions

5. Reporting / Groups or Committees

Which groups report to Quality Committee?

- Quality & Patient Safety Group (QPAS)
- Drugs & Therapeutic Group (DTG)

Has the Committee approved the Terms of Reference for each of these groups?

Yes [] No [] *If no, action/timescale for receipt: _____*

Are ToR annual reviews for each reporting group on your Committee workplan to approve?

Yes [] No []

Has the Quality Committee received sufficient assurance that it's reporting groups or committees are operating effectively? Have the reports and minutes received from the reporting group provided the required level of assurance? Yes [] No []

If no, please provide an exception report on concerns/recommended changes below:-

Has Quality Committee requested / received an annual assurance report or effectiveness review from each of the reporting groups for 2019/20?]

Yes [] No []

6. Conduct of meetings

Chair to consider the following questions

- *Was a workplan agreed at the start of the year and have meetings and agendas been appropriately scheduled to meet the work plan? Yes*
- *Are the reports and papers presented of a high quality and prepared in time for issue 5 working days ahead of the meeting? Yes*

- *Is the quality and timeliness of the minutes satisfactory? Yes*
- *Is an action log maintained and are actions clearly recorded, assigned to individuals with timelines and followed through? Yes*

7. Review of Terms of Reference

Chair to summarise any recommended changes to the committee's terms of reference in light of the annual evaluation.

The Terms of reference were updated December 2019 following a request by the Trust Board to state the Chief Executive had a standing invitation instead of a core member of the Committee and the annual review will take place at the next Quality Committee meeting (post COVID 19)

Please attach a full copy of your agreed ToR for approval by the May Board as part of the committee effectiveness reviews.

8. Work plan for 2020/21

Has a workplan for the year ahead, 2020/21 been prepared?

Yes [] No []. *If no, when will it be presented to your committee?*

These will be reviewed at the next Quality Committee meeting (post COVID 19)

9. Any Actions Arising from this Effectiveness Review? YES [] NO []

If any, please summarise in bullet point format below

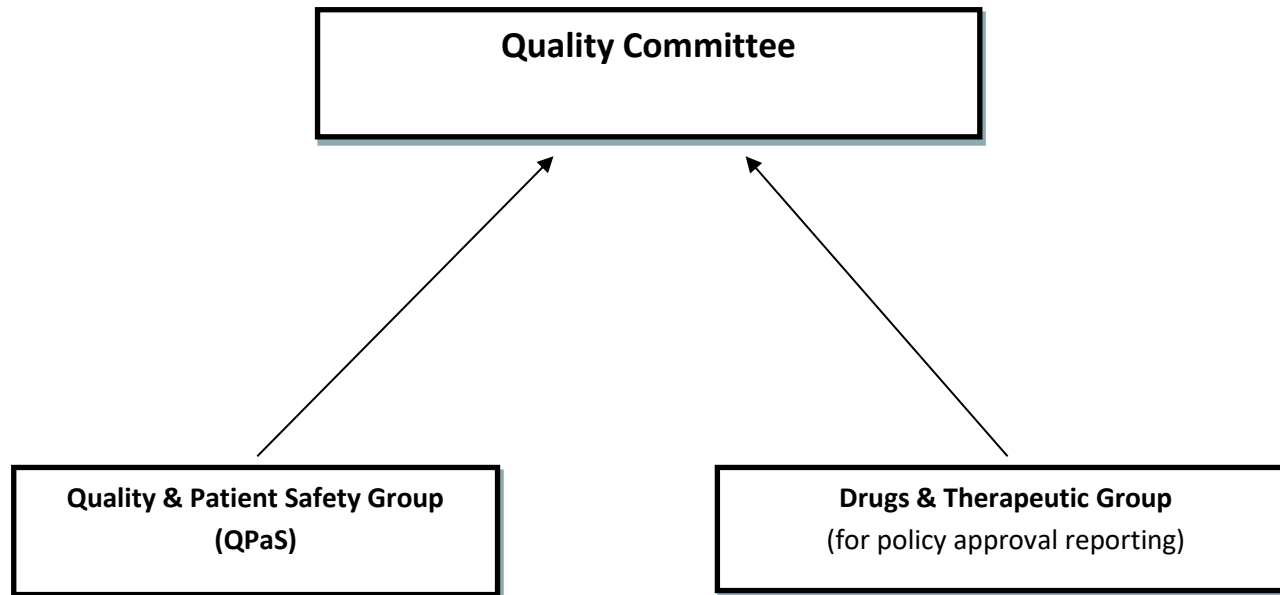
Terms of Reference
Quality Committee

<p>Constitution & Authority</p>	<p>The Trust Board has established the Quality Committee as a formal sub-committee of the Board.</p>
<p>Role / Purpose</p>	<p>The purpose of the Quality Committee is to assure the Trust Board that appropriate processes are in place to give confidence that;</p> <ul style="list-style-type: none"> • Quality, patient safety performance and associated risks are monitored effectively and that appropriate actions are taken to address any deviation from accepted standards and to manage identified risks. • Performance in relation to research and development requirements is monitored effectively with appropriate actions being taken to address any performance issues and risks. • The quality impact of proposed business change proposals (i.e. new models, budget reductions) are fully reviewed for their impact on quality • The impact of quality improvements and audits are clearly tracked through performance and experience data.
<p>Scope & Duties</p>	<p>To provide the strategic overview of and assurance against clinical and quality governance, clinical risk and patient and carer experience and engagement issues in the Trust</p> <ul style="list-style-type: none"> • To provide a strategic overview of Clinical Governance, Risk and Patient Experience to the Trust Board • Drive improvements in the approach to quality improvement, innovation and quality assurance informed by the internal governance reporting structures and external horizon scanning and learning from others. • To provide oversight and assurance to the Board in relation to all activities relating to Quality, Patient Safety and Patient Experience on behalf of the Trust Board. • To provide an assurance to the Trust Board that risks and governance issues of all types are identified, monitored and controlled to an acceptable level. • To provide a regularly reviewed and appropriate risk register to the Trust Board identifying risks to achieving the Trust's strategic objectives • To receive regular assurance reports that ensure all areas/departments of the Trust produce a risk register that relates local risks to achieving the Trust's strategic objectives. • To advise the Trust Board on significant risks and governance issues, identifying recommendations, to enable it to take appropriate action. • To ensure that there is an effective mechanism for reporting significant risks and governance issues to the Trust Board in a timely manner.

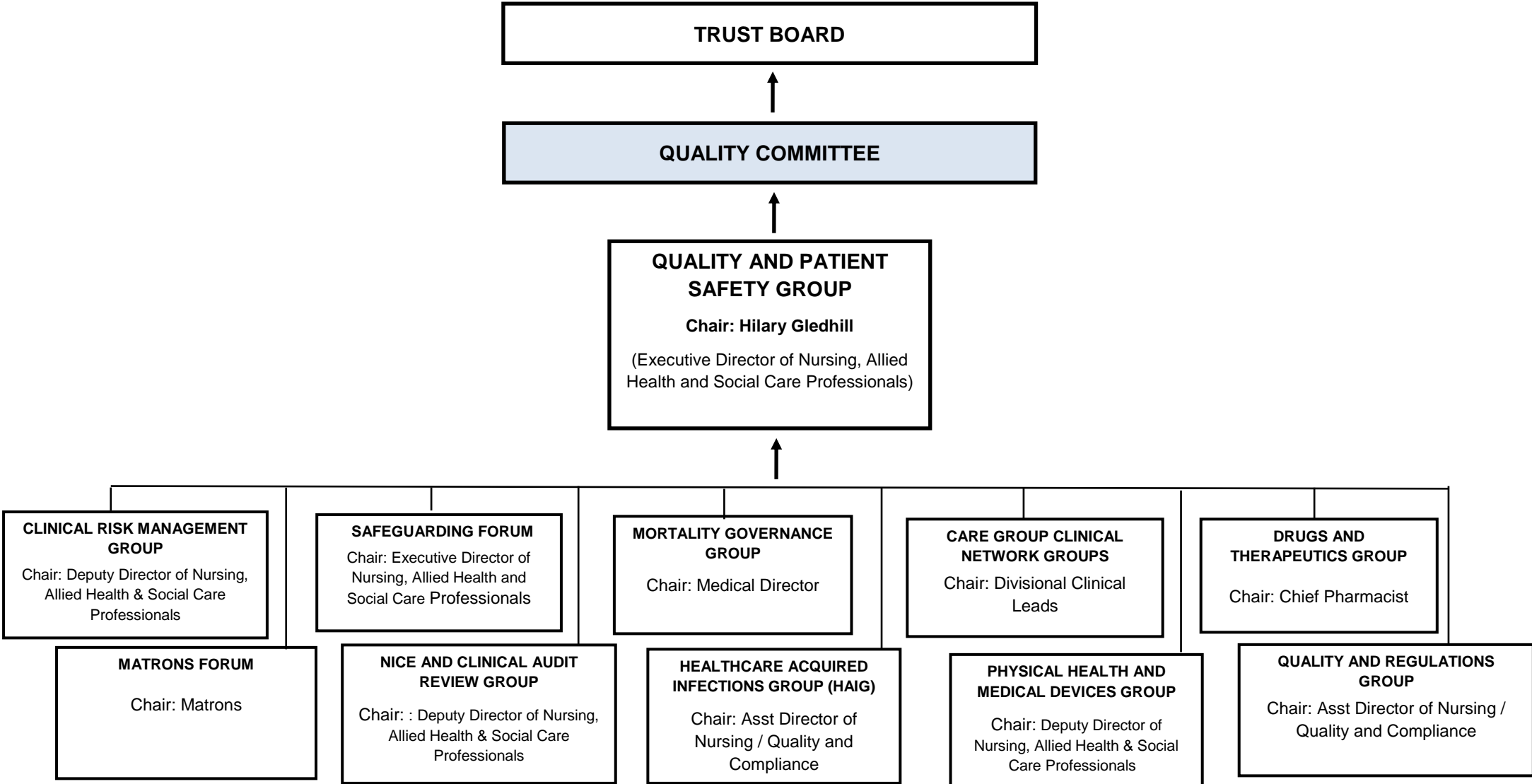
	<ul style="list-style-type: none"> • To provide a strategic overview of patient and carer experience, regularly reviewing outcomes and satisfaction • To monitor and advise the work of the Research and Development Group • The Quality Committee will ensure that there is an integrated approach to quality and effectiveness, and patient and staff safety throughout the Trust. • To ensure that work plans are produced and a range of actions are undertaken by other committees and meetings, reporting to the Quality Committee to provide assurance to the Trust Board. • To monitor Trust compliance with the required standards for regulation and registration with the Care Quality Commission and other national guidelines • To monitor required actions to achieve regulatory and registration standards. <p>Learning Lessons</p> <ul style="list-style-type: none"> • Receive assurances that systems are in place across the organisation to embed learning from the consideration of actions and recommendations. • Advise the EMT and or Trust Board, directly on urgent risk management issues. <p>Sharing Good Practice</p> <ul style="list-style-type: none"> • Encourage learning to take place from the consideration of themes and Trust-wide recommendations on Clinical or non-clinical issues arising from Directorates, Care Groups and sub-committees. <p>Accountable for:</p> <ul style="list-style-type: none"> • Quality Accounts • Care Quality Commission processes
<p>Membership</p>	<p>Non-Executive Director (Chair) Director of Nursing, Allied Health and Social Care Professionals – Management support to the Committee Medical Director Chief Operating Officer</p> <p>Chair of Audit Committee – optional Chief Executive (standing invitation) All members are required to attend a minimum of five meetings a year. Deputies will be identified to represent core Quality Committee members in their absence.</p> <p>Other relevant personnel will be invited to attend as required by the Committee</p>

Quorum	<p>1 Non-Executive Director, 1 Executive Director and 1 board member.</p> <p>The agenda will be agreed by the Chair, via the Director of Nursing, Allied Health and Social Care Professionals</p>
Chair	Non-Executive Director
Frequency of meetings	The Quality Committee will meet as a minimum 4 times a year during 2018/19.
Agenda & Papers	<p>An agenda for each meeting, together with relevant papers, will be forwarded to committee members to arrive 1 week before the meeting.</p> <p>Unapproved minutes will be circulated to the membership.</p> <p>Record Keeping - Agenda and Papers can be accessed via the Committee Secretary.</p>
Minutes and Reporting	<p>The Chair of the Committee will provide a verbal summary/exception report to the Trust Board in respect of meetings held for which minutes have not yet been approved.</p> <p>The Quality Committee will provide an annual Quality Account to the Trust Board.</p>
Monitoring and Review	<p>A review of attendance and effectiveness will be undertaken annually.</p> <p>The minutes of Quality Committee shall be formally recorded and submitted to Board</p> <p>It is the responsibility of the Chair to review the effectiveness of the Quality Committee's Terms of Reference.</p>
Agreed by Committee	December 2019
Board Approved	May 2020 tbc
Review Date	May 2021 tbc

Reporting Groups



CLINICAL & QUALITY GOVERNANCE REPORTING STRUCTURE



Charitable Funds Committee

Annual Review of Committee Effectiveness and Terms of Reference 1st April 2019 to 31st March 2020

The overall role of the Charitable Funds Committee is to oversee the operation of the charitable funds on behalf of Humber Teaching NHS Foundation Trust. The Role of the committee is to:-

- review administrative arrangements for the investment and use of charitable donations, in particular ensuring that current legislation and guidance is followed and encouraging full use of funds in a reasonable time frame.
- ensure that appropriate accounting records and control procedures are maintained and that an Annual Report is produced for consideration by the Board.
- review fund-raising, and consider and recommend investment policies.

1. Executive Summary

The Charitable Funds Committee has met five times during 2019/20 and the partnership with Smile Foundation is progressing well. We would like to warmly thank Paula Bee who chaired Charitable Funds Committee over the past three years until September 2019.

During 2019/20 Charitable Funds Committee has:-

- Overseen the governance of a very successful Impact Appeal for Inspire our newly opened Child and Adolescent Inpatient Unit, raising approximately £302,000 to enhance facilities - a great achievement with our heartfelt thanks to Ann Newlove who ran the Appeal
- Reviewed existing charitable fund holdings to consolidate them across the Trust into more identifiable and useable funds for patient enhancements and some staff support
- Introduced new staff into the Smile/Health Stars Team and welcomed and supported them via Charitable Funds Committee and enhanced Human Resources and Communications membership of the Committee
- Facilitated a presentation and discussion with Trust Board as the Trustees of all funds to celebrate progress and identify key priorities for future fund raising
- Introduced an Insight Report, an enhanced Assurance Report to Board, a programme of fundraising and engagement events and helped to create wider understanding of Smile Foundation, Health Stars and The Impact Appeal

- Supported the consolidation of Whitby Hospital Charitable Funds, working with the community of supporters and staff to plan a Whitby Hospital Appeal to enhance the facilities being upgraded
- Developed a set of indicators of progress and a work programme for 2020/21.

We look forward to further development of our positive relationship with Smile Foundation, Health Stars and future appeals. I would like to thank Andy Barber, Victoria Winterton, Kristina Poxon, Ann Newlove, Laura Atkinson and Sarah Shephersdon from SMILE, plus Pete Beckwith as Executive lead and also Kerrie Neilson for her administrative support.

Mike Cooke
 Professor Mike Cooke CBE
 Chair of Charitable Funds Committee and Non-Executive Director

2. Delivery of functions delegated by Board

Functions within ToR(Scope and Duties)	Evidence to support delivery	Outstanding issues / action plan
The Committee will review administrative arrangements for the investment and use of charitable donations, in particular ensuring that current legislation and guidance is followed and encouraging full use of funds in a reasonable time frame.	<p>The committee receives an update on circle wishes at each meeting.</p> <p>In 2019/20 a total of 202 wishes were received, with 138 wishes granted and a further 24 being progressed.</p> <p>The committee have approved the change in use of community funds a decision approved by the Trust Board.</p>	Regular updates on circle of wishes should continue to be presented to the committee.
The Committee will ensure that appropriate accounting records and control procedures are maintained and that an Annual Report is produced for consideration by the Trust Board.	<p>The unaudited Accounts were presented to the Charitable Funds Committee in November 2019, and approved by the Trust board in the same month.</p> <p>The committee receives a finance update on fund zones and balances at each meeting.</p>	<p>Financial reports to continue, emphasis on funds raised to date and administrative costs to be strengthened.</p> <p>Future reports to differentiate between restricted and unrestricted fund zones.</p>
The Committee will review fund-raising, and consider and recommend investment policies.	<p>Fundraising is discussed at each committee meeting.</p> <p>A total of £186k was raised during the 2019/20 financial year.</p> <p>The draft events plan was presented to the January</p>	Regular updates on planned events to be brought to each committee.

	committee meeting.	
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3. Attendance

3.1 The Charitable Funds Committee met on 5 occasions during 2019/20

Members:	No of meetings attended
Non-Executive Director (Chair)	5/5
Non-Executive Director	5/5
Director of Finance	5/5

3.2 *Chair (and Executive lead) to provide a view on whether the membership composition is effective and the extent to which members have contributed.*

It was felt membership is effective with joint membership and links with other committees. Co-production has given a real flavour within the organisation and committee structure.

3.3 *Include any recommendation for change to membership & reasons why*

The Terms of reference were updated December 2019 following a request by the Trust Board, amendments made were:

- I. to state the Chief Executive had a standing invitation instead of a core member of the Committee
- II. The Director of Workforce and Organisational Development to be invited to the committee.

4. Quoracy

The Charitable Funds Committee was quorate on all occasions

5. Reporting / Groups or Committees

Has the Committee approved the Terms of Reference for each of these groups?

Yes [] No [] *If no, action/timescale for receipt: **Not Applicable***

Are ToR annual reviews for each reporting group on your Committee workplan to approve?

Yes [] No [] not applicable

Has the Charitable Funds Committee received sufficient assurance that it's reporting groups or committees are operating effectively? Have the reports and minutes received from the reporting group provided the required level of assurance?

Yes [] No [] n/a

If no, please provide an exception report on concerns/recommended changes below:-

Three are no formal sub-groups of the Charitable Funds Committee

Has the Charitable Funds Committee requested / received an annual assurance report or effectiveness review from each of the reporting groups for 2019/20]?

Yes [] No []

6. Conduct of meetings

Chair to consider the following questions

- *Was a workplan agreed at the start of the year and have meetings and agendas been appropriately scheduled to meet the work plan?*
Yes
- *Are the reports and papers presented of a high quality and prepared in time for issue 5 working days ahead of the meeting?*
Yes
- *Is the quality and timeliness of the minutes satisfactory?*
Yes
- *Is an action log maintained and are actions clearly recorded, assigned to individuals with timelines and followed through?*
Yes

7. Review of Terms of Reference

Chair to summarise any recommended changes to the committee's terms of reference in light of the annual evaluation.

The terms of reference will be reviewed at the next Charitable Funds Committee meeting (post COVID 19)

Please attach a full copy of your agreed ToR for approval by the May Board as part of the committee effectiveness reviews.

Terms of Reference attached

8. Work plan for 2020/21

Has a workplan for the year ahead, 2020/21 been prepared?
Yes [] No []. *If no, when will it be presented to your committee?*

A workplan and Operational Plan have been prepared; these will be reviewed and updated prior to approval at the next Charitable Funds Committee (post COVID 19)

9. Any Actions Arising from this Effectiveness Review? YES [] NO []

If any, please summarise in bullet point format below

Terms of Reference

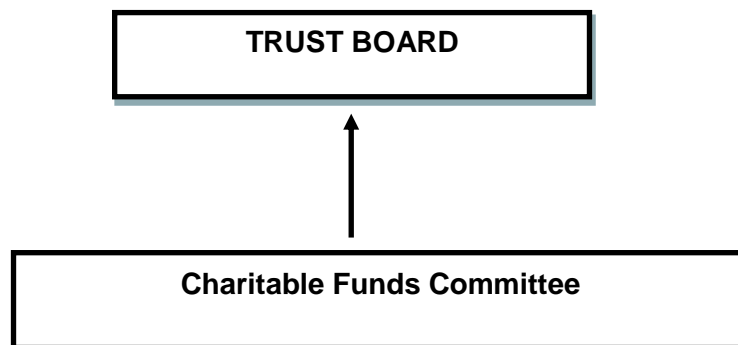
Charitable Funds Committee

Constitution and Authority	<p>Humber Teaching NHS Foundation Trust is the Corporate Trustee of the charity and the Charitable Funds Committee is established as a Committee of the Trust Board. It will report to the Trust Board and make recommendations.</p> <p>The Trust Board may delegate to the Committee or to the Director of Finance matters relating to the operation of the funds, but decisions regarding the investment of funds must be made within an overall strategy determined by the Trust Board taking account of the recommendations made by the Committee.</p>
Role / Purpose	<p>The overall role of the Charitable Funds Committee is to oversee the operation of the charitable funds on behalf of Humber Teaching NHS Foundation Trust.</p>
Scope and Duties	<p>The Committee will review administrative arrangements for the investment and use of charitable donations, in particular ensuring that current legislation and guidance is followed and encouraging full use of funds in a reasonable time frame.</p> <p>The Committee will ensure that appropriate accounting records and control procedures are maintained and that an Annual Report is produced for consideration by the Trust Board.</p> <p>The Committee will review fund-raising, and consider and recommend investment policies.</p>
Membership	<p>The Charitable Funds Committee shall be appointed by the Trust Board and consist of up to 3 Non Executive Directors and the Director of Finance. The Chief Executive has a standing invitation to attend any committee meeting. The following will be invited to attend the committee:</p> <ul style="list-style-type: none"> Director of Workforce and Organisational Development, The Charity Manager Smile Representatives The Communications manager The Chief Executive will be a member of the Committee. <p>The Committee will appoint a Chairman and Vice-Chairman to be reviewed annually.</p>
Quorum	<p>The quorum necessary for the transaction of business shall be if two members are present including at least one Non Executive Director from Humber Teaching NHS Foundation Trust.</p> <p>Deputies may cover in the absence of the nominated member.</p>
Chair	<p>The Committee shall be chaired by a Non Executive Director.</p>
Frequency of Meetings	<p>The Committee shall meet as and when required, but at least four times a year.</p>
Agenda and	<p>The agenda is to be agreed with the Committee Chairman taking account of the</p>



Papers	<p>annual cycle of Committee business.</p> <p>All papers are to be forwarded to members and those attending no later than 5 working days before the date of the meeting unless otherwise agreed by the Chairman.</p> <p>Minutes are taken of the proceedings and resolutions of the Committee including recording the names of those present and in attendance. Minutes shall be promptly circulated to all members.</p> <p>A record is kept of matters arising and issues to be carried forward.</p>
Minutes and Reporting	<p>The Trust Secretary will ensure that minutes of this meeting are formally recorded and submitted to the Trust Board.</p> <p>The Chair of the Committee shall draw to the attention of the Trust Board any issues that require disclosure or require executive action.</p> <p>The Committee's annual report and annual accounts will be considered by the Committee prior to submission to the Board.</p> <p>These Terms of Reference shall be made available publicly and be reviewed on an annual basis.</p>
Monitoring and Review	<p>It is the responsibility of the Chair to review the effectiveness of the Committee's Terms of Reference.</p> <p>A review of attendance and effectiveness will be undertaken annually.</p>
Agreed by Committee	7 April 2020
Board Approved	20 May 2020 tbc
Review Date	May 2021

CHARITABLE FUNDS COMMITTEE REPORTING STRUCTURE



Remuneration and Nomination Committee

Annual Review of Committee Effectiveness and Terms of Reference 1st April 2019 to 31st March 2020

The purpose of the Remuneration and Nomination Committee is to provide a forum for agreement of remuneration and terms of service for Trust Executive's in accordance with national requirements and Executive Director appointments.

1. Executive Summary

Chair to provide a brief written overview of the Committee's work during the year and whether he/she believes that the Committee has operated effectively and added value

The Committee's duties fall under 3 key headings in the table below at section '2'. The committee has operated effectively and there is evidence of each of these functions being delivered in year within the agendas, minutes and decisions recorded. These include 2 executive director appointments, executive remuneration and an update to the committee's terms of reference to reflect national requirements.

2. Delivery of functions delegated by Board

Functions within ToR	Evidence to support delivery	Outstanding issues / action plan
National Requirements	Within meeting agendas and minutes - decisions adhered to national requirements when appointment/remunerating.	none
Appointments Role	Within meeting agendas and minutes - executive director appointments made	none
Remuneration Role	Within meeting agendas and minutes - executive remuneration agreed	none

3. Attendance

3.1 The Committee met on 5 occasions during 2019/20

Members:	No of meetings attended
Sharon Mays, Chair	5/5
Peter Baren , Non-Executive Director	5/5
Paula Bee. Non-Executive Director (left in August'19)	2/2
Mike Cooke. Non-Executive Director	4/5
Francis Patton, Non-Executive Director	4/5
Mike Smith, Non-Executive Director	5/5
Dean Royles, Non-Executive Director	2/3



3.2 *Chair (and Executive lead) to provide a view on whether the membership composition is effective and the extent to which members have contributed.*

Membership is made up of all Non-Executive Directors. All Non-Executive Directors attended meetings and contributed in year. The minutes of the meeting reflect engagement and challenge of members.

The Chief Executive attends each meeting, except when discussing matters relating to the Chief Executive.

3.3 *Include any recommendation for change to membership & reasons why*

No recommendations for any change.

4. Quoracy

The Committee was quorate on all occasions.

5. Reporting / Groups or Committees

Has the Remuneration and Nomination Committee received sufficient assurance that its reporting groups or committees are operating effectively? Have the reports and minutes received from the reporting group/committee provided the required level of assurance?

The nature of the Committee means it does not have any reporting groups and there are no proposals for change. Executive advice on matters for committee discussion is provided through attendance by the Chief Executive or Director of Workforce & Organisational Development as appropriate.

The minutes of the committee are presented to the Part II Trust Board. As these minutes are quite detailed and relate to individuals, an abridged version with each agenda item and decisions made are presented to the Board.

6. Conduct of meetings

Chair to consider the following questions

- *Was a workplan agreed at the start of the year and have meetings and agendas been appropriately scheduled to meet the work plan?*

The committees work is largely reactive and an outline workplan is in place to reflect essential annual discussions ie review of ToR, effectiveness review etc but remains a reactive document.

- *Are the reports and papers presented of a high quality and prepared in time for issue 5 working days ahead of the meeting?*

Yes

- *Is the quality and timeliness of the minutes satisfactory?*

Yes

- *Is an action log maintained and are actions clearly recorded, assigned to individuals with timelines and followed through?*

Yes

7. Review of Terms of Reference

The Terms of Reference have been reviewed and two small changes made - an additional sentence at scope and duties page 4 and reference to executive directors on page 6 – both in blue font below for ease.

8. Any Actions Arising from this Effectiveness Review?

No.



Terms of Reference

Remuneration and Nomination Committee

Constitution and Authority	<p>The Remuneration and Nomination Committee is constituted as a standing Committee of the Trust's Board of Directors. Its constitution and Terms of Reference shall be as set out below, subject to amendment at future Board meetings.</p> <p>The Committee is authorised by the Board to act, in accordance with Standing Orders/Standing Financial Instructions, and within its Terms of Reference. All members of staff are directed to co-operate with any request made by the Committee.</p> <p>The Committee is authorised by the Board to instruct professional advisers and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its' functions.</p> <p>The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.</p>
Role / Purpose	<p>To provide a forum for agreement of remuneration and terms of service for Trust Executive's in accordance with national requirements and Executive Director appointments.</p>
Scope and Duties	<p>The Remuneration committee has delegated responsibility for setting remuneration for all Executive Directors (and also for those senior managers on the Very Senior Managers contract of employment) including pension rights and any compensation payments</p> <p>The Remuneration and Nomination Committee's duties are detailed below under the following headings:</p> <ul style="list-style-type: none">• National Requirements• Appointments Role• Remuneration Role <p><u>National Requirements</u></p> <p>In line with NHS Improvement's Guidance on pay for managers on Very Senior Manager Contracts (VSM) in NHS trusts and foundation trusts, the Committee is required to seek the opinion via nhsi.vsmcases@nhs.net of NHS Improvement, DHSC and the Minister of State for Health before confirming VSM salaries at appointment or any individual/group VSM pay increase (outside of any nationally recommended cost of living increase).</p> <p>The Committee should ensure that, in accordance with guidance on NHS very senior managers pay (March 2018) or subsequent guidance, that where it is intended to recruit VSMs on salaries of £150,000 or above or wish to increase the pay of current VSMs to £150,000 or above, or wish to increase the salary of</p>

current VSMs already paid £150,000 or above they should refer to the pay ranges in Annex A of the guidance. As an FT the opinion of NHSI should be sought in such cases but approval is not required.

The Committee should also seek opinion on any discretionary payments proposed as part of a chief executive/director's salary, where the total salary is or exceeds £150,000 pa, but approval is not required. NHS Improvement should be advised of the total salary and its make-up.

The Chair of the Trust will ensure that they are personally satisfied with the scrutiny applied before the approval of new Very Senior Manager (VSM) appointments. Any appointment to a VSM contract must be agreed by the Trust Chair and approved by the Remuneration and Nomination Committee. The Committee must be satisfied when making any offer of appointment to a VSM that there is no requirement to repay contractual redundancy payments if the candidate has received redundancy within a 12 month period. The Committee will require the candidate to identify the previous NHS Employer and require the candidate to make arrangements to repay the contractual redundancy payment. The Committee will not make an unconditional offer without having received confirmation from the previous NHS Employer that a binding agreement is in place to repay the redundancy payment as set out in the NHS Standard Contract 2016/17.

In line with the NHS Improvement guidance for the use of off-payroll interims, the Committee is expected to appoint on payroll unless in exceptional circumstances. If it is proposed to appoint a VSM on off-payroll terms, NHS Improvement should be consulted.

The Committee will adhere to the appropriate guidance, in the event of a redundancy situation or termination impacting on a Very Senior Manager and will apply the appropriate redundancy cap and ensure every attempt is made to search for suitable alternative employment in order to retain valuable skills and experience.

Appointments Role

The Committee will:

- Regularly review the structure, size and composition (including the skills, knowledge, experience and diversity) of the Board and make recommendations to the Board and Appointment, Terms and Conditions Committee of the Council of Governors, as applicable with regard to any changes
- Give full consideration to and make plans for succession planning for the Chief Executive taking into account the challenges and opportunities facing the Trust and the skills and expertise needed on the Board in the future. The same consideration will be given to other Executive Directors on the advice or recommendation of the Chief Executive.
- Receive assurance reports from the Chief Executive as required to ensure the executive level leadership needs of the Trust are kept under review to ensure the continued ability of the Trust to operate effectively in the health economy.
- It is a requirement of the 2006 Act that the Chair, the other Non- Executive Directors and – except in the case of the appointment of a Chief Executive – the Chief Executive, are responsible for deciding the appointment of Executive Directors. The appointments panel will consist of the Chair and one non-

executive director from the Remuneration and Nomination Committee and the Chief Executive, except in the case of the appointment of a Chief Executive. The panel has responsibility for identifying suitable candidates to fill executive director vacancies, including shortlisting, assessment and selection and they make recommendations to the Remuneration and Nomination Committee.

- It is for the Non-Executive Directors to appoint and remove the Chief Executive. The appointment of a Chief Executive requires the approval of the Council of Governors. The Governors are responsible for the appointment, re-appointment and removal of the Chair and the other Non-Executive Directors.
- To approve appointments of all Executive Director positions on the Board determining their remuneration and other terms of service and monitoring their performance.
- When appointing the Chief Executive, the Committee shall be the Committee described in Schedule 77, 17(3) of the National Health Service Act 2006 (the Act). When appointing the other Executive Directors the Committee shall be the Committee described in Schedule 7, 17(4) of the Act.
- When a Board level Executive vacancy is identified, evaluate the balance of skills, knowledge and experience on the Board, and its diversity, and in the light of this evaluation ensure that a description of the role and capabilities required for the particular appointment is prepared. In identifying suitable candidates the Committee shall ensure the use of open advertising or the services of external advisers are used to facilitate the search. The Committee will ensure the Trust considers candidates from a wide range of backgrounds and consider candidates on merit against objective criteria.
- Ensure that a proposed Executive Director's "other significant commitments" (if applicable) are disclosed before appointment and that any changes to their commitments are reported to the Board as they arise.
- Ensure the proposed appointees disclose any business interests that may result in a conflict of interest prior to appointment and that any future business interests that could result in a conflict of interest are reported.
- Be advised of and consider any matter relating to the continuation in office of any Executive Director including the suspension or termination of service of an individual as an employee of the Trust, subject to the provisions of the law and their service contract.
- In considering appointments, receive assurance to ensure that all Directors meet the "fit and proper" person test of the general conditions of Monitor's provider licence.

Remuneration Role

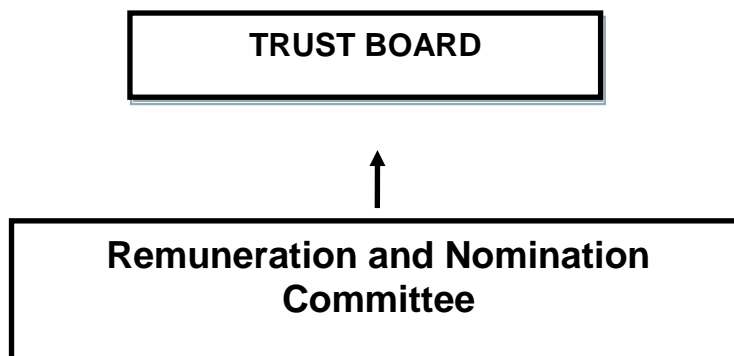
The Committee will:

- Have delegated responsibility for setting remuneration for all Executive Directors (and also for those senior managers on the Very Senior Managers contract of employment) including pension rights and any compensation payments. Those managers within this definition who are not on the Very Senior Managers Contract or Executive Directors are on national pay and terms and conditions and their posts are subject to job evaluation in line with the national scheme. *NB: The rights of all staff on the VSM contract who are in the NHS pension are bound by the national pension rules.*
- To receive proposals from the Chief Executive relating to the remuneration of the other Executives.
- In accordance with relevant laws, regulations, Trust policies and Standing Financial Instructions (SFIs) decide and keep under review the terms and conditions of office of the Executive Directors and those senior managers on

	<p>the Very Senior` Managers contract of employment, including:</p> <ul style="list-style-type: none"> • Salary, including any performance related pay or bonus. • Provision for other benefits, including pensions and cars <i>NB rights of all staff on the VSM contract who are in the NHS pension are bound by the national pension rules.</i> • Allowances. • Payable expenses. • Compensation payments. <p>In adhering to all relevant laws, regulations and Trust policies:</p> <ul style="list-style-type: none"> • Approve levels or remuneration which are sufficient to attract, retain and motivate Executive Directors of the quality and with the skills and experience required to lead the Trust successfully without paying more than is necessary for this purpose, and at a level which is affordable to the Trust. • Use national guidance and market benchmarking analysis in the annual determination of remuneration of Executive Directors (including senior managers on the Very Senior Managers contract of employment) while ensuring that increases are not made where Trust or individual performance do not justify them. • Be sensitive to pay and employment conditions elsewhere in the Trust. • Monitor and assess the output of the evaluation of the performance of individual executive directors and consider this output when reviewing changes to remuneration levels. • Advise upon and oversee contractual arrangements for Executive Directors (including senior managers on the Very Senior Managers contract of employment) including but not limited to termination payments to avoid rewarding poor performance. • To receive a report from the Chair on the objectives and performance of the Chief Executive. • To receive a report from the Chief Executive on the objectives and performance of the Executive Directors and senior managers on the Very Senior Managers contract of employment.
Membership	<p>The membership of the Committee shall consist of all Non-Executive Directors</p> <p>Only members of the Committee have the right to attend Committee meetings. When discussing matters relating to the Executive Directors other than the Chief Executive, the Chief Executive shall attend the Committee.</p> <p>At the invitation of the Committee, meetings shall normally be attended by the Director of Workforce and Organisational Development.</p> <p>Other persons may be invited by the Committee to attend a meeting so as to assist in deliberations.</p> <p>Any non-member, including the Secretary to the Committee, will be asked to leave the meeting should their own conditions of employment be the subject of discussion.</p>
Quorum	<p>The Committee shall be deemed quorate if there is representation of a minimum of two Non-Executive Directors plus the Chair (or person deputising for the Chair). A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and duties vested in or</p>

	exercised by the Committee.
Chair	The Trust Chair shall chair the Committee.
Frequency of Meetings	Meetings shall be held not less than twice a year and at such other times as the Chair of the Committee shall require.
Agenda and Papers	The Trust Secretary shall be the Secretary to the Committee and prepare and distribute papers and keep minutes of the Committee.
Minutes and Reporting	Formal minutes shall be taken of all Committee meetings. Once approved by the Committee, the minutes will be presented to the Board of Directors. At the discretion of the Chair, sections of the minutes will remain confidential to preserve confidentiality of discussions relating to individuals. The minutes presented to the Board of Directors will include, as a minimum, a summary of key discussions and decisions.
Monitoring and Review	The Committee shall monitor and review its performance through <ul style="list-style-type: none"> • An annual effectiveness review against its terms of reference. The annual effectiveness review will be provided to the Board of Directors. • The Terms of Reference of the Committee shall be reviewed annually.
Agreed by Committee	January 2019
Board Approved	22 May 2019
Review Date	May 2020

REMUNERATION AND NOMINATION COMMITTEE REPORTING STRUCTURE



MENTAL HEALTH LEGISLATION COMMITTEE

Annual Review of Committee Effectiveness and Terms of Reference 1st April 2019 to 31st March 2020

The purpose of the Mental Health Legislation Committee (MHLC) is to:

- Provide strategic leadership pertaining to the Mental Health Act, the Mental Capacity Act and their respective codes of practices and other mental health legislation as required.
- Monitor, provide challenge and seek assurance of compliance with external standards relating to mental health legislation
- Approve and review mental health legislation procedures and policies
- Promote and encourage joint working arrangements regarding the implementation of mental health legislation with partner organisations
- Receive reports regarding inspecting authorities and to monitor the implementation of action plans in response to any recommendations made.

1. Executive Summary

- The Committee undertakes its delegated function on behalf of the Trust Board in relation to the discharge of duties and responsibilities under the Mental Health Act (MHA), Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), and all other mental health related legislation. The Committee achieved its objectives for 2019-20 and delivered the functions delegated by the Board as outlined in section 2 below.
- The Committee approved various policies/procedures, including the seclusion and segregation policy, and the inpatient search policy.
- Agreed annual audit plan and noted that the move from 'perfect ward' to 'my assurance' will give more opportunity for additional audits and wider reporting options
- Noted that in common with most of the Country, we do not have any written agreements in place with the CCG for 'notification of arrangements for reception of urgent care cases' under s.140 of the Mental Health Act
- Noted establishment of a new group concerning the new Liberty Protection Safeguards (LPS) due to come into force on 01 October 2020; looking at governance management, system-wide and escalation processes.
- Mental Health Legislation Committee Terms of Reference reviewed; addition of 'This Committee will give delegated work to Mental Health Steering Group'
- Redefined Mental Health Legislation Steering Group actions and Terms of Reference and membership amended accordingly
- Noted that in relation to the Reducing Restrictive Interventions Quarterly Report – benchmarking remains positive i.e. the Trust has a lower than average rate of restrictive interventions
- Noted the appointment of a Clinical Director – Dr Kwame Fofie



- The MHL steering group is to be refreshed and led by the Clinical Director.
- The Committee commended the work of the MHA Clinical Manager in keeping policies both up to date and including all necessary adjustments in relation to the Trusts responsibilities and patient care at the new Children and Adolescent Mental Health (CAMHS) facility.
- The Committee received and commended a research report on Care Programme Approach (CPA) and implementation. The report highlighted best practise and also some useful action points for improved patient care via the involvement of service users' families and / or carers. Plans are in place for the development of patient and family engagement training.
- Noted that a digital section rights care plan is now available for use in Lorenzo and is able to provide teams with reports.
- Noted the positive response to an initiative where the MHA Managers are offering bi-monthly support to teams and giving real time feedback

2. Delivery of functions delegated by Board

Functions within ToR	Evidence to support delivery	Outstanding issues / action plan
To approve Trust-wide policies and procedures relating to Mental Health Legislation.	Minutes detail policies and procedures approved. Minutes detail regular updates on status of required policies in line with the Mental Health Act Code of Practice.	Policy plan approved and adhered to.
To receive reviews of assessment reports and recommendations from external bodies relating to Mental Health Legislation in the Trust.	CQC reports and visits included within performance report. Action tracker for requirements and evidence available for in-depth scrutiny.	To continue to monitor compliance and evidence logs for CQC MHA action plans.
To monitor key indicators capable of showing Trust compliance with Mental Health Legislation.	New style report for performance monitoring of key indicators. Discussed and analysed quarterly at committee following scrutiny at steering group.	Ongoing review of current statistical presentation of data in performance report - recent use of statistical process control (SPC) charts.
To receive regular data on key indicators underpinning delivery of the Trust's duties and responsibilities under Mental Health Legislation.	Ward level MHA audits are completed on My Assurance monthly. Deep dive MHA audit completed annually on every ward by MH	Audit plan produced and adhered to.

	Legislation team.	
To receive minutes and/or reports from the Mental Health Legislation Steering Group and the Associate Managers Forum. These will be presented by the Mental Health Legislation Manager.	Summary of minutes included in the Performance Report and summary of key issues arising included in Committee update.	Summary of minutes included in the Performance Report and summary of key issues arising included in Committee update.
To regularly review the Board Assurance Framework (BAF).	Minutes detail discussion of BAF in each Committee.	To continue to review and monitor.
Where appropriate to commission specific pieces of work and audits relating to Mental Health Legislation	RRI work - quarterly improvement reports against restrictive practices received by MHLC	Referred to Forensic service to ensure mechanical restraint SOP is aligned to MoJ guidance.

3. Attendance

3.1 The Mental Health Legislation Committee met on 4 occasions during 2019/20 - May, August & November 2019 and February 2020 all chaired by Mike Smith. The meetings have benefitted from the presence of one of two Consultant Psychiatrists, Dr Kwame Fofie and Dr Joanne Watkins, who have been alternating attendance in order to provide clinical leadership to the Committee. Dr Fofie will continue to provide the clinical leadership as the new Clinical Director.

Members:	No of meetings attended
Non-Executive Director, Mike Smith (Chair)	4/4
Non-Executive Director, Peter Baren	2/2
Non-Executive Director, Paula Bee	2/2
Non-Executive Director, Dean Royles	2/2
Medical Director, Dr John Byrne	4/4
Deputy Director of Nursing, Tracy Flanagan, representing Hilary Gledhill, Director of Nursing/Caldicott Guardian from August 2018	4/4
Chief Operating Officer, Lynn Parkinson	3/4
Mental Health Act Clinical Manager, Michelle Nolan	4/4
Mental Health Legislation Manager, Sara Johns	3/4

Consultant Psychiatrist, Dr Kwame Fofie	3/3
Consultant Psychiatrist, Dr Joanne Watkins	1/1
Local Authority Representative (East Riding Local Authority) Derek Newton	1/1
Local Authority Representative (East Riding Local Authority), John Heffernan – deputising for Derek Newton	4/4
Local Authority Representative (Hull Local Authority), Tim Gollins	0/4
Named Nurse for Safeguarding Adult/MCA Lead, Wendy Proctor	1/3
Named Nurse for Safeguarding Adult/MCA Lead, Rachael Sharp	1/1
Principal Social Worker, Fran Ashton (HFT)	3/4
David Brackenbury (Clinical Director Specialist Care Group), RRI Lead	1/1
In addition to the members list Laura Sheriff (CQC) attended the MHLC in August 2019 and Sharon Mays attended the MHLC in Feb 20	

3.2 The membership composition is effective and all members have contributed well. The lack of representation from Hull Local Authority is a concern and is being progressed again as it is important to have their input and advice in order for all providers to maintain and develop effective services and good practice. As they have the legal responsibility for ensuring appropriate coverage for AMHPs in Hull their input is important.

3.3 There is no indication to change to membership other than to engage Hull Local Authority.

4. Quoracy

The Committee was quorate on all four occasions

5. Reporting / Groups or Committees

Which groups report to the Mental Health Legislation Committee? *(these should be clearly identified on the schematic on your ToR)*. Please list:

- Mental Health Legislation Steering Group.
- Associate Hospital Managers' Forum

Has the Committee approved the Terms of Reference for each of these groups?

Yes [✓] No [] *If no, action/timescale for receipt:* _____

Are ToR annual reviews for each reporting group on your Committee workplan to approve?

Yes [] No []

Has the Mental Health Legislation Committee received sufficient assurance that its reporting groups or committees are operating effectively? Have the reports and minutes received from the reporting group provided the required level of assurance?

Yes [] No [*]

If no, please provide an exception report on concerns/recommended changes below:-

*The Mental Health Legislation Committee has received sufficient assurance that its reporting groups or committees are operating effectively however attendance at the Mental Health Legislation Steering Group remains an issue despite moving to a new schedule of monthly and reviewing the membership.

In respect of mental health legislation the Steering Group has an important role giving operational input to the Committee. The new Division structure now includes a Clinical Director post to which the task of chairing and overseeing attendance at the Steering Group will be allocated; this new post will have sufficient authority to ensure attendance and a review of the Terms of Reference will be undertaken. A summary of the minutes from this meeting is aggregated into the performance and assurance report; along with other areas of mental health legislation so the Committee has the required level of assurance.

The Committee will keep under review the recruitment and retention of Associate Hospital Managers (AHMs), ensuring that an adequate number are retained and that their training and performance are regularly reviewed. The Committee recommends the appointment / re-appointment of AHMs for periods not exceeding 3 years. As a result of this process, during the year 3 new AHMs were appointed and 12 were reappointed by the Board

Has Mental Health Legislation Committee requested / received an annual assurance report or effectiveness review from each of the reporting groups for 2019/20?

Yes [] No [] Not requested.

6. Conduct of meetings

- A work plan, as outlined in the Cycle of Business, was agreed at the start of the year and meetings and agendas have been appropriately scheduled to meet that.
- The reports and papers presented have been of a high quality and prepared in time for issue 5 working days ahead of the meeting.
- The quality and timeliness of the minutes are of a very good standard.

- An action log has been maintained and actions are clearly recorded, assigned to individuals with timelines and followed through.
- Relationships have been established with the Quality Committee and issues have been cross referenced between committees e.g. prone restraint, AMHP plan. This Avoids duplication and aids escalation.
- Insight report provided, combining themes and issues report with publications and policy highlight report. This has established a contextual backdrop at each meeting.
- Strong relationships with clinicians and MH Teams.
- MHLC taken as the authoritative voice on issues, taking a sophisticated view looking at both the external world and internal processes and seeking to understand and act upon issues.

7. Review of Terms of Reference

Chair to summarise any recommended changes to the committees terms of reference in light of the annual evaluation.

Please attach a full copy of your agreed ToR for approval by the May Board as part of the committee effectiveness reviews.

The Terms of Reference were reviewed by the Committee on 08th November 2018 and approved by the Board on 22 May 2019. These are attached.

8. Workplan for 2020/21

Has a workplan for the year ahead, 2020/21 been prepared?

Yes [] No []. *If no, when will it be presented to your committee?*

To include in the workplan:

- monitor the legislative implications of the Coronavirus Act 2020 and any associated regulations / guidance
- seek assurance concerning preparations for the implementation of the LPS
- consider the impact / learning points of CQC inspections relating to other Mental Health active Trusts
- improve input and involvement of colleagues, partners and stakeholder via the opportunities provided by new ways of working

9. Any Actions Arising from this Effectiveness Review? YES [] NO []

If any, please summarise in bullet point format below

Terms of Reference

Mental Health Legislation Committee

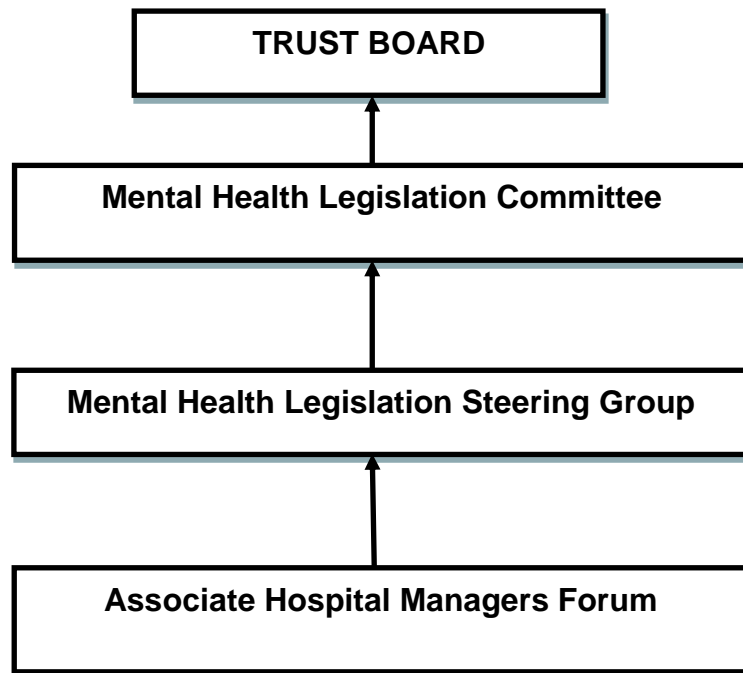
<p>Constitution and Authority</p>	<p>The Mental Health Legislation Committee is constituted as a standing Committee of the Trust's Board of Directors. Its Constitution and Terms of Reference shall be as set out below, subject to amendment at future Board of Directors meetings.</p> <p>For the purpose of these Terms of Reference, Mental Health Legislation refers to the Mental Health Act 1983, the Mental Capacity Act 2005 and other related primary and secondary mental health legislation. This includes government and regulatory policies, procedures and codes of practice which the Trust is bound to observe as a matter of law.</p> <p>The Committee is authorised by the Board of Directors to seek assurance on Mental Health Legislation. It is authorised to seek any information it requires from the relevant Director.</p> <p>The Committee is authorised by the Board of Directors to request the attendance of individuals with relevant experience and expertise if it considers this necessary or expedient to the carrying out of its functions.</p>
<p>Role / Purpose</p>	<p>The purpose of the Mental Health Legislation Committee (MHLC) is to:</p> <ul style="list-style-type: none"> • Provide strategic leadership pertaining to the Mental Health Act, the Mental Capacity Act and their respective codes of practices and other mental health legislation as required. • Monitor, provide challenge and seek assurance of compliance with external standards relating to mental health legislation • Approve and review mental health legislation procedures and policies • Promote and encourage joint working arrangements regarding the implementation of mental health legislation with partner organisations • Receive reports regarding inspecting authorities and to monitor the

	implementation of action plans in response to any recommendations made.
Scope & Duties	<p>All persons agreeing to bring back action or information to the Committee will do so, using an appropriate deputy if necessary and, where this has not been possible, will come up with a revised plan of action and report such matters to the Chair prior to the next meeting.</p> <p>The Committee will keep under review the recruitment and retention of Associate Hospital Managers (AHMs), ensuring that an adequate number are retained and that their training and performance are regularly reviewed. The Committee will recommend to the Board the appointment of AHMs for periods not exceeding 3 years (after which they may be re-appointed by the Board).</p> <p>Responsibilities of the Committee:</p> <p>To approve Trust-wide policies and procedures relating to Mental Health Legislation.</p> <p>To receive reviews of assessment reports and recommendations from external bodies relating to Mental Health Legislation in the Trust.</p> <p>To monitor key indicators capable of showing Trust compliance with Mental Health Legislation.</p> <p>To receive regular data on key indicators underpinning delivery of the Trust's duties and responsibilities under Mental Health Legislation.</p> <p>To receive minutes and/or reports from the Mental Health Legislation Steering Group and the Associate Managers Forum. These will be presented by the Mental Health Legislation Manager.</p> <p>To regularly review the Board Assurance Framework (BAF).</p> <p>Where appropriate to commission specific pieces of work and audits relating to Mental Health Legislation</p>
Membership	<p>The Committee will have full membership of:</p> <ul style="list-style-type: none"> • at least two Non-Executive Directors (who are also designated Associate Hospital Managers) • Medical Director • Chief Operating Officer • Clinical Director • Deputy Director of Nursing and Quality • Mental Health Act Clinical Manager • Assistant Director of Nursing (Operations) • Mental Health Legislation Manager • Named Professional for Safeguarding (Adults), MCA and Prevent

	<p>Lead</p> <ul style="list-style-type: none"> • Principal Social Worker • Local Authority representation covering the Humber area <p>Core members are expected to attend each meeting. However where this is not possible deputies can attend by agreement of the Chair.</p> <p>Other individuals may be called to attend for all or part of any meeting, as and when appropriate.</p> <p>A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.</p>
Quorum	<p>The quorum necessary for the transaction of business shall be five including one Non-Executive Director, the Medical Director (or authorised deputy) and another who must be a qualified clinician. Members of the Committee must attend at least 3 meetings in each financial year, but should aim to attend all scheduled meetings.</p>
Chair	<p>The Chair of the Committee will be a Non-Executive Director and will be appointed by the Trust Chairman. In the absence of the Chair a Non-Executive Director shall Chair the meeting.</p>
Frequency of Meetings	<p>The Committee shall meet at least every quarter. Additional meetings may be held on an exceptional basis at the request of the chairman or any five members of the MHL Committee.</p>
Agenda and Papers	<p>The Mental Health Act Clinical Manager (with appropriate support), will ensure that:</p> <ul style="list-style-type: none"> • There is agreement of the agenda with the Chairman of the Committee, and that the necessary papers are produced, collated and circulated; • Minutes are taken of the proceedings and resolutions of all meetings of the Committee including recording the names of those present and in attendance. • Minutes shall be circulated promptly (within 20 working days) to all members of the Committee; • A record is kept of matters arising and issues to be carried forward; • An annual cycle of business is established
Minutes and Reporting	<p>The business of the Committee shall be regularly reported to the Board by the Chair of the Committee. A briefing report will be produced for the Trust Board after every meeting</p> <p>The Chair of the Committee (supported by the Medical Director), shall report formally to the Trust Board on its proceedings and on matters within its duties and responsibilities annually; this shall include a review of attendance and effectiveness.</p>

Monitoring and Review	The Terms of Reference of the Committee shall be reviewed by the Board of Directors at least annually.
Agreed by Committee	07 May 2020
Board Approved	20 May 2020 tbc
Review Date	May 2021

MENTAL HEALTH LEGISLATION COMMITTEE REPORTING STRUCTURE



AUDIT COMMITTEE

Annual Review of Committee Effectiveness and Terms of Reference 1st April 2019 to 31st March 2020

The purpose of the Audit Committee is to scrutinise and review the Trust's systems, risk management, and internal control. It reports to the Trust Board on its work in support of the Annual Report, Quality Report, Annual Governance Statement, specifically commenting on the fitness for purpose of the Board Assurance Framework, in particular Strategic Goal 3, the completeness of risk management arrangements, and the robustness of the self-assessment against Care Quality Commission (CQC) regulations.

1. Executive Summary

It has again been a busy and productive year for the Audit Committee. The quality of reports received has been good, as has the follow up of the various actions raised. It is important that we use the agenda to monitor Governance and add value in respect of continuous improvement. There has been excellent co-operation and referrals between the various Board Committees.

In the year, we were pleased to support our Governors in the appointment of new external auditors, Mazars, and look forward to a very good working relationship. We have also widened our remit to include review of Information Governance within the Trust.

I extend my thanks to all those who contributed to the Committee throughout the year

Peter Baren
Senior Independent Director and Chair of the Audit Committee

2. Delivery of functions delegated by Board

Functions within ToR	Evidence to support delivery	Outstanding issues / action plan
Keep an overview of the key elements of the Trust's governance and finance.	This forms the main work of the committee with updates from internal and external audit at each meeting, highlighting areas of concern and any actions required.	None
Monitor the integrity of the financial statements of the Trust, and any formal announcements relating to the Trust's financial	The Audit Committee in May reviewed the Trust's Annual Accounts and External Audit Opinion,	None



performance, reviewing significant financial reporting judgements contained in them	prior to these documents being submitted to the Trust Board	
Review and monitor the external auditor's independence and objectivity and the effectiveness of the external audit process, including approval of annual plans, taking into consideration relevant UK professional and regulatory requirements;	The Trust Appointed Mazars as its new Auditors in November 2019	None
Monitor risks that are identified by the systems of internal control;	Updates are received at each Audit Committee on completed audits and audit follow up work. Updates are provided at the meeting on recommendations made and actions taken.	Actions from audits that are overdue for implementation are updated at each meeting
Make recommendations to the Council of Governors through the Governor Finance and Audit Group, regarding the appointment, re-appointment and removal of the external auditor, including tender procedures	New contract for External Audit let in November – Governor Finance and Audit Group involved in the appointment and a recommendation made to the Governors	None
Develop and implement policy on the engagement of the external auditor to supply non-audit services, taking into account relevant ethical guidance regarding the provision of non-audit services by the external audit firm	The Policy for Use of Audit for Non Audit Services was approved by the Audit Committee in November 2018. Use of External Auditors for non-audit work is reported in the Trust's Annual Report.	None
Approve the appointment and/or removal of the internal auditors;	There have been no changes to the Trusts Internal Auditors	None
Report to the Council of Governors, identifying any matters in respect of which it considers that action or improvement is needed, making recommendations as to the steps to be taken	Regular updates are provided to the Finance, Audit, Strategy and Quality Governor Group following each audit committee.	None
Produce an annual report for the Trust Board	On May Agenda.	
Review arrangements by which staff within the Trust may raise confidentially concerns over financial control and reporting, clinical quality and patient safety and other matters	Whistleblowing/Raising Concerns is a standing agenda item for the committee and is also considered by Workforce Committee and included in the reportable incidents log to the trust board.	None

2.1 The Committee has specific ownership of Strategic Goal 3 (Fostering Integration, partnership and alliances). This was reviewed throughout the year by the Audit Committee as part of the Board Assurance Framework which is a standing item on the agenda.

3. Attendance

3.1 The Audit Committee met on 5 occasions during 2019/20

Members:	No of meetings attended
Peter Baren – Non Executive Director (Chair)	5/5
Francis Patton – Non-Executive Director	5/5
Mike Smith – Non-Executive Director	2/5
Mike Cooke – Non-Executive Director *	1/5
Sharon Mays – Chair of the Trust *	1/5
In attendance:	
Michele Moran – Chief Executive	4/5
Peter Beckwith – Director of Finance	5/5
*denotes optional attendance at committee	

3.2 *Chair (and Executive lead) to provide a view on whether the membership composition is effective and the extent to which members have contributed.*

4. Quoracy

The quorum necessary for the transaction of business is two.

The Committee was quorate on **all** occasions.

5. Reporting / Groups or Committees

The Information Governance Group is a sub group of the Audit Committee and all minutes and reports received have given the required level of assurance.

A review of the Information Governance Group's ToR is being undertaken at its February meeting. This will be available for review at the Audit Committee's May meeting.

The Information Governance annual effectiveness review will be undertaken in May 2020 and reviewed at the committees August meeting.

6. Conduct of meetings

Chair to consider the following questions

- *Was a workplan agreed at the start of the year and have meetings and agendas been appropriately scheduled to meet the work plan?*
Yes
- *Are the reports and papers presented of a high quality and prepared in time for issue 5 working days ahead of the meeting?*
Yes
- *Is the quality and timeliness of the minutes satisfactory?*
Yes

- *Is an action log maintained and are actions clearly recorded, assigned to individuals with timelines and followed through?*
Yes

7. Review of Terms of Reference

A review of the Terms of Reference has taken place and it was agreed that the Information Governance Group now reports to the Audit Committee. It was agreed that reference to reporting to Council of Governors be amended other than in appointing External Auditors.

8. Workplan for 2020/21

Has a workplan for the year ahead, 2020/21 been prepared?

Yes [] No []. *If no, when will it be presented to your committee?* May 2020

9. Any Actions Arising from this Effectiveness Review? YES [] NO [/]

If any, please summarise in bullet point format below

Terms of Reference

Audit Committee

<p>Constitution and Authority</p>	<p>The Audit Committee Terms of Reference are based on recommendations and guidance from the Cadbury Committee, the Combined Code, the NHS Audit Committee Handbook, the NHS Integrated Governance Handbook and subsequent guidance including Monitor’s Audit Code, Code of Governance and Compliance Framework.</p> <p>Delegated Authority Section 4.8.1 of the Trust’s Standing Orders, and Standing Financial Instructions sets out the modus operandi of the Audit Committee. The Terms of Reference of this Committee shall be reviewed by the Trust Board on an annual basis.</p> <p>As a Committee of the Trust Board, it will:</p> <ul style="list-style-type: none"> • be accountable and report to the Trust Board. • advise and make recommendations to the Trust Board on areas which fall within its remit and responsibilities. • review and approve policy where relevant and judged appropriate by the Committee for the discharge of its functions. • Monitor, review and advise on the effectiveness of the systems of integrated governance, risk management, and internal controls, and further to hold to account directors responsible for ensuring that these matters are effective and robust. • scrutinise any activity listed in its Terms of Reference and cycle of business • investigate any activity within the Terms of Reference and to seek any information it requires from any employee. • Any other measures deemed appropriate, relevant and proportionate by the Committee for the discharge of its functions.
<p>Role / Purpose</p>	<p>The purpose of the Audit Committee is to scrutinise and review the Trust’s systems, risk management, and internal control. It reports to the Trust Board on its work in support of the Annual Report, Quality Report, Annual Governance Statement, specifically commenting on the fitness for purpose of the Board Assurance Framework, the completeness</p>

of risk management arrangements, and the robustness of the self-assessment against Care Quality Commission (CQC) regulations.

Key Responsibilities

The Audit Committee is a Non Executive Committee of the Board and has no executive powers, other than those specifically delegated in these Terms of Reference. Its key responsibilities are to:

- keep an overview of the key elements of the Trust's governance and finance.
- monitor the integrity of the financial statements of the Trust, and any formal announcements relating to the Trust's financial performance, reviewing significant financial reporting judgements contained in them;
- review the Trust's internal controls;
- review and monitor the external auditor's independence and objectivity and the effectiveness of the external audit process, including approval of annual plans, taking into consideration relevant UK professional and regulatory requirements;
- monitor risks that are identified by the systems of internal control;
- make recommendations to the Council of Governors through the Governor Finance and Audit Group, regarding the appointment, re-appointment and removal of the external auditor, including tender procedures;
- develop and implement policy on the engagement of the external auditor to supply non-audit services, taking into account relevant ethical guidance regarding the provision of non-audit services by the external audit firm;
- monitor and review the effectiveness of the Trust's internal audit function and counter-fraud arrangements, including approval and review of related annual plans;
- approve the appointment and/or removal of the internal auditors;
- report to the Board, identifying any matters in respect of which it considers that action or improvement is needed, making recommendations as to the steps to be taken;
- produce an annual report for the Trust Board
- review arrangements by which staff within the Trust may raise

	<p>confidentially concerns over financial control and reporting, clinical quality and patient safety and other matters.</p>
<p>Scope and Duties</p>	<p>The Audit Committee's duties are detailed below under the following headings:</p> <ul style="list-style-type: none"> • The Chair • The Audit Committee <ul style="list-style-type: none"> ○ Governance, Risk Management and Internal Control ○ External Audit ○ Internal Audit ○ Other Assurance Functions ○ Counter Fraud ○ Management ○ Financial Reporting • Trust Secretariat <p><u>The Chair</u></p> <p>The Chair is responsible for the following:</p> <ul style="list-style-type: none"> • Approving agendas for meetings • Chairing pre meetings with the auditors and counter fraud specialists • Chairing meetings • Reporting to the Trust Board (highlighting any issues requiring further disclosure or executive action); • Reporting immediately those items of a significant nature regarding the Board Assurance Framework and the Risk Register; • Providing an executive summary report following each Committee meeting for the Trust Board meeting; • Notifying the Chair(s) of any other Committee(s) of specific actions arising from the Audit Committee that affect the other Committee(s) and ensuring these actions are detailed in the minutes; • Approving the minutes of the Audit Committee before they are submitted to the Trust Board; • Ensuring there is unhindered access to the Heads of External and Internal Audit for any matters of internal control or risk requiring urgent advice or action. <p><u>The Audit Committee</u></p> <p>Governance, Risk Management and Internal Control</p>

The Audit Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management, internal control (clinical and non-clinical) across the whole of the organisation activities that supports the achievement of the Trust's objectives.

In particular, the Committee will review the adequacy of:

- all risk and control related disclosure statements (in particular the Annual Governance Statement, regular reports on the activities of the Risk Management and Governance, self-certification statements to the Regulator, and Care Quality Commission declarations), together with any accompanying Head of Internal Audit statement, External Auditor opinion or other appropriate independent assurances, prior to endorsement by the Trust Board.
- underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements. The Audit Committee will undertake periodic reviews of progress against the Board Assurance Framework and Corporate Risk Register, with significant changes highlighted. Where these items are of such a significant nature, 4 refers, the Chair of the Audit Committee will bring them to the immediate attention of the Chairman of the Trust Board. A full copy of these key documents will be made available to the Audit Committee in accordance with the timetable agreed by the Trust Board and will normally be reviewed in full prior to the production of the Annual Report and Accounts and the Annual Governance Statement and as part of the Trust's mid year review process.
- policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and any related reporting and self-certifications, and consider any training requirements to ensure Committee members are kept up to date with emerging requirements, policies and procedures for all work related to counter fraud and security as required by NHS Protect.
- arrangements by which staff of the Trust may raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, with the aim of ensuring that arrangements are in place for the proportionate and independent investigation of such matters and for appropriate follow-up action.

In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from Directors and managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

This will be evidenced through the Committee's use of an effective Board

Assurance Framework to guide its work and that of the audit and assurance functions that report to it.

As part of its integrated approach, the Committee will have effective relationships with other key committees so that it understands processes and linkages. However, these other Committee's must not usurp the Committee's role.

External Audit

The Council of Governors will take the lead in agreeing with the Audit Committee the criteria for appointing, reappointing and removing auditors. The Audit Committee will make recommendations to the Council of Governors via the Finance and Audit Governor Group who will then make recommendations to the full Council on these matters, and approve the remuneration and terms of engagement of the External Auditor. In accordance with its Standing Orders, the Council of Governors will appoint the external auditor following recommendation from the Audit Committee.

The Audit Committee shall develop and implement policy, in collaboration with the Finance Directorate, regarding the engagement of the External Auditor to supply non-audit services, taking into account relevant ethical guidance. All requests for the supply of non-audit services must be presented to the Audit Committee for noting.

The Audit Committee shall review and monitor the External Auditor's independence and objectivity, and the effectiveness of the audit process, taking into consideration relevant UK professional and regulatory requirements.

The Audit Committee shall review the work and findings of the External Auditor and consider the implications and management's responses to their work.

This will be achieved by:-

- consideration of the appointment and performance of the External Auditor, as far as the rules governing the appointment permit.
- review and agreement, before the audit commences, the nature and scope of the audit as set out in the annual external audit plan
- discussion with the External Auditors of their local evaluation of audit risks and assessment of the Trust and associated impact on the audit fee
- review of all audit reports that are specifically drawn to the attention of the Audit Committee by the auditors which will include the annual audit letter before submission to the Board and any work carried outside the annual audit plan, together with the appropriateness of management responses.
- Ensuring that there is in place a clear policy for the engagement

of external auditors to supply non audit services.

The Head of External Audit will have unhindered and confidential access to the Chair of the Audit Committee.

Internal Audit

The Audit Committee shall ensure that there is an effective Internal Audit function established by management that meets the Public Sector Internal Audit Standards, 2013 and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board.

This will be achieved by:-

- consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal
- review and approval of the Internal Audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Board Assurance Framework;
- where there is a requirement to undertake work outside of the approved annual work plan, all such requests must be presented to the Audit Committee for approval;
- consideration of the major findings of internal audit work (and management's response), and ensure co-ordination between the Internal and External Auditors to optimise audit resources;
- ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation;
- annual review of the effectiveness of internal audit in such manner as is appropriate and agreed by the Audit Committee, including a review of the successful operation of the contract between the Trust and Internal Audit.

The Head of Internal Audit will have unhindered and confidential access to the Chair of the Audit Committee.

Other Assurance Functions

The Audit Committee shall review the findings of other significant assurance functions, both internal and external to the Trust, and consider the implications for the governance of the organisation. These will include, but not be limited to, any review by Department of Health arms-length bodies or Regulators/Inspectors (e.g. Care Quality Commission, NHS

Litigation Authority, Monitor etc.), and professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies etc.).

In addition, the Audit Committee will review the work of other Committees within the Trust, whose work can provide relevant assurance to the Audit Committee's own scope of work.

Counter Fraud

The Audit Committee shall satisfy itself that the organisation has adequate arrangements in place for counter fraud and bribery, in accordance with Service Condition 24 of NHS Standard Contract. The Audit Committee will review the outcomes of work in these areas against the standards set by NHS Counter Fraud Authority (as referenced in Standard Condition 24.2).

Management

The Audit Committee shall request and review reports, evidence and assurances from directors and managers on the overall arrangements for governance, risk management and internal control.

The Audit Committee will receive assurance reports from the Information Governance Group, which is a delegated sub group of the audit committee.

They may also request reports from individual functions within the Trust (e.g. clinical audit) as they may be appropriate to the overall arrangements.

Financial Reporting

The Audit Committee will monitor the integrity of the financial statements of the Trust, and any formal announcements relating to the Trust's financial performance, reviewing significant financial reporting judgements contained in them.

The Audit Committee shall review the Annual Report and Accounts before submission to the Board, focusing particularly on:

- changes in, and compliance with, accounting policies and practices and estimation techniques;
- major judgemental areas;
- significant judgements in the preparation of the financial statements;
- significant adjustments resulting from the audit;

- the wording in the Annual Governance Statement and other disclosures relevant to the terms of reference of the Audit Committee;
- letters of representation;
- explanations for significant variances;
- unadjusted mis-statements in the financial statements.

Providing mandatory issues (as detailed in paragraph 1) are reserved for the attention of the full Committee in session, other matters including review of the Annual Report and Summary Financial Statements may be dealt with as the Audit Committee deems appropriate through a process co-ordinated by the Audit Committee Chair.

The Audit Committee should also ensure that the systems for financial reporting to the Trust Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Trust Board.

Trust Secretariat

The Audit Committee shall be supported administratively by the Trust Secretary whose duties in this respect will include:

- agreement of the agenda with the Chair and attendees and collation and circulation of papers in good time
- ensuring that those invited to each meeting attend
- minute-taking and keeping a record of matters arising and issues to be carried forward
- helping the Chair to prepare reports to the Board
- arranging meetings for the Chair – for example , with the internal/external auditors or local counter fraud specialists
- maintaining records of members’ appointments and renewal dates etc
- advising the Audit Committee on pertinent issues/areas of interest/policy developments
- ensuring that action points are taken forward between meetings
- supporting any ongoing training requirements for Non-Executive Directors as appropriate for their membership of the Audit Committee.

Reference should be made, as appropriate to the Trust’s Standing Orders, Reservations and Delegation of Powers and Standing Financial

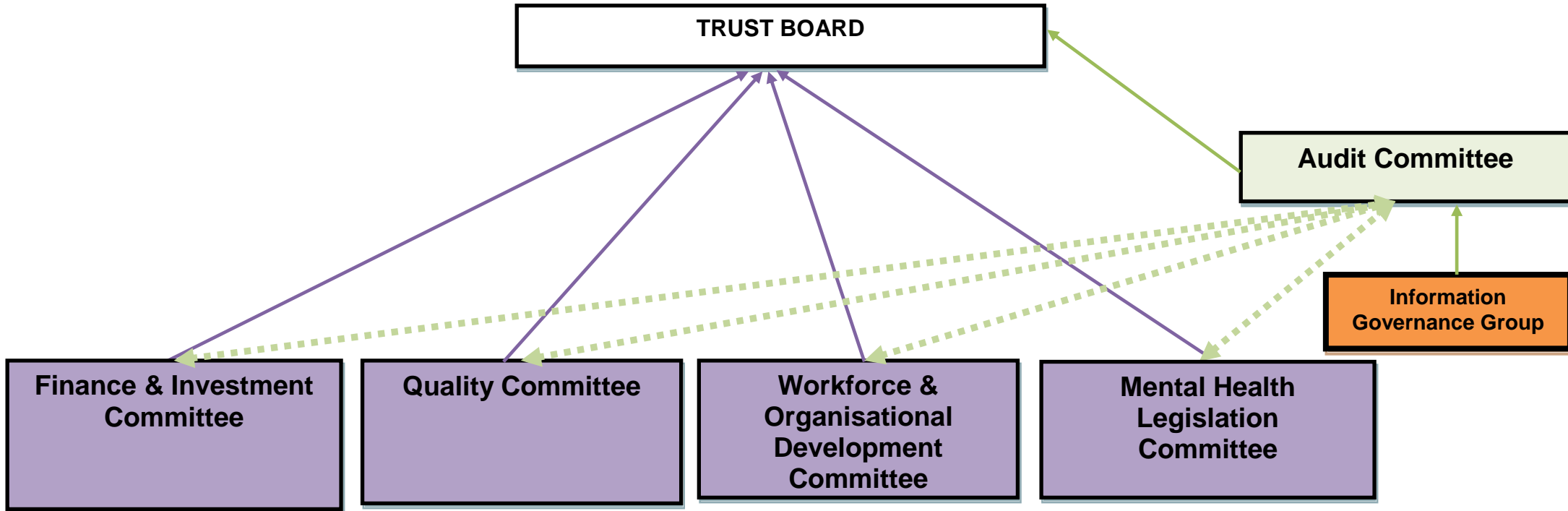
	Instructions
Membership	<p>The Audit Committee shall be composed of not less than 3 Non-Executive Directors of the Trust.</p> <ul style="list-style-type: none"> • There will be appropriate cross-membership with other Board committees. • One member of the Audit Committee should have significant, recent and relevant financial experience as outlined in the Combined Code. • The Chairman of the Trust shall not be a member of the Audit Committee. • Members are required to attend at least 50% of meetings. Named substitutes may attend with the agreement of the Chairman of the Trust. <p>Attendance by others at Meetings</p> <p>External and Internal Auditors, and a representative of the Counter Fraud specialists are required to make themselves available when required for a private meeting with the Audit Committee Chair as required .</p> <p>The Director of Finance is the Executive lead for this Committee. The Director of Finance, Trust Secretary and Internal and External Audit and Counter Fraud representatives shall normally attend Audit Committee meetings.</p> <p>Other Executive Directors may be invited to attend, particularly when the Audit Committee is discussing areas of risk or operation that are the responsibility of that Director.</p> <p>The Chief Executive will have a standing invitation to attend Audit Committee meetings. The Chief Executive will usually attend the Audit Committee meeting where the end of year reporting, auditor's opinions, the Annual Governance Statement, the Annual Report and Annual Accounts are delivered.</p> <p>The Trust Secretary shall be Secretary to the Audit Committee and shall attend to take minutes of the meeting and provide appropriate support to the Chair and Committee members.</p> <p>Representatives from other organisations (for example, NHS Protect) and other individuals may be invited to attend on occasion.</p>
Quorum	A quorum shall be 2 members.
Chair	One of the Non-Executive Directors will be appointed as Chair of the Audit Committee by the Chairman of the Trust.

	<p>If the Chair is absent from the meeting, another Non-Executive Director, shall preside.</p>
Frequency of Meetings	<p>Meetings shall be held quarterly as a minimum. One meeting will receive and review the annual submissions.</p>
Agenda and Papers	<p>An agenda for each meeting, together with relevant papers, will be forwarded to committee members to arrive 1 week before the meeting.</p> <p>Unapproved minutes will be circulated to the membership.</p>
Minutes and Reporting	<p>All minutes of the Audit Committee are deemed confidential, and not for publication. Confidential minutes shall be maintained, where necessary, for considerations of confidentiality, including commercial confidentiality. Matters specifically agreed to be confidential by the Audit Committee must be treated as entirely confidential. They must be minuted and reported to the Trust Board separately. In addition, all Committee business must be kept confidential until reported to the Trust Board or otherwise concluded, unless the Audit Committee agrees otherwise.</p> <p>Summary minutes will not be produced for Public Board meetings. A Committee Chair's report is produced for Public Board meetings.</p> <p>Servicing and Reporting Arrangements</p> <p>The Audit Committee will maintain a rolling annual work plan that will inform its agendas and seek to ensure that all duties are covered over the annual cycle.</p> <p>Reporting arrangements into the high level Committee with overarching responsibility for risk, the Audit Committee, will be as described in the rolling annual work plan together with anything extra agreed for a particular meeting.</p> <p>Agendas and papers shall be distributed one week prior to the meeting.</p> <p>The minutes of Audit Committee meetings shall be formally recorded by the Trust Secretary and submitted to the members of the Audit Committee. The Chair of the Audit Committee shall provide an executive summary report for the next Trust Board meeting that highlights substantive issues and recommendations. Minutes of the meeting will also be reported to the Trust Board in the part II session.</p> <p>The Audit Committee Chair shall draw to the attention of the Trust Board any issues that require disclosure to the full Trust Board, or require executive action. Specific actions arising from one committee affecting the work of another Committee will be detailed in the minutes and notified</p>

	<p>to the Chair of the other Committee.</p> <p>The Audit Committee will report to the Trust Board annually on its work in support of the Annual Governance Statement, specifically commenting on the fitness for purpose of the Board Assurance Framework, the extent to which risk management is fully embedded in the organisation, the integration of governance arrangements and the appropriateness of the evidence that shows the organisation is fulfilling regulatory requirements relating to its existence as a functioning business and the robustness of the processes behind the quality accounts.</p> <p>An annual review of effectiveness will be undertaken and included in the annual report. The annual report should also describe how the Committee has fulfilled its terms of reference and give details of any significant issues that the Committee considered in relation to the financial statements and how they were addressed.</p>
<p>Monitoring and Review</p>	<p>The Audit Committee will review the year's activities and produce a Chair's annual report for submission to the Trust Board on compliance with the Committee's terms of reference, and best practice guidance. This will cover the following duties:-</p> <ul style="list-style-type: none"> • Accountability including reporting arrangements to the Trust Board • Membership, including nominated deputy where appropriate • Frequency of meetings • Requirements for a quorum • Required frequency of attendance by members • Process for monitoring compliance with all of the above • The work and achievements of the Audit Committee • Outcome of the Audit Committee's annual self-assessment • An action plan, if appropriate, to rectify any deficiencies (to be monitored by the Board). <p>The Audit Committee shall report to the Board, identifying any matters within the Council's remit in respect of which it considers that action or improvement is needed, and making recommendations as to the steps to be taken.</p> <p>These terms of reference will be reviewed by the Trust Board annually. Any proposed changes to these terms of reference will be approved by the Trust Board.</p>
<p>Agreed by</p>	<p>4 February 2020 (discussed)</p>

Committee	
Board Approved	20 May 2020 tbc
Review Date	May 2021

AUDIT COMMITTEE REPORTING STRUCTURE



Finance and Investment Committee

**Annual Review of Committee Effectiveness and Terms of Reference
 1st April 2019 to 31st March 2020**

The Finance and Investment Committee exists to provide strategic overview and provide assurance to the Trust Board that there is an effective system of governance and internal control across all financial areas and any potential investment decisions. The primary role of the Committee is to monitor, review and support the Finance Directorate of the Trust, making recommendations to the Board as appropriate and taking actions as required.

1. Executive Summary

A good year with the committee developing well both in terms of its understanding of its role and the input of its members. The committee has delivered against its functions within the ToR as evidenced by the year end results. A formal review of the workings of the committee has been undertaken and a summary of this has been attached and overall the feedback is very good. A couple of areas have been flagged that need to be worked on next year which include ensuring full attendance and holding people to account for non-attendance or late papers plus as far as Primary Care is concerned there is a need to ensure that agreed decisions are implemented in a timely fashion.

In summary I am happy that the committee has the right members, is working efficiently and effectively and is delivering sound, solid assurance to Board in terms of the financial performance of the trust, its capital expenditure, its business planning, its estate planning and the delivery of its IT strategy.

2. Delivery of functions delegated by Board

Functions within ToR	Evidence to support delivery	Outstanding issues / action plan
Challenge the timeliness, accuracy and quality of financial and performance measures and reporting, and the systems underpinning them. It should ensure performance and relevant action plans are reviewed and managed in pursuit of Trust objectives.	Challenge undertaken on a monthly basis. Actions allocated regarding assurance on a monthly basis in a rolling tracker with a Chair's log going to Board monthly.	None
Scrutinise all financial plans, including the Trust's annual financial plan, prior to seeking Board approval	All Financial Plans have been scrutinised by FIC The 2019/20 plan was signed off in April 2019 and performance against that plan monitored monthly. The	None

	initial 19/20 plan was presented and discussed by FIC at the December meeting and subsequent updates of the financial Plan have been undertaken at, January, February and March with the plan being recommended for sign off at the April Board.	
Monitor delivery of the Trust's budget reduction strategy (BRS) and other financial savings programmes	The BRS has been monitored on a Monthly Basis throughout 2019/20 with representation from the Divisional Directors and Corporate Directors ensuring constructive challenge on performance against the plan	None
Approve the processes and timetable for annual budget setting, and budget management arrangements	Approved as part of the Budget Reduction Strategy 2020/21 to 2022/23 in September and reviewed in November, December and February with the plan being recommended for sign off at the April Board.	None
Review and challenge delivery of the Trust's Capital Investment Programme and approve the processes for managing the Trust's capital programme	Capital programme monitored on a monthly basis.	None
Review and endorse the Trust's medium and long term financial plans prior to Board approval	Approved as part of the Budget Reduction Strategy 2020/21 to 2022/23 in September and reviewed in November, December and February with the plan being recommended for sign off at the April Board.	None
Monitor the detailed monthly income and expenditure position of the Trust, overall financial performance (capital and revenue) against plan, and projected final outturn	Monitored monthly and exceptions reported in Chair's log.	None
Receive assurance from the Operational and Corporate Directors in respect of performance against annual budgets, capital plans and the BRS, quality, innovation, productivity and prevention plans, commissioning for quality and innovation plans (CQUIN), activity and key performance indicators, corporate governance activities and responsibilities;	Operational Directors and COO attended FC and now FIC on a monthly basis and Corporate Directors were invited to attend as required with constructive challenge on performance given to all.	
Monitor effective balance sheet management, including asset management and cash planning	Balance sheet is included in the Monthly Finance report. Detailed information on Debtors	None

	and Creditors is included within the Monthly report. Deep dive of Creditors and Debtors is undertaken quarterly.	
Monitor financial performance indicators, including compliance with Public Sector Payment Policy	Monitored monthly as a specific section in the Financial Report	None
Monitor the development, application and delivery of financial recovery plans	Monitored as part of the monthly Financial Report – Recovery plans relating to Primary Care and Secure Services have been implemented and reviewed in 2019/20.	None
Monitor the development, application and delivery of financial contingency plans	Monitored as part of the monthly Financial Report – Contingency plans have not been required in 2019/20.	None
Review the robustness of the risk assessments underpinning financial forecast	Risk assessments are included within the BRS monitored on a monthly basis. Risk assessments are undertaken in terms of the BRS scheme proposals as per the BRS reviews. All schemes are QIA'd which is reviewed by the Quality Committee.	None
Review the Finance Directorate risk register, including delivery of action plans	Monitored bi-monthly	None
Approve financial policies & procedures, including standing financial instructions	Policies and procedures reviewed when required as per the deadlines.	None
Work with the Audit, Workforce and Quality Committee's advising on the non-clinical aspects of risk management.	Committee Chair worked closely with Chairs of Audit Committee and Quality Committee to advise on non-clinical risks. Committee Chair also sits on Audit Committee and has attended Quality Committee.	None
Identify opportunities for improvement and encourage innovation	This is being undertaken with the introduction of the Committee review form this year.	None
Monitor contract negotiation and performance noting the position of contracts and raising any concerns; receiving assurance from the Executive Directors in respect of the organisation meeting the contractual requirements and expectations of commissioners, meeting the legislative / regulatory requirements of regulators and other bodies'.	Regular updates are provided in terms of performance and Contract negotiation through the Insight agenda items	None
Review and challenge both the	Delivery of the Trust Estate	None

Estates & Facilities Work Programme, Policies & Procedures and the delivery of the Trust's Estate Strategy. Will review and challenge the Digital Delivery work programme, policies and procedures	Strategy and the Trust Digital Strategy is reviewed on a quarterly basis with an annual full review produced and an update of the Estates Strategy which was copied in to Board.	
Oversee the work of the Special Purpose Vehicle (SPV) Task and Finish Group	This is now a Wholly Owned Subsidiary which is currently paused but will be revisited at a later date.	None
Have due regard to the public sector equality duty and the Trust's equality objectives	Equality considered as standard practice throughout the Finance and Investment Committee's reporting. Particular reference to the BRS and QIA process (QIA overall responsibility is Quality Committee).	None
Refer issues arising to other Trust committees or group	This is done through the Chair's log, through the Chair attending other Committees and through conversations at NED meetings.	None
Maintain an annual work programme, ensuring that all matters for which it is responsible are addressed in a planned manner, with appropriate frequency, across the financial year.	An annual work plan has been produced which is reviewed at each meeting.	None
<p>The Committee shall be proactive in agreeing the most appropriate reporting format and style to suit the particular needs of the following users and stakeholders in accordance with best practice:</p> <ul style="list-style-type: none"> the Board (who may at any time request additional information, or information in a different format) and committees commissioners, including CCGs and NHS England public and patients staff budget holders other stakeholders, e.g. other Trusts, local authorities 	The Committee agreed for a Chair's log to be produced for Board which is also used with Governors and is available on the public website for all stakeholders.	None
<p>Scrutinise all business cases for new business and investment, in line with the Trusts Scheme of Delegation and Standing Financial instructions review all tenders presented to the Committee taking on board the views provided by the Executive Management Team. This will be achieved by:-</p> <ul style="list-style-type: none"> reviewing and approving the business development 	All opportunities over £500k have been submitted as business cases to the Committees for discussion and a decision, taking account of the Trusts Strategy and long term plan. Full reviews of benefits delivered are also undertaken.	None

<p>and investment framework to support and govern all investments, contracts and projects as set out in the TOR.</p> <ul style="list-style-type: none"> • evaluating post implementation, the financial performance of approved investments, contracts and development projects, and report the findings to the Board. • considering the Trust's medium and long term strategies in relation to both revenue and capital investment expenditure, and make recommendations to the Board on a regular basis • reviewing and assessing the business cases for: <ul style="list-style-type: none"> ○ Capital expenditure over £500k ○ New business development projects with an annual value in excess of £500k in total ○ Any reconfiguration project which has a financial and/or resource implication over £500k per annum ○ Leases, contracts or agreements with revenue, capital and/or resource investment/commitment in excess of £500k per annum ○ The purchase or sale of any property ○ The purchase or sale of any equipment above £250k ○ All Borrowing or investment arrangements ○ Horizon scanning regarding business opportunities. <p>To periodically consider strategic risks to business and ensure these are reflected and mitigated within</p>		
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any business cases.		
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3. Attendance

3.1 The Finance and Investment Committee met on 12 occasions during 2019/20

Members:	No of meetings attended
Francis Patton - Non-Executive Director	10/10
Peter Baren - Non-Executive Director	09/10
Lynn Parkinson - Chief Operating Officer	08/10
Peter Beckwith - Director of Finance	10/10
Iain Omand - Deputy Director of Finance	08/10
In attendance:	
Michele Moran - Chief Executive Officer	06/10
Julia Harrison Mizon - Care Group Director	01/10
Jan Smith - Care Group Director	04/10
Sharon Mays - Chairman	03/10
Victoria Scarborough – Deputy Director of Business Development	09/10
John Byrne – Medical Director	03/10
Peter Flanagan - Care Division General Manager	04/10
Sarah Bradshaw - Care Division General Manager	01/10

3.2 With the change in Operational structure there has also been a change in attendees with the committee now smaller and more focused than it was previously. All the members contribute and on the whole, there is a good level of challenge and contribution from all. One issue flagged in the review is that some members feel that on occasions some individuals and their personal perspective can seem to stifle others views which will be addressed by the chair over the next 12 months.

3.3 There is no need to change the structure at present.

4. Quoracy

The Committee was quorate on all occasions

5. Reporting / Groups or Committees

Which groups report to Finance and Investment Committee? *(these should be clearly identified on the schematic on your ToR)*. Please list:

The following groups provide copies of assurance reports to the committee, but are sub groups of EMT/ODG.

- Digital Delivery Group
- Capital Programme Board
- ADV

Has the Committee approved the Terms of Reference for each of these groups?

Yes [X] No [] *If no, action/timescale for receipt:* _____

Are ToR annual reviews for each reporting group on your Committee workplan to approve?

Yes [X] No []

Has the Finance and Investment Committee received sufficient assurance that its reporting groups or committees are operating effectively? Have the reports and minutes received from the reporting group provided the required level of assurance? Yes [x] No []

Has Finance and Investment Committee requested / received an annual assurance report or effectiveness review from each of the reporting groups for 2019/20]?
Yes [X] No []

6. Conduct of meetings

A full work plan was developed for the committee at the start of the year and those work plans were followed with agenda's scheduled appropriately.

On the whole reports and papers have been delivered on time with the occasional late paper which is entirely driven by closing down the financial accounts. The team have done a great job in terms of shortening this process without affecting quality and executive summaries at the start of the papers continue to improve.

The Committee has excellent secretarial support providing high quality minutes and action logs in a timely manner. All actions are clearly recorded and assigned to individuals.

7. Review of Terms of Reference

The terms of reference were altered slightly during the year (January) when the operational restructure took place changing the membership of the committee and its frequency and the committee are happy with both the membership and frequency of meetings and that they have the ability to invite others to the meetings if needed.

8. Workplan for 2020/21

Has a workplan for the year ahead, 2020/21 been prepared?

Yes [X] No []. _____

9. Any Actions Arising from this Effectiveness Review? YES [] NO [x]

Apart from the points raised in the formal feedback which the Chair will monitor on an ongoing basis there are no actions arising

Terms of Reference

Finance and Investment Committee

Authority	<p>The Board has resolved to establish a Committee of the Board to be known as the Finance and Investment Committee.</p> <p>The Committee is a Non-Executive Director Committee (This is a non-voting committee).</p> <p>The Committee is delegated by the Board to exercise decision-making powers in discharging its duties, whilst recognising those matters reserved elsewhere. The Committee may form any working group, tasked for a specific purpose and for a fixed period of time, to support the delivery of any of its duties and responsibilities, or for relevant research.</p> <p>The Committee is authorised by the Board to obtain outside legal or other independent professional advice as it requires and to secure the attendance of those with relevant experience and expertise if it considers this necessary and appropriate by the Chair.</p>
Overall Aim/Purpose	<p>The Finance and Investment Committee exists to provide strategic overview and provide assurance to the Trust Board that there is an effective system of governance and internal control across all financial areas and any potential investment decisions. The primary role of the Committee is to monitor, review and support the Finance Directorate of the Trust, making recommendations to the Board as appropriate and taking actions as required.</p> <p>The Committee is authorised to require any Trust Officer to attend a meeting and provide information and/or explanation as required by the Committee</p>
Duties	<p>The Finance and Investment Committee will:-</p> <ul style="list-style-type: none"> • Challenge the timeliness, accuracy and quality of financial and performance measures and reporting, and the systems underpinning them. It should ensure performance and relevant action plans are reviewed and managed in pursuit of Trust objectives. • Scrutinise all financial plans, including the Trust's annual financial plan, prior to seeking Board approval • Monitor delivery of the Trust's budget reduction strategy (BRS) and other financial savings programmes • Approve the processes and timetable for annual budget setting, and budget management arrangements • Review and challenge delivery of the Trust's Capital Investment Programme and approve the processes for managing the Trust's capital programme • Review and endorse the Trust's medium and long term financial plans prior to Board approval • Monitor the detailed monthly income and expenditure position of the Trust, overall financial performance (capital and revenue) against plan, and projected final outturn • Receive assurance from the Operational and Corporate Directors in respect of performance against annual budgets, capital plans and the BRS, quality, innovation, productivity and prevention plans, commissioning for quality and innovation plans (CQUIN), activity and key performance indicators, corporate

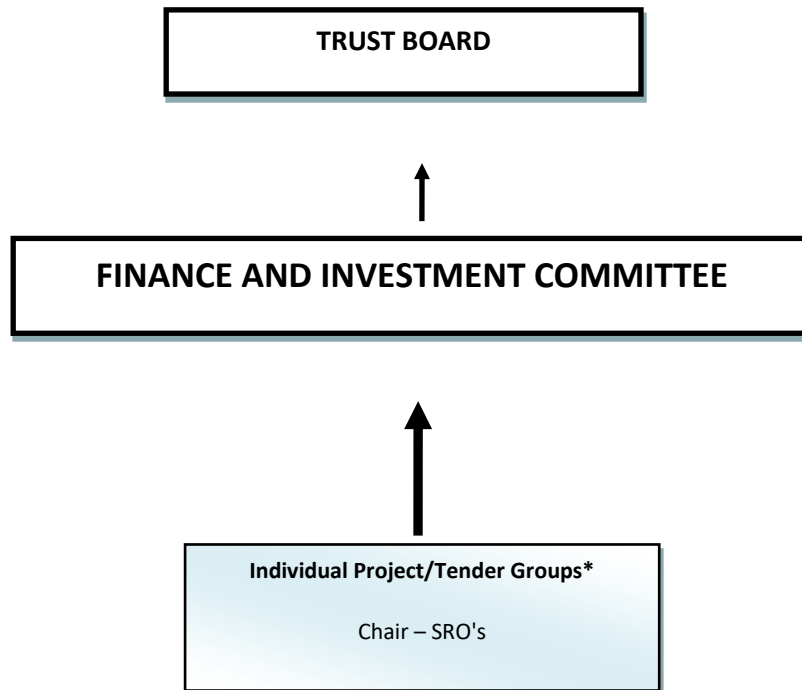
governance activities and responsibilities;

- Monitor effective balance sheet management, including asset management and cash planning
- Monitor financial performance indicators, including compliance with Public Sector Payment Policy
- Monitor the development, application and delivery of financial recovery plans
- Monitor the development, application and delivery of financial contingency plans
- Review the robustness of the risk assessments underpinning financial forecasts
- Review the Finance Directorate risk register, including delivery of action plans
- Approve financial policies & procedures, including standing financial instructions
- Work with the Audit, Workforce and Quality Committee's advising on the non-clinical aspects of risk management.
- Identify opportunities for improvement and encourage innovation
- Monitor contract negotiation and performance noting the position of contracts and raising any concerns; receiving assurance from the Executive Directors in respect of the organisation meeting the contractual requirements and expectations of commissioners, meeting the legislative / regulatory requirements of regulators and other bodies'.
- Will review and challenge both the Estates & Facilities Work Programme, Policies & Procedures and the delivery of the Trust's Estate Strategy. Will review and challenge the Digital Delivery work programme, policies and procedures
- Oversee the work of the Special Purpose Vehicle (SPV) Task and Finish Group
- Scrutinise all business cases for new business and investment, in line with the Trusts Scheme of Delegation and Standing Financial instructions review all tenders presented to the Committee taking on board the views provided by the Executive Management Team. This will be achieved by:-
 - reviewing and approving the business development and investment framework to support and govern all investments, contracts and projects as set out in the TOR.
 - evaluating post implementation the financial performance of approved investments, contracts and development projects, and report the findings to the Board.
 - considering the Trust's medium and long term strategies in relation to both revenue and capital investment expenditure, and make recommendations to the Board on a regular basis
 - reviewing and assessing the business cases for:
 - Capital expenditure over £500k
 - New business development projects with an annual value in excess of £500k in total
 - Any reconfiguration project which has a financial and/or resource implication over £500k per annum
 - Leases, contracts or agreements with revenue, capital and/or resource investment/commitment in excess of £500k per annum
 - The purchase or sale of any property
 - The purchase or sale of any equipment above £250k
 - All Borrowing or investment arrangements
 - Horizon scanning regarding business opportunities.
 - To periodically consider strategic risks to business and ensure these are reflected and mitigated within any business cases.

	<ul style="list-style-type: none"> • Have due regard to the public sector equality duty and the Trust's equality objectives • Refer issues arising to other Trust committees or groups • Maintain an annual work programme, ensuring that all matters for which it is responsible are addressed in a planned manner, with appropriate frequency, across the financial year. <p>The Committee shall be proactive in agreeing the most appropriate reporting format and style to suit the particular needs of the following users and stakeholders in accordance with best practice:</p> <ul style="list-style-type: none"> • the Board (who may at any time request additional information, or information in a different format) and committees • commissioners, including CCGs and NHS England • public and patients staff • budget holders • other stakeholders, e.g. other Trusts, local authorities
Membership	<p>Membership of the committee shall be comprised of the following:</p> <ul style="list-style-type: none"> • 2 x Non-Executive Directors (1 of whom shall chair the committee) • Chief Operating Officer • Director of Finance • Deputy Director of Finance/Financial Controller • Clinical Director (Operational Services) <p>General Managers and Deputy Directors will not be members but will attend for all or any part of a meeting as appropriate.</p> <p>Senior Clinical Leadership will be requested / invited to attend the Committee a minimum of 3 times per year, a reciprocal arrangement will be take place for Finance attendance at the Quality Committee</p> <p>Non-Executive Directors are entitled to attend any Trust committee meeting.</p> <p>The Chief Executive has a standing invitation to attend any meeting.</p> <p>The Chair of the Trust has the right to come to any committee at any time.</p> <p>Declarations of interest</p> <p>Members are required to state for the record any interest relating to any matter to be considered at each meeting, in accordance with the Trust's Conflict of Interest policy. Members will be required to leave the meeting at the point a decision on such a matter is being made, after being allowed to comment at the Chairs' discretion. Declarations shall be recorded in the minutes.</p>
Quorum	<p>A quorum shall be three of the above, comprising at least one Non-Executive Director.</p>
Chair	<ul style="list-style-type: none"> • The Committee shall be chaired by a Non-Executive Director with appropriate experience who will be appointed by the Trust Chair and confirmed annually in a Board minute. • In the absence of the Committee Chair, the remaining Non-Executive present at that meeting shall act as Chair for that meeting. Deputies may attend by agreement with the Chair.

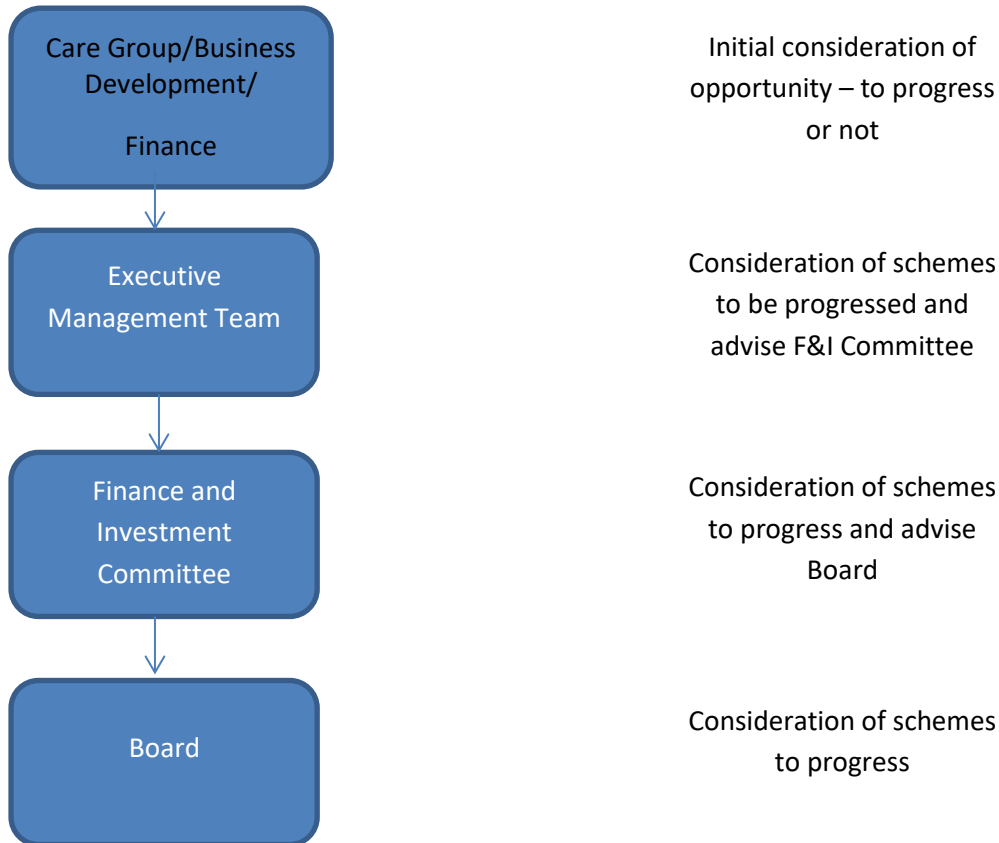
Frequency	<ul style="list-style-type: none"> • The Committee shall meet bi-monthly, however additional meetings will be diarised and held as necessary. • There is a requirement for flexibility when working to new Business deadlines and virtual meetings may be required for investment decisions.
Agenda and Papers	<ul style="list-style-type: none"> • Notice of each meeting, including an agenda and supporting papers shall be forwarded to each member of the Committee not less than 5 working days before the date of the meeting. • Minutes of all meetings of the Committee shall be taken by an appropriate and identified secretary and will kept by the Trust Secretary • A record shall be kept of matters arising and/or issues to be carried forward at each meeting. • A record shall be kept of all investment decisions for the purposes of performance monitoring and reporting. • All investment papers submitted must be considered by the Executive Management Team prior to consideration by the Committee in line with the flow of investment decision making.
Minutes and Reporting	<ul style="list-style-type: none"> • All meetings of the Committee shall be called at the request of the Chair. • Meeting agenda will be agreed with the Committee Chair before circulation and when circulated it will confirm the venue, time and date. • The Committee Chair shall report formally to the Board on the Committee proceedings and its findings after each meeting. • The Committee Chair shall produce an annual report for the Board on the performance of the Committee and make whatever recommendations it is deemed appropriate to improve Committee performance and outcomes. This report will form part of the Board's annual cycle of business.
Monitoring and Review	<ul style="list-style-type: none"> • The Terms of Reference of the Committee shall be reviewed annually and recommendations submitted to the Board for approval • Monitoring of the Committee activities will be carried out by the Board via a yearly effectiveness review
Approval Date	December 2019 - updated 11/5/20
Board Approved Date	20 May 2020 tbc
Review Date	May 2021 <i>(as part of effectiveness review)</i>

FINANCE AND INVESTMENT COMMITTEE REPORTING STRUCTURE



** Not a formal subgroup of the Finance and Investment Committee, relevant groups established based on each tender requirement.*

Flow of decision making process re Investments



FINANCE & INVESTMENT COMMITTEE: SELF-ASSESSMENT CHECKLIST (2018/19)

FINANCE & INVESTMENT COMMITTEE (FIC) Effectiveness

Numbers shown below reflect the number of members which responded to each column and any additional comments made:

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to answer	Comments/ actions
Theme 1 – Committee Focus						
I am clear about the objectives the Committee has set itself each year.	5	2				
I understand how the Committee wants to operate in terms of the level of information it would like to receive for each of the items on its annual work plan.	4	3				
I have a full understanding of the Terms of Reference of the Committee.	4	3				
Theme 2 – Committee Team Working						
The Committee membership has the right balance of experience, knowledge and skills to fulfill the role described in its Terms of Reference.	6	1				
The Committee has structured its agenda to cover financial control, investment and investment business cases and key strategic areas of focus.	3	4				
The work plan is revisited at the end of every meeting to ensure it is accurate and up to date.	2	5				
I am clear with regards to the agenda items I am expected and required to contribute to.	3	3				
I am clear with regards to the requirements for my attendance at the Committee.	3	4				
Non-attendance by members/ regular attendees is addressed by the Chair of the Committee.	3	1	3			
It is clear to me why I am a member/ attendee of this Committee and what information I am required to provide to the Committee.	3	4				
I feel sufficiently comfortable within the Committee environment to be able to express my views, doubts and opinions.	3	3	1			There have been occasion's when behaviors have not been appropriate.
Members/attendees are held to account for late or missing information.	3	1	2		1	
When a decision has been made or action agreed I feel confident that it will be implemented as agreed and in line with the timescale set down.	3	4				Still a challenge with primary care recovery

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to answer	Comments/ actions
Theme 3 – Committee Effectiveness						
The quality of Committee papers received allows me to perform my role effectively.	5	2				
Members/attendees provide real and genuine discussion and challenge which is of benefit to the effectiveness of the Committee.	5	2				See point below
Debate is allowed to flow and conclusions reached without being cut short or stifled due to time constraints etc.	5	2				See point below
Each agenda item is 'closed off' appropriately so that I am clear what the conclusion is; who is doing what, when and how etc, and how it is being monitored.	3	4				
Throughout the meeting and/or at the end of each section on the agenda, we discuss the outcomes and reflect back on decisions made and what worked well, not so well etc.	3	4				
The Committee provides a written summary report of key points from its meetings to the Board of Directors.	6	1				
There is a formal appraisal of the Committee's effectiveness each year which is evidence based and takes into account my views and wider views.	6	1				
The Committee actively challenges information providers during the year to gain a clear understanding of progress and achievement.	6	1				
Theme 4 – Leadership						
The Committee's Chair has a positive impact on the performance of the Committee.	5	2				
Committee meetings are chaired effectively and with clarity of purpose and outcome.	4	3				
The Chair allows debate to flow freely and does not assert his/her views too strongly.	3	3				

General	
Please use this section for further feedback. Is there anything you think would help the Committee run more smoothly? Any ideas for future development / working differently?	<p>Good, well structure and effective committee. That feeds well to the Board.</p> <p>Papers are very good, succinct and helpful to allow questions and debate.</p> <p>Strong committee Chair.</p> <p>Good contribution by all who attend.</p> <p>The Committee members give very productive feedback. Governance of the processes of Budget Reduction Strategy and Finance Performance is very strong.</p>

	<p>There are occasions when individuals and their personal perspective can seem to stifle others views. In addition, where individuals have key issues, they really should flag those in advance to the relevant author give the relevant individual an opportunity to prepare a response in advance.</p>
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FIC Self-assessment form

Workforce and OD Committee

**Annual Review of Committee Effectiveness and Terms of Reference
 1st April 2019 to 31st March 2020**

The purpose of the Workforce and Organisational Development 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. Its purpose is also to provide assurance to the Trust Board in relation to the health and wellbeing of staff and to provide assurance on the delivery of the relevant strategic objective assigned to the Workforce and Organisational Development Committee - Goal 4 – Developing an effective and empowered workforce.

1. Executive Summary

This is a new Board sub committee established during the year and is still finding its feet in terms of its focus, team working, effectiveness and leadership. The committee has only met five times and spent the first couple of meetings developing and signing off its own ToR and the ToR's of its subgroups plus its work plan for the year. There is now a clear structure and agreed agenda for the committee and it has started to grow into its role and is beginning to deliver in terms of providing assurance to the Board on the key area of workforce which is now the key area of focus for the Board. There has been good work over the year in developing an Insight Report, which brings good focus to the meetings, in developing the PROUD programme and moving the focus of the meetings from operational detail to more strategic issues. The committee does cover the full range of its functions at each meeting as delegated by the Board and is providing assurance to the Board that there is a clear focus throughout the Trust on workforce and OD.

The committee has undertaken a formal review (a summary of which is attached) which, whilst on the whole being very positive, has picked out the fact that the committee is new and is still finding its feet, is unsure if the membership is exactly right which will need ongoing review, sees the need for level of discussion and challenge to mature and sees the need for further work on the OD element of the committee. All of that said the review sees the committee as essential and of even more importance during the Covid-19 pandemic.

2. Delivery of functions delegated by Board

Functions within ToR	Evidence to support delivery	Outstanding issues / action plan
Provide oversight and assurance to the Board in relation robust processes for the effective management of Workforce and Organisational Development;	Monthly Insight report Workforce Scorecard Risk Register	None
Scrutinise structures in place to support workforce and organisational development to be assured that the	Insight report Sub group updates	None

structures operate effectively and action is taken to address areas of concern.		
Receive assurance on the delivery of the Workforce and OD Strategy	Insight report Revised strategy to go to WOD once NHS People Strategy launched.	None
Be assured on the management of the high operational risks on the corporate risk register which relate to workforce and organisational development and ensure the Board is kept informed of significant risks and mitigation plans, in a timely manner.	Risk register provided (recently included in Insight report)	None
Be assured of the Trust's response to all relevant Directives, Regulations, national standard, policies, reports, reviews and best practice as issued by the Department of Health, NHS Improvement and other regulatory bodies / external agencies to gain assurance that they are appropriately reviewed and actions are being undertaken and embedded.	Insight report	None.
Receive assurance that the Trust has effective and transparent mechanisms in place to monitor workforce and organisational development performance.	Insight Report Workforce Scorecard	None
To be assured that the views of staff are captured, understood and responded to.	Staff survey reports	None
Scrutinise the robustness of the arrangements for and assure compliance with the Trust's statutory responsibilities for equality and diversity.	Annual EDI Report Staff survey reports	None
Scrutinise the robustness of the arrangements for and assure compliance with the Trust's statutory responsibilities for staff health and wellbeing.	Updates from the H&W Group (Lynn Parkinson chair)	None
Scrutinise the robustness of the arrangements for and assure compliance with the Trust's statutory responsibilities for safe working for junior doctors	Junior doctors report	None
Scrutinise the robustness of the arrangements for and assure compliance with the Trust's statutory	FTSU included in the Insight report	None

responsibilities for freedom to speak up.		
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3. Attendance

3.1 The Workforce and OD Committee met on 5 occasions during 2019/20 (the 6th meeting papers were shared as it was at the start of the COVID 19 crisis)

Members:	No of meetings attended
Francis Patton - Non-Executive Director (Chair)	05/05
Mike Cooke - Non-Executive Director (Deputy Chair)	05/05
Steve McGowan - Director of Workforce and Organisational Development	05/05
Lynn Parkinson - Chief Operating Officer	04/05
John Byrne - Medical Director	04/05
Tracey Flanagan - Deputy Director of Nursing	04/05
In attendance:	
Michele Moran - Chief Executive	04/05
Helen Lambert - Deputy Director of HR and Diversity	05/05
Katy Marshall - Organisational Development Lead	02/05
Gillian Hughes - Medical Workforce Manager	01/05
Workforce Equality and Diversity Lead	00/05
Peter Baren - Non-Executive Director	03/05

3.2 From a Chair's perspective the membership was reviewed part way through the year and needs to be given a chance to develop before any further review is undertaken but that will be picked up by the new Chair over the coming months. One of the changes made were to move the Trust Chair and CEO from members to having a standing invitation to attend and now that the committee is up and running it gives them a chance not to attend so regularly.

All members have contributed throughout the year but as picked up in the formal review the level of discussion and challenge can be developed and if focusing on the strategic rather than operational issues then there will be more time for debate.

3.3 No changes recommended at this point

4. Quoracy

The Committee was quorate on all occasions.

5. Reporting / Groups or Committees

Which groups report to Workforce and OD Committee?

- Staff Health Wellbeing and Engagement Group
- Equality, Diversity and Inclusion Group
- Operational Delivery Group
- Medical Education Committee

Has the Committee approved the Terms of Reference for each of these groups?
Yes No

Are ToR annual reviews for each reporting group on your Committee workplan to approve?
Yes No

Has the Workforce and OD Committee received sufficient assurance that it's reporting groups or committees are operating effectively?

Yes updates delivered, previously verbally, and know following request by way of a short written update.

Have the reports and minutes received from the reporting group provided the required level of assurance? Yes

6. Conduct of meetings

As detailed above this is a new committee so has been developing over the year. That said there was a clear workplan agreed at the start of the year and meetings and agendas have been scheduled to deliver against that workplan. The reports used in the committee have developed over the five meetings based upon feedback from the committee members and the main report, the Insight report, is now a very good document stimulating good discussion. Papers come out well in advance giving the committee the opportunity to review them carefully.

In terms of secretarial support this changed part way through the year and is of an excellent quality with high quality minutes and a clear action log where the actions are chased and updated between meetings

7. Review of Terms of Reference

The ToR was reviewed part way through the year (January) and there are no changes being recommended at this point.

8. Workplan for 2020/21

Yes No

To be signed off at May meeting as March meeting was cancelled due to Covid-19. The May meeting will be chaired by the new committee chair and comments received as part of the effectiveness review will be reflected as appropriate.

9. Any Actions Arising from this Effectiveness Review? YES NO

The new Chair may review this during the year.

WORKFORCE AND OD COMMITTEE: SELF-ASSESSMENT CHECKLIST (2019/20)

WORKFORCE AND OD COMMITTEE EFFECTIVENESS

Numbers shown below reflect the number of members which responded to each column and any additional comments made:

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to answer	Comments/ actions
Theme 1 – Committee Focus						
I am clear about the objectives the Committee has set itself each year.	1	4				
I understand how the Committee wants to operate in terms of the level of information it would like to receive for each of the items on its annual work plan.	1	3	1			Level of detail still seems operational at times.
I have a full understanding of the Terms of Reference of the Committee.	2	3				
Theme 2 – Committee Team Working						
The Committee membership has the right balance of experience, knowledge and skills to fulfill the role described in its Terms of Reference.	1	3				Unsure at the moment
The Committee has structured its agenda to cover financial control, investment and investment business cases and key strategic areas of focus.	2	3			1	Important that the OD element in particular staff engagement.
The work plan is revisited at the end of every meeting to ensure it is accurate and up to date.		3	1		1	Only attend meeting as required. Still feels like a new committee and this is being worked on.
I am clear with regards to the agenda items I am expected and required to contribute to.	1	4				Same reason as above
I am clear with regards to the requirements for my attendance at the Committee.	1	4				
Non-attendance by members/ regular attendees is addressed by the Chair of the Committee.	1	2	2			
It is clear to me why I am a member/ attendee of this Committee and what information I am required to provide to the Committee.	1	4				
I feel sufficiently comfortable within the Committee environment to be able to express my views, doubts and opinions.		5				
Members/attendees are held to account for late or missing information.	1	3	1			

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to answer	Comments/ actions
When a decision has been made or action agreed I feel confident that it will be implemented as agreed and in line with the timescale set down.	1	4				
Theme 3 – Committee Effectiveness						
The quality of Committee papers received allows me to perform my role effectively.	1	4				
Members/attendees provide real and genuine discussion and challenge which is of benefit to the effectiveness of the Committee.	2	3				maturing
Debate is allowed to flow, and conclusions reached without being cut short or stifled due to time constraints etc.	2	3				maturing
Each agenda item is 'closed off' appropriately so that I am clear what the conclusion is, who is doing what, when and how etc., and how it is being monitored.	1	4				This has improved over the year since the committee started.
Throughout the meeting and/or at the end of each section on the agenda, we discuss the outcomes and reflect back on decisions made and what worked well, not so well etc.	1	3	1			Still feels like a new committee and this is being worked on.
The Committee provides a written summary report of key points from its meetings to the Board of Directors.	3	2				
There is a formal appraisal of the Committee's effectiveness each year which is evidence based and takes into account my views and wider views.	2	3				First one
The Committee actively challenges information providers during the year to gain a clear understanding of progress and achievement.	1	4				
Theme 4 – Leadership						
The Committee's Chair has a positive impact on the performance of the Committee.	3	2				This will be better when regularly chaired by Dean.
Committee meetings are chaired effectively and with clarity of purpose and outcome.	3	2				
The Chair allows debate to flow freely and does not assert his/her views too strongly.	3	2				

General	
Please use this section for further feedback. Is there anything you think would help the Committee run more smoothly? Any ideas for future	The Committee is now established and a vital focus for the organization pre-CoVid19, during the response and post-CoVid19. It will be important to look at short term and long-term impacts over time in 20/21.

development / working differently?

Maturing committee. Observing to see how develops over the next year.
Essential committee.

The committee has made a good start, but it needs consolidating and
anticipating the change in chair has contributed to this.

WOD Self-assessment form

Trust Board
Annual Review of Trust Board Effectiveness and Terms of Reference
1st April 2019 to 31st March 2020

The Board's purpose - described in full in its Terms of Reference is to:-

- Set and oversee the strategic direction of the Trust
- Ensure accountability for delivery of the strategy
- Ensuring compliance with statutory requirements and duties
- Shaping a positive culture for the Trust
- Taking decisions that it has reserved to itself.

The Chief Executive is the Accountable Officer for the Trust.

1. Executive Summary

Chair to provide a brief written overview of the Committee's work during the year and whether he/she believes that the Committee has operated effectively and added value

The Trust Board has a forward looking annual work plan set each year that clearly outlines mandatory and regular reports required for the meeting.

The minutes of Board meetings clearly demonstrate debate, decision making and adherence to our Standing Orders, Scheme of Delegation and Standing Financial Instructions. There were no instances that required a report to the Board on non-compliance with these documents in year.

In addition to the formal Board meetings that have been reviewed in this document, the work of the Board is supplemented with quarterly Part III Board meetings that provide a dedicated focus on strategy and regular Board Timeout and development days that provide an opportunity to discuss more fully accountability and culture of the organisation and Board development.

In March 2020 a global pandemic was declared which affected the way in which a range of Trust services were delivered and resulted in a pause of some non-critical operational, strategic and corporate business to allow the required dedicated focus on managing the pandemic. Throughout this time, the Board continued to fulfil its duties and regular updates and assurance reports were provided to the Board through additional scheduled meetings.

2. Delivery of functions delegated by Board

n/a - a number of functions are delegated to sub committees and assurance is provided at each Board.



3. Attendance

3.1 The Board met on 10 occasions during 2019/20

Members:	No of meetings attended
Chair	10/10
Chief Executive	10/10
Peter Baren, Non-Executive Director	10/10
Paula Bee, Non Executive Director	4/5
Mike Cooke, Non-Executive Director	10/10
Francis Patton, Non-Executive Director	10/10
Mike Smith, Non-Executive Director	10/10
Dean Royles, Non-Executive Director	7/7
Director of Finance, Peter Beckwith	10/10
Medical Director, John Byrne	9/10
Director of Nursing, Allied Health and Social Care Professionals Hilary Gledhill	9/10
Chief Operating Officer, Lynn Parkinson	10/10
Director of Workforce & OD, Steve McGowan (<i>Non-voting</i>)	10/10

3.2 Chair (and Executive lead) to provide a view on whether the membership composition is effective and the extent to which members have contributed.

Membership is standard for Trust Boards and deputies attend for executives as required. Invitations are extended to others throughout the year as appropriate. Good contributions from members throughout the year.

3.3 Include any recommendation for change to membership & reasons why

There are no recommendations for change.

4. Quoracy

The Committee was quorate on all occasions

5. Reporting Committees to Board

The following committees report to the Board:-

- Quality Committee
- Audit Committee
- Workforce & Organisation Development Committee
- Mental Health Legislation Committee
- Finance and Investment Committee
- Charitable Funds Committee
- Remuneration & Nomination Committee.

Has the Board approved the Terms of Reference for each of these sub committees?

Yes. The annual review of committee effectiveness and terms of reference will be presented to the Board in May 2020 for approval.

Has the Board received sufficient assurance that its reporting groups or committees are operating effectively? Have the reports and minutes received from the reporting group provided the required level of assurance?

Yes, assurance reports from each committee are prepared and presented by the Non-Executive chair of each committee to the Board following each meeting.

Has the Board requested / received an annual assurance report or effectiveness review from each of the reporting groups for 2019/20?

Yes - These are scheduled for presentation at the May 2020 Board meeting.

6. Conduct of meetings

Chair to consider the following questions

- Was a workplan agreed at the start of the year and have meetings and agendas been appropriately scheduled to meet the work plan?

Yes a workplan was agreed and forms the basis of monthly agendas.

In addition, a QI project was undertaken and completed in February 2020. A number of recommendations for enhancement and improvement of the workplan for 2020/21 have been introduced.

- Are the reports and papers presented of a high quality and prepared in time for issue 5 working days ahead of the meeting?

Yes.

However, in order to ensure committee assurance reports provide up to date assurance after a sub committee meeting, where meetings are held around despatch day these may follow a day or two after papers have been despatched to ensure the most up to date assurance is provided to Board. Any committee assurance reports to follow are clearly stated on the email.

- Is the quality and timeliness of the minutes satisfactory?

Yes

- Is an action log maintained and are actions clearly recorded, assigned to individuals with timelines and followed through?

Yes

7. Review of Terms of Reference

Chair to summarise any recommended changes to its terms of reference in light of the annual evaluation.

Changes to job titles have been updated.

Please attach a full copy of your agreed ToR for approval by the May Board as part of the committee effectiveness reviews.

8. Workplan for 2020/21

Has a workplan for the year ahead, 2020/21 been prepared?

Yes.

A quality improvement project was undertaken in 2019 and enhancements were made to the workplan and process for receipt of papers to the Board. As the project progressed, further work was identified which led to an extension to the original timescale for completion. However the project report has been finalised by the Trust Secretary and is with the Chair for approval prior to sharing with Board.

9. Any Actions Arising from this Effectiveness Review? YES [] NO [x]

If any, please summarise in bullet point format below

Terms of Reference

Board of Directors

Authority	<p>The Trust is required to establish a Board of Directors in accordance with the requirements of the NHS Act 2006 (as may be amended by the Health & Social Care Act 2012), and paragraph 22 of its Constitution. All members of the Board shall act collectively as a unitary Board with each member having equal liability.</p> <p>The Trust has Standing Orders for the practice and procedures of the Board of Directors (Annex 8 of the Constitution). For the avoidance of doubt, those Standing Orders take precedence over these Terms of Reference, which do not form part of the Trust's Constitution.</p>
Role / Purpose	<p>The principal purpose of the Trust is the provision of goods and services for the purposes of the health service in England.</p> <p>The Trust does not fulfil its principal purpose unless, in each financial year, its total income from the provision of goods and services for the purposes of the health service in England is greater than its total income from the provision of goods and services for any other purposes.</p> <p>The Trust may provide goods and services for any purposes related to the provision of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness, and the promotion and protection of public health.</p> <p>The Trust may also carry on activities other than those mentioned in the above paragraph for the purpose of making additional income available in order better to carry on its principal purpose.</p> <p>The Trust has a Board which exercises all the powers of the Trust on its behalf, but the Board may delegate any of those powers to a sub-committee of the Board or to an Executive Director. Arrangements for the reservation and delegation of powers are set out in the Standing Orders, Scheme of Delegation and Standing Financial Instructions.</p> <p>The Board will ensure regular reviews of its effectiveness and that of its sub committees that have been delegated powers by the Board via annual committee effectiveness reviews and as part of an established ongoing Board development programme.</p> <p>The Board will achieve its purpose by:</p> <ul style="list-style-type: none"> • Setting and overseeing the strategic direction of the organisation within the overall policies and priorities of the Government, the Trust's regulators, and its commissioners, having taken account of the views of the Trust's members (through the Council of Governors), and the wider community

	<ul style="list-style-type: none"> • Ensuring accountability by holding the organisation to account for the delivery of the strategy; and through seeking assurance that systems of control are robust and reliable • Ensuring compliance with statutory requirements of the Trust and the statutory duties are effectively discharged including the Provider License conditions and the Care Quality Commission registration and appropriate returns and disclosures are made to the regulators • Shaping a positive culture for the organisation • Monitoring the work of the Executive Directors • Taking those decisions that it has reserved to itself. <p>The general duty of the Board of Directors and each Director individually, is to act with a view to promoting the success of the Trust so as to maximise the benefits for the members of the Trust as a whole and for the public.</p> <p>In carrying out their duties, members of the Board of Directors and any attendees must ensure that they act in accordance with the values of the Trust which are:</p> <ul style="list-style-type: none"> • Caring – our shared commitment to patient centred care, providing dignity and respect through our high quality and patient safety culture. • Learning – our shared commitment to actively engage, listen and learn from our people and empower them to use evidence based teaching approaches. • Growing – our shared commitment to be an Accountable organisation, seeking collaborations with other to support and grown health and social care systems. <p>In addition, members of the Board must ensure compliance with the Health and Social Care Act (Regulated Activities) Regulation 2014 in relation to the Fit and Proper Persons Test.</p>
<p>Duties</p>	<p>The duties set out below shall not preclude the Board of Directors from reserving powers and duties to itself. These powers and duties shall be set out in the Standing Orders, Scheme of Delegation and Standing Financial Instructions and for the avoidance of doubt where there is a conflict, Standing Orders, Scheme of Delegation and Standing Financial Instructions will take precedence over these Terms of Reference.</p> <p>The duties of the Board of Directors are to:</p> <ul style="list-style-type: none"> • Set the values and strategic direction of the Trust; and ensure the Trust’s Strategy is reviewed as necessary. • Provide leadership to the Trust to promote the achievement of the Trust’s Principal Purpose’ as set out in the Constitution (i.e. the provision of goods and services for the purposes of health services in England), ensuring at all times that it operates in accordance with the Constitution and the terms of the license as issued by Monitor (now part of NHS Improvement) • Promoting teaching, research and innovation in healthcare to a degree commensurate with the Trust’s “teaching hospital” status • Engage as appropriate with the Trust’s membership and Council of Governors.

- Promote and develop appropriate partnerships with other organisations in accordance with the Trust's values and strategic direction.
- Oversee the implementation of the Trust's strategic goals and monitor the executive team's delivery of the strategic objectives ensuring consistency with the role/purpose of the Board of Directors
- Agree the Trust's financial and strategic objectives, including approval of the Strategic Plan.
- Ensure that the Trust has adequate and effective governance and risk management systems in place
- Monitor the performance of the Trust and ensure that the Executive Directors manage the Trust within the resources available in such a way as to:
 - Ensure the safety of service users and the delivery of high quality care.
 - Protect the health and safety of Trust employees and all others to whom the Trust owes a duty of care.
 - Make effective and efficient use of Trust resources.
 - Promote the prevention and control of healthcare associated infection.
 - Comply with all relevant regulatory and legal requirements.
 - Maintain high standards of ethical behaviour, corporate governance and personal conduct in the business of the Trust.
 - Maintain the high reputation of the Trust both with reference to local stakeholders and the wider community.
- Receive and consider high level reports on matters material to the Trust detailing, in particular, information and action with respect to:
 - Service User and Carer experience.
 - Human resource matters.
 - Operational performance, including performance against targets and contracts
 - Clinical quality and safety, including infection prevention and control
 - The identification and management of risk
 - Financial performance.
 - Matters pertaining to the reputation of the Trust
 - Mental Health Act Legislation duty
- Review and approve any declarations/compliance statements to regulatory bodies prior to their submission.
- Review and adopt the Trust's Annual Report and Accounts.
- Act as corporate trustee for the Trust's Charitable Funds.

The Board of Directors may delegate powers to formally constituted Committees.

The Board of Directors shall determine the membership and terms of reference of Committees and Sub-Committees and shall if it requires to, receive and consider reports of such Committees. Minutes or reports from the Committees below, and any others that the Board so requests, shall be presented to the next scheduled meeting of the Board of Directors following the Committee meeting.

- Audit Committee
- Charitable Funds Committee
- Finance & Investment Committee
- Mental Health Legislation Committee
- Quality Committee
- Remuneration and Nomination Committee
- Workforce & Organisational Development Committee

Members of the Board of Directors must ensure that wherever possible they attend every Board meeting (including extraordinary Board meetings when convened). An explanation of non attendance should be made to the Chair. Attendance at meetings will be monitored by the Trust Secretary and shall be reported to the Chair on a regular basis and shall also be reported annually in the Annual Report.

Where, exceptionally, a Director is absent from a meeting they may not normally send a deputy in their place, although attendance in these circumstances will be at the discretion of the Chair. Where there are formal acting up arrangements in place the person acting up may attend and will assume the voting rights of the Director they are acting up for. If no formal acting up arrangements are in place the person attending may not assume the voting rights of the Director they are attending for.

The Board may invite non-members to attend its meetings on an ad hoc basis, as it considers necessary and appropriate, and this will be at the discretion of the Chair.

Minutes of the Council of Governors meetings shall be presented at a meeting of the Board of Directors for information.

The Executive Team will support the Chief Executive in the implementation of the Board's decisions and will facilitate the efficient and effective working of the Board of Directors by considering and responding to those matters referred to it. Detail of the sub-committee structure is appended to this document.

The Chair of the Board of Directors shall be the Chair of the Trust. In the absence of the Chair of the Trust, (or in the event of him/her declaring a conflict of interest in an agenda item) the Deputy Chair, if one is appointed, shall chair the meeting.

Should there be no Deputy Chair or one is not available (or where they too have also declared a conflict of interest in an agenda item), the meeting shall be chaired by one of the other independent Non-Executive Directors.

The Chair of the Trust will:

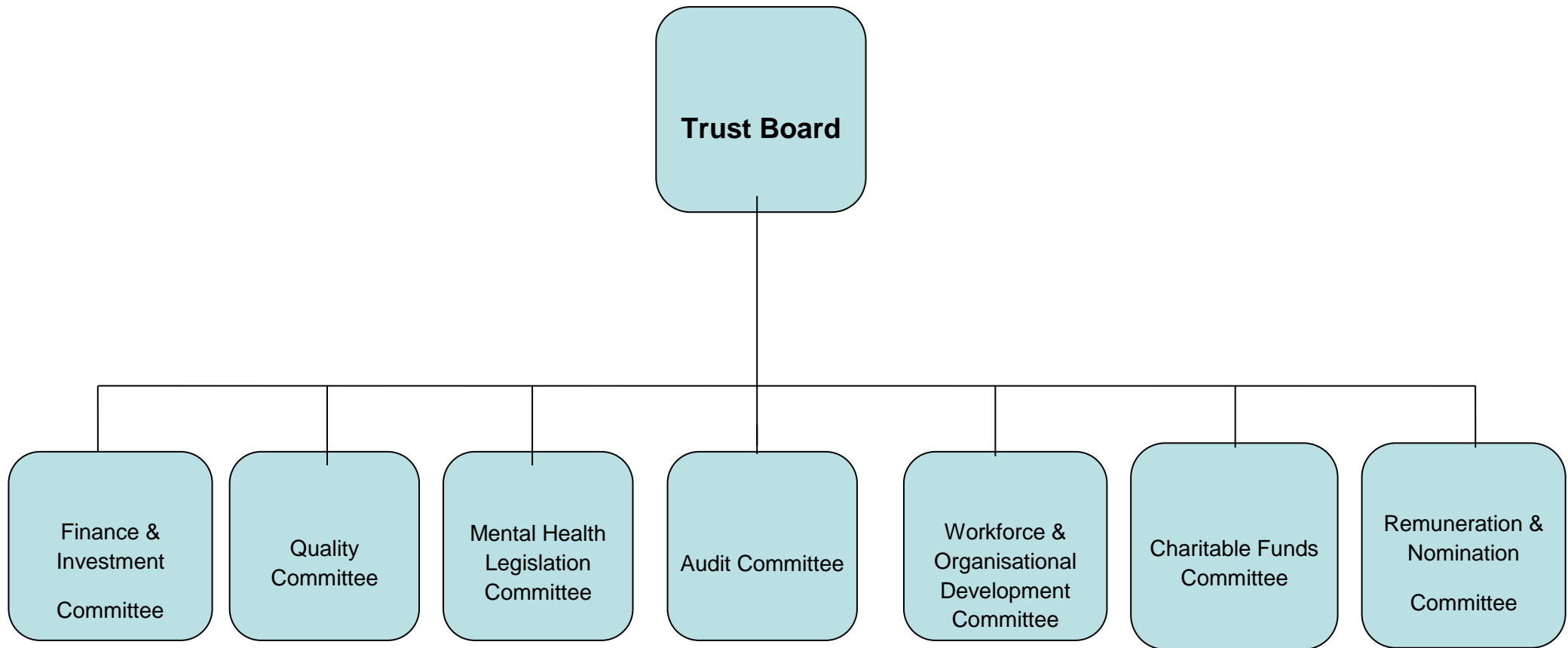
- Provide leadership to the Board of Directors
- Enable Directors to make a full contribution to the affairs of the Board of Directors ensuring that the Board acts as a cohesive team
- Ensure the key, appropriate issues, which place emphasis on service user and carers, services, policy issues and statutory requirements are discussed by the Board of Directors in a timely manner

	<ul style="list-style-type: none"> • Ensure the Board of Directors has adequate support and necessary data on which to base informed decisions and monitor that such decisions are implemented. • Provide a conduit between the Council of Governors and the Board of Directors. <p>The Senior Independent Director (SID) is appointed by the Board of Directors as an alternative contact point of contact for Governors (and Directors) when:</p> <ul style="list-style-type: none"> • They have concerns that have not been resolved through normal channel • Contact with the Chair, Director of Finance or Chief Executive is inappropriate • Discussing the Chair’s performance appraisal, remuneration or allowances <p>The SID is also a contact point for staff wish to raise concerns under the Freedom to Speak Up process.</p> <p>The Non-Executive Directors are accountable to the Council of Governors for the performance of the Board of Directors. To exercise this accountability effectively, the Non-Executive Directors will need the support of their Executive Director colleagues.</p> <p>A properly functioning accountability relationship will require the Non-Executive Directors to provide Governors with a range of information on how the Board of Directors has assured itself on key areas of quality, operational and financial performance; to give an account of the performance of the Trust. The Non-Executive Directors will need to encourage questioning and be open to challenge as part of this relationship.</p>
<p>Membership</p>	<p>The membership of the Board of Directors, is determined in accordance with Paragraph 23 of the Trust’s Constitution and, shall comprise both executive and Non-Executive Directors. Membership shall be as follows:</p> <ul style="list-style-type: none"> • A Non-Executive Chair • Up to 6 other Non-Executive Directors • Up to 6 Executive Directors <p>At all times at least half of the Board of Directors, excluding the Chair shall be Non-Executive Directors. For clarity the Executive Directors who are members of Board of Directors are:</p> <ul style="list-style-type: none"> • Chief Executive (voting) • Director of Finance (voting) • Medical Director (voting) • Director of Nursing, Allied Health and Social Care Professionals & Caldicott Guardian (voting) • Chief Operating Officer (voting) • Director of Workforce & Organisational Development (non voting) <p>All full members of the Board of Directors shall have one full vote each, with the Chair having a second or casting vote should the need arise.</p>

	The Board of Directors shall, following consultation with the Council of Governors, appoint one of the Non-Executive Directors to be the Senior Independent Director. In consultation with the Chair of the Trust, the Council of Governors may also appoint one of the Non-Executive Directors as a Deputy Chair.
Quorum	No business shall be transacted at a meeting unless at least one third of the whole number of the Chair and Board members (including at least one Executive Director and one Non-Executive Director) is present.
Chair	Chair of the Board of Directors
Frequency	Monthly (minimum of 10 per year)
Agenda and Papers	An agenda for each meeting, together with relevant papers, will be forwarded to members to arrive 5 working days before the meeting.
Minutes and Reporting	<p>The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting where they shall be signed by the person presiding at it.</p> <p>Meetings of the Board of Directors shall be held at such times and places as the Board may determine. The frequency of meetings shall be agreed by the Board of Directors, and will normally be every month (minimum 10 per year). The Board may agree to vary that frequency; however this shall not preclude meetings being convened in accordance with Standing Orders 1.2 and 1.3 in Annex 8 of the Constitution.</p> <p>All meetings shall be held in public, at which members of the public and representatives of the press shall be permitted to attend. Members of the public are not permitted to ask questions during the meeting as it is a meeting held in public, not a public meeting. However questions can be submitted to the Chair at the end of a meeting. Responses to the questions may be given at that time or in writing within 5 days of the meeting. Members of the public may be excluded from a part II meeting for special reasons and having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest. Such matters will be discussed in a separate closed session which will not be attended by members of the public. The public may attend each meeting of the Board of Directors, but shall be required to withdraw upon the Board of Directors resolving:-</p> <p><i>'that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest'</i></p> <p>A full set of papers comprising the agenda, minutes and associated reports and papers will be sent within the timescale set out in Standing Order 3 in Annex 8 of the Constitution (or as agreed by the Chair) to all Directors.</p> <p>A link to the public agenda and papers and a copy of the private agendas will be sent to members of the Council of Governors prior to any meeting.</p>

	<p>The Trust Secretary shall take the minutes and shall ensure these are presented to the next Board of Directors' meeting, and signed by the person who presided at the meeting.</p> <p>Minutes from meetings of the Board of Directors will be presented to the Council of Governors when practicable, in accordance with a process agreed by the Council of Governors.</p> <p>The public agenda, papers and minutes of each meeting shall be displayed on the Trust's website.</p>
Monitoring	<p>A review of attendance and effectiveness will be undertaken annually.</p> <p>To comply with NHS Resolution Risk Management standards (which now incorporates the functions of the organisation formerly known as the NHS Litigation Authority (NHSLA), the Trust has to include certain details in all its terms of reference documents. The Trust also has to collect evidence of compliance with these areas.</p>
Approval Date	May 2020 tbc
Review Date	May 2021

Sub Committee Structure



Agenda Item 16

Title & Date of Meeting:	Trust Board Public Meeting – 20 May 2020			
Title of Report:	Refreshed Strategic Document			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To receive & note	x
	For information		To ratify	
Purpose of Paper:	To present the Trust's refreshed Coronavirus (Covid-19) strategic response.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	11/5
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report: <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	The document was first agreed in March and set out our strategic response to the pandemic – the attached document has been refreshed and reflects our ongoing approach to Covid-19 and an additional section on 'Restore and Recover' on page 3.			

Monitoring and assurance framework summary:

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



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

Humber Teaching NHS Foundation Trust

Covid-19 Strategic Response – refreshed May 2020

Mission Statement:

Our mission is keep staff and patients safe, protect their wellbeing and ensure their dignity

Our Key Organisational Strategic Goals

To maintain an element of continuity for our patients

To care for and to manage our patients and their family

To support the local system and system response

To support the resilience and wellbeing of our staff

Our Approach

We will proactively ensure that clinical staff have access to appropriate, safe and supportive practices across all our essential service areas.

Staff will be deployed to critical areas of need at the relevant and appropriate times – this will be done in a caring and compassionate manner.

Patients will be cared for in the community via digitally appropriate care to avoid unnecessary hospital admission to either a physical or mental health ward.

We aim to protect staff and patients by rapidly deploying a digital first approach to all of services where practical and clinically appropriate.

Gold Command:	Michele Moran, Chief Executive
Deputy Gold Command:	John Byrne, Medical Director
Silver Command:	Lynn Parkinson, Chief Operating Officer/Executive EPRR Lead
supported by:	Silver Operations Team
Restore & Recover:	Lynn Parkinson, Chief Operating Officer - Senior Responsible Officer (SRO)

Priority Work	Main Tasks (continuous review through Silver operations)
Mental Health	Each Divisional Business Continuity Plan identified critical services to deliver our mission and continue to deliver these.
Community Mental Health	
Crisis & Liaison Services	
Children's & LD	

Humber Teaching NHS Foundation Trust

Covid-19 Strategic Response – refreshed May 2020

Primary Care	
Social Care	We have and will continue to ensure that appropriate social care continues to be provided, including the needs of our users who are self-isolated.
Volunteers	We have and will continue to ensure the best and most efficient use of our volunteers supporting the increase of volunteers.
Schools and Child Care	We have and will continue to ensure staff can access as appropriate the places that are available in the schools.
Local Economy	We have and will continue to ensure that HFT is aware of and can articulate the impact on local businesses. To ensure cash flow is maintained to local suppliers.
Staff	We have and will continue to ensure that HFT has and implements appropriate modified HR practices to ensure staff numbers are maintained and increased to aid fast recruitment of staff. We have and will continue to support and the resilience and wellbeing of staff. We have and will continue to ensure adequate and appropriate training as staff move service boundaries.
Supplies / Equipment	We have and will continue to ensure that HFT has adequate appropriate supplies and equipment to deliver our mission.
Communication	We have and will continue to ensure effective internal and external communications including daily updated web and intranet pages.
IT	We have successfully deployed a digital first approach to all our services where practical and clinically appropriate and continue to do so.
Payroll	We have and will continue to ensure that staff continue to be paid on usual payroll dates.
Estates	We have and will continue to ensure our estate is maintained and fit for purpose to provide the most effective care.
Systems Communication, Liaison and Support	We have and will continue to communicate and support, where possible, the wider NHS system to support maintenance of their capability to deliver care.

Humber Teaching NHS Foundation Trust

Covid-19 Strategic Response – *refreshed May 2020*

Restore and Recover	<ul style="list-style-type: none">• Embedding new ways of working to improve efficiency and productivity• Moving to agile working/home working• Plans in place to cope with an expected rise in demand for mental health services• System working and support- specifically increased support to care homes• Supporting the workforce to ensure we retain staff
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Interface with wider system

Our response has been delivered and continues to provide:

- Public Health advice and support
- Re-prioritising tasks and workloads and preparing for staff redeployments where needed in order to deliver critical services
- Implementing emergency legislation (Care Act etc)
- Linking into other gold commands
- System mental health leadership
- Locality MDTs / decision-making – opportunities to be multi-agency
- Tracking capacity to help release HFTs share of hospital beds
- Bespoke support for care providers (bulletins, advice, webinars, hands-on support if urgent)
- Schools and childcare support
- Community response for isolated people and those at risk

Interface with other organisations – key issues

Our response has been delivered and continues to provide:

- Mutual aid and other requests from NHS – need to regularise NHS/local govt joint response at LRF level as well as within A&E Board footprints
- PPE and hygiene supplies for councils, care providers and direct payments
- Care provider viability –working with providers that are facing challenges
- Family carers
- Covid-19 case data
- Bringing together county and district councils and NHS data to target at-risk households

Michele Moran, Chief Executive
Humber Teaching NHS Foundation Trust

24th March 2020
Refreshed May 2020